

Finance Performance and Resources Committee

Tue 11 May 2021, 09:30 - 12:30

MS Teams

Agenda

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

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

09:30 - 09:30 3. Minutes of the last Meeting held on 16 March 2021
0 min

Rona Laing

📄 Item 3 - Final Unconfirmed FPR notes 16.03.21.pdf (7 pages)

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

Rona Laing

📄 Item 4 - Rolling Action List Update from March 2021.pdf (1 pages)

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

5.1. Board Assurance Framework – Financial Sustainability

Margo McGurk

📄 Item 5.1 BAF Financial Sustainability - SBAR for 20210511.pdf (4 pages)

📄 Item 5.1 1. NHS Fife Board Assurance Framework (BAF) v28.0 150421 - Financial sustainability.pdf (1 pages)

5.2. Board Assurance Framework – Strategic Planning

Margo McGurk

📄 Item 5.2 SBAR FPR BAF 5 110521.pdf (3 pages)

📄 Item 5.2 5. NHS Fife Board Assurance Framework (BAF) v25.0 300421 - Strategic Planning.pdf (2 pages)

5.3. Board Assurance Framework – Environmental Sustainability

Neil McCormick

📄 Item 5.3 - SBAR (BAF) Environmental Sustainability FP&R May 2021 (Andrea Barker (NHS FIFE)).pdf (3 pages)

📄 Item 5.3 - NHS Fife Board Assurance Framework (BAF) v28.0 210421 - Environmental Sustainability.pdf (2 pages)

5.4. Annual Committee Workplan 2021/22

Margo McGurk

📄 Item 5.4 - Draft FPR Revised Annual Workplan 2021 - FPR.pdf (4 pages)

5.5. Committee Self-Assessment Report


Gillian MacIntosh

 Item 5.5 - SBAR Committee Self-Assessment FPR.pdf (9 pages)

5.6. Annual Committee Assurance Statement 2021/22

Gillian MacIntosh

 Item 5.6 - SBAR FPR Annual Assurance Statement.pdf (3 pages)

 Item 5.6 DRAFT FPR Annual Statement of Assurance 202021.pdf (22 pages)

5.7. Review of General Policies & Procedures

Gillian MacIntosh

09:30 - 09:30
0 min

6. Planning

6.1. Strategy Development / Strategic Planning & Resource Allocation

Margo McGurk


6.2. Corporative Objectives 2021/22

Margo McGurk

6.3. Winter Plan & Performance Report

Janette Owens


 Item 6.3 - SBAR FPR Winter Performance Report v1.0.pdf (4 pages)


 Item 6.3 - Winter Planning Performance Summary Mar 2021 v1.0.pdf (20 pages)

6.4. Robotic-Assisted Surgery Final Business Case

Claire Dobson

 Item 6.4 RAS FBC SBAR 290421.pdf (5 pages)

 Item 6.4 Stage 1 Brief Impact Assessment NHS Fife RAS 270421.pdf (6 pages)

 Item 6.4 Appendix 1 Updated RAS Draft Business Case.pdf (20 pages)

6.5. Budget Setting 2021/22

Margo McGurk

 Item 6.5 - 20210430 SBAR Op buds.pdf (7 pages)


09:30 - 09:30
0 min

7. Performance

7.1. Integrated Performance & Quality Report

Margo McGurk

 Item 7.1 - SBAR FPR Committee.pdf (4 pages)




 Item 7.1 - 01 Apr 2021 IPQR.pdf (46 pages)

09:30 - 09:30
0 min

8. Items for Noting

8.1. Minute of IJB Finance & Performance Committee, dated 5 March, 18 March and 8 April 2021

Rona Laing

-  Item 8.1 - Confirmed Minute of F&P Meeting Feb. 2021.pdf (12 pages)
-  Item 8.1 - Confirmed Minute of Meeting Mar. 2021.pdf (9 pages)
-  Item 8.1 - Confirmed Minute of Special Budget Meeting 18.3.21.pdf (5 pages)

09:30 - 09:30 9. Issues to be Escalated 0 min

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

Rona Laing

09:30 - 09:30 10. Any Other Business 0 min

Rona Laing

09:30 - 09:30 11. Date of Next Meeting: 13 July 2021 at 9:30am, in the Boardroom, Staff Club, Victoria Hospital (location TBC) 0 min

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 16 MARCH 2021 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Ms J Owens, Director of Nursing
Mrs M McGurk, Director of Finance	Mrs C Potter, Chief Executive
Mrs C Dobson, Director of Acute Services	Mr A Morris, Non-Executive Director

In Attendance:

Mrs N Connor, Director of HSCP
Mr N McCormick, Director of Property and Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Miss L Stewart, PA to the Director of Finance (minutes)

1. Apologies for Absence

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

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

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

2. Declaration of Members' Interests

There were no declarations of interest made by members.

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

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

4. Matters Arising/Action List

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

It was advised that, for Action 141 (update on CAMHS and PT), the date of update should be amended to refer to the September 2020 meeting.

5. GOVERNANCE

5.1 Review of Committee's Terms of Reference

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

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

6. PLANNING

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

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

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

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

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

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

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

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

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

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

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

6.2 Strategic Planning and Resource Allocation Process

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

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

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

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

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

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

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

7 PERFORMANCE

7.1 Integrated Performance & Quality Report

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

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

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

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

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

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

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

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

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

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

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

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

7.2 Winter Performance Report

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

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

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

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

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

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

The Committee **noted** the report.

8 ITEMS FOR NOTING

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

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

9. ISSUES TO BE HIGHLIGHTED

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

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

10. Any Other Business

There was no other business.

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

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

No.	Original Action Date	Item	Action By	Action Required / Current Status	Date Due
133	10.09.19	Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements	NC	Include in the Outline Business Cases information on how technology and digitisation would be utilised.	Date TBC
139	08.09.20	Smoke Free Environment Strategy	NC	Present an update to inform the Committee on the proposed strategy for a Smoke Free Environment.	July 2021
140	08.09.20	Mental Health Strategy	NC	Present a paper to the Committee at appropriate time around the implementation of the Mental Health Strategy.	Date TBC
141	10.11.20	CAMHS	NC	Provide an update to the Committee on which recommendations made by the Scottish Government can be actioned, once agreed by HSCP Senior Leadership.	September 2021
142	19.03.21	FEOC	NMc	Provide the committee with regular updates on the FEOC progress	May 2021

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

Meeting:	Finance, Performance and Resources Committee
Meeting date:	11 May 2021
Title:	BAF – Financial Sustainability
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Rose Robertson, Deputy Director of Finance

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

- Annual Operational Plan
- Emerging Issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to update the Committee on the BAF for Financial Sustainability and the associated risks.

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at 31 March 2021.

2.2 Background

As previously reported, the BAF brings together pertinent information on the above risk integrating objectives, risks, controls, assurances and additional mitigating actions.

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities

The Committee is invited to consider the following:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?

2.3 Assessment

The Committee can be assured that systems and processes are in place to monitor the financial performance and sustainability of NHS Fife, including the potential impact of the financial position of the Integration Joint Board.

The high-level risks are set out in the BAF, together with the current risk assessment given the mitigating actions already taken. These are detailed in the attached papers. In addition, further detail is provided on the linked operational risks on the corporate risk register. Each risk has an owner who is responsible for the regular review and update of the mitigations in place to manage the risk to financial sustainability and strategic planning.

Through the Code of Corporate Governance, the Board has delegated executive responsibility to the Chief Executive and Director of Finance to ensure the appropriate systems and processes operate effectively to manage and mitigate financial risk on behalf of NHS Fife. The Finance, Performance & Resources Committee is tasked on behalf of the Board to provide appropriate oversight and scrutiny of the associated financial performance. The accountability and governance framework associated with the financial performance of the organisation are key aspects of both internal and external audit review. Individual Directors and managers, through the formal delegation of budgets, are accountable for financial management in their respective areas of responsibility, including the management of financial risks. This framework has been strengthened through the establishment of a system-wide series of Performance & Accountability Review meetings.

The attached schedule reflects the position at 31 March 2021. Since the last update (at 31 December 2020) the BAF current score has been updated (from High) to Moderate. The

update reflects the position for the 2020/21 financial year where, following confirmation of the return of offsetting savings to 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 signalled to SG a funding requirement of c£14m unmet 'long Covid' savings for the 2021/22 financial year, SG plan to review the position as part of a formal quarter one review. To that end the BAR risk is deemed moderate. Linked operational risks are also attached for information.

Further detail on the financial position and projected year-end forecast is set out in the Integrated Performance & Quality Report.

2.3.1 Quality/ Patient Care

Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

2.3.2 Workforce

Effective financial planning, allocation of resources and in-year management of costs supports staff health and wellbeing and is integral to delivering against the aims of the workforce plan.

2.3.3 Financial

Please refer to the full report at Annex 1.

2.3.4 Risk Assessment/Management

Please refer to the full report at Annex 1.

2.3.5 Equality and Diversity, including health inequalities

Effective financial planning, allocation of resources and in-year management of costs includes the appropriate equality and diversity impact assessment 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 NHS Fife financial planning, allocation of resources and in-year management of costs processes.

2.3.8 Route to the Meeting

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

- EDG 6 May 2021

2.4 Recommendation

The Committee is invited to:

- **Consider** the questions set out above; and
- **Approve** the updated financial sustainability element of the Board Assurance Framework

3 List of appendices

The following appendices are included with this report:

- BAF – Financial Sustainability
- BAF Risks – Financial Sustainability Linked Operational Risks

Report Contact

Margo McGurk
Director of Finance
Email margo.mcgurk@nhs.net

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.

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
522	Prescribing and Medicines Management - Prescribing Budget	Active Risk	High Risk	15	McKenna, Christopher
1363	Health and Social Care Integration	Active Risk	High Risk	20	McGurk, Margo
1364	Efficiency Savings	Active Risk	High Risk	20	McGurk, Margo
1513	Financial and Economic impact of Brexit	Active Risk	High Risk	20	McGurk, Margo
1784	Finance (Short Term/Immediate)	Active Risk	High Risk	16	Connor, Nicky
522	Prescribing and Medicines Management - Prescribing Budget	Active Risk	High Risk	15	McKenna, Christopher

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1357	Financial Planning, Management and Performance	Active Risk	Moderate	12	McGurk, Margo
1846	Test and Protect/Covid Vaccination	Active Risk	Moderate	12	Connor, Nicky

Meeting:	Finance, Performance and Resource Committee
Meeting date:	11 May 2021
Title:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board that the organisation is delivering on its strategic objectives in line with the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners.

This report provides the Committee with the next version of the NHS Fife BAF 5 on 30.4.21.

2.2 Background

This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions.

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities
- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards or away from its target.

2.3 Assessment

There has been a revision of this BAF to reflect the changes that have happened over the COVID period and the strategic planning for the new Population Health and Wellbeing Strategy for NHS Fife.

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.

This no longer reflects that current position of strategic planning, the development of the strategy and associated changes. The proposed 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 and risk 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.

2.3.1 Quality/ Patient Care

Quality of Patient Care is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.2 Workforce

No change.

2.3.3 Financial

Financial implications are part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.4 Risk Assessment/Management

Risk Assessment is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.6 Other impact

n/a

2.3.7 Route to the Meeting

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

- Chief Executive, 23 April 2021

2.4 Recommendation

The Committee is invited to:

- **Discuss and agree** the change in the risk associated with the BAF for Strategic Planning.

Report Contact

Susan Fraser
Associate Director of Planning and Performance
Email susan.fraser3@nhs.scot

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>Proposed New Risk 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><u>Remove Historic Risk(s)</u> 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>Key Risks 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the transformation programmes remains between IJB and NHS Fife.</p> <p>3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams</p> <p>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> <ol style="list-style-type: none"> NHS Fife has commenced the development of an approach and timeline to deliver a new Population Health and Wellbeing Strategy by 31 March 2022. Investment in redesigning our programme management capacity and capability and governance has been prioritised through the Strategic Planning Resource Allocation (SPRA) process. Development of corporate objectives is ongoing and has been informed through the 2021/22 SPRA process. 	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>	<ol style="list-style-type: none"> Minutes of meetings record attendance, agenda and outcomes. Reporting of key priorities to governance groups from the SPRA process. 	<ol style="list-style-type: none"> Internal Audit Report on Strategic Planning (no. B10/17) Governance Committee scrutiny and reporting. 	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	-
------	--	------------	-------------	--	--------	-------	----	-----------	----------	-------	----	-------------	--	----------------------------------	----------------------	-------------------	---	--	---	--	--	--	--	----------	----------	---	----------	---

Linked Operational Risk(s)					
Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil currently identified				

Previously Linked Operational Risk(s)					
Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil applicable				

Meeting: Finance, Performance & Resources Committee

Meeting date: 11 May 2021

Title: BAF – Environmental Sustainability

Responsible Executive: Neil McCormick, Director of Property & Asset Management

Responsible Author: Jimmy Ramsay, Estates Manager – Compliance

1 Purpose

This is presented to FP&R for:

- Awareness
- Discussion

This report relates to:

- Board Governance & Strategic Objectives

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

- Safe
- Effective

2 Report Summary

2.1 Situation

The BAF is intended to provide assurances to the Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan

This report provides EDG with an update on NHS Fife's BAF in relation to BAF risks.

2.2 Background

Property & Asset Management receive capital funding from Scottish Government via NHS Fife's Capital Investment Group to address any statutory compliance or backlog maintenance issues. Prioritisation of this limited resource is carried out using a risk assessment methodology.

2.3 Assessment

Assessment of Fife Health Board's current position:

Property & Asset Management continue to mitigate the risks as and when funding becomes available.

Both PFI providers at St Andrews and Victoria Hospital have started the replacement programme for the flexible hoses and these risks will be removed once these projects have been completed.

There has been no significant change to the previous BAF report.

2.3.1 Quality/ Patient Care

There is no negative impact to patient care as the risks are being managed.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

Projects are managed as and when funding becomes available through the capital planning process.

2.3.4 Risk Assessment/Management

Please see attached risks and BAF.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

External stakeholders are consulted, where appropriate.

2.3.8 Route to the Meeting

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

- EDG

2.4 Recommendation

The Committee is invited to:

- Consider the position set out above
- Approve the updated environmental sustainability element of the Board Assurance Framework

3 List of appendices

The following appendices are included with this report:

- BAF Environmental Sustainability
- BAF Environmental Sustainability linked operational risks

Report Contact:

Neil McCormick
neil.mccormick@nhs.scot

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) - Environmental Sustainability																												
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..

Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1296	Emergency Evacuation, VHK Phase 2 Tower Block	Active Risk	High Risk	20	McCormick, Neil
1252	Flexible PEX hoses in PHASE 3 VHK	Active Risk	High Risk	15	McCormick, Neil
1007	Theatre Phase 2 Remedial work	Active Risk	High Risk	15	Cross, Murray

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
735	Medical Equipment Register	Closed Risk			
749	836 - VHK Ph.2 Main Foul Drainage Tower Block	Closed Risk			
1083	VHK CLO2 Generator (Legionella Control)	Closed Risk			
1207	Water system Contamination STACH	Active Risk	Moderate Risk	10	Fairgrieve, Andrew
1275	South Labs Plantroom	Active Risk	Moderate Risk	8	Lowe, David
1306	Risk of pigeon guano on VHK Ph2 Tower Windows	Active Risk	Moderate Risk	12	Lowe, David
1312	Vertical Evacuation - VHK Phase 2 Tower Block	Closed Risk			
1314	Inadequate Compartmentation of Escape Stairs and Lift Enclosures	Closed Risk			
1315	Vertical Evacuation - VHK Phases 1 and 2 (excluding Tower Block)	Closed Risk			
1316	Inadequate Compartmentation VHK Phase 1, Phase 2 floors B-1st	Active Risk	Moderate Risk	8	Fairgrieve, Andrew

1335	FCON Fire alarm potential failure	Closed Risk			
1341	Oil Storage - Fuel Tanks - Central/NEF	Active Risk	Moderate Risk	10	Keatings, Gordon
1342	Oil Storage - Fuel Tanks - QMH/DWF	Active Risk	Moderate Risk	10	Wishart, James
1352	Pinpoint malfunction	Closed Risk			
1384	Microbiologist Vacancy	Closed Risk			
1473	Stratheden Hospital Fire Alarm System	Closed Risk			

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 May 2021
Title:	Revised Committee Annual Workplan 2021-22
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Margo McGurk, Director of Finance

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 NHS Fife Code of Corporate Governance states that all Committees “*will draw up and approve, before the start of each year, an annual work plan for the Committee’s planned work during the forthcoming year*”. The Annual Workplan for 2021/22 is therefore to be presented to the Finance, Performance and Resources Committee.

2.2 Background

The Finance, Performance & Resources Committee normally sets out the planned work for the financial year in its annual workplan, which is used to inform the content of individual meeting agendas. The NHS Fife Code of Corporate Governance states that all Committees “*will draw up and approve, before the start of each year, an annual workplan for the Committee’s planned work during the forthcoming year*”.

2.3 Assessment

The Workplan attached sets out the key plans, reports, business cases and proposals which the Committee will receive, consider and be asked to endorse during 2021/22.

2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation supports sustaining and improving patient care and quality standards.

2.3.2 Workforce

Workforce considerations as included as appropriate in proposals considered by the Committee.

2.3.3 Financial

Ensuring appropriate scrutiny of NHS Fife's organisation and financial planning and performance is a core part of the Committee's remit.

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in the 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 Committee Chair and Director of Finance & Strategy and takes account of any initial comments thus received.

2.4 Recommendation

The paper is provided for:

- **Approval** – subject to members' comments regarding any amendments necessary

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Revised Annual Workplan 2021-22

Report Contact

Margo McGurk
Director of Finance and Strategy
Margo.McGurk@nhs.scot

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE – REVISED ANNUAL WORKPLAN 2021/22

	Lead	May	July	September	November	January	March
Governance							
Minutes of Previous Meetings	Chair	√	√	√	√	√	√
Minutes of other Committees & Groups	Chair	√	√	√	√	√	√
Escalation of Issues from IJB	DoH&SC	√	√	√	√	√	√
Escalation of Issues to NHS Board	Chair	√	√	√	√	√	√
Board Assurance Framework (BAF)	DoN	√	√	√	√	√	√
Review of Terms of Reference	Board Secretary						√
Committee Self Assessment	Board Secretary	√					√
Annual Assurance Statement	Board Secretary	√					
PPP Performance Monitoring Report	DoP&AM				√		
Labs MSC Performance Report	DAS		√				
Review of General Policies & Procedures	Board Secretary	√			√		
Annual Workplan	Board Secretary	√					√
Corporate Calendar	Board Secretary			√			
Planning							
RMP3 2021/22	DoF	√		√			
Medium Term Financial Strategy & AOP Financial Plan 2021/22 – 2023/24 – Capital and Revenue	DoF	√		√		√	
Annual Budget Setting Process 2021/22	DoF	√					
Property & Asset Management Strategy (PAMS)	DoP&AM		√				
Winter Plan / Winter Performance Report	DoH&SC	√		√ Review	√ Plan 2021-22	√	√
Fife Capital Investment Group Reports 2021/22	DoF/DoP&AM		√	√	√	√	√
Orthopaedic Elective Project	DoN	√	√	√	√	√	√
NHS Fife Health and Wellbeing Strategy Development Progress Reporting	CE	√	√	√	√	√	√
NHS Fife – Anchor Institution Programme Board Reporting	DPH	√	√	√	√	√	√

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE – REVISED ANNUAL WORKPLAN 2021/22 (continued)

	Lead	May	July	September	November	January	March
Performance							
Integrated Performance & Quality Report	DoF	√	√	√	√	√	√
Other / Adhoc							
Receipt of Business Cases	As required						
Property Transaction Matters							
Consideration of awards of tenders							
Asset Disposals							

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 May 2021
Title:	Committee Self-Assessment Report 2020-21
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Finance, Performance & Resources Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

2.2 Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

Following the comprehensive review undertaken in 2019 of the format and range of self-assessment questions previously used, a more light-touch review of the question set was undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved a revised set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2021. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness. Given the events of the past year, an additional question was added to capture any comments related to the Committee's operation during the pandemic period.

2.3 Assessment

As previously agreed, Committee chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite responses for the Finance, Performance & Resources Committee is given in this paper. The main findings from that exercise are as follows:

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference. It was noted that the regularity of attendance of the Executive Directors, and their input, was particularly strong, given the ongoing challenges of managing the Covid pandemic.

Self-Assessment questionnaire (completed by members and attendees)

In total, 6 members (excluding the Chair) and 4 regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a positive assessment from its members and attendees who participated. In particular, the competence of the Chair was highlighted in encouraging inclusivity of debate; the general administration of the Committee and timeliness of issue of papers was noted; and general satisfaction was expressed in relation to the Committee's operation during the pandemic period.

Some areas for improvement were highlighted. Initial comments identified for further discussion include:

- a review of the amount of information and papers provided to members, to ensure reports are succinct and focused on the key issues at hand;

- the potential to devote more of the agenda to matters of strategic and financial planning and reporting, for members to have deeper scrutiny on these issues;
- enhancements to performance reporting, to include more of a forward look, such as supplying recovery trajectories where targets have been missed and overall trend analysis; and
- that space be found on the agenda for discussion on key issues that cut across a number of distinct agenda topics (such as savings delivery and the financial position of the Partnership).

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided for:

- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Outcome of Committee's self-assessment exercise

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics							
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	5 (50%)	5 (50%)	-	-	-	From my attendance at the Committee it is clear that it has been provided with sufficient membership, authority and resources to perform its role effectively and independently. The Committee and its meetings are well resourced. The volume of information provided is overwhelming and makes it difficult to focus on the key issues.
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	6 (60%)	4 (40%)	-	-	-	Appropriate stakeholders are members and attendees. If anything, too many people attend the meetings as opposed to being a member.
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	4 (40%)	6 (60%)	-	-	-	Committee members are clear about their role and they contribute fully. As mentioned above, the papers presented could be more focussed allowing members to contribute more effectively.
A4.	Committee members are able to express their opinions openly and constructively.	6 (60%)	4 (40%)	-	-	-	Meetings are inclusive and well chaired. Meetings are chaired extremely well, with rigour and compassion. Members can express their opinions, which is critical. There is a strong feeling of respect and honesty within the Committee.
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	4 (40%)	4 (40%)	2 (20%)	-	-	I have seen no evidence of a reluctance to question Executives. Again, the strength of the chair makes this possible on all matters including those that are critical or sensitive. I feel that the important issues are sometimes swamped by background and extraneous papers or ones targeted at governance requirement but are not absolutely critical to the issues of the day. There is potential for deeper scrutiny on financial planning and reporting.

A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	1 (10%)	8 (80%)	1 (10%)	-	-	<p>This is an evolving area especially in relation to partnership issues.</p> <p>This is enhanced with development sessions.</p> <p>Covid has impacted on this as it is not possible to have face to face meetings. Teams helps but is not as effective.</p>
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	3 (30%)	5 (50%)	2 (20%)	-	-	<p>Members are well informed.</p> <p>Some of the issues are technical or have many elements, such as the impact of recruitment on the achievement of targets. More focussed papers would help the committee to have a clearer picture of the issue and the causes and potential solutions.</p>
B. Committee meetings, support and information							
B1.	The Committee receives timely information on performance concerns as appropriate.	1 (10%)	8 (80%)	-	1 (10%)	-	<p>Sometimes reports are a little late but otherwise fine.</p> <p>This has sometimes been compromised due to the pandemic.</p> <p>No issues to highlight.</p> <p>Not at the moment. The performance report is behind real time. There is little point in focussing on historic performance at the time expense of discussing and analysing future performance. Understandably Covid has dominated activity and impacted on performance and allocation of resource.</p>
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	3 (30%)	6 (60%)	1 (10%)	-	-	<p>Not too aware of this and wouldn't know if we were missing any.</p>
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	3 (30%)	7 (70%)	-	-	-	<p>Generally, yes, through verbal updates</p> <p>Timely presentation and sharing of all important documents.</p> <p>I think that there could be more regular / obvious cross referrals to NHS Scotland strategies.</p>
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	4 (40%)	4 (40%)	-	2 (20%)	-	<p>There is a tried and tested format for finance and performance reports that members are familiar with. This includes trend data, analysis and narrative.</p> <p>Please see my earlier comments on overly lengthy papers.</p> <p>Matters are complex by their very nature; and meeting paper packs are very lengthy.</p>

B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	3 (30%)	6 (60%)	-	1 (10%)	-	<p>Sometimes reports are a little late but otherwise fine.</p> <p>Papers and reports come out within the appropriate timescales.</p> <p>The volume of papers makes it difficult to assimilate all the relevant facts and issues even with one week's notice.</p>
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	4 (40%)	6 (60%)	-	-	-	<p>Yes, agendas are well balanced and there is time for discussion and exploration of matters.</p> <p>The Committee is extremely well chaired, which helps achieve this objective.</p>
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	4 (40%)	6 (60%)	-	-	-	<p>Only issue is the variety of approaches to minutes style which is a Board matter rather than this Committee.</p> <p>Minutes are clear and concise.</p>
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	2 (20%)	8 (80%)	-	-	-	<p>There can sometimes be delays because of the pandemic.</p> <p>Actions are well recorded and addressed at each meeting with effort to ensure they are closed in a timely manner.</p> <p>Sometimes things come back several times before being resolved.</p>
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	4 (40%)	6 (60%)	-	-	-	<p>It would be helpful to occasionally but regularly cross check that this is still the case.</p>
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub-groups) is operating effectively as part of the overall governance framework.	5 (50%)	4 (40%)	1 (10%)	-	-	<p>There is a robust governance framework.</p>

C. The Role and Work of the Committee

C1.	The Committee reports regularly to the Board verbally and through minutes and makes clear recommendations on areas under its remit when necessary.	7 (70%)	3 (30%)	-	-	-	<p>The Committee reports at every Board.</p> <p>This is done on a monthly basis.</p>
------------	--	------------	------------	---	---	---	--

C2.	In discharging its governance role, the focus of the Committee is at the correct level.	3 (30%)	6 (60%)	1 (10%)	-	-	I feel that there could be a sharper focus as outlined above.
C3.	The Committee's agenda is well managed and ensures all topics within the Committee's Terms of Reference are appropriately covered.	5 (50%)	5 (50%)	-	-	-	Agendas are well thought out and timed well. All topics are covered. The Chair is very competent. I am unsure as to what input the Chair has on the agenda but some issues, such as the failure of Acute to meet the planned savings or progress with the resolution of the problems around the Partnership, could be given greater prominence.
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	6 (60%)	4 (40%)	-	-	-	Meetings are well chaired and evidence of key decisions documented clearly in the minutes. The process around decision making is very clear.
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	H&S stats reported into this group. Please see my earlier comments on effectiveness. More time could be invested in reviewing and supporting the development and delivery of the medium term strategic plans and medium term financial planning.					
C6.	Particularly in reference to the challenges faced during the ongoing Covid pandemic, are you content with the Committee's input and oversight of areas of NHS Fife's response relevant to the Committee's particular remit? Please provide comments.	Yes. No. Too much centralisation and not enough opportunity for the Committee to fulfil its functions. Yes, it has been managed well by the Chair. Yes, the Committee also considered and made constructive use of the Internal Audit Governance Checklist to support the Covid response. Yes, the Committee has fulfilled its remit despite the pressures on everyone. Those responsible for providing the necessary information to the Committee have to be commended in light of the other pressures on them. The Committee are very mindful of the pandemic and the challenges that it has placed on services and staff. They have been very measure in their approach over this time and realistic about what can be achieved in terms of performance, transformation and savings. Understandably the focus is on Covid and the consequences of that. The impact it then has on performance is inevitable, with a result that we cannot achieve pre-set targets.					
D. Finance, Performance & Resources Committee specific questions							

D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit (i.e. those related to either Clinical, Finance and Performance, Remuneration, or Staff) are being managed to a tolerable level.	5 (50%)	5 (50%)	-	-	-	There is strong management of the finances. Our Finance Director is excellent.
D2.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	2 (20%)	7 (70%)	-	1 (10%)	-	There is too much information provided and some of the graphs are difficult to follow. There is not enough trend analysis and, as a result, not enough future performance discussion.
D3.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	4 (40%)	6 (60%)	-	-	-	There have sometimes been difficulties with this in relation to some services delegated to the IJB. Sometimes the information provided is too general and specific enough.

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 May 2021
Title:	Draft Finance, Performance & Resources Committee Annual Statement of Assurance 2020-21
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:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Finance, Performance & Resources Committee is invited to review the draft of this year's report and comment on its content, with a view to approving a final paper for onward submission.

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. Given the extended timeframe for approval of the accounts this year, amendments can be discussed and recommended and a final version brought back to the next Committee meeting, if so required.

2.3 Assessment

In addition to recoding practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2020-21, with a view to improving the level of assurance given to the NHS Board.

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

The production and review of year-end assurance statements are a key part of the financial year-end process.

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in 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 Committee Chair and the Director of Finance & Strategy and takes account of any initial comments thus received.

2.4 Recommendation

The paper is provided for:

- **Approval** – subject to members' comments regarding any amendments necessary

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2020/21

1. Purpose of Committee

- 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 these arrangements are working effectively.

2. Membership of Committee

- 2.1 During the financial year to 31 March 2021, membership of the Finance, Performance & Resources Committee comprised:

Rona Laing	Chair / Non-Executive Member
Dr Les Bisset	Non-Executive Member
Wilma Brown	Stakeholder Member
Helen Buchanan	Director of Nursing (to February 2021)
Eugene Clarke	Non-Executive Member
Alistair Morris	Non-Executive Member
Janette Owens	Stakeholder Member (to February 2021) / Director of Nursing (from March 2021)
Carol Potter	Chief Executive
Margo McGurk	Director of Finance & Strategy
Dr Chris McKenna	Medical Director
Dona Milne	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Health & Social Care, Director of Property & Asset Management, Director of Pharmacy & Medicines and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

- 3.1 The Committee met on six occasions during the financial year to 31 March 2021, on the undernoted dates:
- 17 June 2020
 - 7 July 2020
 - 8 September 2020
 - 10 November 2020
 - 12 January 2021

- 16 March 2021

3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 The business of the Committee during the year has been impacted greatly by the need for NHS Fife as a whole to address the ongoing challenges of the global Coronavirus pandemic. In recognition of the rapid mobilisation of services to tackle rising rates of Covid-19 infection, approval to revise governance arrangements across NHS Boards was given by the Scottish Government in a letter to Board Chairs in late March 2020 (the NHS in Scotland has remained on an Emergency Footing continually since that date). At their April 2020 meeting, the Board approved a 'governance-lite' approach aimed at allowing NHS Fife to effectively respond to Covid-19 pressures, maximise the time available for management and operational staff to deal with the significant challenges of addressing demand within clinical services, and, at the same time, allow the Board to appropriately discharge its governance responsibilities.
- 4.2 Whilst the scheduled dates in May 2020 for the Board's governance committees were stood down due to the ongoing impact of the pandemic, a series of Covid-19 related briefing sessions were held for each Board Committee in June, tailored to each Committee's specific remit. Committee meetings largely resumed on their regular schedule from July 2020 onwards. Agendas for Committee meetings since that time have reflected the priorities of the Board's ongoing response to Covid-19, in addition to the consideration of business otherwise requiring formal approval or scrutiny for assurance purposes. The Chair, Vice-Chair and Committee Chairs have liaised closely with the Executive Team to identify what business must be considered by the Board and its committees and what must be prioritised in agenda planning. In the period covered by this report, some routine business has been suspended or deferred. Each Committee's workplan has however been reviewed to ensure that new items related to Covid-19 are covered appropriately and that the required assurances can still be provided to the Board as part of the year-end process. Each Committee has also actively considered a governance checklist, prepared initially by Internal Audit, to help enhance agenda planning and ensure that no areas of risk have been overlooked.
- 4.3 The Finance, Performance & Resources Committee's first meeting of the 2020-21 reporting year took place in June 2020, where a briefing was given on the changes made to the Board's usual governance arrangements and structures in consequence of Covid-19. The report included detail on the Gold / Silver / Bronze Command groups set up to manage the day-to-day response to the pandemic, including how this structure enhanced agile operational decision-making to support a rapid response to the increase in clinical activity, and detailing also the reporting routes to established groups that provide formal assurance to the Board. Also considered was a briefing from Audit Scotland on the potential impact of the pandemic on their audit approach for financial year 2019/20, and the phased approach to future audit work, aimed at considering how public money has been used during the period.
- 4.4 The Committee received an update on financial planning in light of the Covid response, building upon the information presented to full Board in May 2020. Noting that Scottish Government had requested a resubmission of the remobilisation financial plan, to reflect actual April and May financial performance, the Committee reflected on the areas of expenditure that were still to be quantified, such as those around Test & Protect and Care Home support. A further submission of the remobilisation plan was anticipated in July, in which costs and forecasts could be further refined. As the financial year progressed, further iterations of the plan have been prepared and submitted, the most recent being the Remobilisation Plan 3, agreed with Scottish Government in April 2021.
- 4.5 At its scheduled July 2020 meeting, the Committee's agenda was prioritised to review key performance updates and also governance-related items linked to the 2019-20 year-end process.

The significant impact of the pandemic upon waiting times performance, for surgery and outpatients appointments, was discussed, noting that NHS Fife was in a similar position to other Boards, having paused all elective procedures at the height of the pandemic (though urgent cancer surgery was in Fife maintained throughout). The importance of service redesign as the Board remobilised its activities was noted, especially the need to make use of technology and digital access, as part of a blended approach to delivery, since it is recognised that many services will not be able to go back to their way of operating pre-Covid, not least because of ongoing restrictions on physical distancing and reduced footfall within hospital buildings. The Committee took assurance from the various iterations of the remobilisation plans discussed with members, including the measured approach to standing services back up as coronavirus activity has reduced, to ensure appropriate patient safety and infection control.

- 4.6 In July 2020, in private session, the Committee considered and supported the guiding principles for financial reporting during the pandemic and scrutinised the potential impact on savings and efficiency targets and also the potential treatment of cost-offsets arising from reductions in planned activity. A report on Annual Operational Plan / Remobilisation Plan costings was also discussed, to provide assurance and to evidence the robustness of the financial plans presented to members. The Committee recognised the uncertainty around the financial impact of Covid, noting however this would become clearer as the financial year progressed and confirmation of funding from Scottish Government crystallised. Members were however assured about the planning then underway, particularly to provide for the new workstreams created to support the mobilisation of the Board against Covid.
- 4.7 At the Committee's September 2020 meeting, members received an update on work underway to support smoking cessation at the Stratheden Intensive Psychiatric Care Unit (IPCU), prior to legislative changes requiring a fully smoke-free site from mid-2021. This report closed off a long-standing action on the Committee's rolling list, which concerned potential risks to staff and patients should a smoking shelter be constructed within the facility's secure areas. Members welcomed the work undertaken by Health Promotion and Mental Health Quality Improvement colleagues to train and support staff, in advance of the implementation date of the legislation requiring a fully smoke-free site.
- 4.8 The draft Corporate Objectives 2020-21 were presented to the Committee in September 2020, with the Chief Executive detailing the Executive Team's participation in a recently held workshop to review the corporate objectives and bring forward any ideas for review and consideration. The main change for this year is that clarity has been provided on the Executive Leads' revised areas of responsibility, which was welcomed by members. The report described what NHS Fife aims to achieve in year, in tandem with a looking-back review of Directors' Objectives for 2019/20, and these will form part of ongoing strategy development work.
- 4.9 At each meeting the Finance, Performance & Resources Committee considers the most up-to-date financial position for the year for both revenue and capital expenditure. This function is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and all aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board. Considerable time was spent in meetings discussing and reviewing the financial pressures facing the Board, the delivery of in-year savings and consideration of the financial consequences particularly of Covid. The Committee also noted the potential for Covid related costs to recur in 2021/22.
- 4.10 The Committee scrutinised operational performance at each meeting through review of the Integrated Performance & Quality Report (IPQR), specifically those measures that fall within its own remit. The impact of coronavirus on traditional key performance measures monitored by the Committee was significant, particularly in relation to Treatment Times Guarantee measures, numbers of new referrals and diagnostic performance. The plans to tackle the resultant backlog from the pause of services during the height of the pandemic will be a significant focus of the Committee going forward.

- 4.11 In November 2020, detailed updates, at the request of the Committee, were given on performance within the services of Psychological Therapies and CAMHS, particularly in relation to ongoing concerns about failure to meet Referral to Treatment (RTT) targets and the potentially worsening impact of Covid on the capacity to meet existing demand for both services. The issues were explained in detail by the relevant service managers and Committee members scrutinised the various improvement actions and recovery plans, noting that the reduction in referrals during the height of the pandemic could have the potential to complicate the actual picture on performance. Members noted that a number of resources have been created in a digital format, to support virtual working during the height of the pandemic. It was advised that it is difficult at present to know the impact this work will have, but the Committee noted that staff are optimistic the work undertaken will have a positive impact on patient care and will reduce the rates of patients waiting for help and support via both services. The risks of increased referrals post-Covid remain significant, however, and it is of concern that the services cannot meet existing demand, let alone increased activity. Further updates are expected later this year for members to consider how these risks are being effectively managed and reduced.
- 4.12 The preparation of a detailed plan for managing Winter demand was considered by the Committee in November 2020, recognising that enhanced management was required due to the likelihood of parallel Covid pressures in addition to the usual Winter activity. The Committee was assured by the robust approach to planning, and the reflection on lessons learned from previous years. Performance reporting on Winter 2020/21 has continued to the Committee in January and March 2021, and lessons learned from what has been a challenging year will be taken forward in the planning for Winter 2021/22.
- 4.13 Details on the new Strategic Planning & Resource Allocation Process (SPRA) were considered by the Committee in January 2021. A consolidated approach across the whole organisation and all individual programmes, to identify key objectives and operational objectives collectively for the next three years, is the ambition of this work. The Committee recognised that the key objectives in 2021/22 may be significantly influenced by Scottish Government direction and the range of political priorities that Fife are being tasked to deliver, against the general backdrop of the pandemic. The Committee noted the inter-dependency and associated risks between delays in progressing a review of strategic planning and our ability to progress recurring savings and confirmed their support for the SPRA process as the initial step towards addressing this inter-dependency. Members, however, welcomed the aim to deliver a meaningful and structured prioritisation process for resource allocation across the range of operational, workforce and financial planning activities, with a medium-term focus. One of the key tasks of this process is to support the delivery 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 Committee looks forward to inputting into that work as it develops further over the current year.
- 4.14 The Committee has considered updates around the status of General Policies & Procedures, noting that this has been a challenging year to progress this backlog of work due to Covid-related pressures on staff time. Members have been supportive of efforts to move to a more streamlined review process, utilising electronic software solutions where appropriate, and this remains under investigation as a project suitable for wider organisational support. Dedicated staff resource has been secured to assist with the general administration and review of General Policies, and this is expected to improve the situation in the long term.
- 4.15 The Committee considered matters in relation to the following capital schemes:
- Elective Orthopaedic Centre
 - Hospital Electronic Prescribing & Medicines Administration (HEPMA)
 - Robotic Assisted Surgery

Updates were provided to members in July and September 2020 on the progress towards finalising a Full Business Case for the Elective Orthopaedic Centre, with minimal delay to the original timeline noted despite Covid pressures. At its November meeting, the Committee considered the final Business Case for the new centre. Recognising the significance of this project for enhancing patient care in Fife and for creating world-leading facilities for the innovative orthopaedic team, the Committee endorsed the Business Case for full Board approval. Also approved in November 2020 was the full Business Case for the HEPMA project, with further detail provided to members on the chosen supplier, revenue charging model and length of contract, to provide assurance that the right model for Fife was being followed. In March 2021, the Committee supported the initial Business Case for the purchase of a surgical robot, from 2020/21 capital funding availability, noting that a full Business Case will be reviewed at a future meeting.

- 4.16 The Committee also considered and endorsed the Capital Programme 2020/21 to 2024/25, noting the individual projects within the plan, such as those related to mental health, Kincardine and Lochgelly Health Centres, pharmacy robotics, digital & information, and laboratory information systems. A Procurement Governance Programme Board has been established to ensure all procurements are supported effectively and capture the required capacity and expertise. This will help to ensure projects progress strategically, to ensure projects take place in the right sequence, are well governed and opportunities are not missed.
- 4.17 The annual Public Private Partnership (PPP) Monitoring Report for 2019-20, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in November 2020, with members gaining assurance from the positive audit opinion detailed therein. Members reviewed the Interim Property & Asset Management Strategy (PAMS) update for 2020 in detail at its March 2021 meeting. The PAMS follows a prescribed format given nationally, which addresses Scottish Government reporting requirements and forms part of a 'state of the nation' report, putting Fife into context with other NHS Boards. It was recognised that 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 shortly to the Committee, which will be more forward looking and with particular focus on what the future Estates plans and challenges are. Members look forward to contributing to discussions around the long-term Estates strategy and the opportunities in this area to support the new strategy development.
- 4.18 In November 2020, the Committee considered the Payroll Consortium Business Case, which has also had input from Staff Governance Committee. The proposal outlines the ambition to build a single employer, with multiple bases, to ensure the resilience of payroll on a regional basis in the future, given long-standing capacity challenges across boards. Members supported the proposal in principle, noting the criticality of the service to the Health Board, but recommended discussions take place about a more phased approach than the draft timeline suggested. At the January 2021 meeting, a report on the East Region Recruitment Transformation project was given to members, summarising the broad principles agreed by several boards to move to a shared recruitment service (a single employer, with multiple locations). Members flagged the requirement for any new service to remain responsive to the specific needs of NHS Fife, ensuring that the successful engagement that presently takes places with local schools and colleges continues and that it supports improvements in the length of time taken to hire new staff.
- 4.19 In January 2021, members reviewed the national outline Business Case for the replacement of the Laboratory Information Management System (LIMS), in which NHS Fife is involved as part of a consortium with ten other boards. The requirement to translate the national case into a local delivery plan was highlighted, as was the need to identify saving opportunities, given the anticipated cost of a replacement system and the uncertainty as yet over Scottish Government funding support.

- 4.20 Within its agenda during the year, the Committee has considered internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In addition, in September 2020, the Committee received the first annual report on the Laboratories Managed Service Contract, focused on the performance against contract. An underspend was noted in the reporting year and the reasons for this considered by the Committee. Also considered in November was a detailed report on the demand for and supply of PPE and supplies during the height of the pandemic, ensuring that any lessons learned are recognised and implemented.
- 4.21 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains an action register to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings.

5. Outcomes

- 5.1 The Committee has, through its scrutiny and monitoring of regular finance reports and other one-off reports, been able to assure the Board that NHS Fife:
- complied with statutory financial requirements and achieved its financial targets for the financial year 2020/21;
 - met specific reporting timetables to both the Board and the Scottish Government Health & Social Care Directorates;
 - made adequate progress in the delivery of efficiency savings (on a recurring and non-recurring basis), noting the continuing challenges within Acute non-delivery of savings and social care spend within the Fife Health & Social Care Partnership; and
 - has taken account of planned future policies and known or foreseeable future developments in the financial planning process.

6 Best Value

- 6.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2020/21.

7 Risk Management

- 7.1 In line with the Board's agreed risk management arrangements, the Finance, Performance & Resources Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Frameworks (BAF) covering Financial Sustainability, Strategic Planning and Environmental Sustainability. Progress and appropriate actions were noted. Within the Committee's remit specifically, the ongoing risks presented by the failure to achieve savings targets within Acute, in addition to ongoing pressures in the Partnership in relation to the Social Care budget and the potential impact of the Integration risk share arrangement, were considered in detail, with assurances sought over mitigating actions.
- 7.2 In the current year, the complexity of financial reporting increased as a result of maintaining the core and Covid financial monitoring and reporting arrangements. The Committee has maintained an appropriate focus on these risks in its discussions, in addition to its regular scrutiny of the Financial Sustainability BAF and the tracking of the high risks identified therein.
- 7.3 The Committee closely monitored the position in relation to the uncertainty in-year of the impact on expenditure and availability of national funding to support the additional costs associated with

the pandemic. The Committee noted confirmation of a first tranche of national funding in October 2020 and then a second in January 2021. The final allocation in January ensured that all Covid costs would be covered in full. Some aspects of this funding and a number of late allocations have been ear-marked in reserves held by the IJB to cover continuing streams of Covid-related activity in 2021/22. The Committee also noted that as a result of national support for the under delivery of NHS Fife and IJB savings targets, that the IJB will break-even in 2020/21 and there will be no requirement to enact the risk-share agreement.

- 7.4 The Committee closely monitored progress in mitigating a range of environmental and estate sustainability risks and also recommended that the NHS Fife Board support an important Consort proposal to address the long-standing medium temperature hot water issues on the Victoria Hospital site.

8 Self-Assessment

- 8.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its May 2021 meeting, and action points are being taken forward at both Committee and Board level.

9. Conclusion

- 9.1 As Chair of the Finance, Performance and Resources Committee at 31 March 2021, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning and monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of all aspects of non-financial performance metrics, noting the particular impact of Covid upon the indicators generally.
- 9.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, particularly in this most challenging of years, set against the backdrop of the Coronavirus pandemic.

Signed: ... Date: ...

Rona Laing, Chair

On behalf of the Finance, Performance and Resources Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**FINANCE, PERFORMANCE AND RESOURCES COMMITTEE
ATTENDANCE SCHEDULE 2020/21**

	17.06.20	07.07.20	08.09.20	10.11.20	12.01.21	16.03.21
R Laing (Chair)	√	√	√	√	√	√
Dr L Bisset	√	√	√	√	√	√
W Brown	√	√	x	x	x	x
E Clarke	√	√	√	√	√	√
A Morris	√	√	√	√	√	√
J Owens	√	√	√	√	√	√
C Potter	√	√	√	√	√	√
M McGurk	√	√	√	√	√	√
Dr C McKenna	√	√	x	√	√	x
H Buchanan	√	√	√	x	√	
D Milne	x	√	x	x	√	x

In attendance

N Connor, Director of H&SCP	√	x	√	√	√	√
C Dobson, Director of Acute Services					√	√
A Fairgrieve, Director of Estates & Facilities	x	√	√	√	√	
S Garden, Director of Pharmacy & Medicines	√	x	√	x	x	x
A Mackay, Deputy Chief Operating Officer	√	√	√			
Dr G MacIntosh, Board Secretary	√	√	√	√	√	√
R Robertson, Deputy Director of Finance	√	√	√	√	√	√
A Wilson, Capital Projects Director			√			
Dr F Baty, Consultant Clinical Psychologist				√		
D Black, Project Manager				√		
L Cowie, Clinical Service Manager, CAMHS				√		
J Crichton, Interim Divisional General Manager		√		√		
L Douglas, Director of Workforce					√	
B Hannan, Chief Pharmacist		√				
B Johnston, Project Manager				√		

APPENDIX 1

	17.06.20	07.07.20	08.09.20	10.11.20	12.01.21	16.03.21
N McCormick, Director of Property & Asset Management						√
S Raynor, Senior HR Manager					√	

BEST VALUE FRAMEWORK

Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Property & Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE STAFF GOVERNANCE COMMITTEE BOARD	Annual Annual Annual Bi-annual Bi-monthly	Annual Operational / Remobilisation Plan Financial Plan Workforce Plan Property & Asset Management Strategy Integrated Performance & Quality Report
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Winter Plan Capacity Plan	FINANCE, PERFORMANCE & RESOURCES COMMITTEE CLINICAL GOVERNANCE COMMITTEE BOARD	Annual Bi-monthly Bi-monthly	Winter Plan Minutes of Committees Integrated Performance & Quality Report

GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publically available. Committee papers and minutes are publically available	BOARD COMMITTEES	On going	NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	BOARD COMMITTEES	Ongoing	SBAR reports EQIA section on all reports

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Business cases	BOARD FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Ongoing	Business Cases

USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

OVERVIEW

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and measures and reports on the relationship between cost, quality and outcomes.	Reporting on financial position in parallel with operational performance and other key targets	BOARD FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-monthly	Integrated Performance & Quality Report
The organisation has a comprehensive programme to evaluate and assess opportunities for efficiency savings and service improvements including comparison with similar organisations.	National Benchmarking undertaken through Corporate Finance Network. Local benchmarking with similar sized organisation undertaken where information available. Participation in National Shared Services Programme Systematic review of activity / performance data through use of Discovery tool	FINANCE, PERFORMANCE & RESOURCES COMMITTEE BOARD	Annual Bi-monthly Ongoing	Financial Plan Integrated Performance & Quality Report Financial overview presentations

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Organisational budgets and other resources are allocated and regularly monitored.	Annual Operational / Remobilisation Plan Integrated Performance & Quality Report	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-monthly	Integrated Performance & Quality Report SPRA Process
NHS Fife has a strategy for procurement and the management of contracts (and contractors) which complies with the SPFM and demonstrates appropriate competitive practice.	Code of Corporate Governance Financial Operating Procedures	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Reviewed annually	Code of Corporate Governance Financial Operating Procedures
NHS Fife understands and exploits the value of the data and information it holds.	Annual Operational / Remobilisation Plan Integrated Performance & Quality Report	BOARD COMMITTEES	Annual Bi-monthly	Annual Operational / Remobilisation Plan Integrated Performance & Quality Report

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Fixed assets including land, property, ICT, equipment and vehicles are managed efficiently and effectively and are aligned appropriately to organisational strategies.	Property and Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-annual Ongoing Bi-monthly Monthly	Property and Asset Management Strategy Report on asset disposal Integrated Performance & Quality Report Minutes of NHS Fife Capital Investment Group

PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance & Quality Report encompassing all aspects of operational performance, AOP targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.</p>	<p>COMMITTEES</p> <p>BOARD</p>	Every meeting	<p>Integrated Performance & Quality Report</p> <p>Code of Corporate Governance</p> <p>Minutes of Committees</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	COMMITTEES BOARD	Annual	Integrated Performance & Quality Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	COMMITTEES BOARD	Every meeting Annual	Integrated Performance & Quality Report Annual Accounts including External Audit report

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	COMMITTEES BOARD	Every meeting	Integrated Performance & Quality Report Minutes of Committees

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

OVERVIEW

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planet’s environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed	Sustainability and Environmental report incorporated in the Annual Accounts process.	FINANCE, PERFORMANCE & RESOURCES COMMITTEE BOARD	Annual	Annual Accounts

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
for life are unimpaired and remain so for future generations.				Climate Change Template

CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

OVERVIEW

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		BOARD COMMITTEES	Ongoing	EQIA section on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA section on all reports
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	BOARD COMMITTEES	Ongoing	Clinical Strategy EQIA section on reports

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	BOARD COMMITTEES	Ongoing	EQIA section on reports

Meeting:	Finance, Performance & Resources Committee
Meeting date:	30th April 2021
Title:	Winter Performance Report 2020/21
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented to the Finance, Performance & Resources Committee for:

- Discussion

This report relates to the:

- Winter Report 2020/21 – Complete winter data to 4 April 2021

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

2.2 Background

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

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period and subsequent COVID-19 waves
- Describe a shared responsibility to undertake joint effective planning of capacity

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

2.3 Assessment

A summary of performance of the following key winter metrics are as follows:

A&E

95% Standard has not been met since Week Ending 27th September. However, has been above the Scotland average since mid-December and has maintained above. Attendances have climbed on an upward trend since early February, continually through March and into April with pre-COVID levels of attendance becoming more frequent.

Covid-19

Since the start of the 2nd wave of Covid-19 our peak of weekly Covid-19 Bed days in Acute was 596 for both confirmed and suspected patients, with 564 of those being confirmed, this was reached week ending 17th January. During this same period our peak of weekly Covid-19 Bed days in community hospital was 404 for both confirmed and suspected patients, with 395 of those being confirmed, this was reached week ending 7th February.

Occupancy

VHK occupancy has reached above 90% for most of March, ending the month just below. This coincides with a rise in attendances during the same period. However, the Amber pathway has been under continual pressure winter, with stages during each month since December where this has breached 100%.

Occupancy within community hospitals has been consistently above 90% but closer to 95% all winter with 1 week in February and 2 during March where occupancy exceeded 100%. This may have been due to some wards having to close due to infection, but these have all re-opened now.

Delayed Discharges

The number of Delayed Discharges in VHK has been kept low below 25 bed days for the majority of winter with one exception week during February.

There has been an average of 300 bed days per week due to delayed discharges within community hospitals. Many of these delays are due to guardianship issues with the courts closed and have been out with our control.

Health & Social Care Placements

H&SCP achieved an average of over 100% of placements during this winter. With social care placements achieving an average of 94% overall, ICASS/H@H achieving an average of 95% overall, however have been held back slightly as the demand for ICASS was less than the target. All other placements achieved over 100%.

Most of the Winter Plan actions are complete or on track. The following actions are ongoing, with slippage, but due to be completed prior to next winter:

- 4.1.2 Implement Home First Model - more timely discharges & realistic home-based assessments
- 4.1.4 Restructure of medical assessment and admissions

A Winter Review Event was held on 12th April through MS Teams, with over 70 participants. The event included 2 group work sessions;

1. What worked well and not so well last winter
2. What key learning and actions could be taken forward for 2021/22

Table below summaries the responses.

What has worked well?	What has not worked as well?	Key Learning & Actions for 2021/22
Communication	SG Communication	Clearly identify and communicate trigger points
Collaboration	Recruitment, Retention and Workforce Planning 365	Flexible staff that can be moved across the organisation
IT Systems	Distinction between Summer and Winter, 365 planning and being proactive	365 Planning – plan demands for 12-month period
Flexibility	Transport	New Technology, digital development
The speed of Change	Remobilisation of some services, waiting times	Improve Contingency and Incident Planning

Feedback will be used to plan and implement next winter's plan at the Winter Planning Event in August although it has been agreed that planning for capacity and flow of the whole health and social care system will continue over the summer months.

A feedback questionnaire was distributed to all attendees after the event with a 45% return rate. Majority of attendees felt the event was worthwhile, with the right attendees and good group sizes for groupwork. The event was rated 4 out of 5 with all bar one attendee feeling able to contribute to the breakout discussions. There was positive feedback on the workshop being delivered over teams and the pre-allocation and size of the breakout groups which facilitated good discussion and debate. This will be a format that will be considered going forward for this type of event.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Workforce planning is key to Winter Planning

2.3.3 Financial

Financial planning is key to Winter Planning

2.3.4 Risk Assessment/Management

Options for Surge Capacity over winter have been risk assessed

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

Discussed at Silver and Bronze Winter Planning Groups

2.4 Recommendation

The Finance, Performance & Resources Committee is requested to:

- **Note** the contents of the Final Winter Report

3 List of appendices

- Winter Planning Monthly Report March 2021

Report Contact

Susan Fraser

Associate Director of Planning & Performance

Email Susan.Fraser3@nhs.scot



Winter Planning

Monthly Report

Week Ending 1st March to 4th April 2021



Contents

Introduction.....	2
Section A: Executive Summary	3
Section B: Performance Summary to Week Ending 28 th Feb 2021.....	6
Section C: Winter Plan Monitoring of Actions	7

Introduction

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

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

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

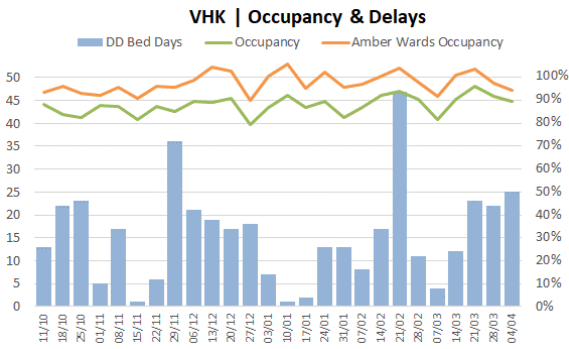
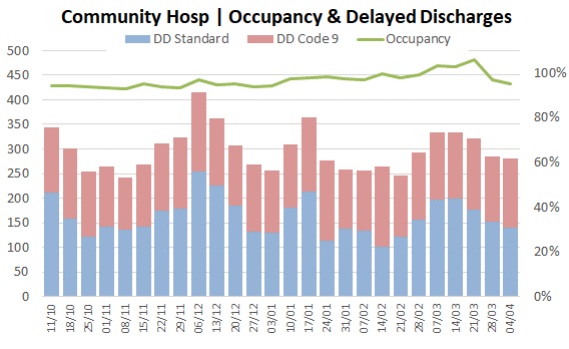
The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees.

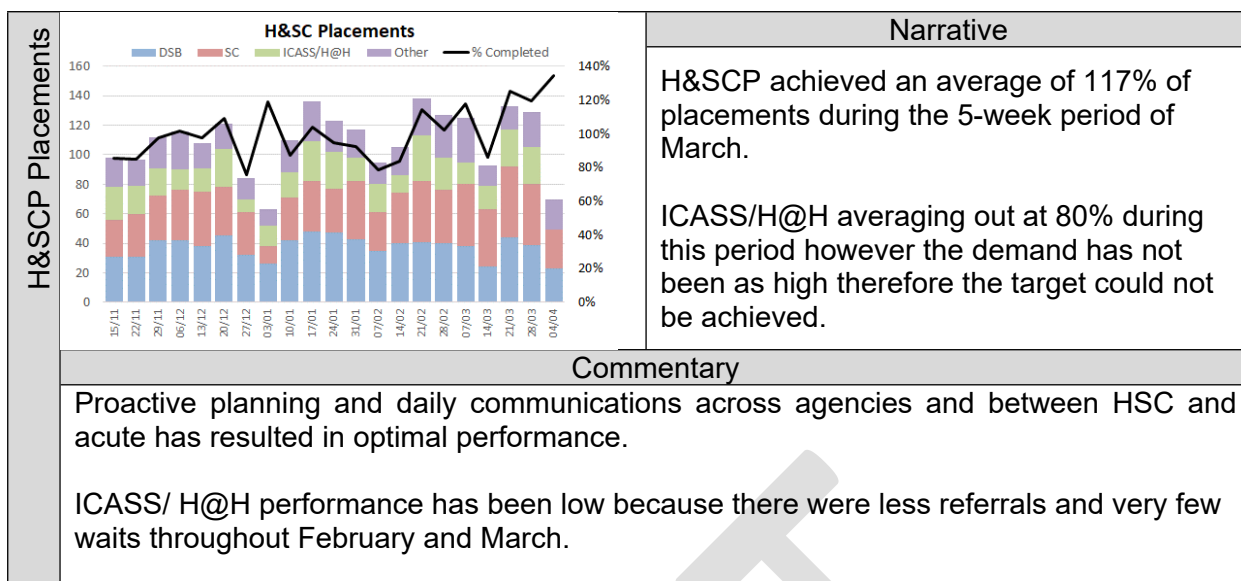
Outlined below in Section C are the actions that were submitted to the Scottish Government at the end of October 2020 and current status of these actions.

Section A: Executive Summary

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

A&E	<p>A&E</p> <p>Attendances (blue bars) and Performance (red line) from 11/10 to 04/04. A horizontal line at 1000 represents the 95% standard. Attendances have risen above this standard since late December and are continuing to climb through March.</p>	<p>Narrative</p> <p>The 95% Standard has not been met since Week Ending 27th September. The board average has risen above the Scotland average since week ending 13th December and has maintained above.</p> <p>Attendances have climbed through March, if this trend continues over 1200 per week, we will be back to pre-covid levels.</p>
	<p>Commentary</p>	
	<p>A&E attendances have continued to increase through March, with pre-COVID levels of attendance becoming more frequent. This is presenting an increasing challenge and it is expected this trend will continue as COVID restrictions reduce. Bed waits accounted for 44% of all breaches in March as overall hospital capacity pressures continued to translate to further restriction at the front door.</p>	
Covid-19 Bed Days	<p>Covid-19 Bed Days (Confirmed/Suspected)</p> <p>Two stacked bar charts showing Acute and Community bed days from 11/10 to 04/04. Acute bed days peaked at 596 in January. Community bed days peaked at 404 in February.</p>	<p>Narrative</p> <p>Since the start of the 2nd wave of Covid-19 our peak of weekly Covid-19 Bed days in Acute was 596 for both confirmed and suspected patients, with 564 of those being confirmed, this was reached week ending 17th January.</p> <p>During this same period our peak of weekly Covid-19 Bed days in community hospital was 404 for both confirmed and suspected patients, with 395 of those being confirmed, this was reached week ending 7th February.</p>
	<p>Commentary</p>	
	<p>Acute</p> <p>COVID bed days continued to decline for Acute with a noticeable reduction on the numbers of COVID patients on a daily basis. As well as the numbers of individual patients being lower, the average LoS of COVID patients also appears to have lowered.</p> <p>HSCP</p> <p>Covid-19 bed days increased within the community hospitals due to ward outbreaks in January and February. At the peak over 100 beds were closed. Additional testing prior to all patient transfers or admission have now been implemented to prevent further hospital acquired spread. Inpatient vaccination programmes commenced 15th February. There has been a steady decline since the last week in February and as at 20th April there are no active covid cases in any of the HSCP community hospital wards.</p>	

Acute Occupancy & Delays	 <p>VHK Occupancy & Delays</p> <p>DD Bed Days (blue bars), Occupancy (green line), Amber Wards Occupancy (orange line).</p>	<p>Narrative</p> <p>VHK occupancy has reached above 90% for most of March, ending the month just below. This coincides with a rise in attendances during the same period.</p> <p>The Amber pathway has been under continual pressure reaching over 100% in the middle of the month. This has since come down just under 95%.</p> <p>The number of Delayed Discharges in VHK during March is averaging out at 17, this has dropped since February where it was average at 21.</p>
	<p>Commentary</p>	
	<p>From mid-March Acute has seen increasing admission pressures with weekly emergency adult admissions for March c.9% higher than that experienced Oct-Feb. This equates to roughly 2 x wards worth of additional emergency admissions on a weekly basis compared with the averages experienced through the rest of Winter. Emergency admissions continue to be on an upward trend through April, which gives significant pressure when trying to balance with the need to upscale elective activity.</p> <p>To cope with this level of demand requires Acute to discharge and then re-admit into c.20% of its adult bed base on a daily basis.</p> <p>Amber ward occupancy averaged 99% through March, with surge capacity maximised throughout, and often exceeded.</p>	
Community Occupancy & Delays	 <p>Community Hosp Occupancy & Delayed Discharges</p> <p>DD Standard (blue bars), DD Code 9 (red bars), Occupancy (green line).</p>	<p>Narrative</p> <p>From the end of February into March occupancy within the community hospitals has been greatly under pressure above 90%. This has been brought back down by the end of March, however still 95%. This may have been due to some wards having to close due to infection, but these have all re-opened now.</p> <p>There has been an average of 310 bed days lost per week in community hospitals due to delays in March. Many of these delays are due to guardianship issues with the courts closed and have been out with our control.</p>
	<p>Commentary</p>	
	<p>Active management of all patients in delay continues with collaborative working across Acute and HSCP services. Covid outbreaks, the recent winter spell, significant care home closures and workforce pressures resulted in a reduced discharge profile over some weeks. The overall delay position shows an improved performance comparing with previous years - this is linked to a focus on HomeFirst, additional capacity within homecare & ICASS, and daily integrated capacity / flow huddles.</p>	



Section B: Performance Summary to Week Ending 28th Feb 2021

Weekly Unscheduled Care Monitoring Report

Area	Indicator	Trend	08-Nov	15-Nov	22-Nov	29-Nov	06-Dec	13-Dec	20-Dec	27-Dec	03-Jan	10-Jan	17-Jan	24-Jan	31-Jan	07-Feb	14-Feb	21-Feb	28-Feb	07-Mar	14-Mar	21-Mar	28-Mar	04-Apr
Urgent Care	Contacts		1775	1810	1883	1743	1913	2209	2234	2262	2805	2481	2048	2019	1950	1921	1758	1883	1977	1958	1797	2058	1938	2802
	% ref to 2ndary Care		5.18%	4.36%	4.41%	6.20%	5.65%	3.80%	3.31%	4.64%	4.81%	4.19%	3.71%	3.62%	4.10%	3.80%	3.64%	4.46%	3.74%	4.03%	4.12%	5.05%	3.87%	6.17%
	Home Visits		133	144	151	137	129	170	145	194	234	184	134	129	110	113	123	124	120	119	112	107	97	158
	OoT Home Visits		26	13	21	27	21	41	39	43	25	45	16	14	10	9	20	9	18	15	26	12	10	27
	COVID Outcome		305	311	324	299	289	304	327	280	410	402	327	322	250	253	189	211	213	186	205	223	212	230
Emergency Department	RUC Outcome						227	435	435	360	409	434	377	365	383	372	398	373	410	412	358	446	428	488
	Attendances		1012	947	922	969	869	949	974	822	987	893	832	760	759	787	843	925	907	944	959	1130	1049	1160
VHK	Performance		91.3%	92.4%	91.8%	89.4%	82.6%	87.0%	85.0%	91.2%	86.6%	84.3%	88.6%	90.1%	90.9%	92.0%	89.3%	85.3%	91.4%	93.9%	87.6%	87.2%	89.0%	86.1%
	Admissions		669	668	669	697	637	685	649	563	629	638	597	603	595	632	568	727	594	658	725	742	694	756
Theatre Activity	Emergency		590	588	589	620	559	606	589	520	604	594	543	563	547	582	532	694	549	583	661	669	633	679
	Discharges		645	636	676	650	627	648	659	539	591	603	582	574	582	587	561	672	663	625	631	721	647	719
VHK Bed Utilisation	Scheduled		297	247	241	237	258	223	269	112	76	134	121	100	154	131	152	153	200	187	244	233	204	191
	Cancelled		15	18	10	13	16	11	13	7	7	8	3	0	12	1	25	10	5	5	8	11	7	4
HSC Placements	Hospital Cancelled		1	0	1	1	1	1	0	0	3	0	0	0	1	1	0	0	0	0	0	1	1	0
	Occupancy		87%	81%	87%	85%	89%	89%	90%	79%	86%	91%	86%	89%	82%	86%	91%	93%	90%	81%	90%	96%	91%	89%
Community Hospital	Amber Wards Occupancy		95.2%	90.2%	95.6%	95.1%	98.3%	103.7%	102.0%	89.3%	99.7%	105.0%	94.8%	101.7%	95.0%	96.6%	99.9%	103.2%	97.3%	91.3%	100.2%	102.9%	97.0%	93.9%
	COVID Bed Days		470	514	419	403	313	283	362	349	388	531	596	584	410	281	250	302	238	160	85	93	85	57
HSC Placements	DD Bed Days		17	1	6	36	21	19	17	18	7	1	2	13	13	8	17	47	11	4	12	23	22	25
	Target		117	115	114	115	114	111	111	111	53	126	131	130	127	121	125	121	124	106	108	106	108	52
Community Hospital	% Completed		102%	85%	85%	97%	102%	97%	109%	76%	119%	87%	104%	95%	92%	79%	84%	114%	102%	118%	86%	125%	119%	135%
	Completed		119	98	97	112	116	108	121	84	63	110	136	123	117	95	105	138	127	125	93	133	129	70
Community Hospital	DSB		40	31	31	42	42	38	45	32	26	42	48	47	43	35	40	41	40	38	24	44	39	23
	SC		28	25	29	30	34	37	33	29	12	29	34	30	39	26	34	41	36	42	39	48	41	26
Community Hospital	ICASS/H@H		27	22	19	19	14	16	26	9	14	17	27	25	16	19	12	31	22	15	16	25	25	0
	Other		24	20	18	21	26	17	17	14	11	22	27	21	19	15	19	25	29	30	14	16	24	21
Community Hospital	Admissions		46	38	38	47	48	45	46	33	32	43	35	40	35	31	41	63	47	47	27	50	45	44
	Discharges		37	44	46	41	38	52	46	37	30	26	42	46	36	24	43	46	43	40	30	63	47	46
Community Hospital	Occupancy		93%	95%	94%	93%	97%	95%	95%	94%	94%	98%	98%	98%	97%	97%	100%	98%	99%	103%	103%	106%	97%	95%
	COVID Bed Days		102	91	89	60	26	78	65	45	51	37	177	315	383	404	336	203	110	94	67	49	37	30
Community Hospital	DD Bed Days		242	269	312	324	414	362	307	269	256	310	365	276	258	257	264	245	293	333	333	321	285	281
	DD Standard		135	143	174	179	254	225	184	132	130	181	214	114	137	133	102	122	157	197	200	177	153	141
Community Hospital	DD Code 9		107	126	138	145	160	137	123	137	126	129	151	162	121	124	162	123	136	136	133	144	132	140

Section C: Winter Plan Monitoring of Actions

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

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.1.1	Scheduling of Unscheduled Care – creation of an integrated flow and navigation centre to triage, assess and manage unscheduled care	Nov-20	DOA DOHSC		DCOO GM EC	DGM West				Integrated flow and navigation hub soft launched on 1st December. Continuous monitoring of impact and pathway effectiveness underway, but there are significant medical staffing demands associated with the model.	Flow and navigation is now fully implemented in Fife. All calls from 111 are being directed to the hub. At present there is a test of change to consider whether all 4-hour ED pathway presentations should directly be managed within ED. This is due to be evaluated by the end of April. Fife is committed to working system wide to ensure that the right model for Fife is realised and will ensure that people are seen timely by the right person in the right place. Data is demonstrating the number of scheduled attendances at ED is increasing steadily and redirections to MIU's are also increasing. This is in line with the aim of scheduling unscheduled care.
4.1.2	Implement Home First Model - more timely discharges & realistic home-based assessments	Sept-21	DOHSC			DGM West				Short like working group established and critical appraisal be undertaken to look at pinch points in the system to inform a home first model by winter 2021. Delayed due to having to utilise all discharge options to cope with demand and enhance flow as a result of covid. Timescale changed to June 2021 and then further changed to September 2021	Home first strategy group reinstated. Home to assess model being worked through.
4.1.3	Scale up direct entry to STAR units from community MDT's	Nov-20	DOHSC			DGM West				Link social workers from STAR support locality MDT's. Early discussions ongoing regards the pathway.	Access to STAR from community settings now being progressed due to the success of the model.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.1.4	Restructure of medical assessment and admissions	Apr-21	DOA		GM EC					The COVID 19 red pathway for admission will limit any changes that can be made to patient pathway and flow in the short term. Completion date changed to April 2021	covid red pathway remains in place within Acute Division from admission to discharge to ensure safe patient care and optimise flow.
4.1.5	Process re the use of Near Me for Unscheduled Care	May-21	DOA		DCOO					Use of digital technologies, including Near Me, in place for virtual assessment	Under Redesign of Urgent Care (RUC) virtual appointments, including using Near Me, are a vital component of the revised pathway. Initial triage is through NHS 24, before appropriate referral to ED virtual assessment.
4.1.6	Right Care – Right Place campaign to increase awareness of alternatives to the Emergency Department for minor, non-urgent illnesses and injuries and encourage local people to make use of local services	Mar-21	DON	Comms						Soft launched locally 1 December using national campaign assets. NHS Fife website updated, main banner promotion and regular social media posts. Media release and interview with Medical Director for local radio, prior to Christmas. Main national campaign will commence in January 2021 Staff Link Hub to support UC redesign created and working on the creation of a Ref Help section by end of December. Continues until 31 March 2021 in line with SG guidance and national public communications campaigns	The impact of the national campaign has been minimal, this was due in part to the soft launch of the initiative and the communications channels chosen to promote this service change to the general public. The benefit of the soft launch did help to refine campaign messages and ensured that the new service locally and at NHS24 was not overwhelmed with calls over Christmas & New Year and Easter. The SG are now looking to extend the Right Care, Right Place campaign to national TV, Radio and Billboard advertising and are in discussion with CEO around the timing of the next phase of this campaign. NHS Fife will continue to use the national campaign assets and personalise them for our local need, we will also continue to adhere to the national campaign scheduling and channels to ensure that we compliment and not confuse national and local messaging with the general public.
4.1.7	Ensure national winter campaigns, key messages and services (including NHS 24 and NHS Inform) are promoted effectively across Fife and supported by relevant local information and advice	Mar-21	DON	Comms						Show you care prepare national campaign started on 4 December and NHS Fife communications supporting national messages and campaign, winter section updated on website and local comms via Social media, Staff Link and local media. Continues until 31 March 2021 in line with SG guidance and national public communications campaigns	NHS Fife adopted national campaign material and assets to remote winter preparedness via our own local and established communications channel. I think the refreshed campaign was well received and captured the mood of the nation on the back of the clap for carers weekly event. However, this will undoubtedly mean that the national campaign messages and proposition will need to be re-worked for this coming winter and nationally they may take the decision to revisit the popular "Mr Owl" animation. NHS24 who run

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
											the campaign will be sharing the campaign evaluation with NHS Strategic Comms leads in late April.
4.1.8	New model of care for Respiratory Pathway	Nov-20	DOA DOHSC		GM EC	DGM West				<p>A new nurse led advice line for respiratory patients that screens all referrals on the same day (GP and high health gains). This prevents deterioration and unnecessary admission. New pathway directly into hospital at home for direct step up. Another pathway has been developed for palliative care patients.</p>	<p>Nurse advice line in situ. This advice line is open to both patients, their carers and professionals. This has proved beneficial to both. Patients can be visited or advised to prevent admission or crisis and professionals can discuss patients and likewise prevent admission and improve patient and professional support. There has also been communications set up with Ninewells colleagues to allow a referral pathway from our Tayside colleagues ensuring that all respiratory patients in Fife have an equitable service. There are potential improvements to be made from developing a communication between AU1 and the community respiratory team and widening awareness in GP Practices. The recent data suggests that telephone calls to this advice line are on average 150 calls per week. The Hospital @ Home pathway is currently under review and on track given the current staffing situation. Plan to have this completed and implemented by the end of April 2021. Pathway for palliative care patients is in use and extremely beneficial. Patients have been able to be cared for at home who otherwise would have been admitted. This joint working approach has been to both the benefit of patients, carers and the health care professionals involved. Improvements to this would benefit from capturing the data and embedding this in everyday practice. Plan to develop questionnaire to capture patient experiences.</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome												
				Corp	Acute	H&SC																	
4.1.9	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	Oct-20	DOHSC			DGM West				community hospital capacity monitored daily. Surge areas have been identified and utilised as per winter plan.	Community Hospitals continue to be monitored daily. Winter plan will cease on 31st March.												
4.1.10	Review capacity planning ICASS, Homecare and Social Care resources throughout winter including 7-day access to H@H	Oct-20	DOHSC			DGM West				Capacity reviewed daily and additional recruitment underway to increase further ICAS & H@H capacity to support increased in demand.	ICT have taken a number of Discharges from 16th November 2020 until 28th February 2021. Total Discharges 248 of which 135 were for VHK and facilitated 56 discharges from within Community Hospitals in Fife. <table><tr><th>ICT INFORMATION (COMPARATIVE INFORMATION)</th><th>CUMULATIVE TOTAL OF VHK DISCHARGES</th><th>CUMULATIVE TOTAL OF ALL COMMUNITY HOSPITALS IN FIFE</th><th>CUMULATIVE TOTAL OF ALL DISCHARGES INCLUDING HOSPITALS OUTWITH FIFE</th></tr><tr><td>Week Commencing 19/11/2019 to week ending 28/2/2020</td><td>150</td><td>45</td><td>208</td></tr><tr><td>Week commencing 16/11/2020 until 28/2/2021</td><td>185</td><td>56</td><td>248</td></tr></table> Hospital at Home - Total for Fife - 23rd November 2020 to 28th February 2021 GP Admissions total of 265 104 Step-downs accepted totalling 369.	ICT INFORMATION (COMPARATIVE INFORMATION)	CUMULATIVE TOTAL OF VHK DISCHARGES	CUMULATIVE TOTAL OF ALL COMMUNITY HOSPITALS IN FIFE	CUMULATIVE TOTAL OF ALL DISCHARGES INCLUDING HOSPITALS OUTWITH FIFE	Week Commencing 19/11/2019 to week ending 28/2/2020	150	45	208	Week commencing 16/11/2020 until 28/2/2021	185	56	248
ICT INFORMATION (COMPARATIVE INFORMATION)	CUMULATIVE TOTAL OF VHK DISCHARGES	CUMULATIVE TOTAL OF ALL COMMUNITY HOSPITALS IN FIFE	CUMULATIVE TOTAL OF ALL DISCHARGES INCLUDING HOSPITALS OUTWITH FIFE																				
Week Commencing 19/11/2019 to week ending 28/2/2020	150	45	208																				
Week commencing 16/11/2020 until 28/2/2021	185	56	248																				
4.1.11	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	Oct-20	DOHSC			DGM West				Eight locality huddles in operation. Prevention of admission continues at 35% and data indicates a net reduction in admissions for VHK. Data to be interrogated further. Frailty model embedded and frailty practitioner now in post.	8 locality MDTs are established within the respective localities. Direct referrals from GP's demonstrating integration of health & social care working. Improved outcomes for patients/clients. Increased referrals to Complex Care team for frailty 69%. Increased capacity due to Frailty Practitioner in post. Division of Complex Care team to allow focus on Frailty. Long Term funding has been secured. (Frailty) Seeking patients views and measuring HHG intervention (Frailty). Advice line numbers averaging 92.6 per week (Frailty)												
4.1.12	Continue to Test change to reconfigure STAR bed pathway	Nov-20	DOHSC			DGM West				Stroke pathway has been developed. Small TOC completed. Scaled up.	Prior to Covid the STAR bed was being used successfully by Letham Ward at Cameron Hospital for patients who needed further therapist input prior to discharge home. Since Covid began the bed has not been in use.												

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.1.13	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action	Oct-20	DOA DOHSC	AD P&P	DCOO GMs	DGM West				Daily senior meeting in place to review daily metrics and corrective action taken in real time.	Useful information which allows for planning and action in real time.
4.2.1	Implementation of a sustainable 7-day OT and PT service for acute being progressed through the Integrated Capacity and Flow Group- invest to save to support effective patient flow and address de-conditioning.	Dec-20	DOA		GM WCCS		1.6 Band 6 PT 1.0 Band 5 OT 1.8 Band 4 HCSW 1 Band 4 HCSW	£72.5k		1.0 Band 5 PT and 0.5 OT in place to support Monday - Saturday Service. Sunday currently staffed by volunteers. No plans for further recruitment this winter but early planning for winter 2021/22	Positive impact on patient flow but reliant on staff good will. A stable, sustainable and fully resourced service will need to be in place for winter 21/22
4.2.2	Paediatric nurse staff levels currently being reviewed. The increased activity associated with winter combined with the requirement for managing Covid-19 pathways will require additional staff to ensure safe staffing levels	Oct-20	DOA		GM WCCS		13.3 band 5 3 band 3			Funding for 8WTE agreed. 8 additional staff to be recruited. Remainder to be subject of a business case in Q3 if still required	Additional staff not yet in place but recruitment is progressing. Staff good will has ensured patient safety
4.2.3	Implement flexible staffing models to utilise resources accordingly – managed by tactical workforce group, chaired by Associate Director of Nursing	Nov-20	DON		DCOO	DGM West				The workforce hub has been re-instated the partnership	<p>The HSCP Workforce Mobilisation Hub (WMH) was re-established in October 2020. A Care Home Hub was established alongside the WMH and a Head of Nursing post was appointed to in December, to provide clinical leadership and management to both of these Hubs and to ensure safe staffing across the HSCP and Care Homes within Fife.</p> <p>The WMH collates and coordinate staffing information from across all Community Health Services and the Care Homes to ensure services have sufficient workforce and to provide assurance to the board Nurse Director, all areas are able to deliver safe, effective and patient centred care in line with the organisational priorities.</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.2.4	Ensure NHS Fife staff are kept informed about preparations for winter including arrangements for staff flu vaccinations, local service arrangements and advice for patients	Nov-20	DON	Comms						Flu section on NHS Fife website and Staff Link Hub, lead from the Front Staff Flu Vaccination Campaign instigated. Winter hub live on NHS Fife website Regular updates on Staff Link and weekly CE update throughout December, January and February	Good staff engagement and interaction with flu vaccination on website, staff link and regular CE weekly updates. The lead from the front campaign proposition had a good response from staff and allowed them to take ownership of the campaign. The dedicated Web page received over 11,000 visits from go live on 1st October to date.
4.2.5	Occupational Health medical and nursing support was increased temporarily to support the pandemic efforts, funding has been secured to recruit to these posts on a substantive basis	Nov-20	DOW	Workforce						Complete	While Recruitment has been completed, new staff will not take up post until later this year, it is anticipated that the additional resources will support ongoing COVID-19 activity and help to sustain OH services for the future and in anticipation of long term support requirements for staff.
4.2.6	Staff health and wellbeing signposting resources were provided from April 2020 and an expanded Staff Listening Service, (accessible to Health, H&SC Partnership, and care home staff), available from April 2020 to 31 March 2021	Nov-20	DOW / DON	Workforce/ Nursing						Expanded listening service in place until 31/03/2021.	The Department of Spiritual Care has provided essential support to staff throughout COVID-19. Over the past 12 months, the Department have supported over 3,000 contacts with health and social care staff. The intention of the Listening Service is to provide an easily accessible and confidential space for staff to talk about their experiences in a safe way and has provided 237 1:1 session's. The current staff support provision has been met from current staffing levels – however as wider services a remobilised, the Department will not have capacity to meet current levels of service from current resources.
4.2.7	Mental Health Occupational Health nursing input in place for staff support from August 2020	Aug-20	DOW	Workforce						Completed	This post is now funded on a substantive basis, with initial feedback being that the additional MH OH support for staff has been well received. Outcomes are being monitored and feedback provided via OH Head of Service at regular intervals. Any impact on MH related reasons for absence will also be checked.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.2.8	Agree Flow & Navigation Care workforce levels and secure staffing as early as possible. All rotas in place to ensure public can access OOH across the winter period	Oct-20	DOHSC			DGM West				Recruitment commenced for key posts. Contingency plans in place. Hub has been sufficiently staffed since go live date. Weekly recording commenced. Key posts all recruited to or in the process of being recruited to.	Current interim model is staffed applying MDT approach within hub including A&C staff, nursing and paramedics with medical and nursing staff available virtually within ED/MIU aspect of flow. Modelling work still being progressed and tested.
4.2.9	Create and enact a workforce plan to staff surge capacity taking into account Fife Council Christmas shut down	Oct-20	DOHSC		DCOO GMs	DGM West				Workforce hub reinstated which will be open over Christmas and new year. Social work staff involvement. Senior rota in place to cover out of hours.	Flow over Christmas and new year was optimal.
4.3.1	Whole System Pathway Modelling – development & implementation of capacity tool	Nov-20	DOA		GM EC	DGM West				Capacity tool complete. Daily meetings to proactively determine red flags and take corrective actions to maximise flow.	Daily meetings well established with proactive planning in place.
4.3.2	Daily Dynamic discharge and EDD to be embedded in all wards	Nov-20	DOA		GM EC	DGM West				EDD embedded.	Work ongoing around EDD's to ensure they reflect patient discharge planning and wards are keeping them up to date using real time data
4.3.3	Plan for Surge Capacity (including Community Hospitals, Care Home, Home care ICASS & H@H)	Oct-20	DOA DOHSC		DCOO	DGM West	See App2	Acute HSC		Surge plan complete across Acute and HSCP. Command structures in place for escalation. Daily surge meetings to assess capacity utilising real time intelligence.	Surge beds used as per escalation plan throughout winter.
4.4.1	Implementation of rapid diagnostic outpatient appointments for inpatients to ensure that no inpatient discharges are delayed whilst waiting on diagnostics	Oct-20	DOA		GM WCCS					Complete in Radiology	Positive impact on patient flow but has been under-utilised. This will be improved for winter 21/22
4.4.2	OPAT expansion to release bed capacity	Oct-20	DOA		GM EC					Unit working at full capacity for the staffing model and successfully delivering on bed day savings.	OPAT continues to evolve. SLWG set up to make further improvements and connect with community teams to deliver further on in patient bed days.
4.4.3	Configure SSSU as amber Unit to support peaks in Orthopaedic Trauma demand	Sep-20	DOA		GM PC					SSSU open Mon-Fri to Support Trauma/Emergency Surgery	SSSU remains open. This has a huge benefit as it not only allows us to accommodate the elective program but also allows ward 52 to maintain a Green/Amber split as we need to maintain a high number of amber beds and ward 52 staff have the skill mix to look after complex surgical patients.

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.4.4	In line with SG guidance, configure green elective areas and pathways within DIU, Ward 52 and Day Unit (within QMH) to maintain elective activity over winter	Sep-20	DOA		GM PC					Ward 52 now includes 4 SHDU beds	Green SHDU beds have moved back into critical care and are no longer located within ward 52. This is de-escalation as planned as there are currently no positive covid patients within critical care now.
4.4.5	Set-up weekly theatre meetings to review theatres lists 3 weeks in advance, including full review of patients waiting by clinical priority to determine list allocation to be escalated to Clinical Prioritisation Group	Sep-20	DOA		GM PC					Weekly meetings take place every Monday chaired by the PCD Clinical Directors	The weekly clinical prioritisation meetings continue and are allowing us to ensure that patients with the highest level of urgency are prioritised through the elective program. Hope this helps
4.5.1	Corporate Business Continuity Plan has been reviewed by the NHS Fife Resilience Forum	Aug-20	DPH	Business Continuity						The Plan was submitted and accepted by the NHS Fife Resilience Forum and EDG	Plan in place
4.5.2	Corporate Business Continuity Policy has been reviewed by the NHS Fife Resilience Forum	Aug-20	DPH	Business Continuity						The Plan was submitted and accepted by the NHS Fife Resilience Forum and EDG	Plan in place
4.5.3	Business Continuity templates to be updated, re-issued to all departments and returned	Oct-20	DPH	Business Continuity	DCOO	DGM West				All business continuity plans updated using new template across all of the HSCP and Acute Services Division.	winter and business continuity ensured that every service was safe to start over winter months.
4.5.4	Ensure severe weather communications plan is in place and provided to NHS Fife Resilience Forum and EDG	Oct-20	DON	Comms						Adverse weather communications plan reviewed and shared with LRP and Fife Council Comms	Well received by all parties, clear actions and opportunities for continued collaboration across all parties to ensure timely and consistent weather updates, advice and if appropriate actions to be taken.
4.5.5	Local Resilience Partnership to hold a workshop to look at how Fife would manage events/incidents over winter including Covid-19, season flu, winter weather and EU-exit	Nov-20	DPH	Public Health						First workshop held on the 18th November further workshop being planned Complete	Workshop took place and provided other Fife Agencies with an insight into issues and problems other agencies were likely to experience

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.6.1	Point of Care Testing (POCT) in A&E and Admissions Unit	Dec-20	DOA		DCOO			Funded separately		POCT commenced mid-December 2020 - successfully implemented and monitored by Laboratory managers	POCT for COVID-19 is now embedded Business as Usual (BAU) for all red admissions to ED/AU1 and all Amber GP referrals (both medical and surgical) into AU2. This has significantly reduced any IPCT disturbance from incorrectly placed patients by identifying any asymptomatic COVID +ve patients much earlier and allowing for early intervention from front door teams. It has also ensured known COVID status for the majority of patients prior to movement to downstream wards within Acute.
4.6.2	Define and agree paediatric COVID pathways to stratify patient flow based on clinical urgency and IPC measures	Dec-20	DOA		GM WCCS					Complete	Positive impact on patient flow. Clear escalation plans have enabled good decision-making.
4.6.3	Package of education/training to support best practice in IPC in NHS Fife acute & community settings	Oct-20		IPCT						Complete	<p>Due to COVID-19 restrictions on unnecessary travel and with best practice to consider new ways of working and technologies such as virtual meetings to ensure a COVID-19 safe working environment. The IPCT have been promoting a blended learning approach for winter preparedness education and training.</p> <p>IPCNs have collaborated on several new training presentations on topics relevant to staff that are normally covered in education sessions, including outbreaks and terminal cleans. The presentations have been recorded with a voice over, available on Blink and can be accessed by all NHS Fife staff</p> <p>IPCT have also advertised training sessions that have been hosted via Microsoft Teams and open to all staff across NHS Fife to access. These sessions have been advertised weekly via Staff 'Blink' app and have links for each session allowing staff a choice of dates and times to book. These</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
											<p>sessions include a presentation delivered by an IPCN, who is available for questions and answers session following the presentation providing the attendees the opportunity to clarify any points raised or ask about best practice in their area of practice.</p> <p>From October to date, there have been 27 sessions held with a further 3 planned.</p> <p>The IPCT continue to offer telephone support and ward based support, including real time feedback to HCWs in their clinical environment promoting best practice and improving patient, staff and visitor safety.</p> <p>Bespoke training available on request and facilitated in line with COVID secure guidance.</p> <p>The IPCT have also promoted the national training resources as per NHS Education for Scotland (NES) and Health protection Scotland (HPS) such as guidance posters, training videos and presentations as well as eLearning via TURAS Learn.</p> <p>With this blended learning approach to winter preparedness training and education the IPCT aimed to provide a variety of different learning formats for all NHS Fife staff to support best practice.</p>
4.7.1	Deliver the staff vaccination programme to health and frontline social care staff (NHS, Fife HSCP, independent and third sector) through peer vaccinator programme, occupational health clinics, care-home based and pharmacy delivery in order to achieve 60% national target and 65% local target for uptake	Dec-20	DOHSC			DGM West				Flu staff vaccination programme complete. Target achieved.	<p>There many valuable learnings from the planning and execution of the 2020/21 flu vaccination programme, which were documented into actions. The lessons learned and actions were used for the COVID Vaccination Programme and will be carried forward for future flu programmes.</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.7.2	Implement actions required for staff and community seasonal flu vaccination delivery under the Joint Fife HSCP & NHS Fife Flu Silver Group	Dec-20	DOHSC			DGM West				As above	As above
4.7.3	Ensure data collection methods enable weekly monitoring of flu vaccination uptake	Oct-20	DOHSC			DGM West				Monitoring and uptake rates collected.	We learned that data collection methods were not real-time, manual and time consuming. The outcome of which has been a real-time Vaccination Management Tool offering real-time monitoring or progress and uptake along with vaccination recording for the patient record.
4.7.4	Raise awareness of the flu campaign and encourage health and care staff and key workers in the public sector to take up the offer of a free flu vaccination and lead by example	Feb-21	DOHSC	Comms						Lead from the Front Staff Campaign and assets shared with HSCP and Fife Council campaign to end mid-December in line with roll-out of C19 vaccine	See 4.2.4 outcome
4.8.1	Produce plan for possible second Covid-19 wave in Acute and H&SC	Oct-20	DOA DOHSC		DCOO	DGM West				Escalation plan produced across Acute and HSCP Acute Second wave plan is completed, Critical care escalation commenced. Acute Second wave plan is completed, Critical care escalation commenced.	No outcome
4.8.2	Refer to Business Continuity plans in event of resurgence in Covid-19 cases	Oct-20	DOA DOHSC		DCOO	DGM West				Business continuity plans and impact analysis in place for all HSCP services and Acute Services	No outcome
4.8.3	Engage in regular review of care homes in collaboration with the HSCP	Oct-20	DPH	Public Health						Care Home Oversight Group established that meets regularly Complete	The Care Home Oversight Group meeting regularly identified potential issues early and helped enhance the relationship with the Care Homes and their staff and improved our understanding of the issues Care Homes were having day to day

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.8.4	Support weekly asymptomatic staff Covid-19 testing in care homes	Oct-20	DPH	Public Health						Complete	Positive impact in establishing a relationship with Care Home staff
4.8.5	Support symptomatic residents Covid-19 testing in care homes, and flu testing where there is a suspected outbreak	Oct-20	DPH	Public Health						Complete	Positive impact in establishing a relationship with Care Home staff
4.8.6	Carry out resident Covid-19 surveillance testing on a care homes in Fife	Oct-20	DPH	Public Health						Complete	Positive impact in establishing a relationship with Care Home staff
4.8.7	Increase capacity and skills with Health Protection Team for outbreak management for care homes in Fife	Nov-20	DPH	Public Health				Funded Separately		Complete	Additional staff in place and the capacity and skills of the Health Protection Team enhanced in dealing with outbreaks in Care Homes
4.8.8	Increase and sustain capacity to undertake all contact tracing requirements for Fife residents as part of the National Contact Tracing Test and Protect Programme.	Nov-20	DPH	Public Health						Complete	Additional staff recruited and still ongoing allowing the Test and Protect Programme to be fully implemented and it is still working very successfully
4.8.9	Maintain surge capacity to manage abrupt changes in incidence of Fife Covid-19 positive cases throughout the winter months	Oct-20	DPH	Public Health						Complete	Surge Capacity successfully maintained with additional staffing and amazing input by all of the Public Health Dept
4.8.10	Develop action plans for outbreak prevention and management of high-vulnerability settings and events. The aim of identifying these settings is to minimise the outbreak risks.	Feb-21	DPH	Public Health						On Track as expected, but to enable better identification of areas in which the virus is suspected to be high a number of asymptomatic community testing stations are being set up in a number of areas in Fife so to better identify these sites to try and minimise the number of outbreaks in the community. The first of these sites is expected to start operating wc 01/02/21 with a soft launch.	Community Testing Sites (both symptomatic and asymptomatic) are up and running with action plans in place to minimise the outbreak risks in these settings

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
										Completion date changed to February 2021	
4.8.11	Promote local and national messages associated with COVID-19 and Test and Protect	Mar-21	DPH	Comms						a range of local campaigns have been activated via LRP Public Comms Group , these are also in line with National Campaign material and messages and have included a range of strands and themes identified by PH or community feedback, such as Car Sharing , 2 meters is, when to get tested, Self-Isolating and support. Will be ongoing throughout 2021 in line with SG guidance and national public communications campaigns	On-going work at national and local level to respond to the changes in response to the global pandemic beyond the specific winter messages and challenges.
4.8.12	Review of outbreak management guidance in line with latest national guidance	Oct-20	DON	IPCT						Complete	<p>Health Protection Scotland (HPS) confirmed for winter illnesses such as Norovirus and influenza there was no change in guidance for winter 2020/21 from previous guidance, thus NHS Fife outbreak guidance for these conditions and outbreaks remains extant.</p> <p>For COVID-19, guidance has evolved and developed through the pandemic and on growing evidence base. NHS Fife IPCT follow the mandated NIPCM chapter 3 – Healthcare Infection Incidents, Outbreaks and data Exceedance. To support the early recognition of potential infection incidents and to guide the incident management process within healthcare settings. An early and effective response to an actual or potential healthcare incident, outbreak or data exceedance has been crucial to reduce the risk of onward transmission.</p>

Ref	Action	Timescales	SRO	Lead/s			Workforce	Finance	Status	Progress	Outcome
				Corp	Acute	H&SC					
4.8.13	Local delivery framework for COVID-19 immunisation to be developed and implemented using outputs of national work	Apr-21	DOP	Pharmacy		DGM West				<p>1)>32k people vaccinated as at 1 February. Care home staff and residents first doses complete. HSC staff first doses close to completion. Over 80s first doses should be complete by 4th Feb.</p> <p>2) 13 Community clinics opening between 1st and 8th February with goal of vaccination cohorts 4, 5 and 6 by mid-March. Recruitment is ongoing</p> <p>3) Plan for vaccination of eligible long stay in patients begins w/c 1st February. Housebound population also being vaccinated from this date</p> <p>4) NHS Fife has engaged with national scheduling approach</p>	<p>The COVID vaccination programme in Fife continues to be successfully delivered. The Board has met Scottish Government direction and targets and continues to develop the workforce and structures towards a sustainable and substantive model.</p> <p>Ultimately the programme has been successful in vaccinating the population and driving down COVID infections.</p> <p>A full lessons learned review will be undertaken in due course</p>
4.8.14	PMO to be established for COVID-19 immunisation programme and required workforce to be recruited for the next 12 months which encompasses the different delivery models required at each stage of the plan	Apr-21	DOP	Pharmacy		DGM West				<p>PMO is established. Supporting governance in place and agreed</p> <p>1) Risk register in place and monitoring ongoing. Currently 38 recorded risks - the profile is these is reducing in severity as delivery commences</p> <p>2) EQIA has been approved and published</p> <p>3) Command structure, including Silver command, 3x bronze commands and PMO shown to be effective</p> <p>4) Close working relationships in place with comms and patient relations teams. Weekly comms bulletins are circulated to all staff</p> <p>Date revised to April 2021</p>	<p>The PMO has supported the governance of the programme and will continue to provide this function for the immediate future, while engaging with relevant areas of the organisation to operationalise ongoing requirements. Key governance items, including EQIA, risk management and reporting have been successfully delivered ensuring the Board meets its obligations</p> <p>A full lessons learned review will be undertaken in due course</p>

Meeting:	Finance, Performance and Resources Committee
Meeting date:	11th May 2021
Title:	Robot Assisted Surgery – Final Business Case
Responsible Executive:	Claire Dobson, Director of Acute Services
Report Authors:	Claire Dobson, Director of Acute Services Murray Cross, General Manager Planned Care Craig Pratt, Associate Director of Finance

1 Purpose

This is presented for:

- Discussion

This report relates to an:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

At the end of March 2021 NHS Fife secured capital funding from Scottish Government for the procurement of a Da Vinci robot to assist with surgery. The Planned Care Directorate along with the Associate Director of Finance have continued to develop the business case for Robotic Assisted Surgery (RAS).

This paper describes the revenue consequences associated with this service development. It is recognised that further work is required to understand the detailed financial position of the business case which will be brought to the July 2021 committee.

2.2 Background

RAS will develop over the coming years and may replace some current laparoscopic procedures particularly for very complex procedures. This requires additional capital and infrastructure funding over the medium-term.

A National Framework was agreed by the National Planning Board (NPB) in 2020 for RAS in NHS Scotland. As a consequence of that decision, NHS Scotland National Procurement and CLO organised a National Procurement Framework (Single Supplier – “Intuitive”) to supply and install the robots and the associated consumables.

A strategy was approved by the NPB for RAS in terms of agreeing a first phase allocation of Robots regionally; this was largely based on the anticipated levels of activity for each Board in the region. This first phase involved allocating 6 Robots across the 3 regions, the capital costs being funded by Scottish Government.

In the East Region both NHS Lothian and NHS Fife submitted proposals to host a robot. The decision was made that the allocation to the East, which was 1 Robot, would go to NHS Lothian. Since then NHS Fife continued to progress planning to host a Robot in anticipation of further allocations in 2021/22. Scope emerged in terms of availability of additional national funding in the 2020/21 financial year.

The SPRA for the Planned Care and Women and Children’s Directorates highlighted an objective to progress with the introduction of RAS over the next 3-year period. The availability of national capital funding permitted the acceleration of this. There was no certainty that capital funding would be available in 2021/22.

Approval was requested and granted from the NHS Fife Chair and the then Vice-Chair on 12 March 2021 to formally submit a request to Scottish Government for capital funding of up to £2.5m to permit the RAS funding to be released and an order to be placed by 15 March 2021.

Securing that approval facilitated delivery of the robot last financial year. The robot was delivered and installed temporarily within Theatre 11, Phase 3 at Victoria Hospital on 24th March 2021

2.3 Assessment

The updated business case is located at Annex 1. Work is underway to better understand the current costs of laparoscopic activity which should be concluded by mid-June; in addition work will be undertaken with other boards that are already using RAS to further inform the business case.

2.3.1 Quality/ Patient Care

The business case sets out the range of benefits to patient care associated with this innovation.

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
- Reduced waiting times
- 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.

The Executive Medical Director is the Executive Lead for RAS. The Clinical Director for Planned Care is co-ordinating the safe implementation of the robot, including training. The quality and safety elements of the implementation will be approved through Clinical Governance structures.

2.3.2 Workforce

The business case sets out the range of benefits to current surgical teams and support staff. There is also a specific benefit in relation to the recruitment and retention of specialised surgical staff in NHS Fife with the introduction of this new technology.

2.3.3 Financial

Below is an extract from the business case which estimates the recurring revenue consequences associated with the purchase of the Da Vinci robot.

Robotic Assisted Surgery - Financial Information for Business Case (Updated April 2021)

	21/22	22/23	23/24
Procedures	95	190	220
Theatre Staffing (2 x Band 7)	£84,393	£112,524	£112,524
Consumables-Set Up	£250,000		
Consumables-Additional Cost	£95,000	£190,000	£220,000
Consumables-Offset	-£120,000		
Maintenance		£192,000	£192,000
Sim Subscription		£15,600	£15,600
Decontamination-Estimated Cost with Other Board	£9,500	£19,000	£22,000
Sub-Total	£318,893	£529,124	£562,124
Depreciation	£252,059	£252,059	£252,059
Additional Cost	£570,952	£781,183	£814,183

The Acute Services Division anticipates the start date for theatre staffing will be at the beginning of Quarter 2, 2021.

It is estimated that NHS Fife will complete 95 RAS cases in the first financial year.

NHS Fife will receive credit notes from the supplier totalling £120,000 to support recurring consumable spend in year 1.

Whilst annual maintenance of the robot is £160,000 plus VAT per annum, the first year is covered within the capital purchase price. This is also reflected in the Sim subscription.

Decontamination and sterilisation for theatre instruments is currently provided through an SLA with NHS Tayside. An approach has been made to NHS Tayside to incorporate the RAS instruments into the SLA. This has been declined. Arrangements have now been confirmed with NHS Lothian for decontamination of RAS instruments. An interim SLA is currently being negotiated along with a start date for a maximum two year period.

Potential savings as a result of the introduction of RAS are being explored. Areas being considered are the number of bed days released per case (3.4 days) and the average critical care bed days released (0.9 days). The NHS Scotland RAS briefing November 2020 indicates an average saving of £4367 per RAS case.

As indicated earlier in this paper work is ongoing to fully understand the financial impact of the introduction of the RAS with the final business case being presented at the next committee meeting in July.

The Formula Capital for 2021/22 will be prioritised to support the Endoscopic cameras, minor works and trays and instruments required for the robot to be fully operational.

2.3.4 Risk Assessment/Management

The business case sets out the key risks associated with this development and specifically focuses on ensuring appropriate mitigation for the risks associated with decontamination and theatre re-provisioning.

2.3.5 Equality and Diversity, including health inequalities

A Form 1 Brief Impact Assessment form had been completed Appendix 2. This development will have a positive impact. It is recognised that the EQIA may need to be expanded.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

There has been positive engagement and support for the proposal with the Chair of the Robotic Steering Group and an initial discussion with the Chair of the National Planning Board to ensure that the NHS Fife proposal aligns with the National Strategy for RAS.

The Chief Executive has also engaged with and established support from the Chief Executives from NHS Lothian and NHS Borders.

The draft business case received committee support in private session.

There is strong clinical support and engagement regarding the introduction of RAS

2.3.8 Route to the Meeting

12th March 2021

Meeting with the NHS Fife Chair, Vice Chair, NHS Fife CEO, Director of Finance and Strategy and the Medical Director

16th March 2021

Private Session of the Finance, Performance and Resources Committee

2.4 Recommendation

- **Discussion**

The Committee is asked to discuss the contents of this paper and the progress towards the presentation of the final business case for the RAS.

3 List of appendices

Appendix 1 RAS Final Business Case at 29/04/21

Appendix 2 Form 1 Brief Impact Assessment

Report Contact

Claire Dobson

Director of Acute Services

NHS Fife

Claire.Dobson3@nhs.scot

Equality Impact Assessment

Brief Impact Assessment

(Form 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full EQIA
Consideration of the impacts using evidence / public or patient feedback etc is necessary

Title: Introduction of Robot Assisted Surgery

Question 1: Lead Assessor's contact details

Name	Claire Dobson	Tel. No	01592 643355
Job Title:	Director of Acute Services	Ext:	28143
Department	Acute Services Division	Email	Claire.Dobson3@nhs.scot

Question 2: Which Service, Dept, Group or Committee is responsible for carrying out the Standard Impact Assessment?

Name	NHS Fife Acute Services Division
-------------	---

Question 3: What is the scope for this EQIA? (Please x)

NHS		NHS Fife Acute	X	NHS Fife Corporate	
HSCP		Service specific:		Discipline specific	

Question 4:

Describe the aim and purpose of the policy, policy review, existing or new service, redesign, new build, new project or program.

Aim	Improve clinical outcomes for people under going abdominal surgery
Purpose	<p>The introduction of RAS in NHS Fife will see the conversion from open surgery to minimally-invasive procedures with potential improvement in outcomes and efficiencies including:</p> <ul style="list-style-type: none"> • Less invasive/shorter recovery times for patients; • Less complications for patients; • Shorter length of stay; • Increased theatre capacity • 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; <p>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:</p> <ul style="list-style-type: none"> • 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

Question 5:

Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any.

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
Age - children and young people, adults, older age	Positive – better outcomes following surgery including a shorter length of stay and a shorter recovery time
Disability - mental health, neurological, physical, deaf, hard of hearing	No impact
Race - black and ethnic people including Gypsy Travellers, racism by cast	No impact

Sex - women and men	RAS will be available to men and women
Sexual Orientation - lesbian, gay, transgender or bisexual	RAS will available to all genders
Religion and Belief or Spiritual Care	No Impact
Gender Reassignment – transitioning pre and post transition regardless of Gender Recognition Certificate	No Impact
Pregnancy and Maternity – including breastfeeding	RAS would be available where indicated
Marriage and Civil Partnership	No Impact

Question 6:

If necessary- please include in brief evidence or relevant information, local or national, that have influenced the decisions being made (this could include demographic profiles, audits, research, published evidence, and health needs assessment, work based on national guidance or legislative requirements, complaints etc). Any evidence /data that support's your assessment can be inserted into the box below.

Please enter evidence/data links :

See Purpose

Question 7:

Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?
(Please tick)

Yes	√	No	
------------	---	-----------	--

If yes, **who** was involved and **how** were they involved?

If not, why not, was this necessary? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Thus far consultation has been mainly within the region, board and service and it is recognised that this may need to broaden. This may result in the EQIA being expanded and progressed to a full EQIA.

Question 8:

Meeting the Public Sector Duty as part of the Equality Impact Assessment

Please provide a rationale to support the results of the Brief Impact Assessment, in that due consideration has been given to the following; you can add in the positive outcomes and the negative ones

- **Eliminate unlawful discrimination, harassment and victimisation**
- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this work does contribute to or achieve
Eliminate discrimination	RAS is a positive development for people in Fife. It will support access to clinically excellent surgery locally.
Advance equality of opportunity	RAS is a positive development for people in Fife. It will support access to clinically excellent surgery locally.
Foster good relations	The introduction of RAS brings an opportunity to foster good relations between clinical groups across the East region. It also presents an opportunity to foster good relations between patients and clinicians

Question 9:

If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, race, religion and belief etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Not applicable

Question 10:

Has your brief assessment been able to demonstrate the following and why?

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

Explain decision

Option 1 No action

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2 Adjust

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

RAS will have a positive impact on the patients and staff within NHS Fife. Work is already underway to support the training and development of staff to support the safe use the RAS device. Patient information materials detailing the preparation for and recovery from surgery are being prepared.

Option 3

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4

Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

All large scale developments, change, planning, policy, building, etc must have an EQIA

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Impact Assessment and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub groups etc and identify lead people to take these as actions.

Stage 2 require public involvement and participation.

You should make contact with patient relations dept to request community and public representation, and then contact the Scottish Health Council to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	Claire Dobson
Email	Claire.Dobson@nhs.scot
Telephone (ext)	01592 643355
Signature	Claire H J Dobson
Date	27/04/21

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	
Email	
Telephone (ext)	
Signature	
Date	

Return to Equality and Human Rights Lead Officer at
Fife.EqualityandHumanRights@nhs.scot

Business Case Proposal

Project Title	Introduction of Robot Assisted Surgery in NHS Fife
----------------------	--

Key	
	All sections to be completed by service for Stage 1 submission
	All sections to be completed by service for Stage 2 submission
	To be completed by Finance and Capital Planning (where applicable)

Business Unit (Select one)	Acute Services Division
Executive Director/ Project Sponsor	Dr Chris McKenna, Medical Director
Clinical/Service Directorate	Planned Care Directorate (Colorectal and urology) Women, Children and Clinical Services (Gynaecology)
Project Lead <i>(will be required to regularly update on progress)</i>	Mr Satheesh Yalamarathi, Clinical Director, Planned Care Miss Karen Wright, Service Manager, Planned Care
Contact Details for Project Lead	Mr Satheesh Yalamarathi, Clinical Director, Planned Care

1. Governance

Governance and consultation to date	Departments	Project supported - Date
Local Governance/Prioritisation - Confirm prioritisation by local governance group eg Site Optimisation; Exec Board	<i>Senior Leadership Team</i> <i>Executive Directors Group</i>	16/03/2021
Relevant Departments Consulted	<i>General Surgery</i>	<i>19 Oct 2020</i>
	<i>Gynaecology</i>	<i>19 Oct 2020</i>
	<i>Urology</i>	<i>19 Oct 2020</i>
	<i>Theatres & Anaesthetics</i>	<i>23 Nov 2020</i>
	<i>Procurement</i>	
	<i>Finance(Craig Pratt)</i>	<i>21 Oct 2020</i>
Estates	Approval status	Click here to enter a date.
Fire Safety	Not required	Click here to enter a date.
Health & Safety	Not required	Click here to enter a date.
eHealth	Not required	Click here to enter a date.
Infection Control	Approval status	Click here to enter a date.
Partnership	Approval status	Click here to enter a date.
Procurement	Approval status	Click here to enter a date.
Other: (Please name)	Approval status	Click here to enter a date.

2. Project outline

Including description of current issues, project objectives, and key steps

This Business Case seeks to secure capital funding from the Scottish Government to introduce robotic-assisted surgery (RAS) across multi-specialties (Colorectal Surgery, Gynaecology and Urology) in Fife. In addition, the Business Case seeks to secure non-recurring (capital and revenue) and recurring funding from NHS Fife to meet the revenue consequences of introducing RAS for Fife patients.

The Scottish Government have indicated that there is capital funding available prior to the end of the financial year which will support the capital purchase of robots for a number of Scottish Health Boards..

Over recent years, RAS has undergone expansion across the UK as a consequence of innovation and increased competition in the market place which has driven down the costs to a level comparable with current minimal access laparoscopic surgical procedures.

Surgical procedures use open or laparoscopic techniques. Laparoscopy is a minimally-invasive procedure due to the small size of incisions required to perform the operation. However, more complex procedures that require suturing, extensive dissection and reconstruction are technically challenging, time-consuming, physically exhausting even for the most proficient laparoscopic surgeons. Minimally-invasive surgery performed with the 'assistance' of the robot makes these complex aspects potentially simpler, safer, quicker and more effective to perform. The surgeons who have been identified to train and deliver RAS locally are all experienced with laparoscopic surgery, which is advantageous as this shortens the learning curve for RAS in their field.

The robot has the ability to improve upon traditional open and laparoscopic surgery in several ways:

- The improved handling speeds up the performance of complex surgical procedures in difficult to access areas such as the pelvis and retroperitoneum, as well complimenting the safety aspect of the procedure
- The improved ergonomics and reduced operating times leads to less operator fatigue and reduced incidence of repetitive strain injury, which is a recognised problem with laparoscopic surgery.
- The technology allows the learning curves of complex procedures to be shortened by a log factor (compared with standard laparoscopy), leading to reduced operating time and improved outcomes earlier in the adoption process.
- Improved training facilities for surgical trainees

All of the above is likely to translate into improved clinical outcomes with more cost-effective use of the limited human and operating theatre resources available. For patients, this hopefully will translate into improved functional outcomes, minimal blood loss (and associated transfusions), decreased length of hospital stay (LoS), lesser post-operative pain and quicker return to normal activities. This proposal fits in well with NHS Fife objectives by:

- 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 lap surgery.
- Improves patient experience by providing a tailor-made approach selecting the right surgical approach (open, lap or robotic) for the individual patient.
- Will continue to support NHS Fife in attracting and retaining of high quality clinical staff and surgical trainees.

Fife surgical perspective

Why is Fife interested in this service enhancement?

- Highly motivated clinical teams in colorectal, urology and gynaecology who are seeking to

embrace this technology to cater to the local population.

- Complex gynaecological oncology cases (GO) have been performed successfully in Fife since 2012 with good results. Since the introduction of GO the multi-disciplinary approach to care has enabled joint complex surgery in other areas within gynaecology, colorectal and urology to be carried out in Fife. We are keen to extend this approach as a part of our cross-speciality work.
- In light of the diverse pelvic surgery here in Fife, introduction of the robotic platform to pelvic surgery would further improve the quality of care. The maximum established benefit of robotics is in the pelvis with extension into other areas as well.
- Introduction of robotics will further strengthen the individual services in their ability of deliver an up to date modality of treatment to their patients. We are exploring this in a way that the benefit will be palpable across the 3 specialties with potential expansion into other areas.
- Support local DGH development. The introduction of a robot into a DGH setting at this stage, will test the concept of a multi-speciality robot extending to both benign and cancer work. Fife being a busy DGH in terms of its activities is in our view best suited to test this concept. In addition, the close multi-speciality working which already exists lends to joint working in some suitable cases.
- Support DGH's to innovate and influence the role of robotic surgery. Some of the DGH's across the Country provide excellent patient care and services and Fife over the last decade is a high-performing health board in the surgical specialties.
- New techniques have been introduced within Fife over the last few years, demonstrating a strong desire to embrace new and emerging technologies. There is a track record of all these new techniques being safely introduced.
- Simplicity of providing local service with personalised care and improves quality of life outcomes – avoid current issues when patients are sent back post-operatively from NHS Lothian to Fife for further investigations and follow-up.
- Improves patient experience putting it on an equal footing with other clinical outcomes
- Flexibility of utilisation to ensure optimal theatre capacity
- Proven track record of excellent patient care, both in cancer and non-cancer surgery
- Securing services through the provision of advanced technology for decades to come
- Recruitment and retention of high calibre motivated clinical staff over the last 5 – 10 years. This has enabled various service developments in all the 3 specialties.
- Build excellent departments in preference to loss of essential services

For NHS Fife, it translates into better long-term utilisation of operating theatre facilities, reduced risk of litigation for poor clinical outcomes, reduced risk of occupational injury to the surgical workforce and improved status as a Health Board providing a comprehensive range of cancer surgeries: the operative precision and high definition vision that the robot allows is particularly pertinent for cancer surgery as the oncological aims of en bloc tumour removal (with negative margins)- sometimes requiring multi-visceral resections, lymph node dissection and complex reconstruction, whilst maintaining low morbidity, are all achievable targets.

Potential risks to Fife

- This can be considered a watershed moment for NHS Fife. If we are entrusted with a robot now, we will be securing the well being of Fife services for the next 20 years and enthuse the local surgeons, who are highly motivated. Lack of robotic development will have a negative effect that weakens the current cancer surgical services and consequently loss of consultants.
- Ambitious consultants will look elsewhere and without a robot NHS Fife, will be unable to recruit to essential sub-specialty positions
- Currently Fife is an excellent training centre for the East trainees in all these specialties. Lack of the robotic platform will compromise the training for trainees where there is an expectation that robotics will become a more wide-spread modality of future service delivery. Limiting robotic

surgery to tertiary centres leads to central migration of these skills with movement of the trainees to those centres causing immense pressure to the delivery of emergency care in DGH's.

- Negative impact for our local population as there will be insufficient staffing in place to deliver basic emergency, timely elective and outpatient work. Our patients will have to wait longer periods of time for surgical management in tertiary centres, adversely affecting their clinical outcomes as a result.
- Recruitment will be challenging which would be extremely disappointing given the efforts by all specialties involved to recruit high calibre appointees to all vacant posts. Urology and General Surgery are presently in the strongest staffing position that they have been over the last five years and this is very much contributed to the forward thinking and ambitious team of Fife surgeons.
- DGHs need to remain viable and capacity (theatre, critical care, bed capacity) within teaching hospitals is limited. As mentioned earlier, testing of the robotic concept in a DGH setting for the Scottish Government will be vital and Fife will be an ideal set up for this.

NHS Fife is in a unique position compared to other DGHs' where a multi-disciplinary approach (colorectal, gynaecology and Urology) is well established. This has enabled delivery of complex surgery related to any of the 3 specialities locally. The team approach we have displayed previously puts us in a strong position to successfully implement and deliver RAS within Fife.

3. Strategic case

How does the project support departmental business needs, the NHS Fife Clinical Strategy, the Annual Operational Plan, and value & sustainability goals

This Business Case is a true collaboration across three surgical specialties. Given the trends in increasing demand driven by an ageing population, public awareness and choice, it is anticipated that there will be an incremental increase in the annual volume of cases performed by robot-assisted surgery.

The robot will be located within a dedicated theatre at Victoria Hospital and will be available for use (at least) 5 days (10 sessions) a week, with a distinct possibility of extending this arrangement to six day working (12 sessions) a week. The multi-specialty approach will ensure improved optimisation of the robot resulting in less zero days operating, which is the current norm (between 30 and 45%) across current Scottish sites

Colorectal

Procedure	Procedures in the first year	Annual increase
Rectal surgery: Resectional work (Anterior resection, APER, Proctectomy)	30	Increase by 10-15 every year with expansion to other consultants
VMR for rectal prolapse	20	Another 5-10 per year
Colonic surgery Hemicolectomy IBD surgery (Crohn's Resections)	25	Increase by 10-15 every year with expansion to other consultants

Minimally-invasive surgery with a surgical robot offers potential in rectal resections for cancer patients and Inflammatory Bowel Disease (IBD) patients, helping with the technical difficulties in this complex surgery. It is well known that laparoscopic surgery in obese patients, especially men can be technically challenging.

Laparoscopic ventral mesh rectopexy is commonly used as a treatment for rectal prolapse and robot assisted surgery would simplify this procedure, potentially improving outcomes. The literature for robotic versus laparoscopic assisted VMR is limited. Data that is available suggests the procedure is equivalent in terms of safety and efficacy. A laparoscopic VMR requires a significant learning curve (estimated 50 cases). A robot could reduce this curve substantially (estimated 15 cases) and will offer a useful opportunity to develop operative surgery skills in the pelvis as including specific skills like laparoscopic suturing.

Currently patients who undergo a laparoscopic VMR require approximately 2 days hospital stay. It is proposed that the use of a robot would be linked in with a patient pathway that may allow same day or 23 hour discharge.

Robotic-assisted surgery should be considered for patients with rectal cancer who have a narrow pelvis, are obese (BMI>30), and/or have a tumour located in the mid to low rectum. There is evidence of clinical benefit in the form of reduced risk of conversion to open surgery in these patients). Expert opinion indicates that conventional laparoscopic options can be challenging.

The colonic team will focus on cancer and other benign cases. With time the 2 teams will expand into the other areas crossing these 2 specific pathways, as it is important that a colorectal surgeon is able to do both colonic and rectal work.

The plan is to develop 2 teams of 2 surgeons each (colonic and rectal teams). Working in pairs will be complimentary to both surgeons and will build in a support mechanism. This was a successfully modelled when laparoscopic colorectal surgery was introduced more than a decade ago. This process will enable safe delivery of care throughout, including the initial learning curve

Gynaecology

Procedure	Procedures in the first year	Annual Increase
Hysterectomy for endometrial cancer (includes patients who require lymph node dissection (para-aortic), those with high BMI, cervical cancer that requires radical hysterectomy, ovarian masses with omentectomy)	25	10 cases per year
Hysterectomy, endometrial cancer where lymph node dissections are indicated	19	Progress to expand this to all suitable cases in the forthcoming years
Endometriosis – pelvic surgical work with or without hysterectomy	18	Potential to increase by 5-8 per year
Uro-gynaecological work	10	Potential to increase by 10 per year

The surgical gynaecology oncology team currently consists of three members who perform substantive laparoscopic surgery. Two of the gynaecological oncology (GO) consultants are employed by NHS Lothian and provide regular weekly theatre sessions at Victoria Hospital for complex cases, often including combined cases with the colorectal surgeons. It is anticipated that these two surgeons will be performing similar cases in Lothian and Fife. In Gynaecology, with the introduction of robotics, the plan is to function in two teams - 3 consultants for gynaecology oncology cases and 2 for benign surgical cases. The team members have indicated that they would wish to train in the future of laparoscopic assisted robotic surgery.

Overview of the gynaecology service

Over the last 8 years, there has been a transformation of the services provided within gynaecology in the Fife unit, with increasing inclination towards minimal access surgery. This is in accordance with national and global advances. All women are now offered laparoscopic hysterectomy and most other gynaecological surgery is being carried out through minimal invasive techniques.

It is proven that introduction of robotic surgery has clear advantages, particularly to our population – it allows for precise surgery, proven to have significantly less pain with lower risk of infection and blood loss, leading to better clinical outcomes in many cases & less scarring. Not only this, it will allow for shorter recovery, further shortening hospital stay.

From 2012, Gynaecology Oncology service for complex patients has taken a leap in Fife making this accessible through local provision for our population. This is made possible by the integrated services provided by other specialities, of specific importance to mention being the colorectal surgical and urology teams. There is a clear advantage of having the input from multiple specialities available within the same premises. Gynaecology-oncology service in Fife contributes to a significant volume of cases within SCAN, Fife being the second biggest contributor to these cases. Through a multi-disciplinary team approach adequate experience has been developed and we are proud as a multi-disciplinary team of providing a high class service locally.

With average BMI of Fife population being over 35-40, it is technically challenging to do complex surgery such as lymph node dissections in this group. Introduction of robotic surgery adds a great deal of value to this, allowing for surgical equality amongst all groups of patients, leading to overall better outcomes. Presently patients with high BMI are offered adjuvant treatment rather than surgery as the latter is more complicated due to technical difficulties in accessing the abdomen and pelvis. As the complexity of surgery increases, operating time increases, leading to physical constraints owing to surgical fatigue in managing such situations. Robotic platform reduces this considerably, thereby reducing complications due to fatigue.

Robotic surgery is of particular advantage in the patient groups who require lymph node dissection (para-aortic in particular), those who have high BMI, cervical cancer that requires radical hysterectomy, ovarian masses with omentectomy. All these categories average up to 25 per year. There were 19 endometrial cancer cases alone, who required lymph node dissections leading up to the end of September this year (2020)- i.e., just within the first 9 months of the year, despite the constraints posed by COVID 19. This shows a growing number.

Endometriosis is a common gynaecological condition that has a major impact of women's physical as well as mental well-being. Despite being a benign condition, women who are affected by it suffer a varying and great deal of pain and negative impact on their personal and family health. Endometriosis also has negative impact on fertility and quite often women in this group require surgical input before they can move on to assisted conception techniques, such as IVF.

Over the recent years, endometriosis service has expanded in Fife with complex major surgical work being carried out locally with multidisciplinary input. The combined working ethos has expanded beyond gynaecological oncology into benign complex gynaecology. In 2019, there were 18 such complex cases, which were undertaken. This shows a progressive approach by the involved teams by extending into other areas where this combined work approach is hugely beneficial.

Urogynaecology is an established service in Fife. Urinary incontinence is a debilitating condition for women, significantly limiting the quality of their lives. Presently, there are limited options for surgical management of proven stress incontinence, in the light of complications of mesh over the recent years. One such option is Burch colposuspension which is presently offered. However this is being done as an

open surgery with an inpatient stay of over 3-4 days. Introduction of Robotics allows this procedure to be offered with reduced morbidity and inpatient stay. Utero-vaginal prolapse is another condition that has negative impact on the quality of womens' lives. Over the last few years, the Urogynaecology team has been performing laparoscopic sacrocolpopexy for surgical management of pelvic organ prolapse, which involves complex technique. This is more challenging in women with higher BMI. There were about 20 such procedures that have been carried out in the 2 years. Availability of robotic surgical technology will aid in managing these challenges, whilst allowing extending this procedure to patients who would have otherwise posed technical challenges for conventional laparoscopic surgery.

Urology

Procedure (with yearly workload)	Procedures in the first year	Annual increase
Renal – Radical (50)/Partial (20)Nephrectomy, nephroureterectomy (10), pyleoplasty (15), ureteric reimplantation (10)	20 Radical nephrectomies; 10 partial nephrectomies & 5-10 of the other procedures	10-15 per year
Radical Prostatectomy		To remain at WGH in the short to medium-term. Fife robot can be used by the Network if resource is an issue in WGH.

This element of the business case will focus on radical and partial nephrectomy procedures along with other appropriate renal cases.

In Fife, laparoscopic nephrectomy has become the standard of care over the last few years. Over the last 5 years, we have progressed from open to laparoscopic approaches. This was safely delivered through a keen and able team.

In terms of partial nephrectomy, the robot platform makes significant advances on both open and laparoscopic methods. It is superior to open as it removes the need for a large painful potentially morbid (neuralgia, hernia, cosmesis) loin incision. It is also preferable to laparoscopic as the dexterity and precision of the robot instruments allow for much more time efficient suture haemostasis with all the benefits of lower blood loss and preserved renal function. The robot increases the threshold for more complex larger masses to be treated by robotic partial nephrectomy.

In Fife it is anticipated that one of the 9 urology consultants will retire in the next 12 months. In support of this business case it is proposed that a proleptic appointment is made, advertised as a laparoscopic/robotic post.

For all cases we would intend to provide initial support by securing the attendance of consultant colleagues from health boards who regularly carry out the same procedure (Aberdeen/Newcastle) for the first 20 cases for each surgeon.

The department has expertise in open surgery for all of the intended cases such that if the need arises the operation can be safely performed as previously carried out.

Radical prostatectomy is currently performed for the majority of Fife patients at the Western General

Hospital (WGH) and is robot assisted. Mr Alex Rawlinson is nearing the completion of his formal robotic training and it is anticipated that he will soon become an independent robotic operator. He is one of three urological surgeons performing this procedure at WGH. Urology robots are traditionally based in units who perform 150 cases per year. Mr Rawlinson will require collegiate support from within a network arrangement as he is currently the sole trained consultant within the Fife urology service. He anticipates that he will perform between 50 and 75 cases per annum within the network. At this time it is the recommendation that Radical Prostatectomy remain at WGH to ensure the continued provision of this high quality service. This position will require to be reviewed when other urology consultants are trained in robotic surgery.

Overview of Urology service

Over the last five years the NHS Fife Urology Department has become one of the top centres in the country, having recently introduced a wide range of new interventional procedures.

The Department has grown from 3 substantive consultants in 2016 to 9 in 2020. This has supported repatriation of Fife patients treated in other Scottish Health Boards and has been driven by a clinical team culture which fosters excellence and ambition in a supportive and cohesive environment.

The clinical service have a proven track record of introducing new technology to the benefit of both their patients and the wider hospital – e.g. 200+ prostate surgeries for benign prostatic obstructions now occur as a day case in Queen Margaret Hospital (QMH) rather than occupying in-patient beds within Victoria Hospital. Ureterscopy has also been introduced at QMH leading to an 80% reduction in in-patient beds occupied for patients with stone disease. The introduction of minimally invasive surgery for partial nephrectomy has resulted in ALOS reducing from 6 to 2 days.

As a consequence of these and other measures and forward thinking, the Fife service has become an attractive unit to work for, both at consultant and trainee level. The department has been recognised as a key training centre by the East of Scotland Urology Training Programme and awarded 2 of the Fife consultants with the Trainer of the Year award for 2 consecutive years and their quota of trainee has tripled from 1 to 3 over the last few years.

The service is able to offer a complete complement of urological procedures to their patient population with the exception of being able to deliver a robotic programme.

There is a growing body of evidence and public opinion emphasising the necessity for several urological procedures (mostly oncological) to be performed with the assistance of a robotic platform. Within the department there is a case mix and skill mix ideally positioned to achieve this.

It is the aspiration of any top centre to be able to offer patients the most comprehensive services in a safe and local setting. A robotic programme will future proof the department and ensure we can continue to deliver on the excellence they have achieved in recent years. It will enable the department to recruit and retain staff and ensure they are not deemed a department which is not at the forefront of high calibre urology.

The department would look to continue to work within the regional collaborations with the support of regional colleagues i.e. a second site within the existing network. There is a heavy emphasis regionally on delivering a high volume of cases per surgeon and as such, by continuing to work collaboratively ensures this volume.

Benefits for all specialties would include and increase in the longevity of the minimal access surgical team members; enhancement of NHS Fife's reputation as a forward thinking health service providing a wide range of cancer and benign surgeries; and increased ability to attract high quality surgeons and trainees in the future, competing on a level footing with neighbouring teaching hospitals. Fife over the

years has done well for cancer patients locally and also delivered care some regional patients when required.

For the surgeon:-

Reduced wear and tear on the musculoskeletal system.

Traditional lap surgery involves an accumulation of wear and tear on the surgeon's body over time. Surgeons often have to twist and turn and stand in unnatural stances in order to perform lap surgery for many hours per operation. Eventually this has a detrimental effect on health of the surgeon and their long-term ability to operate. Robotic surgery is ergonomically designed so that the surgeon is seated comfortably at the robotic console while operating. It reduces fatigue and it is well established that errors are more likely with increasing fatigue.

To surgeons and trainees:-

Faster training time – Laparoscopic surgery requires substantially more operations to become proficient than robotic surgery. With all the surgeons being fully competent with their laparoscopic skills, the training required for robotics can be substantially shorter. In addition, development as a team will be ideal and help the training process. This is important both for patient safety and for the supply of fully trained surgeons to meet the ever growing demand for minimally invasive surgery.

Training

A number of existing experienced surgeons will require a period of intensive training to be able to perform a competent robot-assisted laparoscopic procedure. Detailed training plans will require to be developed. Additionally there will be an impact upon capacity due to longer operating times whilst becoming proficient, but this will be managed by the remaining members of the team. This will minimise any significant disruption and /or delays to service delivery in a timely manner. All surgeons who have been identified to develop robotic surgery in Fife are experienced laparoscopic surgeons who will make the transition quicker.

All procedures will be carried out by a team consisting of 2 consultant surgeons.

Full training is included within the capital purchase of the robot.

Practicalities of Safe Implementation

- Training
- Support
- Theatre Team Expertise

The training for robotic surgery has been thoroughly outlined by the leading manufacturers and a formal sign off process exists to ensure robust training. This involves simulation (virtual/dry lab and wet lab), proctorship by expert surgeons and video submission. No surgeon will operate within NHS Fife without the appropriate level of recognised training.

The theatre set up in Victoria Hospital is well positioned to safely support this proposal. Urology, Colorectal and Gynaecology all work within the same theatre suite – as such the same robotic team could support inter-specialty.

Option Appraisal

- Option 1 – Continue Status quo with laparoscopic surgery
- Option 2 – Invest in robotic surgery locally with a concept of trialling this within a DGH setting
- Option 3 – Expand traditional laparoscopic capacity

Option 2 is confirmed as the preferred option by the NHS Fife surgical teams

Consumables

In recent years it can be noted that there has been a significant reduction in consumable costs associated with robot assisted surgery. Additional consumable costs have been identified in the final costings (See Appendix 1)

There will be one-off costs incurred to purchase theatre trays and instruments which would then be sent to Ninewells for sterilisation. These costs have been quantified (revenue and capital) and are contained at Appendix 1

In summary, the robot in Fife will give us and the Scottish Government an opportunity to test this modality of treatment in a DGH setting. We in Fife are exploring a

- (1) Multi-speciality approach to robotic surgery
- (2) Extend this treatment option to both cancer and benign surgery.
- (3) Maximise the use of this modality with minimal zero days allowing the learning curve to take place in a time sensitive way

What are the measurable key deliverables:

The key measurable deliverables of your project should be aligned to the following strategic priorities, however a project is not expected or required to meet all of these priorities.

Strategic Priority	Yes/No	Deliverables	Measures
Person Centred	Yes	- <i>Improve patient experience</i>	- <i>patient satisfaction surveys</i> - <i>patient outcomes</i>
Safe	Yes	- <i>up to date and modern theatre facilities</i> - <i>reduced conversion from laparoscopic to open surgery</i> - <i>Reduced blood loss and post-operative complications</i>	- <i>Datix incidents</i> - <i>Adverse incidents</i>
Effective Quality of Care	Yes	- <i>Retention of experienced and enthusiastic surgeons in all specialties</i>	- <i>Retention of staff</i> - <i>Allocation of trainees</i>
Health of Population	Yes	- <i>patients will continue to receive their surgery locally in state of the art premises</i>	- <i>patient outcomes</i>
Value and Sustainability	Yes	- <i>reduced length of stay</i>	- <i>ALOS monitoring</i>

4. Economic case (evaluation)

What are the options to deliver the project objectives? How will value for money and return on investment be measured/demonstrated?

Capital purchase of robot by Scottish Government including training; revenue consequences for training, maintenance contract and theatre consumables are summarised in Appendix 1

There will be cost savings from robotic surgery. However, these are difficult to estimate or extrapolate. Below are examples of where savings will be generated through improved patient outcomes.

- Robotic surgery decreased erectile dysfunction reducing ongoing patient treatment costs
- Robotic surgery improves patient's continence function, reducing ongoing patient costs associated with incontinence pad usage
- Robotic surgery improves cancer outcomes with positive surgical margins reducing requirement for post-surgical adjuvant radiotherapy

In addition to the clinical and strategic need, this business case, with its multi-specialty approach, demonstrates a model for productivity and efficiency. NHS Fife provide high quality and state of the art surgical services and there is an expectation from patients and referring clinicians that NHS Fife has state of the art technology so as to be able to provide excellent contemporary management of patients as standard.

5. Management case

What are the anticipated service benefits/savings? What actions require to be taken by whom to initiate the benefits/savings? How will the benefits/savings be realised and when?

Work is underway to better understand the current costs of laparoscopic activity which should be concluded by mid-June; in addition work will be undertaken with other boards that are already using RAS to further inform the business case.

Potential savings as a result of the introduction of RAS are being explored. Areas being considered are the number of bed days released per case (3.4 days) and the average critical care bed days released (0.9 days). The NHS Scotland RAS briefing November 2020 indicates an average saving of £4367 per RAS case.

Will this project impact on other services and directorates?

Yes

If yes, indicate whether the impact is financial or otherwise and evidence discussions with the affected services/ directorate regarding implementation

Decontamination – discussions underway to secure decontamination of RAS instruments by NHS Lothian.

Is the success of the project dependent on any other projects or business unit plans?

No

If yes, please detail below and provide assurance these have been considered

Project timetable:

Anticipated	Anticipated Start Date April 2021		Anticipated completion date August 2021	
Actual	Project start date		Project end date	
Evaluation Period	From	09/21	To	03/22

What are the key risks/ issues/ constraints and mitigation:

E.g. estates gaining access to clinical areas, timing, staff availability

Risks	Secure funding from SG for capital purchase of robot
Constraints	Funding – capital and revenue consequences
Mitigation	Ongoing work on business case to understand impact and potential for savings.

6. Financial Case (Capital investment)

- When completing the Stage 1 submission you are required to give an estimate of costs from the appropriate cost band (see light blue section below). Please complete a line for each item e.g. equipment, building works, eHealth.
- If the project gains support in principle and Stage 2 information is requested actual costs will need to be confirmed and current quotes provided (see dark blue section below).
- If actual costs are known at the time of Stage 1 submission please include.

Capital Costs		£	£
	Funding Source	2020/21	2021/22
Purchase of robot	SG Funding	2,200,000	
Purchase of camera and endoscopes	Formula Capital		67,586
Trays and Instruments (Initial set up)	Formula Capital		249,000
Minor Works	Formula Capital		4,000
Total Capital Cost		2,200,000	320,586

If there has been a significant change in the overall cost of this project between Stage 1 and Stage 2 submissions please give the reasons for this.

Please indicate below if there are any other funding sources contributing to this project e.g. charities, research funding etc.

Funding for the capital purchase of the robot, circa £2,200,000 is being sourced from the Scottish Government prior to the end of March 2021.

The Formula Capital for 2021/22 will be prioritised to support the Endoscopic cameras, minor works and trays and instruments required for the robot to be fully operational.

7. Financial case (Revenue costs)

Will this project result in any recurring revenue costs? Yes

If yes, please detail costs below:

Robotic Assisted Surgery - Financial Information for Business Case (Updated April 2021)

	21/22	22/23	23/24
Procedures	95	190	220
Theatre Staffing (2 x Band 7)	£84,393	£112,524	£112,524
Consumables-Set Up	£250,000		
Consumables-Additional Cost	£95,000	£190,000	£220,000
Consumables-Offset	- £120,000		
Maintenance		£192,000	£192,000
Sim Subscription		£15,600	£15,600
Decontamination-Estimated Cost with Other Board	£9,500	£19,000	£22,000
Sub-Total	£318,893	£529,124	£562,124
Depreciation	£252,059	£252,059	£252,059
Additional Cost	£570,952	£781,183	£814,183

Explain how these costs will be met. *Any recurring revenue must be signed off by your Business Partner (see sections 9 & 10).*

It is assumed that given the COVID 19 pressures that it will be unlikely that full implementation and activity levels can be achieved in the next 12 months. For the purposes of the business case it has been assumed that 50% of potential activity levels could be delivered during 2021/22. The revenue funding will require to be considered in the context of the overall financial plan for NHS Fife and will require additional savings and/or further re-prioritisation of ASD priorities for funding.

Work is underway to better understand the current costs of laparoscopic activity which should be concluded by mid-June; in addition work will be undertaken with other boards that are already using RAS to further inform the business case.

Potential savings as a result of the introduction of RAS are being explored. Areas being considered are the number of bed days released per case (3.4 days) and the average critical care bed days released (0.9 days). The NHS Scotland RAS briefing November 2020 indicates an average saving of £4367 per RAS case.

Will this project result in any non recurring revenue costs? No

If yes, please detail costs below:

	Non Recurring Revenue Costs	Year Cost Commences	£ Estimated	£ Confirmed
a	Staff			£
b	Non-Pays – trays and instruments			£
c	Maintenance			£
d	Minor estates works in theatre			£
e	Other 2			£
f	Other 3			£

Explain how these costs will be met. *Any non recurring revenue must be signed off by your Business Partner (see sections 9 & 10).*

8. Commercial Case (Procurement Route and Confirmation of Costs)

To be completed after gaining support in principle (Stage 2)

Please attach all relevant quotes and give details of any existing procurement contracts / contracting Frameworks that are being utilised (as per NHS Fife Standing Financial Instructions).

- Supply of goods or services over £25k (or £20k for capital) - OJEU required
- Supply of capital equipment, goods or services from £5k to £20k - 3 competitive quotes required
- Supply of goods or services from £10k to £25k - 3 competitive quotes required
- Supply of goods or services from £2.5k to £10k – 2 written quotes required
- Existing Procurement Contract / Contracting Framework - *please give details*

A National Framework was agreed by the National Planning Board (NPB) in 2020 for RAS in NHS Scotland. As a consequence of that decision, NHS Scotland National Procurement and CLO organised a National Procurement Framework (Single Supplier – “Intuitive”) to supply and install the robots and the associated consumables.

9. Sign off - Stage 1 initial submission

This Project Brief has been reviewed and agreed as a priority for this service.

SIGNED _____ Date _____

(Executive Director / Project Sponsor)

SIGNED _____ Date _____

(Finance Business Partner)

SIGNED _____ Date _____

(General Manager Manager)

SIGNED _____ Date _____

(Project Lead – *if different from above*)

10. Sign off - Stage 2 agreed costs

The required investment and savings plans as laid out in this project brief have been reviewed and agreed as being a priority for this service.

SIGNED _____ Date _____

(Executive Director / Project Sponsor)

SIGNED _____ Date _____

(Finance Business Partner)

SIGNED _____ Date _____

(General Manager)

SIGNED _____ Date _____

(Project Lead – *if different from above*)

Meeting:	Finance, Performance and Resources Committee
Meeting date:	11 May 2021
Title:	Opening Budgets 2021/22
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Rose Robertson, Deputy Director of Finance

1 Purpose

This is presented to FP&R Committee for:

- Awareness

2 Report summary

2.1 Situation

This paper outlines the approach taken to confirm opening 2021/22 revenue budgets to budget holders.

2.2 Background

Each year a detailed financial planning process is undertaken which informs our revenue budget and resulting efficiency challenge. The overall financial planning process and corporate position for 2021/22 was approved by the NHS Fife Board at its meeting on 31 March.

2.3 Assessment

Budget holders were sent email communication on 30 April which included:

- A letter setting out the NHS Fife 2020/21 core opening core budget position setting out key principles and underpinning assumptions
- Summary financial plan for NHS Fife (showing a savings requirement of £21.8m for Health Board retained: £13.6m legacy; and £8.2m in-year)
- Directorate/HSCP opening budget position and efficiency targets
- Financial Grip and Control Checklist

Budget holders have been asked to sign their respective opening budget position schedules for submission by 14 May as formal agreement and acceptance of the delegated budget.

In addition budget holders are required to complete the annual financial 'grip and control' checklist. This self-assessment tool is due for submission by 28 May.

2.4 Recommendation

The paper is provided for: **Awareness**

Members of the FP&R Committee are invited to:

- **note** the budget setting process for 2021/22

Report Contact

Rose Robertson

Deputy Director of Finance

rose.robertson1@nhs.scot

Appendices:

Appendix 1: Notification of 2021/22 opening budget letter

Appendix 2: Summary financial plan

Appendix 3: Financial 'grip and control' checklist

Appendix 1: Notification of Opening Budget Letter

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone: 01592 643355
www.nhsfife.org



Date	30 April 2021
Your Ref	
Our Ref	MM/LS
Enquiries to	Rose Robertson
Extension	21476
Direct Line	01592 643355
Email	Rose.robertson1@nhs.scot

Dear

Financial Plan 2021/22: To deliver value and sustainability

- **Budget Setting 2021/22**
- **Grip and Control Checklist**

Annual Operating Plan Budget Setting 2021/22

Following approval of our overall financial planning process and corporate position by the NHS Fife Board at its meeting on 31 March 2021, this letter sets out the 2021/22 opening core budget position for your directorate / HSCP.

The opening core budgets are based on a roll forward position from the previous year and reflect a range of uplifts across the expenditure areas as agreed nationally and across Corporate Finance Network as appropriate. The Strategic Planning and Resource Allocation (SPRA) process rolled out last Autumn, endorsed by the Executive Director Group and the NHS Fife Board, captured the key cost pressures and confirmed areas of priority for 2021/22. Through this prioritisation, additional investment has been supported across the following areas: safe staffing within the Acute Services Division; specific Acute Medicines increase; and the expansion of both Governance and Corporate PMO arrangements.

Notwithstanding funding has yet to be confirmed, the financial plan assumes the continuation of SG funding for Covid-19 costs on a non-recurring basis. This extends to include Public Health expansion costs for 2021/22 with the recognition that recurring commitment is required over the medium term.

Whilst the focus last year was responding to the Covid-19 pandemic; and unmet savings for Health and Social Care were fully funded; we have highlighted our requirement for funding for 'long Covid' brought forward unmet efficiency savings for 2021/22. Scottish Government have deferred a decision on this until post Quarter one review. To that end mitigation may be required in the event that this is not met in full. As a consequence directorate in-year savings targets comprise both the in-year target; and the brought forward unmet savings. A key focus on the medium term plan to

deliver carry forward savings remains extant, with the PMO expertise critical to the assessment of options and delivery.

Our financial plan shows an overall savings requirement of £21.8m for Health Board retained. This comprises an unmet savings target for 2021/22 of £13.6m (1.9% of baseline) and assumes £8.2m of savings can be met (1.2% of baseline). There continues to be significant uncertainty about the financial impact of Covid in both the short and longer-term, and what this will mean both for service delivery and associated financial plans. As in the previous financial year, Scottish Government will assess our progress against our plan through the formal Quarter 1 review process, when the in-year Covid funding and costs will be clearer.

We are working in partnership with the Local Authority and the IJB in respect of the HSCP Health Delegated Budget. The creation of the IJB earmarked reserves in 2020/21 allows some flexibility which has been used to meet legacy and in-year savings, which allows a balanced opening budget position for 2021/22.

This letter sets out the opening budgets across your portfolio based on the RMP3 Financial baseline plan. The financial plan estimates for 2021/22 and the analysis between the Health Board retained services, and the health components of the Health & Social Care Partnership are attached at Schedule 1, with detail of your own recurring budget for 2021/22 at Schedule 2.

In order to ensure the detailed budgets for 2021/22 are set appropriately (net of your baseline savings targets), work will continue within the Finance Directorate, in conjunction with you, to refine your budgets within the financial system comprising:

- The 'roll forward' of budgets from 2020/21 to 2021/22 (including further updates to reflect further movements in recurring savings in your respective areas)
- Identification of agreed budget codes to which to apply the baseline savings target. It is unknown whether this target may be revised (reduced) in line with the impact of the COVID 19 mobilisation and re-mobilisation plans and therefore further adjustments to recognise the impact of the latter on your ability to release savings in-year will be confirmed post the formal quarter one financial review.
- Staffing turnover savings of 1.3% have been applied to your opening budget.
- The allocation of appropriate uplifts to your budget as detailed in Schedule 2 taking cognisance of mutually agreed areas where uplifts may be held centrally by you within your Department (e.g. supplies and medical supplies uplifts) initially to allow you to make an assessment on the allocation of uplifts as the year unfolds.

I would ask that you sign the attached Schedule 2 as formal agreement and acceptance of this delegated budget by 14 May and return to Laura Stewart. In signing this schedule you are acknowledging your responsibility to manage the budget and that you have read and understood the Health Board's Standing Orders, Standing Financial Instructions, and relevant financial control procedures, along with the Board's Code of Corporate Governance. It is understood that meeting the challenging brought forward saving from 2020/21 is high risk and will require a level of Scottish Government support and also may be reduced in the event that any cost offsetting is achieved in-year. We will monitor this position closely with you and with Scottish Government at the Quarter 1 review point.

Financial 'Grip and Control' Checklist

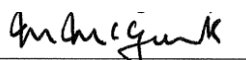
Our financial grip and control approach will continue into this year. The focus on continuing to identify savings opportunities will remain but there is also a need to assess productive

opportunities which will be delivered through the changes to services made as part of the COVID 19 response. The strategic approach to sustainability and the use of a self-assessment checklist (attached at Schedule 3) in support of effective financial 'grip and control' is essential to maintain effective run rate performance, and to facilitate the management of existing pressures at a local level.

This checklist helps identify and inform budget holder responsibilities; and will be used to assist our budget setting process and, as per last year, there is a requirement for all budget holders to complete and sign this checklist alongside budget sign off. By completing this tool you should develop an understanding of any areas for improvement within your existing systems and an action plan to address these as quickly as possible. Your Finance Business Partner or Management Accountant is a key support available to you; and completion of the checklist is mandatory for all managers with budgetary responsibility. The deadline for completion and submission of the self-assessment tool is 28 May. Responses should be coordinated via your Finance Business Partner or Management Accountant.

Please contact Rose Robertson with any queries.

Yours sincerely



Margo McGurk
Director of Finance

Attachments

Schedule 1 – Summary Financial Plan

Schedule 2 – Opening Budget

Schedule 3 – Financial Grip and Control Checklist

Appendix 2: Summary Financial Plan

NHS Fife					
Summary Financial Plan 2021/22 - Opening Budget					
	H&SCP delegated £'000	Acute Set Aside £'000	Health Board £'000	NHS Fife Total £'000	
Gross Budget rolled forward at 31 December 2020	389,858	39,898	428,431	858,187	
Legacy savings 2020/21	928	2,249	11,407	14,584	
Roll Forward budget	388,930	37,649	417,024	843,603	
Resources Required:					
Increase in budget requirement in year					
Pay	3,062	641	4,671	8,374	
Supplies	234	64	1,111	1,409	
Prescribing/New Medicines	3,241	84	694	4,019	
PPP Contractual	0	0	331	331	
Infrastructure(including depreciation)	0	0	1,895	1,895	
Other Healthcare Providers	6	0	1,395	1,401	
Prescribing tariff	-1,723	0	0	-1,723	
New Local Developments	0	0	274	274	
National & Regional Developments	0	0	67	67	
subtotal	4,820	789	10,438	16,047	
SPRA - EC drugs	0	173	447	620	
SPRA - Safe Staffing	0	0	1,500	1,500	
SPRA - Paediatric safe staffing	0	0	769	769	
SPRA - PMO	0	0	690	690	
subtotal	0	173	3,406	3,579	
Anticipated funding WL & MH	0	0	21,505	21,505	
Total budget requirement	4,820	962	35,349	41,131	
Notional Budget requirement	393,750	38,611	452,373	884,734	
Available budget	392,345	38,124	444,679	875,148	
In year savings required	1,405	487	7,694	9,586	
Summary					
Legacy savings 2020/21	928	2,249	11,407	14,584	
In year savings required	1,405	487	7,694	9,586	
HSCP agreed budget adjustments	-2,333	0	0	-2,333	
Total savings requirement	0	2,736	19,101	21,837	
In year savings required	0	487	7,694	8,181	
Vacancy factor	0	443	2,572	3,015	
In year remaining	0	44	5,122	5,166	

Appendix 3: Financial Grip and Control Checklist

FINANCIAL GRIP & CONTROL - SELF ASSESSMENT TOOL			NHS Fife
Ref	Area	RAG Rating	Comments
1.0 Financial Planning, Forecasting & Budgeting			
1.01	Review and agree your budget on a regular (e.g. annual) basis.		
1.02	Undertake a Quarterly Financial Review with your Finance support for your services.		
1.03	Understand the quantum and magnitude of the efficiency savings target assigned to your area of responsibility.		
1.04	Ensure a recognised process is in place for identifying and delivering savings - eg expenditure controls.		
1.05	Understand the financial planning process (including completion of service review templates) and your rôle in it.		
2.0 Financial Management			
2.01	Understand your delegated budget and your role and responsibility in managing it.		
2.02	Ensure budget holders reporting to you have clearly delegated lines of budgetary management for their services.		
2.03	Review your service's financial performance monthly.		
2.04	Identify corrective action to manage any pressures and bring spend in line with budget.		
2.05	Identify and monitor financial risk in your area.		
2.06	Meet with finance support team on a regular basis to discuss your service's financial performance.		
2.07	Understand the signage change in variance reporting (underspend positions are shown as positive figures; and overspend figures are shown as negative figures or in brackets ("brackets are bad"))		
3.0 Efficiency Savings			
3.01	Understand your role in identifying and delivering savings.		
3.02	Identify robust viable savings schemes to deliver budget savings in year and recurrently.		
3.03	Complete an Efficiency Savings template (PID) for each scheme and discuss with your Finance support prior to submission.		
3.04	Ensure awareness of any interdependencies with existing and potential schemes within and outwith your area of responsibility.		
4.0 Workforce			
4.01	Know and understand your funded establishment.		
4.02	Check your staff lists every month and identify and address any anomalies.		
4.03	Complete annual sign off of May staff list.		
4.04	Authorise all VMFs for your service(s).		
4.05	Review and address the sickness / absence information for your service(s).		
4.06	Establish and follow a documented process for escalating and engaging temporary staff (bank & agency) for your area ensuring authorisation by an appropriate responsible individual.		
4.07	Ensure a system of control is in place for managing excess hours and overtime worked by staff in your area.		
5.0 Procurement			
5.01	Know and understand your role in the PECOS process.		
5.02	Implement a clear process of delegation for raising and authorising orders.		
5.03	Ensure all goods & services used in your area are obtained via an agreed process (i.e. purchase order or top up).		
5.04	Ensure a documented process for stock control and management of purchases is in place.		
5.05	Understand the range of products from which you are expected to select your requirements.		
5.06	Ensure there is a segregation of duties between the preparation and approval of orders.		
5.07	Ensure that you are familiar with the relevant legislative and policy requirements for the procurement of services, and the scope and limits of your own role within these processes.		
5.08	Identify all external contracts held by your service and ensure a signed agreement is in place for each one and that copies are retained within the department.		
5.09	Undertake regular (annual) review of each contract you hold including benchmarking with other organisations / providers, where appropriate.		
6.0 Expenses			
6.01	Review and approve delegated authorisation levels within your area where appropriate.		
6.02	Know and understand the scope of your own delegated authorisation limit.		
6.03	Ensure there is understanding of and compliance with organisational policies in relation to training and related study leave/expenses.		
6.04	Ensure there is a process in place for the review and approval of staff expenses.		
7.0 Income			
7.01	Ensure there is a system in place to charge for any services provided and that the level of service and scale of charges are agreed in advance of provision.		
7.02	Ensure staff are aware of/able to provide the information required for invoices to be raised.		
7.03	Ensure that you have systems in place for compliance with the board's own policies and procedures in relation to the treatment of out of area (including overseas) patients.		
8.0 Contracting with Other Organisations			
8.01	Ensure that you have electronic access to the Standing Financial Instructions (SFIs) and Financial Operating Procedures (FOPs), and that you have read, understood and will abide by them.		

RAG Rating

Red	Not achieved any aspect of the requirement
Amber	Achieved some aspects of the requirement
Green	Achieved all aspects of the requirement
N/A	Not Applicable

Meeting:	Finance, Performance & Resources Committee
Meeting date:	11 May 2021
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Performance
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented to the Finance, Performance & Resources Committee for:

- Discussion

This report relates to the:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

2.2 Background

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

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

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

2.3 Assessment

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

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

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

WT = Waiting Times

RTT = Referral-to-Treatment

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

DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving

Operational Performance – H&SCP

Measure	Update	Target	Current Status
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving

ABI (Priority Settings) ¹	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	£13.348m	Achieving

- ¹ The NHS Fife fractionally missed the target for 2019/20, but this was due to the delivery of interventions in an A&E setting being paused during the pandemic – data collection for 2020/21 continues to be impacted, and there has been no guidance on expected achievement from the Scottish Government

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

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

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and reviewed by EDG members on 22 April. The report was authorised for release to Board Members and Standing Committees at EDG.

2.4 Recommendation

The FPR Committee is requested to:

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

3 List of appendices

None

Report Contact

Bryan Archibald

Head of Performance

Email bryan.archibald@nhs.scot



Fife Integrated Performance & Quality Report

Produced in April 2021



Introduction

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

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

The IPQR comprises of the following sections:

I. Executive Summary

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

II. Performance Assessment Reports

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

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

I. Executive Summary

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

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

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

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
HSMR	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.					
Inpatient Falls (with Harm)	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.					
Pressure Ulcers	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.					
Caesarean Section SSI	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.					
SAB (MRSA/MSSA)	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.					
C Diff	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.					
ECB	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.					
Complaints - Stage 2	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		
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Sep-20	95%	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.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	N/A	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.							
New Outpatients 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.							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	N/A	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.							
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	N/A	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.							
FOI Requests 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.							
Delayed Discharge 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
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT 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.					
CAMHS Waiting Times 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.					
Psychological Therapies 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
Revenue Expenditure 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
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. 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.					
Capital Expenditure 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
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.					

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.39%	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

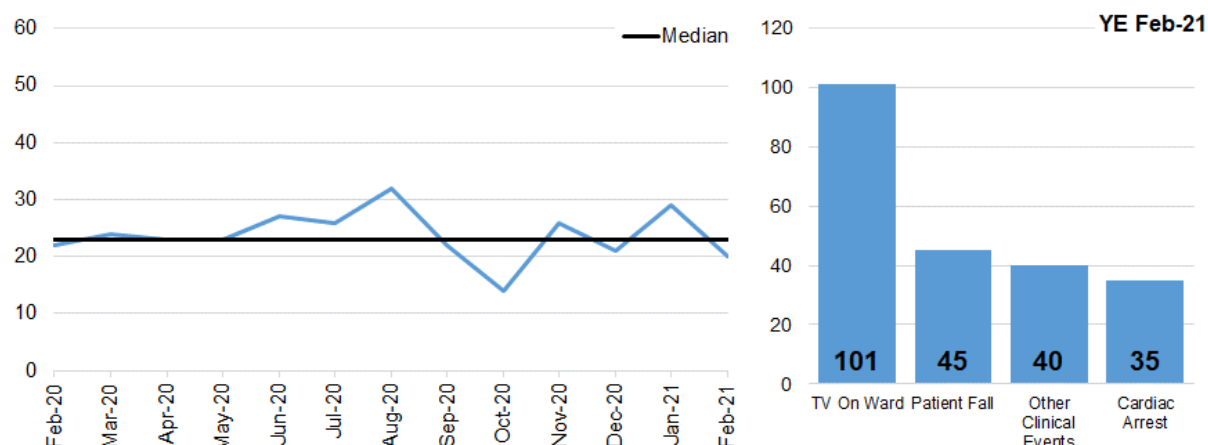
Staff Governance

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

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

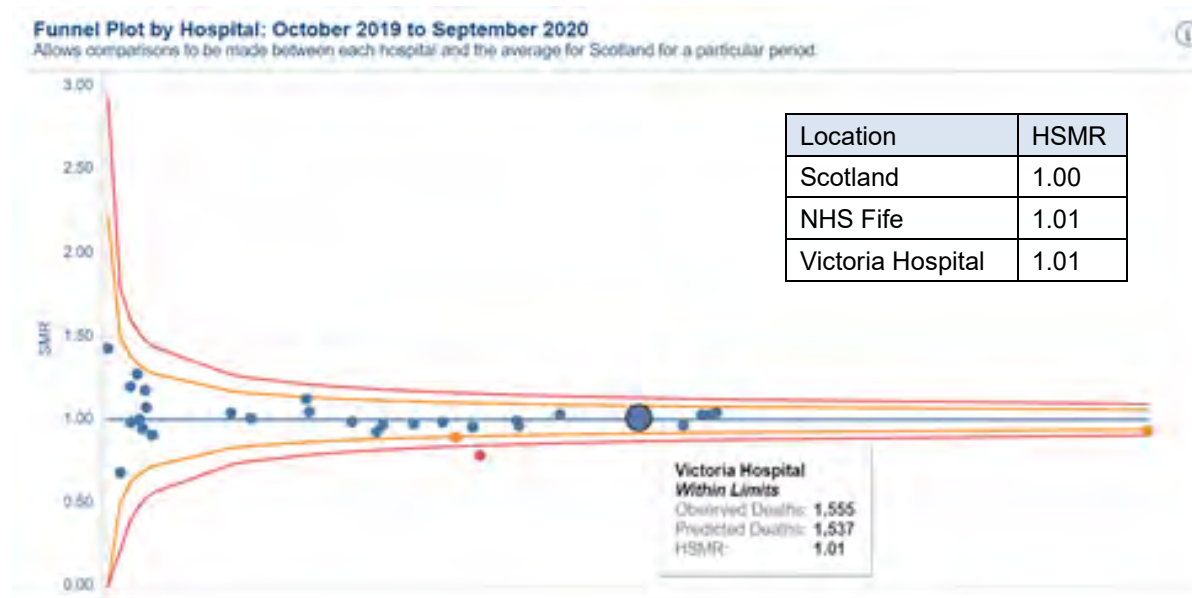
HSMR

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^a

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.

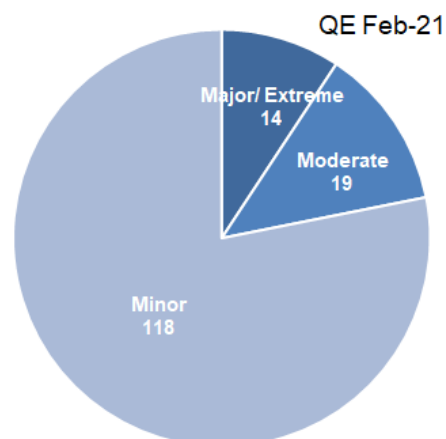
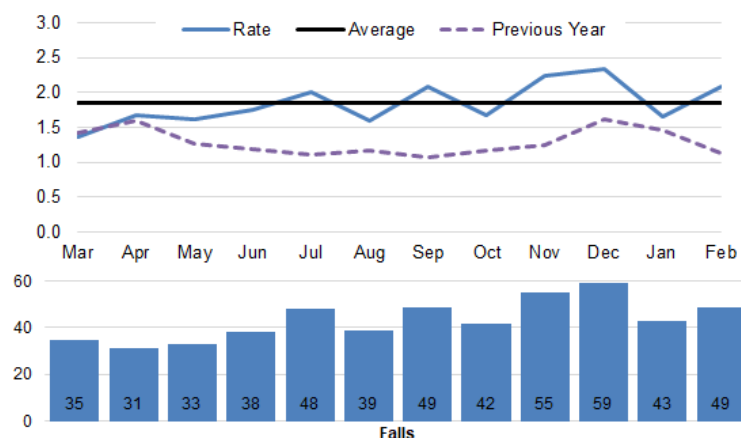
Clinical Governance

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

		2019/20	2020/21										
		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.

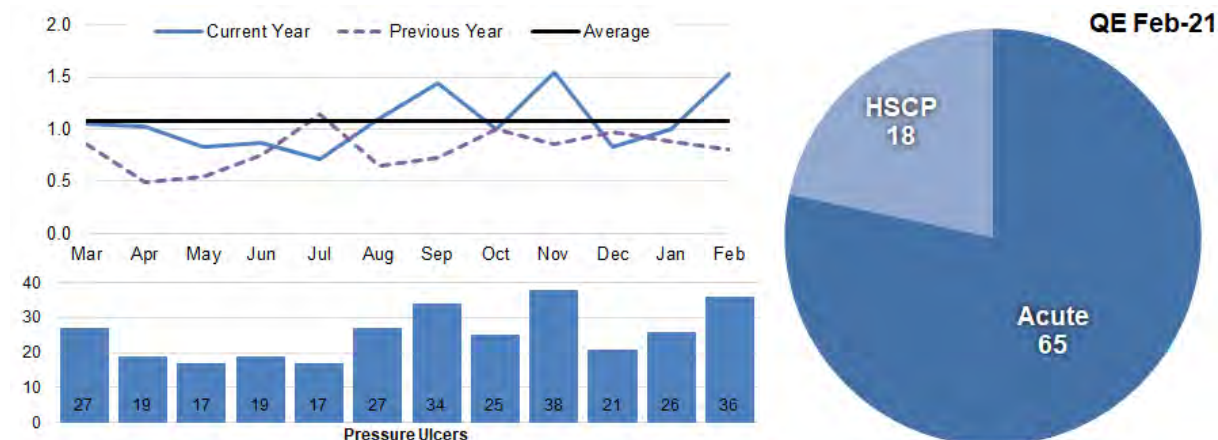
Improvement Actions	Update
20.3 Falls Audit <i>By Jul-21 (was Apr-21)</i>	Plans for this audit have been further delayed as a result of the ongoing situation. A number of areas are being prioritised and this will be programmed in over the coming months as more of a rolling audit. Local scrutiny will continue utilising the monthly performance report.
20.5 Improve effectiveness of Falls Champion Network <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.
21.1 Refresh of Plans	The refreshed workplan has been agreed. This will remain a live document with flash reports at meetings to support update on progress. Action complete
21.2 Falls Reduction Initiative <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
21.3 Integrated Improvement Collaborative <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

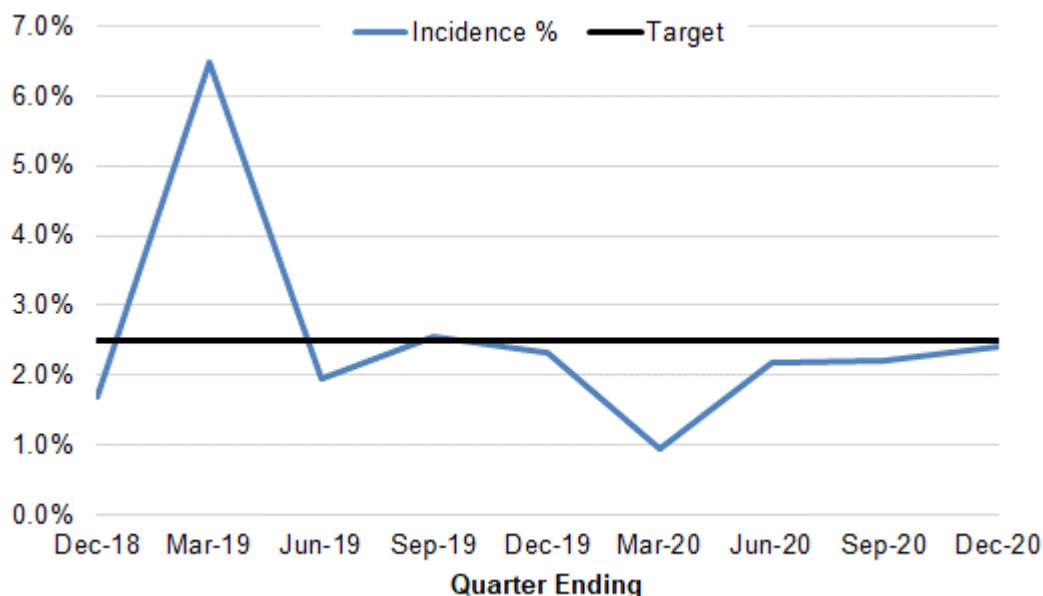
Improvement Actions	Update
20.4 Improve consistency of reporting	
20.5 Review TV Champion Network Effectiveness	
20.6 Reduce PU development (initially by redesign of Quality Improvement model)	
21.1 Improve reporting of PU	
21.2 Integrated Improvement Collaborative <i>By May-21 (was Feb-21)</i>	An integrated 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)

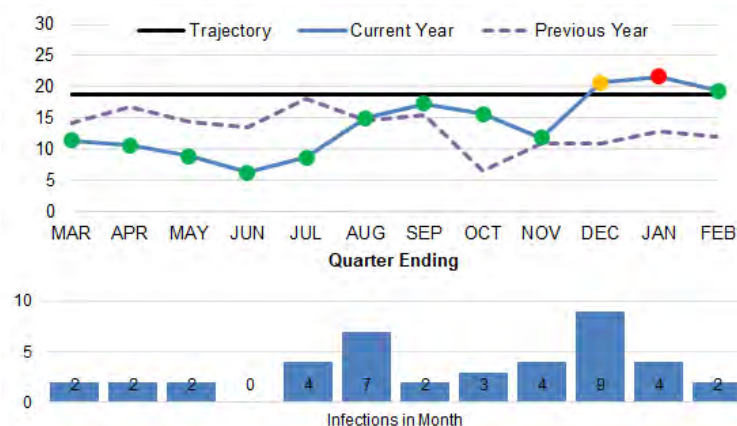
Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	<p>The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for 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>
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	

Clinical Governance

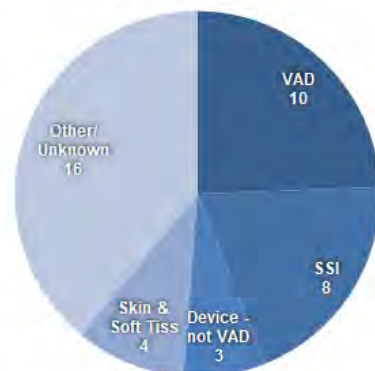
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE 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

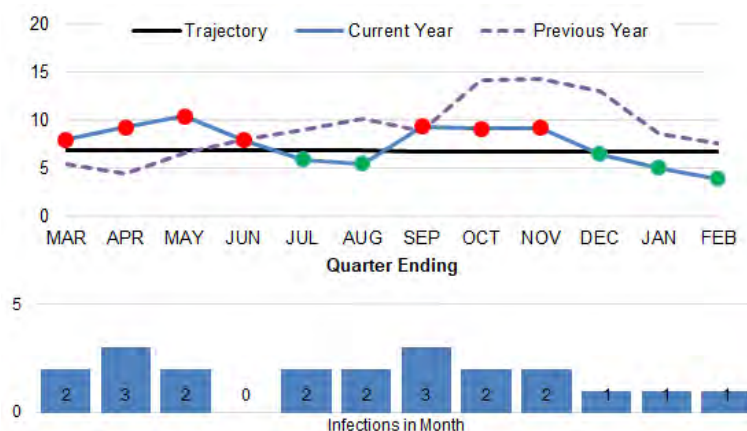
Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-22 (was Mar-21)</i>	<p>There has been just 1 PWID to date in 2021 following only 5 in 2020, a marked improvement from 14 in 2019.</p> <p>Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting on 25th 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>
20.2 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>
20.3 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 & urinary care. The group last met on 19th March.</p> <p>This QI group is contributed to by the ECB data.</p>
20.4 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

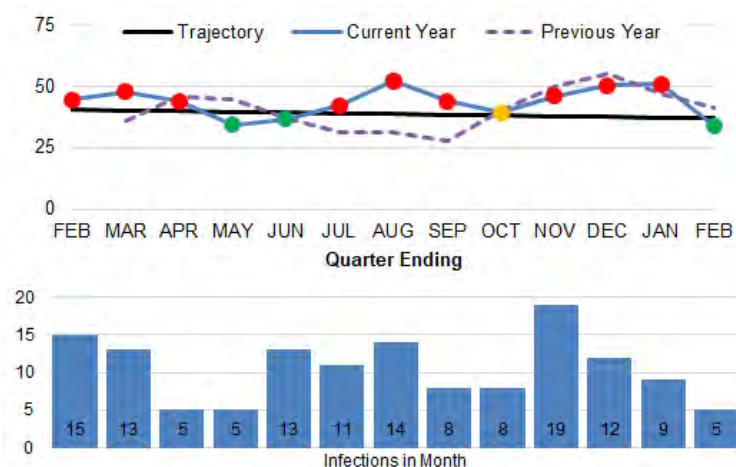
Improvement Actions	Update
20.1 Reducing recurrence of CDI <i>By Mar-22</i>	Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence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

Clinical Governance

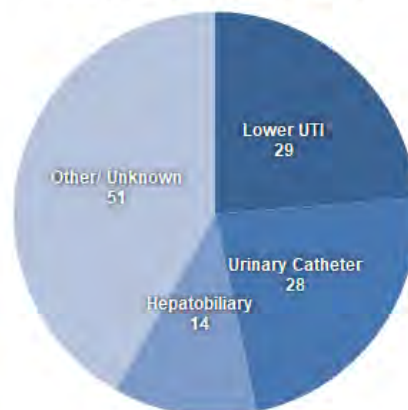
ECB (HAI/HCAI)

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

Local Performance



Infection Sources: YE 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
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	<p>Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB is investigated in detail to better understand how the infection might have occurred, and any issues are raised with appropriate clinical teams. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted 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>
20.2 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>
20.3 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"> • A CAUTI QI programme which started at Cowdenbeath GP practice (currently paused) • E-documentation bundles for catheter insertion and maintenance • Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration • Continence/hydration folders in use at all care and residential homes • Education 'Top Tips' videos and newsletters published on BLINK • Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed

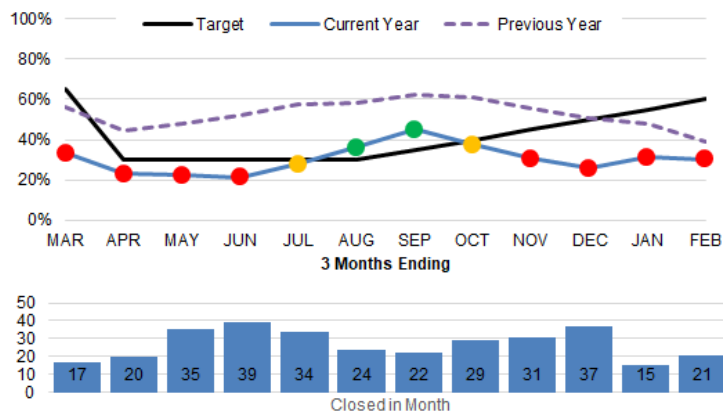
Clinical Governance

Complaints | Stage 2

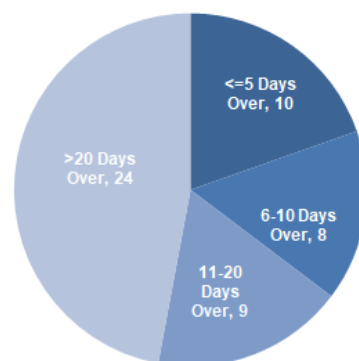
At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2020/21 = 65%

Local Performance



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

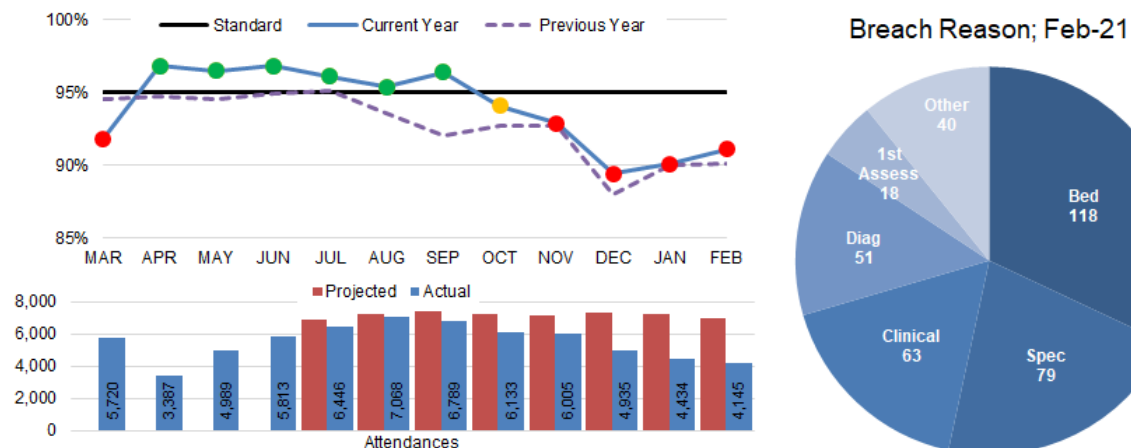
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	
20.2 Deliver education to service to improve quality of investigation statements	
20.3 Agree process for managing medical statements, and a consistent style for responses	
21.1 Agree process for managing complaint performance and quality of complaint responses <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>
21.2 Deliver virtual training on complaints handling <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

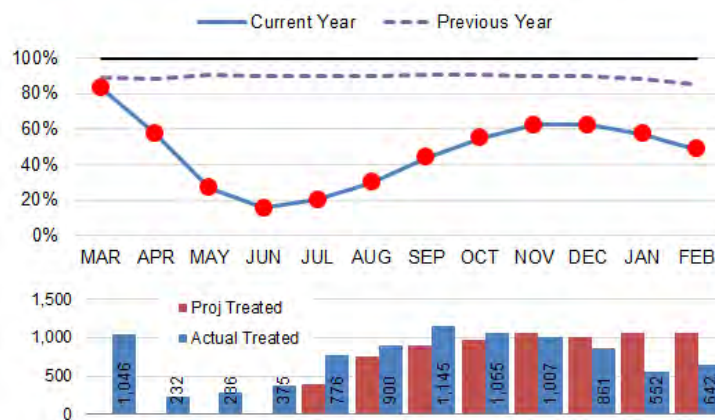
Improvement Actions	Update
20.1 Formation of PerformED group to analyse performance trends	
20.4 Development of services for ECAS	
20.5 Medical Assessment and AU1 Rapid Improvement Group	
21.1 Erroneous action, now removed, but the numbering has been retained for continuity	
21.2 Integration of the Redesign 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

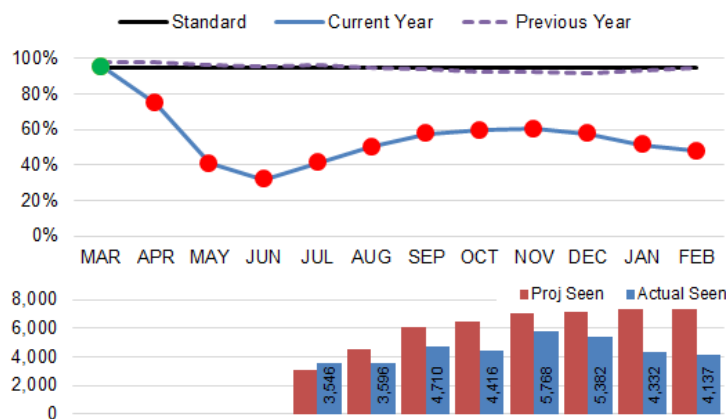
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	
20.3 Theatre Action Group develop and deliver plan	
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	
21.1 Develop and deliver transformation plan	This action is related to 20.2 and 20.3, above, but 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

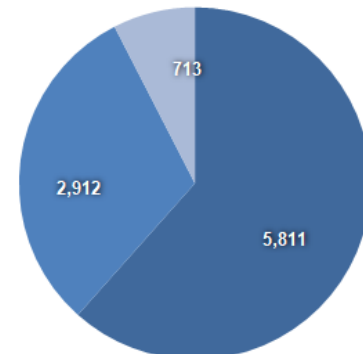
New Outpatients

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

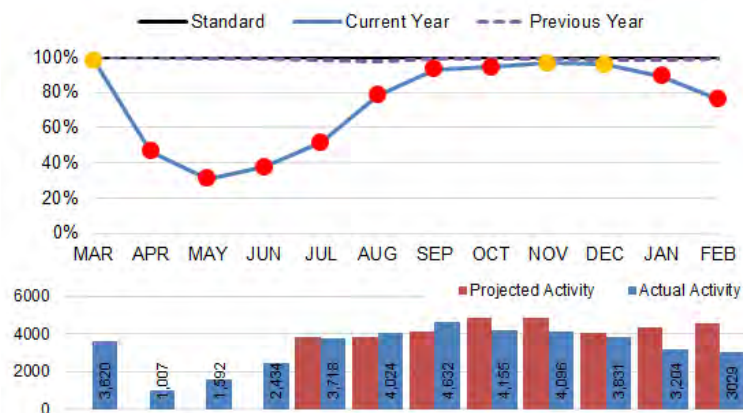
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	
20.2 Develop OP Transformation programme.	
20.3 Improve recruitment to vacant posts	Action complete for FY 2020/21, ongoing for FY 2021/22
21.1 Review DCAQ in relation to WT improvement 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

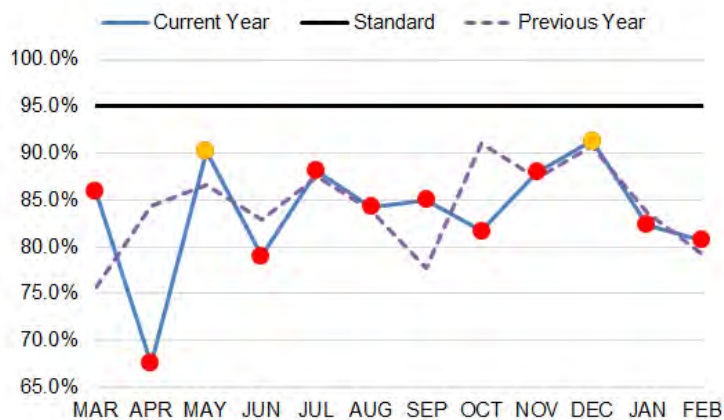
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy	
21.2 Undertake new and planned waiting list validation against agreed criteria	Action complete for FY 2020/21, ongoing for FY 2021/22
21.3 Improve recruitment to vacant posts	Action complete for 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

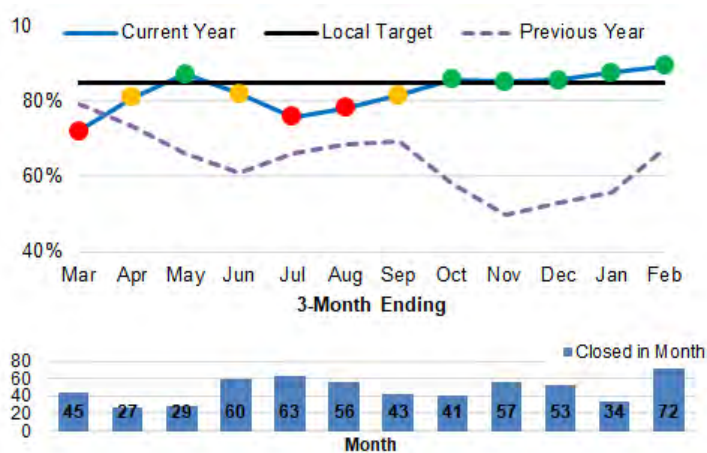
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-21 (was Mar-21)</i>	This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team
20.4 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.
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan <i>By 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

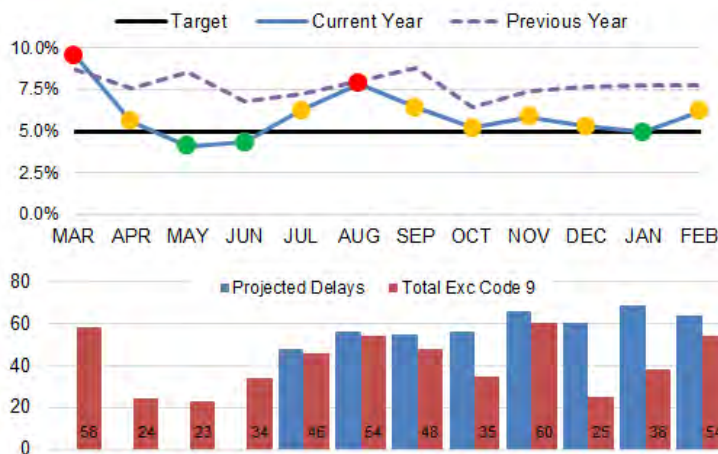
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services	
20.7 Formalise long-term resource requirements for FOI administration	
21.1 Organisation-wide Publication Scheme to be introduced <i>By Jul-21, Dec-21</i>	First draft Paper detailing 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.
21.2 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

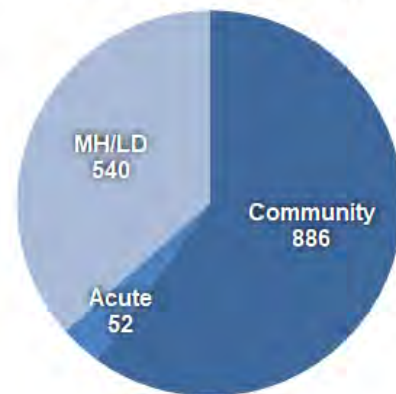
Delayed Discharges (Bed Days Lost)

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

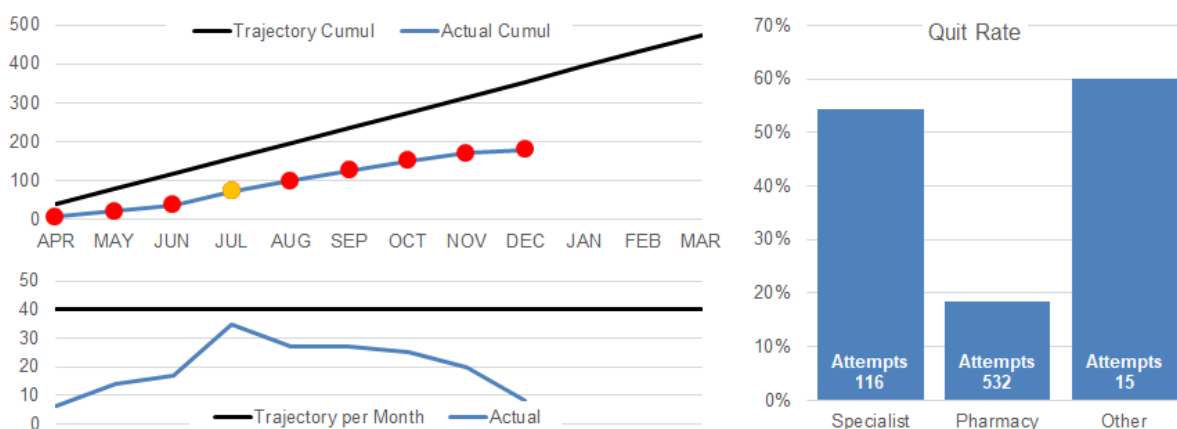
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds	
20.3 Moving On Policy to be implemented	
20.4 Improve flow of comms between wards and Discharge HUB	
20.5 Increase capacity within care at home	
21.1 Progress HomeFirst model <i>By May-21 (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 th 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.
21.2 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

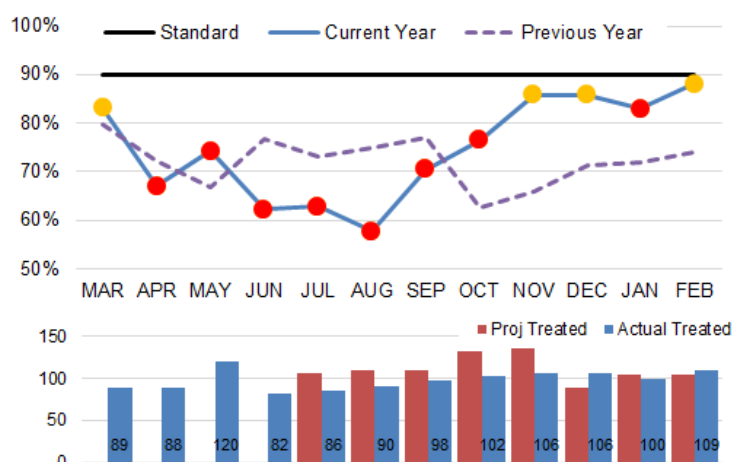
Improvement Actions	Update
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	Action paused due to COVID-19
20.3 'Better Beginnings' class for pregnant women	Action paused due to COVID-19
20.4 Enable staff access to medication whilst at work	Action paused due to COVID-19
21.1 Assess use of Near Me to train staff <i>By 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.
21.2 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

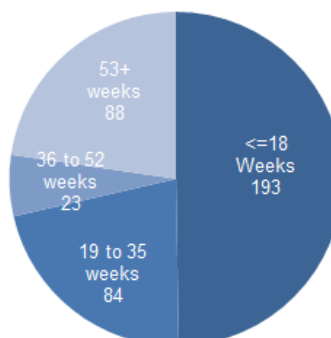
CAMHS 18 weeks RTT

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

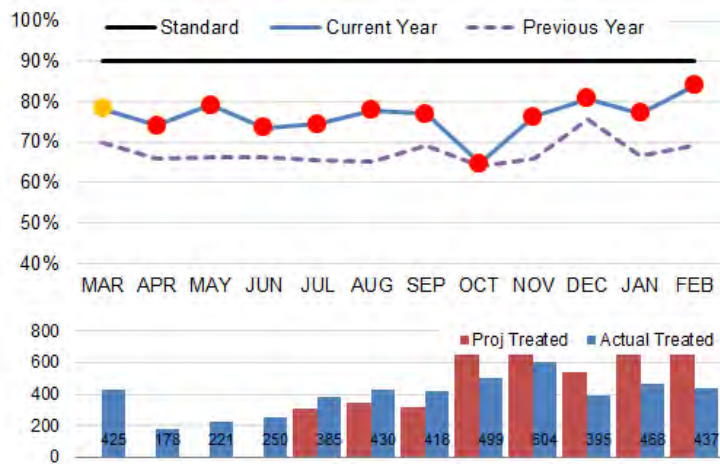
Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System	
20.2 Waiting List Additional Staffing Resource	
20.3 Introduction of Team Leader Role	
21.1 Re-design of Group Therapy Programme <i>By Jul-21 (was Mar-21)</i>	Due to COVID-19 restrictions, group-based face to face 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.
21.2 Use Centralised Allocation Process	
21.3 Build CAMHS Urgent Response Team <i>By Jul-21 (was Mar-21)</i>	<p>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.</p> <p>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.</p>

Finance, Performance & Resources – Operational Performance

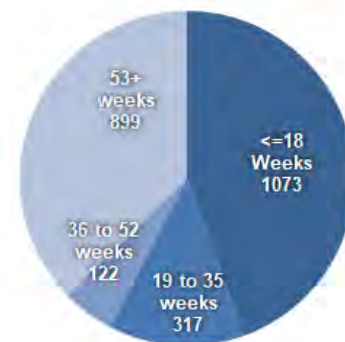
Psychological Therapies 18 weeks RTT

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)

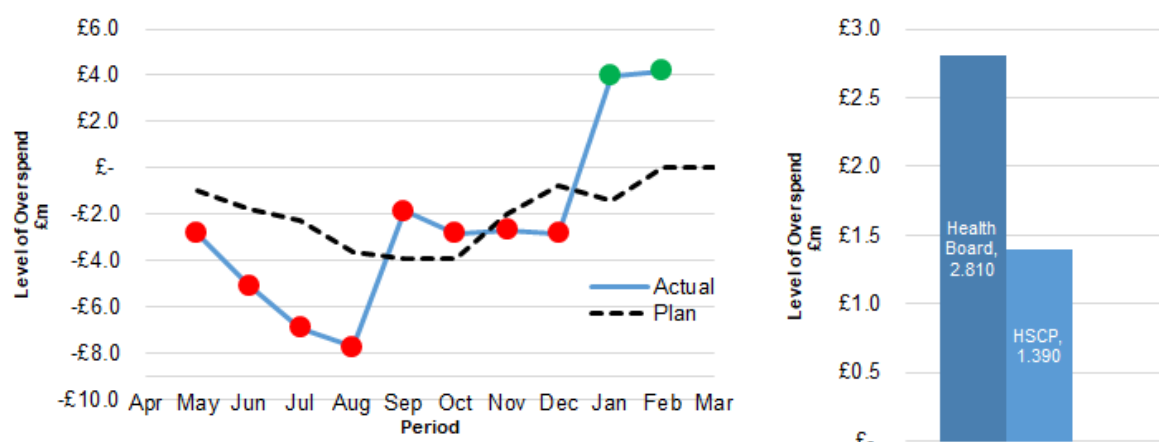
Improvement Actions	Update
20.2 Introduction of extended group programme in Primary Care	
20.3 Redesign of Day Hospital provision	
20.4 Implement triage nurse pilot programme in Primary Care	
20.5 Trial of new group-based PT options <i>By Sep-21(was Mar-21)</i>	Develop and pilot two new group programmes 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

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

21.2 Savings

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 £'000	Variance %	Variance Split By			
				Run Rate	Core Unmet Savings	Net Core Position	Covid Unmet Savings
				£'000	£'000	£'000	£'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
Total	866,169	4,200	0.54%	4,395	-195	4,200	0

	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	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
Health Board	467,329	2,757	0.67%	2,952	-195	2,757	0
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
Sub-total Integration Joint Board Core	458,039	1,368	0.69%	1,368	0	1,368	0
IJB Risk Share Arrangement	0	0		0	0	0	0
Total Integration Joint Board - Health	458,039	1,368	0.69%	1,368	0	1,368	0
Total Expenditure	925,368	4,125	-0.43%	4,320	-195	4,125	0
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
Net Position Including Income	866,169	4,200	0.54%	4,395	-195	4,200	0

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
Acute Services Division								
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
Total	203,548	222,313	203,625	207,793	-4,168	-2.05%	-4,118	-50

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
Net overspend	866,169	776,533	772,334	4,200

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
Health Board Retained Budgets	750	4,257	0	0	5,007
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
Total IJB Delegated Health Budgets	-1,800	3,603	1,800	0	3,603
Covid	1,354				1,354
Offsets returned to SG	0	-7,860	0	0	-7,860
Total Forecast Outturn	304	0	1,800	0	2,104

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 £'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 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
	Total Core RRL Allocations	700,161	71,065	68,422	839,648	
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	
	Total Anticipated Core RRL Allocations	0	-769	4,998	4,229	
	IFRS			8,874	8,874	
	Donated Asset Depreciation			131	131	
	Impairment			500	500	
	Depreciation			12,959	12,959	
	AME Provisions			-172	-172	
	Total Non-Core RRL Allocations	0	0	22,292	22,292	
	Grand Total	700,161	70,296	95,712	866,169	

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
Total	38,745	32,509	31,239	1,270

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
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
	78,259	71,738	70,081	1,657
UNPACS				
Health Boards	10,627	9,741	10,419	-678
Private Sector	1,245	1,141	1,652	-511
	11,872	10,882	12,071	-1,189
OATS				
	711	652	162	490
Grants				
	65	65	63	2
Total	90,907	83,337	82,377	960

Appendix 4 - Financial Flexibility & Allocations

	CY Budget £'000	Flexibility Released to Feb-21 £'000
Financial Plan		
Drugs	197	0
CHAS	0	0
Unitary Charge	100	92
Junior Doctor Travel	20	14
Cost Pressures	616	561
Developments	3,249	1,839
Sub Total Financial Plan	4,182	2,506
Allocations		
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	
Sub Total Allocations	12,977	596
Total	17,159	3,102

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
Allocation Q1 to Q4	22,540	6,546	4,458	33,544	999	1,325
Allocations received previously	1,296		9,779	11,075		
Funding Received Jan-21	10,765	-1,698	5,729	14,796		234
Total funding	34,601	4,848	19,966	59,415	999	1,559
Allocations made for Apr to Feb						
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		
Total allocations made to M11	23,630	7,505	19,966	51,101	0	1,559
Offsets returned to SG	-4,257	-3,603		-7,860		
Elective / Planned Care	7,724			7,724		
Capital					999	
Total	27,097	3,902	19,966	50,965	999	1,559
Balance In Reserves	7,504	946	0	8,450	0	0

Finance, Performance & Resources – Finance

Capital Expenditure

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

Local Performance



Commentary

The total Capital Resource Limit for 2020/21 is £13.634m 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
21.1 Managing expenditure programme within resources available <i>By Mar-21</i>	Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The capital plan for 2020/21 has been approved by the FP&R Committee and the NHS Fife Board. NHS Fife received a capital allocation of £7.394m in the August allocation letter, and allocations of: £0.999m 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
COMMUNITY & PRIMARY CARE			
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
Total Community & Primary Care	670	502	670
ACUTE SERVICES DIVISION			
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
Total Acute Services Division	11,483	7,181	11,483
NHS FIFE WIDE SCHEMES			
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
Total NHS Fife Wide Schemes	1,389	868	1,389
TOTAL CONFIRMED ALLOCATION FOR 2020/21	13,541	8,551	13,541
ANTICIPATED ALLOCATIONS 2020/21			
Capital to Revenue Transfer	93	0	93
Anticipated Allocation for 2020/21	93	0	93
Total Anticipated Allocation for 2020/21	13,634	8,551	13,634

Finance, Performance & Resources – Finance

Appendix 2: Capital Plan - Changes to Planned Expenditure

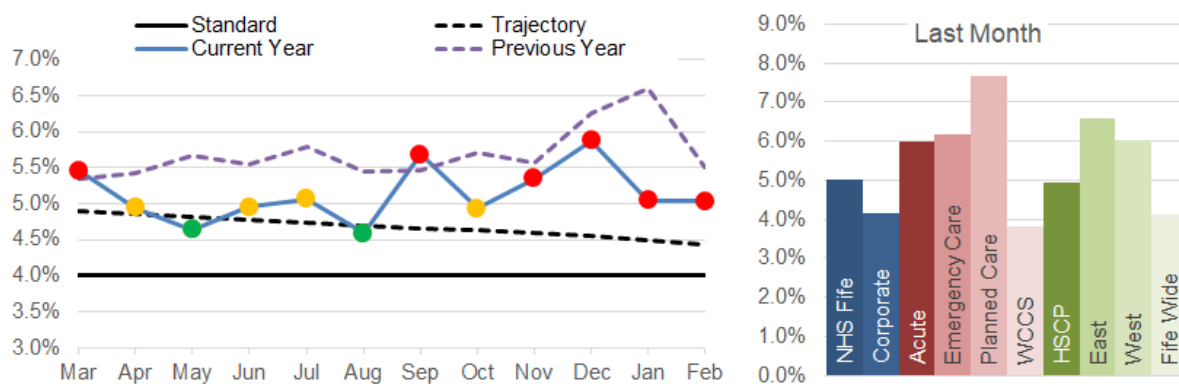
Capital Expenditure Proposals 2020/21	Pending Board Approval	Cumulative Adjustment to January	February Adjustment	Total February
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	99	0	99
Condemned Equipment	0	0	0	0
Minor Capital	0	291	1	292
Covid Equipment	0	26	0	26
Statutory Compliance	0	153	50	203
Lochgelly Health Centre	0	0	25	25
Kincardine Health Centre	0	0	25	25
Total Community & Primary Care	0	569	101	670
Acute Services Division				
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
	0	9,141	2,342	11,483
Fife Wide				
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
Total Fife Wide	7,394	-5,922	-83	1,389
Total	7,394	3,787	2,360	13,541
ANTICIPATED ALLOCATIONS 2020/21				
Capital to Revenue Transfer	93	0	0	93
Anticipated Allocation for 2020/21	93	0	0	93
Total Planned Expenditure for 2020/21	7,487	3,787	2,360	13,634

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										
	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
20th 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) ¹	Projected Actual Variance	79 75 -4	79 51 -28	88 65 -23	83 91 8	74 98 24	74 98 24

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 12 FEBRUARY 2021 AT 10.00 AM VIA MICROSOFT TEAMS

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

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Tracy Hogg, Finance Business Partner for H&SCP
Fiona McKay, Interim Divisional General Manager
Lynne Garvey, Interim Divisional General Manager (West)
Norma Aitken, Head of Corporate Service, Fife H&SCP
Jim Crichton, Interim Divisional General Manager (Fife Wide)
Euan Reid, Lead Pharmacist, NHS Fife
Tim Bridle, Audit Scotland
Carol Notman, Personal Assistant (Minutes)

Apologies for Absence: Helen Hellewell, Associate Medical Director
Lynn Barker, Interim Associate Director of Nursing

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	David Graham welcomed everyone to the meeting and apologies were noted as above. David Graham noted concern with his wi-fi signal therefore it was agreed, if required, Rosemary Liewald would step in as chair if technology failed. David Graham wished to start the meeting thanking everyone for their efforts during this extremely challenging week due to the weather.	
2	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3	MINUTE OF PREVIOUS MEETING – 15 JANUARY 2021	

NO	HEADING	ACTION
	The Committee discussed the minute of the meeting of 15 January 2021 and agreed they are an accurate record.	
4	MATTERS ARISING / ACTION LOG – 15 JANUARY 2021	
	David Graham discussed action log and feedback from the Officers was added to the action log and completed actions were removed.	
5 & 6	FINANCE UPDATE & REPORT	
	<p>David Graham suggested that the Finance Update and Report was looked under the same agenda item as they were interlinked and asked Audrey Valente to present her report.</p> <p>Audrey Valente noted that the written report is now out of date following communication from the Scottish Government regarding funding of the final allocation to the Integrated Authorities for their Local Mobilisation Plans where Fife Health and Social Care Partnership has been awarded £15.3M which is broken down to:</p> <ul style="list-style-type: none"> • £4.3M which relates to the final quarter of the local mobilisation plan and provides full funding for the local mobilisation plan which will now result in the service breaking even or perhaps having an underspend at year end. • £7M in relation to further support to Integrated Authorities. To date there has not been much information to outline the plans the Government have for how this £7M will be used but there is mention made of creating capacity which is something that the Senior Leadership Team will be looking at over the coming weeks and will be brought back to this committee for information. • £2.7M in relation to the final allocation for adult winter plan monies (£112M in total) that had been announced for Fife of which £72M had already been received. • £1.3M in relation to Community Living – this money that has been provided over a 3-year period to support the discharge of people from hospital with complex needs. <p>David Graham noted his delight to hear this news.</p> <p>Rosemary Liewald noted her delight too at the news, particularly the £1.3M for the Community Living which will drive forward the strategy as we move towards the Home First approach. Rosemary asked for clarity around the £7M to which Audrey confirmed that there had not been a lot of detail provided and read out the exact wording noted in the letter from the Scottish Government which all agreed did not provide full information and agreed further information will be provided in due course.</p> <p>Martin Black noted that £1.3M over 3 years breaks down to £400k a year and asked what the service had spent in the last year on complex needs as the nature of the service would suggest costs in excess of £400k to be queried if it would address</p>	

NO	HEADING	ACTION
	<p>future issues. Audrey Valente noted that she did not have the budget information at hand but confirmed that the funding was a contribution to the Partnership to help deliver as much care as possible in a home or homely setting. Martin Black noted concern that the funding was just for 3 years and what would happen when the additional funding ceased. Nicky Connor advised that the additional funding allows the Partnership to look at its transformation plans and how the redesign work can be built on to be able to take the work forward. Fiona McKay noted that discussions have already commenced and noted that the money will help to redesign accommodation to support older and younger people with complex needs to move out of long stay hospitals, and confirmed that the money is not there to buy care packages but would be used to work with the housing team to look at new models of housing so that we can support people and have a more joined up approach in the community.</p> <p>Margaret Wells noted that the news was very welcome and was very good news for this financial year but asked what does it mean for the service going forward if it is not recurring funding, secondly the issue around the resource transfer was discussed at the previous meeting and asked where the discussions were at regarding this and thirdly the areas of underspend outlined in the finance report indicates this is due to significant number of vacancies which will mean that there will be potential gaps in what the service will be able to provide and would like to have more detail at a future meeting regarding this.</p> <p>Audrey Valente, noted with regards the first question around the non-recurring funding and advised discussions have been held with the services to investigate redesigning the Care at Home Service which will shift the balance of care into the home or homely setting and it will be used to invest in creating capacity and will allow a realignment of budgets as appropriate.</p> <p>In relation to the question about resource transfer the detail is still being worked through which when finalised will be brought to a future meeting of this committee allowing complete transparency for both partners. With regards the query around the underspend due to the current vacancies and gaps in service Audrey advised that she had met with health colleagues the previous day to pose this question and noted that it is linked to budget realignment and performance and work is ongoing with both Partners. Therefore she was not in a position to say what it will look like going forward as work is still ongoing with services to investigate if the vacancies can result in the budget being realigned or whether the budget should remain unchanged due to for example difficulties in recruiting to posts.</p> <p>Martin Black noted that the minutes of the last meeting advised that he guesstimated that there was £6M of the underspend related to vacancies which has been the case for the last 3-4 years and was encouraged to hear that work was going on in the background to address the issue. Nicky Connor wished to give assurance the Committee that although the IJB is not an employing board it does carry significant responsibility in terms of workforce and directions that are brought forward and noted that there is a Local Partnership Forum that meets monthly with Trade Unions and the Senior Leadership Team that regularly look at all types of absences and the reason for it and actively look to put programmes in place to develop the workforce in the areas where recruiting to is a challenge.</p>	

NO	HEADING	ACTION
	<p>Nicky Connor noted with regards to the risk, it was discussed at the Audit and Risk Committee on 22 January 2021 that there is a piece of work currently being undertaken within the committee structure to look at risks to ensure that they are being reviewed in the correct place and there is clarity in terms of what risks would feed through the committee structure of the IJB and what risks would be sitting with either Fife Council or NHS Fife which will strengthen the governance around the risks management and support clarity across the services.</p> <p>Les Bisset noted concern that the service has been underspending on Rheumatology and Sexual Health Prescribing for many years and had asked for a breakdown of the £4M and assurance that the detail for all the issues that have been mentioned can be laid out at the next meeting for the committee to look at in a transparent way. Nicky Connor noted that the challenge currently facing the Senior Leadership Team with the pandemic and to commit to undertaking the work to do this within the next meeting in 3 weeks would be very challenging. Les Bisset noted that the pandemic has been around for about a year and the issues requiring further review for 2-3 years and felt that the service should be in a position to provide the answers. He also noted concern that the IJB while in this unexpected position of receiving this bailout resulting in a break-even situation at the end of the financial year that everyone will sit back and relax. Audrey Valente noted that this comment was uncalled for, and confirmed a lot of work has been going on in the background but a lot of it is out with her remit to deliver as she is at the behest of both Partner's finance teams as she does not have operational responsibility for finance but rather oversight responsibility. Audrey noted if the committee felt strongly enough about the situation correspondence to both Partners would be required requesting the information. David Graham offered to put it to the members whether this action should be taken but Audrey noted she did not think this would help working relationships and would prefer to continue to manage the situation and gave her commitment to do all that she could to bring this information to the Committee. Audrey suggested it might be useful to hold a special Meeting of this Committee to review the budget gap and the potential savings which she hopes to be able to deliver within the next 4 weeks. David Graham and Audrey Valente to discuss special meeting out with meeting but he asked Audrey what timeframe she would need. Audrey advised that she would need at least 3 weeks as full approval is required for the IJB in March to approve the Budget.</p> <p>Les Bisset thanked Audrey for her response and noted that he accepted his responsibility to support the Chief Finance Officer and will do all he can at the Health Board to ensure that the IJB has all the information it requires.</p> <p>Nicky Connor wanted to assure the Committee that this is a key priority for the Partnership and that she and Audrey had attended a meeting on 11 February 2021 with Chief Officers and Chief Finance Officers across NHS Scotland where she had been surprised to note that a significant number of IJBs have taken the decision that they will not be in a position by March to complete the Budget. Whereas within Fife, we have made a commitment to put all our resources necessary to meet the timescales and noted this was a significant challenges on the senior leadership team to complete the task at this time. Nicky Connor</p>	<p>DG/AV</p>

NO	HEADING	ACTION
	<p>clarified when the team talk about resource transfers this involves working with our Partners and both Nicky Connor and Audrey Valente have regular meetings with Chief Executives and Chief Finance Officers to ensure that there is transparent discussion across partners to bring assurance back to this committee.</p> <p>Martin Black noted that every action has a reaction and if the service does not have the staff to undertaken the service to its full capacity then it will impact people using the service and noted that the pandemic has helped bail the Partnership out as the additional funding would not have been made available. Audrey Valente reiterated she could understand the frustrations, but work is ongoing to get to a position where we understand and are comfortable with realigning the services or retaining the budget because it is a priority to fill the posts. But reaffirmed that she was not able to provide a timeframe as the services had conflicting priorities but assured that information would be made available at the earliest opportunity.</p> <p>Margaret Wells noted that she shared some of the frustrations and is heartened at the commitment shown to address the issues. She noted she was conscious that the Health Board had been for some time under 'Emergency Measures' and the pandemic has been affecting all services, not just health services. She advised that she was aware that many committee meetings within the health board have been suspended unless they are covid related which does not extract us from the budget process, but it appears that there is an imbalance of expectations for the IJB. Margaret acknowledged that the questions need to be answered but raised a question around how this Committee ought to be dealing fairly with the Executive Team within the Health and Social Care Partnership and giving consideration to the IJB Committee Meeting's agendas. Audrey Valente noted that she did have concerns around staff's health and wellbeing as staff are feeling overwhelmed at the moment, but she reiterated that she would do all she could to deliver a balanced budget by March.</p> <p>Nicky Connor wished to thank Margaret for her observations and noted that there was a question for the committee to explore. In terms of expectation, during the first lockdown all committee meetings ceased while the service focused on the pandemic and her reflection was when the committee's remobilised that there was frustrations with the associated delays therefore during this lockdown there has been the attempt to keep the committee meetings going while acknowledging the huge impact that the clinical services were under running a service with many staff members being deployed for the track and trace as well as the vaccination rollout and would welcome the committee exploring the reflections that Margaret has shared and what this might mean for expectations in the coming months.</p> <p>David Graham thanked all for their comments and noted that he was happy to have discussion with the senior officers and committee to ensure that the expectations are reasonable.</p> <p>Rosemary Liewald noted that this is an update and commented if a special meeting was required then we as a Committee have a right to ask for this but wished to note that she had been assured by the comments made by Nicky that</p>	<p>DG</p>

NO	HEADING	ACTION
	<p>Fife IJB was committed to setting out a budget by March when other IJB's had recorded that they were not going to be in a position to do this.</p> <p>David Graham noted as there were no further questions this brought the verbal update to a close and asked Audrey Valente to present the Finance Report to the Committee.</p> <p>Audrey Valente advised that the report outlined the position at the end of November 2020 and was pleased to note an improvement from the previous report with the revised predicted overspend now at £5.1M. This was due to the finance team looking in detail at the Social Care Other budget and following some housekeeping and improvement significant savings were identified.</p> <p>In addition, the savings achieved have increased by £400k which has increased the percentage to 56.1%.</p> <p>Margaret Wells noted it would be helpful for the discussion and key actions could be highlighted in the minutes to show the extent of the discussion.</p> <p>David Graham confirmed that the Committee has noted the Finance Report for November 2020 and have discussed the next steps and key actions as requested.</p>	
7	FINANCE & PERFORMANCE RISK REGISTER	
	<p>David Graham asked Fiona McKay to present her report.</p> <p>Fiona McKay advised that the report sets out the IJB strategic risks and was presented at the last committee meeting in January 2021.</p> <p>All risks were last reviewed in August 2020 by the risk owners and are presented in order of residual risk score which considers the management actions that are currently in place.</p> <p>There are currently 6 risks scoring High which are highlighted in detail in Appendix 1, Column 9 of the Risk Register.</p> <p>Within the full risk register, if a risk score has increased or decreased since the last review it is highlighted in red in the review results column (no. 14).</p> <p>Fiona noted that the risk register is at a strategic level and confirmed that all services have their own risk register at an operational level.</p> <p>David Graham confirmed that the risk registered had been discussed and timescale for when it will be brought back to the Committee will be agreed out with meeting.</p>	DG
8	PERFORMANCE REPORT – FEBRUARY 2021	
	<p>David Graham asked Fiona McKay to present the Performance Report.</p> <p>Fiona McKay advised that Audrey Valente had pulled the report together while she is undertaking the Interim Divisional General Manager post but noted that the report gives full detail of current position. She noted in the summary, areas</p>	

NO	HEADING	ACTION
	<p>with significant pressures around care homes and care at home have been highlighted. The local summary highlights that the average length of stay has increased this includes STAR beds.</p> <p>Fiona noted that during the pandemic there has been a significant decrease in care home placements, but this is anticipated to increase when care homes open.</p> <p>Margaret Wells noted confusion that the A&E 4 hours target is recorded within this list as this feels more like an NHS Measure than a Health and Social Care Partnership. Fiona McKay confirmed that measurements for A&E sit within the Partnership and have done since the Partnership was formed noting that it is a National Target monitored through the IJBs although it is also reported via the Acute. Nicky Connor confirmed that the National Performance Matrix include this within IJBs as it is felt that this is a preventative measure showing how well the upstream work is doing reducing the number of admissions to A&E. Lynne Garvey noted that it is part of the Urgent Care Redesign with the opening of the Logic and Flow Navigation Centre the service is trying to ensure that people don't attend A&E unless they have to.</p> <p>Martin Black noted he had a couple of question, the first being the report records a 37% drop in the Long Term Care Population and the care at home hours dropped by 34% and the number of people waiting dropped by 25% and asked what caused these reduction in numbers as there is no explanation within the report. Fiona McKay advised that a lot of people who would have been needing the service have been looked after by their relatives. During the lockdown many families have been at home so have been looking after their relatives and have managed but the service has recently seen a spike in emergency admissions as it appears with the restrictions continuing people are not able to cope with the additional responsibilities. In addition, a lot of the care homes were closed due to outbreaks therefore were not able to admit people. While the care at home service was maintained there were no new people being assessed as they were being managed by their families. There has also been a reluctance within families to let carers into their homes or let their relatives be admitted to a care home setting during the pandemic but there has been a rise in requests and waiting lists have increased since family members are often having to return to work. Fiona confirmed that Care at Home is an area that the service wants to develop, and a redesign of the service is being looked at.</p> <p>Rosemary Liewald noted that she had had a constituent who had been in the same scenario described above and stopped carers coming into the house, but this is changing but noted that the roll out of the vaccine has given family members confidence to re-approach the services. Rosemary asked with regards indicator 3, the Out of Hours Review which is currently taking place and what the timeframe for this was and further asked how the Out of Hours Service had managed during the lockdowns. Lynne Garvey advised that the Out of Hours Redesign is sitting within the bigger Urgent Care Redesign and what the service is looking at is how to ensure that people's needs are met at the right time and in the right place. As part of the Out of Hours Programme, professional to professional lines have been enhanced which allows those</p>	

NO	HEADING	ACTION
	<p>working in primary care have a line to resources such as palliative care. In addition, the District Nurses within Fife have a 'wakened service' with a grab bag facility within Fife rather than an on-call service which in practice allows district nurses to respond faster in palliative care situation. Lynne Garvey noted that there are several pathways which are being reviewed by the service that enhances this model. The Service Leads are in the process of writing up their investigations and preparing a presentation and offered to organise for this to be presented at a future meeting. David Graham felt that this would be useful and would be helpful for the committee.</p> <p>Lynne Barker noted that covid has brought the opportunity to look at services and make changes in how the service worked and confirmed that the Out of Hours Team is working well with lots of activity and have been outstanding during the pandemic.</p> <p>Margaret Wells queried the absence information outlined on page 43 of the report which highlights that within the NHS there has been an improvement in the sickness and absence figures which have been sustained over a period of months and noted that there has been a lot of investment in staff wellbeing and there has been feedback from Partnership that there has been a change in culture with staff reporting that they feel valued. Margaret noted concerned with what is happening in Fife Council as there is a higher level of absence being reported and wondered what was being done to reduce this.</p> <p>David Graham's technology failed therefore at this point Rosemary Liewald took over as chair.</p> <p>Nicky Connor in response to Margaret's question noted in terms of the absence monitoring, there is a Local Partnership Forum that meet every four weeks where the Senior Leadership Team meet with Trade Unions, Staff side and HR of both NHS Fife and Fife Council that review absences. Nicky noted that she provides a weekly staff briefing which includes information relating to supporting staff and their wellbeing. Fife Council have also taken specific actions which are disseminated to staff via the Managers and impromptu and local initiatives have been developed such as services having a closed Facebook Page and some services have set up virtual tea breaks to help staff keep in touch.</p> <p>David Graham returned to the meeting and continued with the Chairing.</p> <p>Fiona McKay noted that Fife Council has been awarded £500,000 for practical support across the service, similar to that which was implemented in the NHS and a small questionnaire has been distributed to staff asking them what would be beneficial for them. Once this information has been collated the response will be returned to Human Resources to see what can be implemented to support staff.</p> <p>David Graham noted that the recommendation is that the Committee note the report which he confirmed it had, but noted that there is an action from the discussions and a presentation on Out of Hours is to be brought to a future committee meeting and added to the Annual Work Plan.</p>	<p>CN</p>

NO	HEADING	ACTION
9	UPDATE ON DELAYED DISCHARGE	
	<p>David Graham asked Lynne Garvey to provide the update on Delayed Discharge.</p> <p>Lynne Garvey introduced herself and noted that she wished to highlight from the report what measures the Partnership has done to help reduce delays and confirmed that she will focus on performance.</p> <ul style="list-style-type: none"> • Home First and the need to focus on the overarching principle of getting people home from unnecessary long stays in acute settings or community hospitals. A short life working group was set up to guide transformation. There has been investment in a new business intelligent platform which is already enabling capacity across the system, matching demand with the resources available. The service is looking at how collaboration with health and social care colleagues looking at what is best for each individual person. Further work on prevention is required and how ICASS, Hospital at Home, Palliative Care Teams etc can support people stay at home rather than acute admissions. A comprehensive whole system capacity modelling tool has been launched which is a platform that is used by the Partnership and Acute Colleagues to look at where the delays are and what the plans for the day are. The service wants to expand this to look wider at the weeks ahead to support a more robust plan. These daily huddles are key for good communication and links between all key services. • From a performance perspective, the improvement measures that have recently been introduced have shown an encouraging response. Delays have reduced by 40 patients and comparing this winter from last winter the associate bed days that have been lost on average is 200 days. There has also been a 37% improvement in length of stay from last winter to this winter in the community hospitals where the average length of stay is 33 days compared to last year when the average was over 50 days. • From a National point of view, the Partnership is ranking 5th in terms of the rate of the 100,000 for the daily performance. <p>David thanked Lynne Garvey for updating the committee and noted although there is always room for improvement but looking back at historical figures the service deserves a lot of praise for achieving what they have to date.</p> <p>Rosemary Liewald noted from a local level the Home First Discharge Model has seen great improvements particularly for housing adaptations with regards what needs to be implemented to allow elderly residents to return home. Prevention first with the frailty assessments, Rosemary noted that she is hearing from her constituents that there is a speedier response rate which is good to hear, and the percentages noted on page 77 of the report are good.</p> <p>Les Bisset noted that it is an excellent report and remarkable considering the constraints during the pandemic in arranging discharges from hospital, obviously it is welcome as it takes the pressure of the acute services but more importantly</p>	

NO	HEADING	ACTION
	<p>we are making sure that patients are in the appropriate setting for their future care and the team should be congratulated to getting to this level during the pandemic. Les noted that the best course of action was prevention to avoid the need for admission to hospital. Lynne Garvey thanked all for the comments received and will pass them on to the team and agreed that the focus for the following year will be prevention.</p> <p>David Graham thanked Lynne for her update and noted it was a useful report for the committee to have sight of and will ensure that an update is brought back to the committee, timescale for this to be agreed out with meeting.</p> <p>David Graham confirmed that the Committee had noted the information from the report.</p>	
10	COMMUNITY OCCUPATIONAL THERAPY SERVICES	
	<p>David Graham asked Lynne Garvey to provide update on Community Occupational Therapy Services.</p> <p>Lynne Garvey noted that this is a standing agenda item which is brought to the committee on a yearly basis to give an update on service development and waiting times information.</p> <p>She advised the service has focussed in the last year on transformation, development and improvement to look at the increase in waiting times, and some of the things that have been implemented include a more streamlined model for referrals. Referrals now are emailed directly to a contact centre and within 48 hours the staff are making contact with the service user to have an initial conversation which sometimes results people not requiring to be added to the waiting list, rather a quick resolution such as a equipment can be distributed in a matter of hours. The initial contact also helps set an expectation with staff being able to advise how long the likely wait for an appointment, if required, will be.</p> <p>In addition, boundary working has been reviewed and boundaries have been broken down across Fife to make a better use of staff resources which has meant that there have been no cost pressures implementing this new model.</p> <p>The use of technology has also been introduced with the use of 'Near Me' and e-health platforms which has allowed clinicians to not only speak to their patients but to be able to hold face to face consultations.</p> <p>In terms of performance from over the last two years, the waiting list has reduced from 935 in October 2018 to 508 in October 2020. The service has a stretched aim to have no more than 200 days so there is still some way to go to sustain the improvements that have occurred to date. It is anticipated that the waits will rise again when services remobilise fully after the lockdowns.</p> <p>David Graham thanked Lynne Garvey for bringing the report.</p> <p>Margaret Wells noted that the report was very helpful in how it was presented as it links the direction of travel and strategic direction and noted that it was good to see the improvements which looks like sometimes there is an instant response</p>	

NO	HEADING	ACTION
	<p>and queried that the wait noted is the wait for the service rather than the assessment. Lynne Garvey noted that there are some delays with getting the equipment and the assessment can be delayed if other multi-disciplinary team members are required.</p> <p>David Graham thanked Lynne Garvey for the report and asked that in future reports information on complaints received by the service would be beneficial and confirmed that the committee have acknowledged and recognised the work carried out in the last 12 months and asked that a update report is tabled with the Committee in February 2022.</p>	
11	REVIEW OF CLOSURE OF WELLSLEY UNIT RANDOLPH WEYMES	
	<p>David Graham asked Nicky Connor to provide a verbal update on the closure of the Wellsley Unit at Randolph Weymes.</p> <p>Nicky Connor confirmed that the ward closed on 7th September as planned, all patients needs were met at that time and staff have been deployed to other areas. A proposal is being looked at how we support care in the community as well as what we require within the Buildings model which is aligned to the strategy which was brought forward last year. There is ongoing discussion with both Partners in terms of how we will be able to increase capacity which involves bringing additional capacity to the team to support this and acknowledged that the service would be further forward with the proposal if it had not been the requirement for all services to concentrate on responding to the pandemic.</p> <p>Rosemary Liewald noted it was assuring to hear that the ongoing discussions includes additional capacity moving forward with the Strategy for Care in the Community.</p> <p>Martin Black asked if there was any indication of an end date for when this is going to happen as the unit closed 6 months ago and the local people at the time were promised that there would be something put in place for them. Nicky Connor noted that there was the expectation going into next financial year to recruit the right person to enable this work to go forward but confirmed that the proposal has been written to get this strategy moving forward and have discussed with both Partners as to how we will take this forward. These discussions will be part of the budget setting process once finalised an update will be provided to the Committee. Martin Black queried whether the local people had been informed of the progress to date to which Nicky confirmed that there had been no announcements to the public</p> <p>David Graham thanked Nicky for the update and noted that he looked forward to hearing the update.</p>	
8	AOCB	
	No other business was raised at the meeting.	

NO	HEADING	ACTION
9	DATE OF NEXT MEETING	
	Friday 5 March 2021 AT 10.00am via Microsoft Teams	

UNCONFIRMED



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE FRIDAY 5 MARCH 2021 AT 10.00 AM VIA MICROSOFT TEAMS

Present:	David Graham [Chair] David Alexander Les Bisset, NHS Board Member Margaret Wells, NHS Board Member Martin Black, NHS Board Member Rosemary Liewald
Attending:	Nicky Connor, Director of Health & Social Care Audrey Valente, Chief Finance Officer Tracy Hogg, Finance Business Partner for H&SCP Fiona McKay, Interim Divisional General Manager Norma Aitken, Head of Corporate Service, Fife H&SCP Carol Notman, Personal Assistant (Minutes)
Apologies for Absence:	Helen Hellewell, Associate Medical Director Lynne Garvey, Interim Divisional General Manager (West) Scott Garden, Director of Pharmacy & Medicines

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	David Graham welcomed everyone to the meeting and apologies were noted as above.	
2	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3	MINUTE OF PREVIOUS MEETING – 12 FEBRUARY 2021	
	The Committee discussed the minute of the meeting of 12 February 2021 and agreed they are an accurate record.	
4	MATTERS ARISING / ACTION LOG – 12 FEBRUARY 2021	
	David Graham noted action log.	

NO	HEADING	ACTION
5	FINANCE PRESENTATION	
	<p>David Graham asked Audrey Valente to present the finance update.</p> <p>Audrey Valente advised that her presentation was in three sections, a finance update, review of Adult Packages including historical trend and an update on financial monitoring. It was agreed that the presentation would be anonymised then shared with the committee.</p> <p>It was agreed that a Special Meeting is to be organised for the week commencing 15th March, which will allow the committee members an opportunity to see the formal budget papers prior to submission to the IJB.</p> <p>Audrey Valente noted the funding gap highlighting that there is more accuracy for next year, and that the figures are likely to change for years 2 & 3. The funding model has been confirmed by both partners.</p> <p>Slide 3 highlights the potential savings of £3.2M, but it was noted that there is less certainty with the last three bullet points, these being:</p> <ul style="list-style-type: none"> • Bed Based Model £0.500 • Medicines Efficiencies £0.500 • Supplementary Staffing £0.200 <p>Audrey noted that although the savings requested from services for the next financial year is £3.244M, there is still unachieved savings of £5.5M from this financial year that still needs to be met.</p> <p>David Graham noted that the savings the Pharmacy Team have delivered in relation to Medicine Efficiency has been excellent over the last few years and is pleased that their target has been reduced for the next financial year and asked with regards supplementary staffing why the proposed changes had not been looked at previously. Nicky Connor noted that sometimes opportunities present themselves. There are some services which are difficult to recruit to and when looking at services there may be opportunities to recruit substantially or review the skill mix within the area. Different services require different responses to ensure that it is safe and wished to give the assurance that any change will be done in conjunction with the service and clinical leads to ensure that the priority for safe delivery of service is at the forefront of all reviews.</p> <p>Martin Black queried with regards alternative transport provision which is changing to people being paid mileage and asked what the current provision is. Fiona McKay noted that prior to Covid-19 Taxis were used and to go back to this model will be challenging with social distancing therefore the requirement for the change to families being reimbursed for their mileage.</p> <p>Martin Black queried what MORSE does that SWIFT is not able to do. Fiona McKay noted that SWIFT is a Fife Council programme and MORSE an NHS, both programmes hold very different information and currently it is not possible to have an electronic system that encompasses both the NHS and Fife Council. Fiona noted that MORSE is a huge step forward for district nurses and health</p>	<p>CN</p> <p>CN</p>

NO	HEADING	ACTION
	<p>visitors as currently they are using paper-based records. MORSE will allow them to change to electronic record keeping.</p> <p>Martin Black queried whether the £200K saving for supplementary staffing was enough and whether a larger target should be set. Audrey Valente noted that the £200K was on top of the £600k set for this financial year therefore in total the savings target was £800K.</p> <p>Rosemary Liewald noted the introduction of payment cards and queried what these would be used for. Fiona McKay advised that this was in connection with the High Reserves and for people receiving direct payments which will be explained in more detail in Item 8 of the agenda.</p> <p>Les Bissett noted that he would like more detail relating to the Bed Based Model and Medicine Efficiencies at the Special Meeting. He also noted that the Partnership shouldn't stop at £3.2M savings and would like to review at the Special Meeting what other areas will be looked at. If the unachieved savings is being carried forward how confident is the service that these can be achieved and queried whether these could be put into the COVID Plan to see if they can be funded that way? Audrey Valente noted that the PIDs will be submitted to the Committee at the Special Meeting. In terms of whether the unachieved savings should be part of the COVID Fund, Audrey Valente assured the Committee that there would be regular updates with regards to delivery of approved savings and that any unachieved savings will be added to the LMP. This approach will continue into the next financial year.</p> <p>Audrey Valente went on to describe the unachieved savings for financial year 2020-21 that have to be delivered in 2021/22.</p> <p>Martin Black queried with regards the review of Day Care Packages/Services and whether the impact of long-term Covid has been taken into consideration. Fiona McKay noted that this had been taken into account, not only the long-term covid symptoms but the significant mental health issues for people who have been very isolated over the last 12 months, so different ways of supporting people is being looked at in order to ensure that the care being given is the safest option.</p> <p>Margaret Wells noted concern in relation to the savings expected from the Mental Health Services and would like to have a discussion with Nicky Connor out with the meeting. Nicky Connor wished to seek clarity around the discussions around Mental Health and confirmed that the reductions is about supplementary staff, it is not to reduce what has been funded, but due to recruitment challenges agency staff was being utilised. Nicky Connor and Margaret Wells to discuss further out with meeting.</p> <p>David Graham asked with regards the Resource Scheduling and the challenge this has seen historically. Fiona McKay noted that previously there was difficulties from the sector, but they are starting to realise that it is not just about payment but also scrutiny and the Partnership needs the assurance that the care has been provided as highlighted in an audit report.</p>	

NO	HEADING	ACTION
	<p>David Alexander queried whether there would be any benefits of bringing services in-house, similar to that within Children's Services where there have been significant budget savings. Fiona McKay advised that Children's Services is very different, the cost of children's services from an external provider can be expensive, but within care homes this isn't the case due to the national care home contract which makes it more cost effective. David Alexander noted that it was not just the money it was the quality of care being provided. Nicky Connor noted an important part of work that is being undertaken with the Commissioning Strategy and Performance Framework, which go together with the Medium Term Financial Strategy is that quality outcomes are of high priority as well as the financial outcome to ensure that the best care is provided within the financial envelope that is available. These measures strengthen what was done historically and help to assure the committee that the whole picture is being looked at by the Service.</p> <p>Martin Black advised he agreed with David Alexander and noted concern that when there are issues the Private Companies are expecting local authorities to provide additional support such as Infection Prevention and Control. Fiona McKay noted that a balance was required, of the 75 Care Homes in Fife there are only 10 that are owned by Fife Council, in addition Fife Council can only provide residential care, nursing care must be purchased. Fiona confirmed that all Care Homes are regulated by the Care Inspectorate and any care home that falls below the expected care the Council stop placing people in the care until the Team at the Council, Care Inspectorate and Public Health are satisfied that the issues have been resolved. Fiona McKay noted since the pandemic a Care Home Hub has been set up with a Team to support Care Homes as there is a lot of anxiety around opening for visitors and supporting the scrutiny.</p> <p>Martin Black asked if the Care Homes is paying for the Care Hub as it has been set up to provide support for them. Fiona McKay noted that the funding for the Care Hub has come from the Government for both internal and external care facilities including Care at Home. Nicky Connor noted that it is anticipated that there will be national discussions following the recommendations outlined within the Feely Report in the coming months.</p> <p>Rosemary Liewald queried the quality of care and the continuity of care and what impact this has on clients who are residents in the care home, the constant change of staff and inconsistency can be very confusing for them. Fiona McKay noted that a new electronic system has been introduced and care home staff are required to submit information daily into an electronic programme called TURAS which outlines staffing levels and as it is electronic the Partnership Team are able to access the program and see the information. In addition, the Care Inspectorate has outlined a staffing schedule which the care home must keep to for each shift, but it is out with the remit of the Partnership to stop staff from moving from one company to another company.</p> <p>Audrey continued with the presentation and slides 7 outlines other considerations/risks.</p> <p>Audrey noted as the Committee has been asking for more in-depth detail for specific areas, slides 8-12 outline full year costs for Adult Packages which</p>	

NO	HEADING	ACTION
	<p>include care packages, nursing/residential and direct payments for the last 5 years. Slide 12 provides further analysis with the packages broken down to High (150K+), Medium (£80-150K) Low (£50-80K) and Very low (<£50K).</p> <p>Martin Black noted that he was under the impression that there had been a limit set historically of £178K yet there seems to be some packages that are higher than this. Fiona McKay advised there is not a National Contract for Adults and each placement needs to be negotiated and some require complex care with some packages being significantly higher than others which can distort the average figures. Fiona confirmed that Direct Payments are people receiving funding to manage their own service delivery.</p> <p>Audrey explained the bold total line at the bottom of the table gave the average cost per package, indicating that there has been 225 Direct Payment Packages averaging £20,962, but then it has been split down in the table above showing how many packages are within each of the high, medium, low or very low categories.</p> <p>Les Bissett noted that the information is very helpful, the issues that he would like explored in a covering paper include what the criteria is for someone to be High, Medium, Low or Very Low, who decides and what issues are considered. In addition, Les noted confusion that the average cost for nursing packages seem to be lower than those for residential packages and noted that it is anticipated that adult care packages will continue to increase in years to come therefore efficiency of spend needs to be looked at very carefully.</p> <p>Fiona McKay advised that the criteria is banding for the cost, but everyone has a social work assessment which is based on the eligibility criteria and based on risk and lots of different areas within the social work assessment. Fiona explained the difference between costs associated with nursing and residential care. Nursing care is normally within a care home and there are particular rates for people who are adults. Residential is more for the Units that are not classed as a residential care home, but they are 24/7 with overnight, waking night and sleeping night.</p> <p>Margaret Wells noted that this information is 'at a point of time' what do we know about the demographic and profile of the population going forward and what is the relationship between the transfer from the children's to adult services. Fiona McKay noted that she has pulled together a group that is looking at housing and the accommodation strategy going forward as the service needs to recognise what housing is available and what gaps there are before pulling together a strategy.</p> <p>Audrey Valente noted that she has commissioned a piece of work from the Council's Financial Services, they have a financial analyst who is been asked to look at the demographic growth which will take some time to complete but the findings will be shared with the Committee when available.</p> <p>Audrey noted slide 13 highlighted the revenue monitoring update but noted that the January position is available for only one of the Partners. She was pleased to note that the latest projection for the underspend for 2020/21 is £2.7M which</p>	

NO	HEADING	ACTION
	<p>would be carried forward and earmarked for MORSE, Prescribing Tariff/FSL and CAMHS posts.</p> <p>David Graham thanked Audrey Valente for her presentation and confirmed that from the discussions, a Special Meeting prior to the IJB is to be organised with associated PIDS being shared prior to meeting and Formal Paper for Adult Placement/Older People to distributed with the papers of the next meeting.</p>	CN/AV
6	GRANTS TO VOLUNTARY SECTOR	
	<p>David Graham asked Fiona McKay to present her report.</p> <p>Fiona McKay advised this report comes to the Committee on an annual basis with more detail being asked last year but due to COVID the voluntary organisations have had to work differently. Some examples of this is Day Care Services for Older People were required to close, but their staff were deployed to support their service users.</p> <p>It is acknowledged coming out of this lockdown a review of how the organisations operate is required and the organisations themselves are keen to look at how they can change investigating different ways that they can connect with people safely.</p> <p>Fiona McKay noted that the Voluntary Organisations will receive the same funding this financial year as last but noted that during this financial year the re-imagining of the Voluntary Sector will be undertaken but recommend that the committee agree the funding awards with the understanding that further scrutiny of the organisations will be undertaken with a staff member working closely with them and review different models of care going forward.</p> <p>David Graham noted that the voluntary organisations are a fundamental part of the services delivered across Fife and need to be congratulated for the level of work undertaken during the pandemic.</p> <p>Margaret Wells inquired whether, in agreeing the continuation of the funding that was provided last financial year if there is an impact such as an increase in staffing costs for the organisations. Fiona McKay noted that the Partnership has not been able to give an increase to funding to the services for several years and they have to manage within the financial envelope. The organisations do have to look at supplementing what they are given from which is not always easy but there is a finite budget.</p> <p>Martin Black asked if the grants being made were under the same criteria as last year regarding service provision as he was aware of a few voluntary organisations folding during the pandemic. Fiona McKay confirmed that none of the voluntary organisations that the Partnership work closely with has had to close but they have been working closely with the Link Officer as to how best they can be supported. There are a few who have furloughed or required to make some staff redundant.</p> <p>Rosemary Liewald noted, as an elected member over the last few months she had made more referrals to Castle Furniture than in previous years, she was aware that Castle Furniture picked up the immediate need for Fife locals such as cooker, fridge or freezers and was surprised that they only received £1,300</p>	

NO	HEADING	ACTION
	<p>from the Partnership and noted if there was any additional funding for voluntary sectors organisations such as Castle Furniture would benefit greatly.</p> <p>Fiona McKay confirmed that the Council provided Castle Furniture with over £100K and noted that a review of services will be picked up within the re-imagining process. A group is being established which will include Fife Voluntary Action, and service providers will be asked to join the group so they can share their experience from the pandemic.</p> <p>Nicky Connor asked that the commitment remained consistent in its decision making to reduce any challenges in relation to specific examples of funding to organisations.</p> <p>Les Bisset noted that on the surface there seems to be an imbalance across Fife with some areas receiving more funding than others and asked whether organisations got money on a first come first serviced basis or does the Partnership look for equality. Fiona McKay noted that the term review meant that services assumed that budgets will be cut and caused a lot of stress. Re-imagining says that the Partnership is here with you to re-imagine the service and confirmed that all funding provided to the voluntary sector sits within the priorities of the strategic and commissioning plans. With regards the imbalance across Fife, many of the organisations have been going longer than the Health and Social Care Partnership and as a first step of the re-imagining the partnership has mapped all the services to the physical map of Fife to look at where there are gaps. Going forward Organisations may be asked if they would be willing to widen their remit and work in another area.</p> <p>Nicky Connor noted that there is representation from the Voluntary Sector but how does this become a real strategic partner with this committee and the IJB going forward. How the Partnership will evidence, through the work it is doing, the 'golden thread' through the national outcome that we are required to deliver, how this goes through the strategic plan and how it delivers on the decisions made and ultimately how it will be seen and felt throughout Fife strengthening how the Voluntary Sector partners with the Partnership.</p> <p>David Graham noted the recommendation within the paper asked the Committee to approve the recommended funding awards equivalent to those made during financial year 2020/21 which was agreed.</p>	
7	JUST CHECKING – SUPPORTING ASSESSMENT AND REVIEWS THROUGH TECHNOLOGY (UPDATE)	
	<p>David Graham asked Fiona McKay to present the Just Checking – Supporting Assessment and Reviews through Technology report.</p> <p>Fiona McKay noted that the report was requested by the Committee for an update to give understanding of what Just Checking are doing and how we are working with them.</p> <p>There is another section of Just Checking which is called Just Roaming. Just Roaming can be used if the service decides that an overnight is not required</p>	

NO	HEADING	ACTION
	<p>and if people do get up an alarm will be set to ensure that help will be at hand shortly.</p> <p>The just checking assessment processes has started in Dunfermline area. Since the paper has been written the service has extended to include Cowdenbeath with over 50 more packages.</p> <p>The service is going very well, but it is acknowledged that there is some concern for people who have had an overnight or a sleeping night for many years so they are anxious, but the Partnership have to think about putting the right amount of care in at the right time and not burdening services that are not required.</p> <p>David Graham asked whether the individual needs of the service users are taken into consideration. Fiona confirmed that Just Checking is part of the assessment process and there is a lot of care packages that won't require Just Checking based on the needs of the individual.</p> <p>Margaret Wells noted it is a good use of technology in care and noted when changes are proposed that each one will be reviewed and that there is scope for discretion as minimal movement could mean that somebody is not able to get out of bed without someone there to help them and if people are inactive, you could be sitting still for a considerable period of time particularly during lockdown.</p> <p>Fiona McKay wished to reassure the Committee that the technology is not seen as the catalyst for removing services, there is a significant amount of discussion with families. When they are talking about inactivity, they are talking about people sitting in their chairs for 2-3 hours and it is looking to see if it safe for them to be sitting for this length of time or should they be getting up and trying to move. There are also people who have sleeping nights who are not waking the person who is sleeping therefore how much activity is there for the workers and is it the best use of the resources. Fiona McKay noted that the Partnership is taking gradual steps working with the families so that they do not feel threatened that the service is going to be removed.</p> <p>Rosemary Liewald queried the process of assessment and how clients were chosen. Fiona McKay noted for overnight everyone who receives the service, whether it is a waking or sleeping night is assessed.</p> <p>David Graham noted the paper was for information and the recommendation asked the Committee to note the progress of this project which it has done so.</p>	
8	SELF-DIRECTED SUPPORT OPTION 1 (DIRECT PAYMENT) – HIGH RESERVES	
	<p>David Graham asked Fiona McKay to provide the update on Self Directed Support Option 1 (Direct Payment) – High Reserves.</p> <p>Fiona McKay advised that the High Reserve and the Payment Cards are interlinked, it was recognised if someone had a direct payment, they could have 12 weeks allowance in their bank account which has been moved to 8 weeks and produced a saving. The aim is to get to a position where people will have 2 weeks sitting to pay bills, as we move to the payment cards. These cards are</p>	

NO	HEADING	ACTION
	<p>linked to an account that has money in, and the person can use the card like a debit card. The company maintains the bank balance and the payment must be used for the purposes given and there are restrictions on it. To support the improvement in scrutiny the team within the Partnership are able to see in real time what is being spent.</p> <p>David Graham asked if there had been historically been resistance from people if money had to be recalled back, and with the new system being card driven if people do struggle to use cards is there help and support available? Fiona McKay noted that there is resistance when people have money in their personal bank account so when the Partnership requires to get the money back negotiations are required and any halt to payments is a work intensive programme for the Partnership Team. Fiona advised that people who use this service have been advised that the cards are coming, and team members have been identified to support.</p> <p>Martin Black queried if protection against scams has been inbuilt into the process and who would be responsible in the event of a scam. Fiona McKay confirmed that the payments from cards come through a company and not from a bank account and all request for payments will be reviewed and any inappropriate payments will be stopped.</p> <p>David Graham noted the recommendation and confirmed the committee were happy with the update and noted that it would be good to have a future update and to be added to the workplan.</p>	CN
9	AOCB	
	<p>David Graham asked the thanks of the Committee to be passed to the staff for their huge amount of work for the Partnership and for the people of Fife.</p> <p>No other business was raised at the meeting.</p>	
10	DATE OF NEXT MEETING	
	<p><i>Post Meeting Note:</i></p> <p><i>Special Meeting to be held Thursday 18th March at 3pm via Microsoft Teams.</i></p> <p>Thursday 8 April 2021 AT 10.00am via Microsoft Teams</p>	



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE SPECIAL FINANCE & PERFORMANCE COMMITTEE THURSDAY 18 MARCH 2021 AT 3.00 PM VIA MICROSOFT TEAMS

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

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Tracy Hogg, Finance Business Partner for H&SCP
Fiona McKay, Interim Divisional General Manager
Norma Aitken, Head of Corporate Service, Fife H&SCP
Scott Garden, Director of Pharmacy & Medicines
Jim Crichton, Interim Divisional General Manager
Tim Bridle, Audit Scotland
Carol Notman, Personal Assistant (Minutes)

Apologies for Helen Hellewell, Associate Medical Director
Absence: Lynne Garvey, Interim Divisional General Manager (West)

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	David Graham welcomed everyone to the meeting and noted that had been called to allow the Committee to review the Budget papers prior to them being submitted to the IJB for approval. Apologies were noted as above. David Graham took this opportunity to note that Les Bisset has decided to step back from his role within NHS Fife and the Partnership and wanted to thank him for all his help and support over the years and wished him and his family all the best. Les Bisset thanked David Graham for his kind words.	
2	DECLARATIONS OF INTEREST	
	There were no declarations of interest.	
3	REVENUE BUDGET 2021-24	

NO	HEADING	ACTION
	<p>David Graham asked Audrey Valente to present the Revenue Budget Paper which was circulated with the agenda.</p> <p>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 this detail is included within Appendix 3, the Medium-Term Financial Strategy.</p> <p>There were 3 things that she wished to bring to the attention of the committee.</p> <ol style="list-style-type: none"> 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, nor detailed 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 the Committee in June. <p>There are two entries included to demonstrate transparency. The first is</p> <ul style="list-style-type: none"> • 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. Committee 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. <p>Audrey noted that there is a budget gap of £8.669M after funding from both partners. There are savings of £7.23M and the detail of these can be seen in the PIDs in Appendix 4.</p> <p>Nicky Connor noted that not all IJB's are in the position across Scotland to be setting their budget and wished to commend Audrey and the Finance Team for the work that has been done to allow the Partnership to go into next year proposing a balanced budget with close monitoring arrangements in place which will allow us to be responsive in the unpredictable world that we live in at this time.</p>	

NO	HEADING	ACTION
	<p>David Graham thanked Audrey for her presentation and for the detailed report and agreed with Nicky Connor toward the staff and the huge amount of work putting the document together.</p> <p>David Alexander asked if CRES Savings were approved the year before, why are they showing as savings and not as a reduced cost of continuing service. Audrey confirmed that savings come forward year on year and are approved on a non-recurring basis and in order to ensure appropriate governance processes are in place they need to be approved year on year. But as 90% are now recurring there will only be a requirement to continue to seek approval for the non-recurring element (10%)</p> <p>Les Bisset noted that the paper was very helpful and much clearer and more detailed than historically. He noted that he had 4 questions which was agreed would be responded to in turn.</p> <ol style="list-style-type: none"> 1. SBAR, page 2 around the Set Aside. It notes there is an overspend of £2.4M can't see this being improved in the next year and the paragraph at the bottom of the page implies that it needs to break even before it can be transferred to the IJB. Les noted that he did not remember this being specified by the Ministerial Steering Group. Audrey Valente advised that this was the ambition and agreed that it was not part of the MSG Recommendations. Having faced financial sustainability issues it is hoped going forward that the set aside budget that transfers would deliver a break-even position, but realistically there is a lot of work to do before the Partnership get to this position going forward. Nicky Connor wished to assure that any discussion regarding the transfer of set asides is happening with both Partners. 2. Page 4, under Safe Staffing it says the potential cost hasn't been reflected but are they material, does the Partnership know what they are, and do we need to worry about them? Audrey noted to date she has only seen safe staffing for the Mental Health Team and noted that there is significant additional costing, but noted she was not sure of the implications for other departments. Nicky Connor noted that safe staffing legislation has been extended to wider than the nursing team which is causing uncertainty. Unfortunately, no-one is aware of the implications as the programme was put on hold during the pandemic along with the other national programmes. It is anticipated that this will come clearer over a period of time rather than an urgent surprise. 3. Page 5, 2022/24 Budget Position, it says in the second paragraph that no demographic growth has been built into the model, yet in page 20 in the medium term financial strategy document there is a list of top financial pressures that the Partnership face and number 1 is demographics so these two statements seem to be contradictory. Audrey agreed and noted that ideally the demographic growth would be reflected, and noted that her ambition is this will be included in years to come as part of longer term financial planning. It is hoped that the partnership will be on a more sustainable position and have the ability to grow some budgets to reflect demographic growth, but we are not in a 	

NO	HEADING	ACTION
	<p>position at the moment to do this. A baseline is required to support the transformational programmes which will potentially support savings such as technology-based care that will support decisions for demographic and growth going forward. There is work anticipated regarding forward planning around demographics which will be reflected in a future budget model and it is planned to commission a piece of work to support this.</p> <p>4. Page 5, Reserves, the last paragraph on the page says that there will be an underspend of £3M which will be carried forward, but the paragraph above lists a various amount of money that has been received which adds up to £11M. Does this mean that the total reserves will be £14M next year, and if this correct will detailed proposals be submitted to this committee and the IJB for approval as these funds need to be earmarked for specific purposes rather than being in the general reserves. Audrey noted that the £3M is part of the core budget linked to the £581M that the Partnership started the year with. There is also underspends in relation to Covid funding which will be carried forward to mitigate any future Covid spend. Audrey confirmed that contingency and earmarked reserves will be reported back to the Committee.</p> <p>Rosemary Liewald noted that the report is detailed and was pleased to see that the RAG's outlined on page 11 were all Green or Amber. But added that the report was a measured report and advised that she was content and happy with what has been presented.</p> <p>Margaret Wells confirmed that it was a good position to be in but noted that the reserves sum will support the Partnership to undertake the planned transformation programmes where double running costs are sometimes required in order to do this. Audrey agreed that this does allow the opportunity for the Partnership to progress transformation opportunities and invest to save.</p> <p>David Alexander noted that having the reserves is a great opportunity but a one-off position therefore it is so important to use the money wisely. Audrey agreed and noted that discussions have started, and processes will be put in place to prioritise projects and ensure there is a return on investment.</p> <p>David Graham noted that there are two recommendations on page 6. The first being that the committee have been asked to approve the savings proposed in Appendix 2 which was approved.</p> <p>The second recommendation that the Committee Consider the medium-term financial strategy and instruct the Chief Officer to progress the plans and report back to a future meeting of the IJB which was agreed.</p> <p>Following the meeting it was agreed that the paper would be amended to reflect discussions around the set aside and the demographic growth. AV to amend document and send to DG for agreement prior to submission to the IJB.</p>	AV/DG
9	AOCB	
	No other business was raised at the meeting.	

NO	HEADING	ACTION
10	DATE OF NEXT MEETING	
	Thursday 8 April 2021 AT 10.00am via Microsoft Teams	