



Date: 21 September 2021
 Enquiries to: Mrs Paula King
 Tel: 01592 643355 Ext 28976

AGENDA

A meeting of Fife NHS Board will be held on TUESDAY 28 SEPTEMBER 2021 at 9.00 AM via MS TEAMS

TRICIA MARWICK
 Chair

9:00	1.	CHAIRPERSON’S WELCOME	TM	
	2.	DECLARATION OF MEMBERS’ INTERESTS	TM	
	3.	APOLOGIES FOR ABSENCE – A Morris	TM	
	4.	COMMITTEE ANNUAL ASSURANCE STATEMENTS		
	4.1.	Audit & Risk Committee	MB	(enclosed)
	4.2.	Clinical Governance Committee	CC	(enclosed)
	4.3.	Finance, Performance & Resources Committee	RL	(enclosed)
	4.4.	Remuneration Committee	TM	(enclosed)
	4.5.	Staff Governance Committee	SB	(enclosed)
9:05	5.	ANNUAL ACCOUNTS PROCESS - Issued to Board and EDG Members only <i>Under the terms of the Public Finance & Accountability (Scotland) Act 2000, the Board is not permitted to make the Accounts publicly available prior to the Audited Accounts being formally laid before Parliament. These papers are therefore not included in this pack.</i>		
		NHS Fife Annual Accounts		
	5.1.	Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland	PF	
	5.2.	Letter of Representation	PF	
	5.3.	Annual Assurance Statement from the Audit & Risk Committee	MB	
	5.4.	Annual Accounts and Financial Statements Cover Paper 2020/21	MM	

	5.5.	NHS Fife Board Annual Accounts for the Year to 31 March 2021	MM	
9:35		Patients' Private Funds		
	5.6.	Patients' Private Funds Fund Accounts for the Year Ended 31 March 2021	MM	
	5.7.	Patients' Private Funds Fund Audit Completion Memorandum	MM	
	5.8.	Patients' Private Funds Fund Letter of Representation	MM	
9:55		BREAK		
10:10	6.	CHAIRPERSON'S OPENING REMARKS	TM	
	7.	MINUTES OF PREVIOUS MEETING HELD ON 27 JULY 2021	TM	(enclosed)
	8.	MATTERS ARISING		
10:10	9.	CHIEF EXECUTIVE'S REPORT		
	9.1.	Chief Executive Up-date	CP	(verbal)
	9.2.	Integrated Performance & Quality Report Executive Summary	CP	(enclosed)
10:30	10.	CHAIRPERSON'S REPORT		
	10.1	Board Development Session – 31 August 2021	TM	(enclosed)
10:35	11.	COVID-19 PANDEMIC UPDATE		
	11.1.	Flu Vaccination & Covid Vaccination (FVCV) Programme Update	NC	(enclosed)
	11.2.	Covid-19 Pandemic Update (including Testing)	JT	(verbal)
	11.3	Immunisation Strategy	NC	(enclosed)
10:55	12.	REVIEW OF THE HEALTH & SOCIAL CARE INTEGRATION SCHEME	NC	(enclosed)

11:05	13.	WHISTLEBLOWING STANDARDS QUARTERLY REPORT	LD	(enclosed)
11:15	14.	ANNUAL RETURN OF HEALTH PROMOTING HEALTH SERVICE	JT	(enclosed)
11:25	15.	PAYROLL CONSORTIUM	MM	(enclosed)
11:35	16.	EAST REGION RECRUITMENT TRANSFORMATION REPORT	LD	(enclosed)
11:45	17.	STATUTORY AND OTHER COMMITTEE MINUTES		
		<u>Statutory unconfirmed</u>		
	17.1.	Audit & Risk Committee dated 16 September 2021 (unconfirmed)		(enclosed)
	17.2.	Clinical Governance Committee dated 2 September and 17 September 2021 (unconfirmed)		(enclosed)
	17.3.	Finance, Performance & Resources Committee dated 7 September 2021 (unconfirmed)		(enclosed)
	17.4.	Staff Governance Committee dated 2 September 2021 (unconfirmed)		(enclosed)
		<u>Other</u>		
	17.5.	East Region Programme Board dated 18 June 2021 emailed		(enclosed)
	17.6.	Fife Health & Social Care Integration Joint Board dated 18 June 2021		(enclosed)
	17.7.	Fife Partnership Board dated 17 August 2021 (unconfirmed)		(enclosed)
		<u>Approved Minutes</u>		
	17.8.	Audit & Risk Committee dated 17 June 2021		(enclosed)
	17.9.	Clinical Governance Committee dated 7 July 2021		(enclosed)
	17.10.	Finance, Performance & Resources Committee dated 13 July 2021		(enclosed)
	17.11.	Staff Governance Committee dated 1 July 2021		(enclosed)
11:50	18.	FOR INFORMATION:		
	18.1.	Integrated Performance & Quality Report – July and August 2021	MM	(enclosed)

18.2 Corporate Calendar - Board and Committee Dates to March 2023

GM

(enclosed)

19. **ANY OTHER BUSINESS**

20. **DATE OF NEXT MEETING: Tuesday 30 November 2021 at 10.00 am Via MS Teams/Staff Club, Victoria Hospital, Kirkcaldy (tbc)**

11:55 **BREAK**

Meeting:	NHS Fife Board
Meeting date:	28 September 2021
Title:	Committee Annual Assurances for 2020-21
Responsible Executive:	Respective Executive Directors
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

The purpose of this report is to present the Annual Assurance Statements for each standing Committee of the Board, as part of the overall annual accounts and assurance process for 2020/21.

2.2 Background

The Code of Corporate Governance requires all standing committees of the NHS Board to provide an Annual Report (Assurance Statement). As part of this Assurance Statement, each Committee must demonstrate that it is fulfilling its remit, implementing its work plan and ensuring the timely presentation of its minutes to the Board. These reports are designed to provide assurance that there are adequate and effective governance arrangements in place. Each Committee must identify any significant control weaknesses or issues at the year-end which it considers should be disclosed in the Governance Statement and should specifically record and provide assurance that the Committee has carried out the annual self- assessment of its effectiveness.

2.3 Assessment

The Annual Assurance Statements for the Audit & Risk Committee, Clinical Governance Committee, Finance, Performance & Resources Committee, Remuneration Committee and Staff Governance Committee are attached for consideration by members of the Board. Each has been discussed and approved by the respective Committee at their April or July 2021 cycle of meetings.

The Audit & Risk Committee initially reviews and considers the Annual Statements of Assurance of the other Committees, confirming whether they have fulfilled their remit and that there are adequate and effective internal controls operating within their particular area of operation. In addition, the Chief Internal Auditor has reviewed these statements as part of his year-end report. As part of that report, an overall positive overview on internal controls and governance has been provided, with the content of the committee annual reports judged to be 'comprehensive and meaningful'.

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 respective assurance statements have been considered and formally approved by each Committee at the meetings below:

- Staff Governance Committee, 29 April 2021
- Finance, Performance & Resource Committee, 11 May 2021
- Remuneration Committee, 25 May 2021
- Clinical Governance Committee, 7 July 2021
- Audit & Risk Committee, 16 September 2021

2.4 Recommendation

The paper is provided for:

- **Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix No.1 – Standing Committee Statements of Assurance

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

ANNUAL STATEMENT OF ASSURANCE FOR THE AUDIT & RISK COMMITTEE 2020/21

1. Purpose of Committee

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

2. Membership of Committee

- 2.1 During the financial year to 31 March 2021, membership of the Audit & Risk Committee comprised:

Martin Black	Chair / Non-Executive Member
Sinead Braiden	Non-Executive Member
Cllr David Graham	Stakeholder Member
Aileen Lawrie	Area Clinical Forum Representative (from March 2021)
Katy Miller	Non-Executive Member (until November 2020)
Janette Owens	Area Clinical Forum Representative (until January 2021)

- 2.2 The Committee may choose to invite individuals to attend the Committee meetings for the consideration of particular agenda items, but the Board Chief Executive, Director of Finance & Strategy, Director of Nursing (as the Executive lead for risk), Board Secretary, Chief Internal Auditor and statutory External Auditor are normally in routine 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 year to 31 March 2021, on the undernoted dates:

- 18 June 2020
- 13 July 2020
- 17 September 2020
- 19 November 2020
- 19 January 2021
- 18 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, though the normal timeline for the approval of the Board's Annual Accounts was delayed by five months. 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 and recommended by the Audit & Risk Committee for adoption by all standing committees, to help enhance agenda planning and ensure that no areas of risk have been overlooked.
- 4.3 The range of business covered at meetings held throughout the year, as detailed below, demonstrates that the full range of matters identified in the Audit & Risk Committee's remit is being addressed. In line with its Constitution and Terms of Reference, the Committee has considered standing agenda items concerned with the undernoted aspects:
- Internal Control frameworks and arrangements;
 - Internal & External Audit planning and reporting;
 - Corporate Governance, including implementation of and compliance with the NHSScotland *Blueprint for Good Governance*;
 - Updates to the NHS Fife Code of Corporate Governance;
 - Scrutiny of the Board's Annual Statutory Financial Statements including the Governance Statement;
 - Risk Management arrangements and reporting, including the Board Assurance Framework; and
 - other relevant matters arising during the year.
- 4.4 The Audit & Risk 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, changes to the usual reporting timelines for the annual accounts, and their phased approach to future audit work.
- 4.5 The Committee also considered a report providing members with appropriate assurance that there was a robust structure and process in place for the reporting, review and management of Covid-19 related risks. This noted that the process for identifying, reviewing and monitoring risks was well established within the organisational Command structure, with a template and reporting schedule in place for the Bronze and Silver Commands to review and update all risks in Datix. A

fortnightly report on the high level risks identified by these groups was considered by Gold Command on a fortnightly basis. Many of the Covid-related risks were not Board-specific but relate to national risks common across the health sector, as NHS Scotland as a whole responded to the pandemic. Members noted the intention to mainstream the Covid-related risks into the existing Board Assurance Framework on a long-term basis where appropriate.

- 4.6 In relation to the Annual Accounts process for 2019-20, as the year began it became apparent that the local capacity and capability within the Finance Directorate to deliver the annual statutory accounts was limited, principally as a result of the departure of two key members of the financial services team. Arrangements were put in place to deliver support from NHS Grampian and NHS Lothian. However, the annual accounts draft submission timeline was significantly delayed as a consequence. The final audit process was concluded in November 2020 and no significant audit issues were raised. Nevertheless, it has been critical to address the capacity issues as quickly as possible. Recruitment commenced for a new Head of Financial Services and an appointment made in December 2020. The new Head of Financial Services commenced employment in March 2021, which the Committee note will support planning and preparations for the 2020-21 annual accounts and audit process.
- 4.7 In reference to External Audit, the Committee has considered in detail the annual audit plan and the annual audit report. The annual audit report includes a report to those charged with governance on matters arising for the audit of the annual financial statements, as well as comment on financial sustainability, governance and best value. The Committee has also considered national reviews undertaken by Audit Scotland, including their report 'NHS in Scotland 2020', and its implications locally. The Committee has also approved the planning memorandum for both the Endowment Funds and Patients' Private Funds from the respective External Auditor.
- 4.8 For assurance purposes, the Audit & Risk Committee has considered the annual assurance statements of each of the governance committees of the Board, namely: Clinical Governance Committee; Finance, Performance & Resources Committee; Remuneration Committee; and Staff Governance Committee. These detail the activity of each committee during the year, the business they have considered in discharging their respective remits and an outline of what assurance the Board can take on key matters delegated to them. No significant issues were identified from these reports for disclosure in the financial statements, as per the related content of the Governance Statement. Each individual assurance statement has appropriately reflected the impact of Covid-19 on the respective Committee's workplans and usual schedule of business, noting the need to prioritise key risk areas during the year and to ensure that members were apprised in particular of activity aimed at addressing the operational pressures and challenges of Covid, especially during resurgent periods of infection. Appropriate assurance has however been provided that each Committee has fulfilled their key remit areas on behalf of the Board during the reporting year. Use of a checklist provided initially by Internal Audit, to ensure appropriate coverage of key risks, has helpfully informed agenda planning. The Clinical Governance Committee report has provided an enhanced level of information on progress in improving controls around information governance and security, reflecting the expanded content of the assurance reporting template from the Committee's three sub-groups. Further detail has also been provided on the various external inspections carried out within the Board, including those by the Health & Safety Executive and Health Improvement Scotland, each of which had a focus on infection prevention and correct usage of PPE in light of Covid risks. The Finance, Performance & Resources Committee has 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, and has considered also the impact of Covid on key performance targets. The Staff Governance Committee has received regular updates on the mobilisation of workforce and recruitment to support key programmes, such as Test & Protect and Covid vaccination delivery, in addition to ongoing detail on staff well-being initiatives, such as the dedicated support hubs in operation across a number of sites. The Remuneration Committee has continued its work during the pandemic period, reflecting within its workplan key directives from

the Scottish Government related to remuneration, discretionary points and overtime arrangements, in addition to completing its usual business of performance appraisal and Executive cohort objective setting. Further detail on all these areas can be found within the individual Committee reports mentioned above.

- 4.9 In reference to the assurance statement received from the Fife Integration Joint Board, as considered by the IJB's Audit & Risk Committee at their meeting in June, it concludes that internal and external audit findings provide evidence that the Fife Health & Social Care Integration Joint Board is developing a sound system of corporate governance and internal control that is appropriately monitored and reviewed. The Chief Internal Auditor's opinion is that a medium level of control exists, with further work required in the areas of: strengthening financial and performance management; completing the review of the current Integration Scheme; and clarifying accountability of risk and assurance processes between the partners, including the framework for transformation and change projects, which have been negatively impacted by the prioritisation of Covid-related activities. The Fife IJB's assurance statement recognises that this has been a challenging year, and progress on areas for improvement identified in last year's assurance statement has been impacted by the need to prioritise the Covid-19 response and recovery. Implementation of actions in response to audit recommendations has also been delayed as a consequence, though revised timescales have been agreed.
- 4.10 In relation to internal audit, members have reviewed and discussed in detail at meetings the annual audit plans; the interim evaluation of the internal control framework; reports from the internal auditors covering a range of service areas; and management's progress in completing audit actions raised. A specific progress update from the Clinical Governance Committee, in reference to addressing the recommendations from the Internal Audit review of Adverse Events, was given to members in September 2020, to provide assurance that prompt action was being taken to complete the work required. Across a number of separate reports, Internal Audit have flagged the need for NHS Fife to improve the governance, control framework and assurance processes in place related to Information Governance & Security, and work to address these recommendations has been significantly advanced in the year of reporting. Reporting on compliance with the control framework has now been developed and will be embedded in practice during 2021-22. A review of current transformation programmes will be encompassed within the overall development of a new Health & Well-Being Strategy for Fife, which will succeed the current Clinical Strategy. The Committee looks forward to receiving the assessment of Internal Audit on these developments in due course.
- 4.11 In relation to internal audit follow-up work, whilst improvements in reducing the number of outstanding actions has been seen in this reporting year, the Committee has noted that further effort is required to enhance the effectiveness and timeliness of completing audit recommendations. The Director of Finance & Strategy has undertaken to improve this as a priority action, with quarterly consideration of the outstanding actions by the Executive Directors' Group to drive forward prompt resolution.
- 4.12 On behalf of the Board, the Audit & Risk Committee receives regular updates on the workstreams being progressed within NHS Fife for compliance with the NHSScotland *Blueprint for Good Governance*, including the national work ongoing to develop a suite of standard documentation on a 'Once for Scotland' approach. Whilst many of the national workstreams have been delayed due to the impact of the pandemic on NHSScotland, the Committee has received an update on the Board's Blueprint action plan at its September 2020 meeting. A number of the outstanding actions have been completed, and progress with the remainder was reported within, in tandem with revised target dates for completion. The Board's own Code of Corporate Governance has undergone annual review and a number of clarifying changes made, to ensure it remains up-to-date with current practice.
- 4.13 During the year, members of the Committee have engaged in a number of training opportunities, covering best practice arrangements for Audit & Risk Committees. A discussion session with the

Internal and External Auditors was held in March 2020, outlining the year-end processes each undertake as part of the review of the financial statements and systems of internal control, in preparation for the review of the annual accounts. A follow-up training session by Audit Scotland, covering the annual accounts scrutiny process, was delivered in September 2020, prior to the Committee's formal consideration of the 2019-20 financial statements.

- 4.14 In January 2021, the Committee received a training and awareness-raising session from Gordon Young, Head of the Counter Fraud Service (CFS) at NHS NSS. Mr Young delivered an informative presentation on the work being undertaken to detect, investigate and prevent fraud, including new activity linked to opportunities for fraud brought about by the Covid pandemic. It has been agreed to make widely available to staff, via the new employee app StaffLink, details from CFS intelligence alerts, to ensure all staff are aware of current scams and frauds that might be perpetrated within NHS Fife.
- 4.15 Progress with fraud cases and counter fraud initiatives were discussed by the Committee in private session on a regular basis throughout the year. The Committee received quarterly fraud updates, which provided members with updates on NHS Fife fraud cases, counter fraud training delivered to staff, initiatives undertaken to identify and address fraud, and the work carried out by Practitioner & Counter Fraud Services in relation to detecting, deterring, disabling and dealing with fraud in the NHS. This has provided the Committee with the assurance that the risk of fraud is being managed and addressed across NHS Fife. The Committee has also considered the Annual Report on Patient Exemption Checking, which detailed the work undertaken by CFS in checking the propriety of exemptions claimed by patients for ophthalmic and dental work and summarised the write offs and recoveries for NHS Fife.
- 4.16 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. Best Value

- 5.1 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 3 provides evidence of where and when the Committee considered the relevant characteristics during 2020/21.

6. Risk Management

- 6.1 All NHS Boards are subject to the requirements of the Scottish Public Finance Manual (SPFM) and must operate a risk management strategy in accordance with the relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.
- 6.2 All of the key areas within the organisation maintain a risk register. All risk registers are held on the Datix (Risk Management Information System). Training and support for all Datix modules including risk registers, are provided by the Risk Management team according to the requirements of individuals, specialities and teams etc.
- 6.3 In line with the Board's agreed risk management arrangements, the Audit & Risk 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 Framework (BAF). Progress and appropriate actions were noted, and a number of changes to mitigating and operational risks amended, including those to reflect Covid-related risks. In line with assurance mapping principles, the Digital & Information BAF has been reviewed and updated by the former General Manager for

Digital & Information, in collaboration with Internal Audit and the Risk Manager. Approval of the revised version through the internal governance routes is underway. The Quality & Safety BAF is scheduled for review as part of Audit B19/21 in line with assurance mapping principles, and this will include an assessment of whether the risk has been appropriately updated to take account of the full impact of Covid-19.

- 6.4 The Committee received updates on activity related to the risk management workplan during the year, including reports on a suite of key performance indicators. The Risk Framework was updated in September 2020 to incorporate the approach to risk management within the organisation, detailing the responsibilities for managing risks and processes for effective risk management. The Board's approach to risk appetite / tolerance has been outlined therein, as are the appropriate governance structures that are in place to ensure that the relevant committees are aware of the risks that are in our system.
- 6.5 The revised arrangements relating to the Corporate Risk Register require to be finalised. This register will be subject to a high level Internal Audit review in the coming months. The Board initially agreed its risk appetite in November 2019. The risk appetite statement was due to be reviewed and updated by November 2020, though this activity was delayed due to competing priorities arising from the coronavirus pandemic. Further work is required to update and agree a risk appetite statement that states the type, and level of risks to be eliminated, tolerated or managed based on an assessment of the balance of risk versus reward. The review will take place in Q3 of 2021.

7. Self-Assessment

- 7.1 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.

8. Conclusion

- 8.1 As Chair of the Audit & Risk Committee during financial year 2020/21, 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 and effective governance arrangements were in place throughout NHS Fife during the year. Audit & Risk Committee members conclude that they have given due consideration to the effectiveness of the systems of internal control in NHS Fife, have carried out their role and discharged their responsibilities on behalf of the Board in respect of the Committee's remit as described in the Standing Orders.
- 8.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 8.3 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: 16 September 2021

Martin Black, Chair

On behalf of the Audit & Risk Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

AUDIT & RISK COMMITTEE - ATTENDANCE RECORD 2020/21

	18.06.20	13.07.20	17.09.20	19.11.20	19.01.21	18.03.20
Members						
M Black	✓	✓	✓	✓	✓	✓
S Braiden	✓	✓	✓	✓	✓	✓
Cllr D Graham	x	✓	x	x	✓	✓
A Lawrie						✓
K Miller	✓	✓	✓	✓		
J Owens	✓	✓	✓	✓		
In attendance						
C Potter, Chief Executive	✓	✓	✓	✓	✓	✓
M McGurk, Director of Finance & Strategy	✓	✓	✓	✓	✓	✓
H Buchanan, Director of Nursing	✓	x	✓	x	✓	
J Owens, Director of Nursing					✓	x
G MacIntosh, Board Secretary	✓	✓	✓	✓	✓	✓
K Booth, Head of Financial Services						✓
T Gaskin, Chief Internal Auditor	✓	✓	✓	✓	✓	✓
B Hudson, Regional Audit Manager, Fife	✓	✓	✓	✓	✓	✓
P Fraser, Audit Scotland	✓	✓	✓	✓		✓
P Cummings, Risk Manager		✓				
A Clyne, Audit Scotland			✓	✓		✓
B Howarth, Audit Scotland			✓			
L Donovan, eHealth General Manager		✓				
R Mackinnon, Ass. Director of Finance			✓			
A Mitchell, Thomson Cooper (Annual Accounts Endowments)				✓		
S Slayford, Principal Auditor					✓	
R Robertson, Deputy Director of Finance				✓		
C Leith, Financial Planning, Projects & Costing Accountant				✓		
O Notman, Head of Financial Control, NHS Lothian				✓		
G Young, Head of Counter Fraud Service, NSS					✓	

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
The Board has identified the risks to the achievement of its strategic and operational plans are identified together with mitigating controls.	Each strategic risk has an Assurance Framework which maps the mitigating actions/risks to help achieve the strategic and operational plans. Assurance Framework contains the overarching strategic risks related to the strategic plan.	COMMITTEES	Bi-monthly	Board Assurance Framework (to FP&R/CG/SG Committees)
		AUDIT & RISK COMMITTEE	5 times per year	Board Assurance Framework (to A&R Committee)
		BOARD	2 times per year	Board

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 publicly available. Committee papers and minutes are publicly available	BOARD COMMITTEES	On going	Meetings publicly accessible NHS 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 forms

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 maintains an effective system for financial stewardship and reporting in line with the SPFM.	Statutory Annual Accounts process	AUDIT & RISK COMMITTEE	Annual	Statutory Annual Accounts Assurance Statements SFIs
NHS Fife understands and exploits the value of the data and information it holds.	Annual Operational Plan Integrated Performance & Quality Report	BOARD COMMITTEES	Annual Bi-monthly	Annual Operational Plan Integrated Performance & Quality Report

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 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
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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife overtly links Performance Management with Risk Management to support prioritisation and decision-making at Executive level, support continuous improvement and provide assurance on internal control and risk.</p>	<p>Board Assurance Framework</p>	<p>AUDIT & RISK COMMITTEE BOARD</p>	<p>Ongoing</p>	<p>Board Assurance Framework Minutes of Committees</p>

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 is making a contribution to sustainable development by actively considering the social, economic and environmental impacts of activities and decisions both in the shorter and longer term.	Sustainability and Environmental report incorporated in the Annual Accounts process.	AUDIT & RISK COMMITTEE BOARD	Annual	Annual Accounts 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 form 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 form 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 forms on reports

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 forms on reports

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE 2020/21

1. Purpose

- 1.1 To provide the Board with the assurance that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities.

2. Membership

- 2.1 During the financial year to 31 March 2021, membership of the Clinical Governance Committee comprised: -

Dr Leslie Bisset	Chair / Non-Executive Member
Martin Black	Non-Executive Member
Sinead Braiden	Non-Executive Member
Wilma Brown	Area Partnership Forum Representative
Helen Buchanan	Director of Nursing (to February 2021)
CLlr David Graham	Non-Executive Member
Rona Laing	Non-Executive Member
Aileen Lawrie	Area Clinical Forum Representative (from March 2021)
Dr Christopher McKenna	Medical Director
Dona Milne	Director of Public Health
Janette Owens	Area Clinical Forum Representative / Director of Nursing (from March 2021)
Carol Potter	Chief Executive
John Stobbs	Patient Representative
Margaret Wells	Non-Executive Member

- 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 Pharmacy & Medicines, Associate Medical Director (Acute Services Division), Associate Medical Director (Fife Health & Social Care Partnership), Head of Quality & Clinical Governance 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 seven occasions during the financial year to 31 March 2021, on the undernoted dates:

- 15 June 2020
- 8 July 2020
- 7 September 2020
- 4 November 2020
- 18 November 2020
- 14 January 2021
- 11 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 Clinical Governance 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.
- 4.4 At the June 2020 meeting, the Committee also received individual updates from the respective Directors on: the shielding of vulnerable patients from Covid-19; community testing arrangements (including Test & Protect work); care home support and changes to the professional responsibilities of Nurse Directors in relation to this area; learning from outbreaks of Covid within the hospital setting; ensuring PPE and Medicines availability; and plans for the gradual remobilisation of services, as the first wave of Covid reduced from its initial peak. At the Committee's request, many of the reports given to members were delivered verbally or via a presentation, to ensure that the Committee had the most up-to-date information on what was a fast-developing and rapidly changing situation.
- 4.5 At its scheduled July 2020 meeting, the Committee's agenda was prioritised to review further updates on the organisation's ongoing response to Covid-19 and also governance-related items linked to the 2019-20 year-end process. Written briefings on testing policy and delivery arrangements for Covid-19 in Fife, care home support arrangements and a Lessons Learned

report on hospital onset coronavirus infections were carefully scrutinised by the Committee. In relation to the latter report, the complex network of potential transmission of infection in a hospital setting was highlighted, and key learning was outlined in the areas of atypical presentation of coronavirus symptoms, movement of staff and patients, social distancing, cleaning protocols, and the reduction of the bed base, to increase spacing, particularly in the community setting.

- 4.6 The new responsibility placed on the Board around nursing leadership and infection control arrangements in support of care homes also received detailed scrutiny, with the Committee congratulating the work done in partnership with colleagues in the social care sector aimed at protecting vulnerable residents in the care home setting. All 76 individual care homes in Fife received an assurance visit, where a supportive and collaborative approach was undertaken to provide advice and guidance around Covid-19 prevention. A Specialist Nursing Support team was put in place to give assistance to those homes identified with areas to improve, again taken forward in a collaborative manner. The Committee received the required assurance that the Board's new responsibilities in this area have been met in a robust and thorough way, in accordance with the Cabinet Secretary's instruction.
- 4.7 A draft of the remobilisation plan for restarting clinical services, formally agreed with the Scottish Government in June 2020, was reviewed by the Committee at its meeting in July. The Plan detailed the adopted methodology around the planning for resumption of normal services, based around a 'Respond, Recover and Renew' approach. To ensure governance around the restart of clinical services, the Remobilisation Oversight Group was initially established to oversee the restarting of health and care services in Fife during this phase. This group was intended to drive the reintroduction of clinical services in a safe, measured and Covid-19 sensitive way, with a wide representation of clinical leaders, and it has overseen the whole system restart to improve integrated pathways from primary care, community, social care and secondary care, adhering to our routine governance arrangements and with learning from our Covid-19 response.
- 4.8 During the pandemic, strategic decisions were made in relation to both the configuration of services and which services could reasonably be provided. Changes to service provision were risk assessed and the Committee has recognised that some patients may be affected by these decisions. As such, any consequences that resulted would not be considered avoidable given that this was based on the strategic decision to prioritise services to address the pandemic. Importantly, actions to mitigate identified risks were implemented at all opportunity. The Committee considers that the local response to the pandemic was appropriate, considered and aligned to Scottish Government direction. Throughout the pandemic urgent services such as cancer services and urgent care were prioritised. The governance route for changing or stopping services were carefully scrutinised through the pandemic response structures of Bronze, Silver and Gold Command groups. Critically, clinical teams and leaders were central to decision-making, to ensure that any potential harm resulting from cessation or service change was appropriately mitigated. Examples of mitigation include the nationally-agreed surgical prioritisation framework, use of Near Me for the continuance of remote appointments, and outpatient prioritisation. The dynamic nature of the pandemic and the evolving understanding of the virus has necessitated a continual review of changes, which were considered through the command structures described and discussed by the Committee during the year. As services continue to remobilise, the Clinical Governance Committee will receive an overview at each meeting, to provide assurance in relation to the recovery of services.
- 4.9 Also discussed in July 2020 was the Joint Health Protection Plan 2020-22, as developed between Fife Council Environmental Health and NHS Fife Public Health departments, which provided an overview of health protection priorities, provision and preparedness for the NHS Fife Board area. Although drafted before the full impact of the coronavirus pandemic became

clear, the greater priority of public health-related measures in light of society's response to Covid has been appropriately reflected in the Committee's schedule of business, with appropriate consideration of reports such as this.

- 4.10 In relation to Seasonal Flu Immunisation, the Committee considered at its September 2020 meeting the delivery plan and governance around this year's programme, noting that the campaign was expected to be more challenging than previous years, due to the ongoing restrictions of the pandemic, and with a different model of delivery from the previous GP-led clinics. On the programme's launch in mid-September, the increased demand for flu vaccinations quickly overwhelmed the planned delivery model and communications hub, resulting in a less than satisfactory patient experience and reputational damage to the Board. An independent review into the seasonal flu programme was commissioned in October 2020 and a Lessons Learned report considered in depth by the Committee at its meeting in early November. The report made a number of important recommendations in the areas of governance, reporting routes and clarity of roles and responsibilities; planning and project management support; workforce; communications; and IT support. A related Action Plan has been developed, and regular reporting on addressing these individual improvement actions has continued to the Committee. In addition, an external review has since been commissioned to consider how the Board delivers immunisation programmes in general (noting the additional activity due to Covid), and in particular clarifying the respective responsibilities for Public Health and colleagues in the Partnership. The outcome and recommendations from this will be considered at a future meeting of the Committee.
- 4.11 An Extraordinary Meeting of the Committee was held on 18 November 2020, for members to specifically consider the arrangements for the imminent launch and delivery of the Covid-19 vaccination programme, the single largest public health intervention in modern times. Members discussed issues ranging from the availability of vaccine, the prioritisation of cohorts, the governance, risk and project management arrangements for the roll-out of the programme, planning for venues, scheduling and appointing mechanisms, and the likely workforce and financial implications. Noting the vital importance of learning from the challenges faced with the delivery of the 2020 seasonal flu vaccination, and in particular the recommendations of the independent review into that programme considered in depth at the Committee's previous meeting on 4 November, the Committee took assurance from the risk-focused approach of planning for the Covid programme, and in particular the enhanced support offered by a dedicated Programme Management Office. Meetings of the Committee since the Covid vaccination launch have continued to focus attention on the effective delivery of the vaccine to the people of Fife, in a person-centred, responsive manner. The strong performance of the Board when compared with other nationally has given the appropriate assurance that the planning and implementation of the large-scale programme has taken due cognisance of the lessons learned from the review of seasonal flu immunisation, in addition to benefitting from the expertise, dedication and knowledge of staff from across a range of services, including many volunteer vaccinators.
- 4.12 A presentation by the Medical Director on the Redesign of Urgent Care was delivered to members in November 2020, with a further update given in January 2021. Noting the challenges of making these service changes as Covid-related activity increased with the second wave of widespread infection, the planned 'hard' launch of the service was postponed, due to challenges with the resilience of NHS24 services. A soft launch of the programme, however, gave the opportunity to test the model and ensure local readiness. In March 2021, the Committee considered a further report on the design and operation of the Flow & Navigation Hub within the Urgent Care Service, following Scottish Government guidance for all Boards to establish a local hub to ensure patients are directed to the appropriate point of care. This continues to operate successfully, helping ensure A&E attendances are managed and patients are directed to the right forms of support for their own individual needs.

- 4.13 The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints and the number of Adverse Events, via the Integrated Performance & Quality Report. Specific scrutiny has been given in recent meetings to the rate of Staphylococcus aureus Bacteraemia (SABs), with members receiving an update at its July 2020 meeting on community C.Diff cases, with detail on how an increase in cases pre-Covid was being addressed and monitored. Despite the challenges of the pandemic, the Board has had the lowest number of SABs since 2005, with no MRSA case within the 2020 calendar year. Staff were congratulated for their successful work aimed at reducing cases to a minimal level.
- 4.14 The Committee noted that robust action plans have been developed following Health Improvement Scotland HAI inspection visits to Glenrothes Hospital (7-8 July 2020) and to Adamson Hospital (28 October 2020), with members receiving an update on progress in addressing actions at their May 2021 meeting. The Glenrothes Hospital Inspection resulted in the identification of four areas of good practice (particularly around hospital cleanliness and infection control support) and five requirements in areas to be improved (the majority related to improved documentation to ensure that people's health and wellbeing were being supported and safeguarded during the pandemic). The Adamson Hospital Inspection highlighted three areas of good practice (including robust standards of hospital cleanliness and thorough completion of assessment such falls, oral care and pressure ulcers prevention) and eight requirements to be followed up. Six requirements related to improved documentation to ensure that people's health and wellbeing were being supported and safeguarded during the pandemic and two requirements were in relation to infection control practices supporting a safe environment for patients and staff. At their May 2021 meeting, the Committee were pleased to note that the action plan in relation to the Glenrothes Hospital inspection has been fully completed, and that for Adamson Hospital is well advanced towards full completion.
- 4.15 The preparation of a robust plan for dealing with Winter demand was covered by the Committee at their meeting in November 2020, and regular performance reports have followed since. Despite the operational challenges of dealing with increased demand due to coronavirus activity, the delay position in general has been an improving one, recognising the close partnership working across health and social care.
- 4.16 Papers were provided to the Committee on various capital projects, including, in November 2020, the full business case for large-scale Elective Orthopaedic Centre to be established at Victoria Hospital and the full business case for the implementation of Hospital Electronic Prescribing & Medicines Administration (HEPMA). Both projects were recommended for approval by the Committee to the Board, noting the potential transformational nature of both initiatives for patient care in Fife.
- 4.17 Annual reports were received on the subjects of the work of the Clinical Advisory Panel, Equality Outcomes, Fife Child Protection, Integrated Screening, Radiation Protection, Medical Revalidation, Prevention & Control of Infection, Organisational Duty of Candour, Research & Development Strategy & Annual Review, and any relevant Internal Audit reports that fall under the Committee's remit, such as that on Adverse Events Management (in which the Committee commissioned a separate update on progress made in addressing the various action points). Updates were also provided on public engagement matters, including, in January 2021, dedicated reports on Equality Outcomes and Mainstreaming Equality across the organisation.
- 4.18 The Committee has received minutes and assurance reports from its three sub-groups, namely the Digital & Information Board, Health & Safety Sub-Committee, and the Information Governance & Security Steering Group, detailing their business during the reporting year. Updates to Terms of Reference and workplans for these groups have also been considered

when necessary. As agreed last year, guidance and a template for the format of sub-groups annual assurance statements has been created for the groups to follow, to improve the consistency and content of information provided, and the annual reports of each of the groups have been reviewed at the Committee's May 2021 meeting.

- 4.19 In reference to the Health & Safety Sub-Committee, their work has been detailed in their annual report to the Committee. Whilst Covid has dominated their proceedings, including HSE visits to check compliance, the policy and procedure reviews scheduled for this year have been completed. In November 2020, NHS Fife received a Covid Management 'spot check' visit to the Victoria Hospital site from HSE inspectors. The visit resulted in a 'Notice of Contravention' being issued to the organisation with a requirement for actions to be taken. The December 2020 sub-committee meeting was therefore given over to discussion on the detail of the Notice to ensure that actions were being addressed and that appropriate managers and staff were involved in this work, and updates on the delivery of this action plan were given to the sub-committee in March, with progress noted in the implementation of the HSE's recommendations.
- 4.20 Over the past year, the Digital & Information Board has developed the governance, process and controls necessary to assure the organisation about the consideration and delivery of the Digital Strategy and associated delivery plan, as outlined in a report submitted in July 2020 on the eHealth Governance Review. This work has included consideration of a number of significant and outstanding Internal Audit findings given in previous reports, as well as the action points from the NIS audit carried out in March 2020. The Digital & Information Strategy 2019-2024 was presented to the NHS Fife Board and approved on 30 September 2020. The necessity to support the Covid-19 pandemic response has impacted the planned activities of the group and the delivery plan associated with implementing the Strategy, as outlined in a report submitted to the Clinical Governance Committee in September 2020. The group noted there had been considerable benefits to digital adoption in many key areas during this time, supported by key financial investment decisions. The Board recognised that the lessons learnt through this year should have significant impact on Digital delivery going forward.
- 4.21 In relation to Digital enhancements, the Committee has received updates on the hospital electronic prescribing and medicines administration system (HEPMA) being introduced in Fife. In September 2020 the Committee noted progress and approved a revised timeframe for submission of the business case. The full business case was considered and approved in November 2020. The Digital & Information Board's annual report has also detailed areas of significant activity across the organisation, particularly those in support of enabling enhancements for remote working / patient consultation and in implementing O365 roll-out etc. The Committee has noted that the new Associate Director of Digital & Information has initiated a full risk audit within the areas of Digital & Information, with particular attention being given to the correct ownership of the risks within the organisation and being able to evidence the mitigation actions being planned and taken. An early focus is a financial assessment of the Digital and Information Strategy, to ensure affordability can be matched with expectation and ambition. It is also anticipated that this work will ensure the completion of a number of outstanding internal audit recommendations, to enhance the overall control environment and governance structures of this key directorate. Reporting arrangements to the Clinical Governance Committee will also be part of this work, to ensure appropriate scrutiny and oversight.
- 4.22 The Clinical Governance Committee has also considered the annual report from the Information Governance & Security Steering Group, which has been restructured during the reporting year. The newly refreshed Group first met in October 2020 and has developed appropriate Terms of Reference for itself and its supporting operational groups. The Group has reviewed a report detailing the current baseline of performance and controls within the remit of

the Information Governance & Security activities, recognising that whilst compliance and assurance in some areas is effective, in others improvement is necessary to ensure the confidentiality, availability and integrity of patient, corporate and staff information. Whilst the appropriate governance structures and controls are now in place, the production of evidence to the Steering Group on all matters under its remit remains a work in process. Therefore, the Clinical Governance Committee notes that the assurance the Steering Group is in a position to provide this year is necessarily partial, though there are no significant issues that would otherwise merit a disclosure in the Governance Statement.

- 4.23 An annual statement of assurance has also been received and considered from the Clinical & Care Governance Committee of the Integration Joint Board, detailing how Clinical & Care Governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership and that systems exist to make these effective throughout their areas of responsibility. Updates have also been given to the Committee on the ongoing review of the Fife Integration Scheme, which has been delayed from its original timeline due to Covid-related pressures. The new Scheme will seek to further clarify clinical governance assurance mechanisms and reporting routes and will reflect input from the Board's internal auditors and Central Legal Office, in addition to recommendations made from the Council side.
- 4.24 Minutes of Clinical Governance Committee meetings have been subsequently 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 a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings.

5. Best Value

- 5.1 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.

6. Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, NHS Fife Clinical Governance 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 Framework in the areas of Quality & Safety, Strategic Planning and Digital & Information. Progress and appropriate actions were noted. In addition, many of the Committee's requested reports in relation to Covid have been commissioned on a risk-based approach, to focus members' attention on areas that were central to the Board's priorities around care, service delivery and vaccination during the height of the pandemic. Examples include requested reports on arrangements for shielding individuals, progress updates on the roll-out of Test & Protect programme, detail on the preparedness of Acute Services for a resurgence in Covid-related activity, and an assessment of laboratory capacity to handle an upsurge in demand.
- 6.2 During the year, in relation to Quality & Safety, the Committee has specifically considered the risk of lack of medical capacity in both the Community Paediatrics and Child Protection services. In relation to the former, an update was given on potential collaborative approaches with other Boards and the resilience that could be offered by utilising hospital-based paediatricians. The absence of the Board's Clinical Lead for Child Protection has resulted in help and support being sought from a neighbouring Board, to improve capacity. Members took

assurance from the mitigating actions and supported the planned programme of service improvement work going forward.

- 6.3 The Committee recognises that, as mentioned above, further work is required around the reporting of Digital and Information Governance & Security risks and also those related to transformation programmes, noting that the ongoing strategy review will bring an overall focus and direction to a number of hitherto individual strands of work. Updates have been given to the Committee on the new Strategic Planning & Resource Allocation process, which has linkages to the overall Remobilisation planning, and the Committee looks forward to being a central part of the development of the new Health & Well-Being Strategy currently under preparation. It is considered that this focus will improve the overall lines of reporting and assurance to the Committee over the forthcoming year.

7. Self-Assessment

- 7.1 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.

8. Conclusion

- 8.1 As current Chair of the Clinical Governance Committee, 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 and effective governance arrangements were in place throughout NHS Fife during the year.
- 8.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 8.3 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: *Christina Cooper* Date: 7 July 2021

Christina Cooper, Chair
On behalf of the Clinical Governance Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

NHS Fife Clinical Governance Committee Attendance Record
1st April 2020 to 31st March 2021

	15.06.20	08.07.20	07.09.20	04.11.20	18.11.20 (private)	14.01.21	11.03.21
Dr L Bisset (Chair)	√	√	√	√	√	√	√
M Black	√	√	√	√	√	√	√
S Braiden	√	√	√	√	x	√	x
W Brown	√	√	√	√	√	√	x
H Buchanan	√	√	√	x	√	√	x
Cllr D Graham	√	x	√	√	√	√	x
R Laing	√	√	√	√	√	√	√
A Lawrie							√
Dr C McKenna	√	√	x	√	x	√	√
D Milne	x	√	√	√	√	√	√
J Owens	√	√	√	√	√	√	√
C Potter	√	√	√	x	√	√	√
J Stobbs	√	√	√	√	√	√	√
M Wells	√	√	√	√	√	√	√

In attendance

N Connor, Director of H&SC	√	x	√	√	√	√	√
C Dobson, Director of Acute Services				√	√	√	√
L Douglas, Director of Workforce							√
S Garden, Director of Pharmacy & Medicines	√	x	√	√		√	√
Dr R Cargill, AMD, ASD			√	√		√	√
Dr L Campbell, ADN, ASD		√	x	√		x	x
Dr H Hellewell, AMD, H&SCP		√	√			x	x
J Morrice, AMD, Women & Children's Services							√
A Mackay, Deputy Chief Operating Officer	√	√	√				
S Fraser, Ass. Director of Planning & Performance		√	√	x	√		x

APPENDIX 1

	15.06.20	08.07.20	07.09.20	04.11.20	18.11.20 (private)	14.01.21	11.03.21
In attendance (cont.)							
M McGurk, Director of Finance & Strategy		√					√
Dr E Curnock, Deputy Director of Public Health	√	√					
Dr G MacIntosh, Board Secretary	√	√	√	√	√	√	√
H Woodburn, Head of Quality & Clinical Governance	√	√	√	√		√	
G Couser, Head of Quality & Clinical Governance							√
A Ballantyne, Clinical Lead				√			
L Barker, AND, H&SCP		√		√			
J Crichton, Interim Director, Project Management Office		√					
L Donovan, eHealth General Manager		√	√				
B Hannan, Chief Pharmacist					√		
B Johnston, Project Manager				√			
E Muir, Clinical Effectiveness Coordinator						√	√
BA Nelson, Independent Reviewer				√			
G Smith, Lead Pharmacist, Medicine Governance & Education		√					

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
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 review NHS Fife Clinical Governance Workplan is approved annually and kept up-to-date on a rolling basis Minutes from Linked Committees e.g. <ul style="list-style-type: none"> • NHS Fife Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • NHS Fife Infection Control Committee • NHS Fife H&SCP Care & Clinical Governance Committee NHS Fife Integrated Performance & Quality Report is considered at every meeting

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 openness and transparency. Public reporting should show the impact of the organisations 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. Out with 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 publicly available. Committee papers and minutes are publicly available	BOARD COMMITTEES	Ongoing	Clinical Strategy updates considered regularly Via the 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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	Complaints system in place and regular complaints monitoring.	CLINICAL GOVERNANCE COMMITTEE	Ongoing Bi-monthly	Single complaints process across Fife health & social care system NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report.
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	Annual feedback Individual feedback	CLINICAL GOVERNANCE COMMITTEE	Ongoing Bi-monthly	Update on Participation & Engagement processes and groups undertaken during the reporting year NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report.

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
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife’s activities.	Information & Security Governance Steering Group Annual Report Digital & Information Board Annual Report Digital & Information Board minutes	CLINICAL GOVERNANCE COMMITTEE	Annual	Minutes and Annual Report considered, in addition to related Internal Audit reports
NHS Fife understands and exploits the value of the data and information it holds.	Remobilisation Plan Integrated Performance & Quality Report	BOARD COMMITTEES	Annual Bi-monthly	Integrated Performance & Quality Report considered at every meeting Particular review of performance in relation to SSIs and community-based SABs undertaken in current year

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, Annual Operational Plan 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 considered at every meeting</p> <p>Minutes from Linked Committees e.g.</p> <ul style="list-style-type: none"> • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Digital & Information Board • Infection Control Committee • Information Governance & Security Steering Group
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.	<p>COMMITTEES</p> <p>BOARD</p>	Annual	Integrated Performance & Quality Report considered at every meetings. Review of format undertaken in reporting year

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
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 considered at every meetings Minutes of Linked Committees are reported at every meeting
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 considered at every meeting The Committee commissions further reports on any areas of concern, e.g. as with adverse events
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 considered at every meeting Minutes of Linked Committees <ul style="list-style-type: none"> • Area Clinical Forum • Acute Services Division, Clinical Governance Committee • Area Drugs & Therapeutics Committee • Fife Resilience Forum

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	Clinical Strategy updates regularly considered Digital & Information Strategy reviewed in current year All strategies have a completed EQIA
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	Clinical Strategy updates regularly considered Digital & Information Strategy reviewed in current year All strategies have a completed EQIA
NHS Fife’s policies, functions and service planning overtly consider the different	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and	BOARD COMMITTEES	Ongoing	All NHS Fife policies have a EQIA completed and approved. The EQIA is published alongside the policy

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
current and future needs and access requirements of groups within the community.	access requirements of the groups within the community.			when uploaded onto the website
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	Update on Participation & Engagement processes and groups undertaken during the reporting year, which encompassed effectiveness of engagement with key groups of users

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: 14 May 2021

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

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

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
<p>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>	<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>	<p>Every meeting</p>	<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
<p>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.</p>	<p>Encompassed within the Integrated Performance & Quality Report</p>	<p>COMMITTEES BOARD</p>	<p>Every meeting</p>	<p>Integrated Performance & Quality Report Minutes of Committees</p>

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

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE REMUNERATION COMMITTEE FOR 2020/21

1. Purpose

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

2. Membership

- 2.1 During the financial year to 31 March 2021, membership of the Remuneration Committee comprised: -

Tricia Marwick	Chair / Chair of the NHS Fife Board
Dr Les Bisset	Non-Executive Director
Martin Black	Non-Executive Director
Wilma Brown	Employee Director
Carol Potter	Chief Executive

- 2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items. The Director of Workforce, and the PA to the Director of Workforce/Corporate Services Manager 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:

- 2 June 2020
- 7 October 2020
- 9 November 2020 (meeting reconvened from 7 October 2020 due to items of business from that meeting being outstanding)
- 14 December 2020
- 26 January 2021
- 30 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 to some extent by the need for NHS Fife as a whole to address the ongoing challenges of the global Coronavirus pandemic, e.g. appraisal activities and the submission of associated performance information. In recognition 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 since that date.

- 4.2 Whilst the scheduled dates were revised during the year the Committee continued to meet, utilising videoconferencing technology. The 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.
- 4.3 The Remuneration Committee's first meeting of the 2020/21 reporting year was in June 2020, where the Annual Report for 2019/20 was considered. Also discussed in June 2020 was a detailed report on the impact on remuneration and performance activities as a result of the COVID-19 response. The Committee also considered a request for the application of Discretionary Point and the Suspension of the Prohibition of Overtime.
- 4.4 At its meetings in October/November 2020 the Committee considered the Performance Appraisals for the Executive and Senior Management Cohort for 2019/20, ensuring the submission to the NPMC (National Performance Management Committee).
- 4.5 The Committee also approved; the Award of Discretionary Points for Consultants (2020), and the Schedule for its meetings during 2021/22.
- 4.6 In December 2020, the Committee received an update on the actions to complete recent Executive Appointments, endorsed the proposed values-based recruitment approach, and considered the proposed scheme of delegation for Executive Portfolios presented by the Chief Executive.
- 4.7 The letter from the Cabinet Secretary describing the extension of duties into Care Homes for the Director of Nursing was noted by the Committee.
- 4.8 In January 2021, the Committee reviewed the Chief Executive Job Description for its submission to the National Evaluation Committee.
- 4.9 The Letter of Assurance from the NPMC was also received at the January meeting, confirming the ratings as previously recommended by the Committee. The objectives for the Executive Cohort for 2020/21 were agreed.
- 4.10 At its meeting in March, the Committee completed the annual review of its Terms of Reference, agreeing a minor revision. The revised Terms of Reference were then to be presented to the Board for consideration.
- 4.11 Executive Cohort Objectives for 2020/21 were considered and approved, and an additional annex demonstrating the link between the Corporate Objectives and individual objectives assigned to Directors was noted. This meeting also considered the Job Description for the Director of Acute Services and noted the process to appoint to this post.
- 4.12 The Committee received throughout the year papers relating to remuneration of individual postholders, e.g. commencing salary. The individual decisions are recorded in its minutes.
- 4.13 At each meeting appropriate circulars and letters were presented and noted by the Committee.

5. Self Assessment

- 5.1 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 Committee level.

6. Conclusion

6.1 As Chair of the Remuneration Committee during financial year 2020/21, I am satisfied that, 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 appropriate arrangements were in place for the implementation of the circulars and the Committee fulfilled its remit and purpose.

6.2 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: 25 May 2021

Tricia Marwick, Chair

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

NHS FIFE REMUNERATION COMMITTEE

ATTENDANCE SCHEDULE 1 APRIL 2020 – 31 MARCH 2021

	02.06.20	07.10.20	09.11.20	14.12.20	26.01.21	30.03.21
Tricia Marwick, Chair	✓	✓	✓	✓	✓	✓
Carol Potter, Chief Executive	✓	✓	✓	✓	✓	✓
Les Bisset, Non-Executive	✓	✓	✓	✓	✓	✓
Martin Black, Non-Executive	✓	✓	✓	✓	✓	✓
Wilma Brown, Employee Director	✓	✓	✓	✓	✓	✓
In attendance						
Linda Douglas, Director of Workforce	✓	✓	✓	✓	✓	✓

Best Value

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
There are mechanisms within the organisation to develop and monitor relevant leadership and strategic skills in Board members and senior management.	This is achieved through the development of Personal Development Plans and Annual Appraisals.	CHAIR / CHIEF EXECUTIVE REMUNERATION COMMITTEE	Annual	Annual Appraisal process for Executive and Senior Management (ESM) posts

EFFECTIVE PARTNERSHIPS

The “Effective Partnerships” theme focuses on how a Best Value organisation engages with partners in order to secure continuous improvement and improved outcomes for communities, not only through its own work but also that of its partners.

OVERVIEW

A Best Value organisation will show how it, and its partnerships, are displaying effective collaborative leadership in identifying and adapting their service delivery to the challenges that clients and communities face. The organisation will have a clear focus on the collaborative gain which can be achieved through collaborative working and community engagement in order to facilitate the achievement of its strategic objectives and outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is no responsibility in this area under the remit of the Remuneration Committee				

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 organisations 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 publicly available. Committee papers and minutes are publicly 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 forms

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 exploits the value of the data and information it holds.	Annual Operational Plan / Remobilisation Plan. Integrated Performance & Quality Report.	BOARD COMMITTEES	Annual Bi-monthly	Annual Operational Plan Integrated Performance & Quality Report
NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.	Executive and Senior Manager (ESM) performance reporting.	REMUNERATION COMMITTEE	Annual and as required	Minutes of Remuneration Committee
Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.	Executive and Senior Manager Objectives Setting and Review.	REMUNERATION COMMITTEE	Annually	Minutes of Remuneration Committee

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 /
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	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
There is no responsibility in this area under the remit of the Remuneration Committee				

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.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	BOARD COMMITTEES	Ongoing	EQIA form on all appropriate reports

**ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2020/21**

1. Purpose

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

2. Membership

- 2.1 During the financial year to 31 March 2021, membership of the Staff Governance Committee comprised: -

Margaret Wells	Chair / Non-Executive Member
Wilma Brown	Employee Director
Helen Buchanan	Director of Nursing (to February 2021)
Eugene Clarke	Non-Executive Director
Christina Cooper	Non-Executive Director
Simon Fevre	Co-Chair, H&SCP Local Partnership Forum
Alistair Morris	Non-Executive Director
Janette Owens	Director of Nursing (from March 2021)
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

- 2.2 The Committee may invite individuals to attend Committee meetings for particular agenda items, but the Director of Workforce, Director of Acute Services, Director of Health & Social Care, Deputy Director of Workforce, Heads of Service Workforce Directorate, 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 seven occasions during the financial year to 31 March 2021, on the undernoted dates:
 - 18 June 2020
 - 3 July 2020
 - 4 September 2020
 - 29 October 2020
 - 13 January 2021

- 4 March 2021
- 9 March 2021 (meeting reconvened from 4 March 2021 due to items of business from that meeting being deferred)

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 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 increasing 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 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 Staff Governance Committee's first meeting of the 2020-21 reporting year was in June 2020, where a briefing was given on the changes made to the Board's usual governance arrangements and structures. The report included detail on the Gold / Silver / Bronze Command operational groups set up to manage the day-to-day response to the pandemic, including the staff-related aspects of that. Assurance was taken from comments made at the meeting by staff-side representatives, who highlighted that the right people were involved in the various groups that had been established, and there were no barriers encountered if staff had any issues or concerns to raise in relation to the ongoing management of Covid-19 in the workplace.
- 4.4 Also discussed in June 2020 was a detailed report and presentation on the mobilisation and deployment of the current workforce to address the operational pressures caused by Covid-19 activity and, as this reduced, the remobilisation of services thereafter. The Committee considered the update provided, noting that protecting staff well-being and enhancing support had been a constant priority, and that the introduction of dedicated staff 'hubs' across a number of sites had been central to this work. The update also outlined the recruitment efforts to bolster the workforce as the pandemic hit, and the efforts of students and those who had returned to clinical practice from retirement etc. were greatly commended.

- 4.5 At its July 2020 meeting, the Committee's agenda was prioritised to review further updates on the workforce response and mobilisation against Covid-19 and governance-related items linked to the year-end process. An update was given on the large volume of national directives, policy changes and circulars issued during the pandemic, and the need to work closely with partnership colleagues to ensure swift, local implementation and cascade of this information throughout the organisation. Ensuring that ongoing engagement continued with candidates who came forward during the initial Covid-related recruitment campaigns was recognised, given the recruitment challenges in general facing the NHS and the ongoing difficulties in recruiting to a number of particular specialities.
- 4.6 Regular updates on Covid-19 related topics have been given to the Committee during the year, reflecting the priorities of the Board and it being under Scottish Government direction for the period covered by this report. In addition to detailed reports on recruitment and staff well-being during the pandemic, the Committee has also scrutinised the programme of staff testing and vaccination against Covid-19, noting the rapid roll-out and success of these.
- 4.7 In July 2020, the Committee also received an update on the Workforce Strategy and how significant changes to service delivery experienced during Covid-19 would require to be reflected therein. The work of the NHS Fife Strategic Workforce Planning Group, which had resumed its usual schedule of meetings at that stage, was noted as being the vehicle to take this forward. Further updates have been given throughout the year.
- 4.8 Enhancing the support for staff by creating permanent homes for the dedicated staff hubs has been a vital aspect of the overall NHS Fife response. The Committee received updates on staff well-being activities at its July, September 2020 and January and March 2021 meetings, noting that the significant usage of the hubs was indicative of how useful they had been to staff. Further detail was also given on the well-being activities available to the many staff who were now working off-site (either working from home in a non-patient facing role or by shielding requirements), including mindfulness sessions being delivered online for those located at a distance from a physical hub. The potential for long-term effects of the pandemic on staff well-being were noted by the Committee, as was the importance of face-to-face support as services remobilised. At its January 2021 meeting, the Committee received a report from the Director of Estates, Facilities & Capital Services, summarising the outcome of a recent Health & Safety Executive (HSE) visit to review Covid-19 compliance measures aimed at protecting staff from the risks of infection. Assurance was provided that the recommendations made by the HSE following their visit were all being actively addressed as a matter of priority.
- 4.9 In September and October 2020, the Committee received updates on the specific workforce requirements of the Test & Protect and the Staff Seasonal Flu Immunisation programmes, reflecting on the potential risks of staff redeployment on the sustainability of other services and on the use of short-term contracts. Further updates were given to the Committee in October 2020 on the workforce plan for the Scheduling of Unscheduled Care programme and that in place for the Board's Winter Plan activities. Minutes of the Strategic Workforce Planning Group were tabled for information to the Committee from October 2020 onwards.
- 4.10 The delayed launch of the National Whistleblowing Standards to 1 April 2021 has been detailed to the Committee, via a number of reports outlining how the new Standards will be rolled out within Fife. It is anticipated that the Board's new Whistleblowing Champion will contribute to the local implementation of this work, when she takes up her position as a Committee member from April 2021. The Committee at its meeting on 29 October 2020 received a report on the current arrangements for Whistleblowing and were satisfied that these arrangements were appropriate during 2020/21.
- 4.11 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered the Everyone Matters Pulse Survey in the reporting year, with a

presentation delivered to members in March 2021 detailing its findings. A summary of appraisal and personal development planning performance was considered by the Committee in September 2020 and January 2021, noting the negative impact of the pandemic on completion figures. The Committee has also reviewed Core Skills training compliance, which remains just short of target. Measures are in place to improve staff engagement going forward and the Committee will continue to scrutinise performance in this area.

- 4.12 The Committee receives regular updates on recruitment, including data on consultant recruitment (including those specialities with particular challenges) and on efforts to improving nursing and midwifery recruitment, particularly in partnership with local universities and colleges. The annual report on Medical Appraisal and Revalidation was considered by the Committee in January 2021, giving assurance that doctors within NHS Fife are practising to the appropriate professional standards.
- 4.13 The success of a number of dedicated recruitment campaigns aimed at increasing the workforce during the height of the Covid pandemic has been noted by the Committee. A Youth Employment Update was considered in October 2020, and an update on workforce-related matters linked to EU Exit was given at the same meeting. A discussion on vacancy levels took place in January 2021, with further work to be undertaken to identify any particular trends in specific specialities, to improve targeted recruitment activities.
- 4.14 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, with an update in October 2020 noting that a new digital platform for easy access to this information could be further enhanced to ensure all changes are adequately notified to line managers and staff. The improved consistency of information made across Boards was welcomed by Committee members.
- 4.15 At each meeting of the Committee, members routinely scrutinise the relevant section of the Board Assurance Framework on Workforce Sustainability, and also receive regular updates on Absence Management performance, and Well at Work activities. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. Regular updates were given to the Committee over the course of the year, particularly in relation to how Covid-19 had affected the target trajectory for this indicator. The Committee has been supportive of additional measures relating to Staff Governance being added to the IPQR, particularly those that provide a more rounded representation of workforce performance than absence statistics alone provide.
- 4.16 A particular strand of the Staff Governance standards is reviewed at each meeting, ensuring full coverage over the year's meeting schedule. The Committee received individual papers to demonstrate that staff are: well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff.
- 4.17 The Committee has reviewed its remit during the year and a number of clarifying changes to wording within the Terms of Reference have been agreed. As part of this review, a new form of wording has been agreed to ensure that staff-side representatives have the means to nominate a deputy to attend each meeting, in the event that the substantive member is not able to attend. This ensures the Committee always has the required staff-side input into its discussions.
- 4.18 During the year, the Committee received a number of detailed presentations, covering a variety of relevant topics including: (i) South East Payroll Services Consortia Business Case; (ii) East Region Recruitment Transformation; (iii) the implementation and staffing requirements of the new General Medical Services contract; (iv) the new Strategic Planning & Resource Allocation process; and (v) the results of the Everyone Matters Pulse Survey

Report. The Committee thanks those who took time to attend meetings to present, noting the usefulness of these sessions.

5. Best Value

- 5.1 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 3 provides evidence of where and when the Committee considered the relevant characteristics during 2020/21.

6. Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, the Staff Governance 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 Workforce Sustainability section of the Board Assurance Framework (BAF). Progress and appropriate actions were duly noted.
- 6.2 During the course of the year, whilst there has been no change to rating of the workforce sustainability risks reported to the Committee within the BAF, these have been updated to include Covid-19 related workforce challenges and to reflect developments. A new linked workforce high operational risk was added in January 2021 (Lack of Medical Capacity in Community Paediatrics) and the extant linked operational high risks are reviewed with the presentation of the BAF to the Committee. The key workforce risks are reviewed and used to inform the development of the Committee's workplan for the following year. The Committee approves its workplan annually.

7. Self Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2020/21 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 April 2021 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

8. Conclusion

- 8.1 As Chair of the Staff Governance Committee during financial year 2020/21, 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 Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.
- 8.2 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, and to the contribution of our staff side colleagues, particularly in this most challenging of years, set against the backdrop of the Coronavirus pandemic.



Signed:

Date: 29 April 2021

Margaret Wells, Chair

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2020 – 31 MARCH 2021**

	18.06.20	03.07.20	04.09.20	29.10.20	13.01.21	04.03.21	09.03.21
Mrs M Wells	✓	✓	✓	✓	✓	✓	✓
Mrs W Brown	✓	✓	✓	✓	✓	✓ (part)	✓
Ms H Buchanan	✓	✓	✓	✓	✓		
Mrs C Cooper	✓	✓	✓	✓	✓	✓	✓
Mr S Fevre	✓	✓	✓	✓	✓	x	x
Ms K Miller (to 30 November 2020)	✓	✓	x	x			
Mr A Morris	✓	✓	✓	✓	✓	✓	✓
Ms J Owens						✓	✓
Ms C Potter	✓	✓	✓	✓	✓	✓	✓
Mr A Verrecchia	✓	✓	✓	✓	✓	x	✓

In attendance

L Parsons, Depute for Co-Chair, H&SCP LPF						✓	
L Douglas, Director of Workforce	✓	✓	✓	✓	✓	✓	✓
N Connor, Director of H&SC	✓		✓	✓	✓	x	x
C Dobson, Director of Acute Services					✓	✓	✓
K Reith, Deputy Director of Workforce				Observer	✓	✓	✓
B Anderson, Head of Staff Governance	✓	✓	✓	✓			
K Berchtenbreiter, Head of Workforce Development	✓	✓	✓	✓	✓	x	x
R Waugh, Head of Human Resources	✓	✓	✓	✓	✓	✓	✓
A Mackay, Deputy Chief Operating Officer	✓	✓					
G MacIntosh, Board Secretary	✓	✓	✓	x	✓	✓	✓
L Barker, Associate Director of Nursing, H&SCP						✓	
J Crichton, Interim Project Management Director		✓					
A Fairgrieve, Director of Estates, Facilities & Capital Planning					✓		
M McGurk, Director of Finance					✓		✓
S Fraser, Associate Director of Planning & Performance		✓					

APPENDIX 1

	18.06.20	03.07.20	04.09.20	29.10.20	13.01.21	04.03.21	09.03.21
Dr H Hellewell, Associate Medical Director, H&SCP					✓		
Ms 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
<p>NHS Fife acts in accordance with its values, positively promotes and measures a culture of ethical behaviours and encourages staff to report breaches of its values.</p>	<p>Whistleblowing Policy Code of Corporate Governance</p>	<p>BOARD STAFF GOVERNANCE COMMITTEE</p>	<p>Annual</p>	<p>Whistleblowing Champion appointed as a Board member and a member of this Committee</p> <p>Review of new National Whistleblowing Standards and preparation for their introduction from April 2021</p> <p>Model Code of Conduct included in annually reviewed Code of Corporate Governance</p>

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

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	Ongoing	Board section on NHS website, containing papers and instructions for those wishing to join meetings as public observers
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 forms

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from staff and responds positively to issues raised.</p>	<p>Annual feedback Individual feedback</p>	<p>CLINICAL GOVERNANCE COMMITTEE</p>	<p>Annual Ongoing Quarterly Bi-monthly</p>	<p>Annual Review with Ministers Care Opinion Regular meetings with MPs/MSPs Integrated Performance & Quality Report</p>

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
<p>NHS Fife ensures that all employees are managed effectively and efficiently, know what is expected of them, their performance is regularly assessed and they are assisted in improving.</p>	<p>AfC appraisal process and Executive and Senior Manager Performance reporting.</p> <p>Medical performance appraisal (also reported to Clinical Governance Committee).</p>	<p>STAFF GOVERNANCE COMMITTEE</p> <p>REMUNERATION COMMITTEE</p>	<p>Annual and as required</p> <p>Bi-monthly</p>	<p>eKSF & iMatter reports</p> <p>Integrated Performance & Quality Report</p>
<p>NHS Fife understands and measures the learning and professional development required to support statutory and professional responsibilities and achieve organisational objectives and quality standards.</p>	<p>Core Training compliance reported</p> <p>Medical revalidation report and monitoring Nursing revalidation.</p>	<p>STAFF GOVERNANCE COMMITTEE</p>	<p>Ongoing</p>	<p>Minutes of Staff Governance Committee</p>

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
<p>Staff performance management recognises and monitors contribution to ensuring continuous improvement and quality.</p>	<p>Service Improvement and Quality are core dimensions of AfC appraisal process.</p> <p>Executive and Senior Manager Objectives – core collective objectives include performance and leadership.</p>	<p>STAFF GOVERNANCE COMMITTEE</p> <p>REMUNERATION COMMITTEE</p>	<p>Ongoing</p>	<p>Minutes of Staff Governance Committee & Remuneration Committee</p>

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
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 promotes personal well-being, social cohesion and inclusion.	Healthy workforce	STAFF GOVERNANCE COMMITTEE BOARD	Ongoing	Healthy Working Lives Gold Award Equality Outcomes reporting Public Health Annual Report

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.	Equality Reporting	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 Performance Management system regularly measures and reports its performance in contributing to the achievement of equality outcomes.		CLINICAL GOVERNANCE COMMITTEE	Ongoing	Minutes

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
<p>NHS Fife ensures that all members of staff are aware of its equality objectives.</p>	<p>Induction</p> <p>Equality and Diversity is core dimension in KSF (Knowledge and Skills Framework) that underpins the appraisal process for AfC staff</p> <p>Equality and Diversity Learn Pro Module</p>	<p>STAFF GOVERNANCE</p>	<p>Ongoing</p>	<p>iMatter reports</p> <p>eKSF reports</p> <p>Minutes</p>
<p>NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.</p>	<p>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.</p>	<p>BOARD</p> <p>COMMITTEES</p>	<p>Ongoing</p>	<p>Clinical Strategy (under review)</p> <p>EQIA section on reports</p>
<p>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.</p>	<p>In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.</p>	<p>BOARD</p> <p>COMMITTEES</p>	<p>Ongoing</p>	<p>EQIA section on reports</p>



Fife NHS Board

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

TRICIA MARWICK

Chair

Present:

T Marwick (**Chairperson**)

C Potter, Chief Executive

M Black, Non-Executive Director

W Brown, Employee Director

E Clarke, Non-Executive Director

C Cooper, Non-Executive Director (part)

Cllr D Graham, Non-Executive Director

R Laing, Non-Executive Director

K Macdonald, Non-Executive Director
Whistleblowing Champion

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

A Morris, Non-Executive Director

J Owens, Director of Nursing

J Tomlinson, Director of Public Health

M Wells, Non-Executive Director

In Attendance:

N Connor, Director of Health & Social Care

C Dobson, Interim Director of Acute Services

L Douglas, Director of Workforce

S Garden, Director of Pharmacy & Medicine

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

K Macgregor, Head of Communications

M Michie, Deputy Director of Finance

F Richmond, Executive Assistant to Chair and Chief Executive

H Thomson, Board Committee Support Officer

P King, Corporate Governance & Board Administration (Minutes)

1. Chairperson's Welcome and Opening Remarks

The Chair welcomed everyone to the Board, in particular Joy Tomlinson, Director of Public Health, attending her first NHS Fife Board meeting, and Maxine Michie, Deputy Director of Finance, and Hazel Thomson, Board Committee Support Officer, who were both observing the meeting. The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

The Chair began her opening remarks by recording grateful thanks, on behalf of the Board, to all staff of NHS Fife and its partners for their dedication and commitment throughout the Covid-19 Pandemic. NHS Scotland remains on an emergency footing until at least 30 September 2021, with the last few months having emphasised that the impact and spread of COVID-19 continues to urge the need for caution in protecting the capacity of the NHS.

The Chair was delighted to note that the Queen has awarded the George Cross to the National Health Services of the UK, recognising all NHS staff in all four nations. The award comes on the 73rd anniversary of the NHS's foundation on 5th July. The George Cross is granted in recognition of "acts of the greatest heroism or of the most courage in circumstances of extreme danger". On behalf of the Board, the Chair welcomed this award to the NHS staff in Fife.

It was noted that the Cabinet Secretary for Health and Social Care, Humza Yousaf MSP, visited Victoria Hospital in Kirkcaldy on 28 June 2021 to see some of the work carried out since the launch of NHS Fife's Early Cancer Diagnostic Centre, which provides a new clinical pathway to support the earlier diagnosis of patients with non-specific symptoms of possible cancer. NHS Fife is one of three Health Boards in Scotland who are piloting the development of Early Cancer Diagnostic Centres, which will see patients receiving a diagnosis – cancer or not – within 21 days of referral. Grateful thanks were noted to staff who spoke to the Cabinet Secretary and explained exactly what had been done to set up this pathway.

Finally, the Chair recorded thanks, on behalf of the Board, to Eugene Clarke and Margaret Wells for their helpful and wide-ranging contributions to NHS Fife and she wished them well for the future. Both are retiring from the Board as Non-Executives on 31 July 2021.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from Sinead Braiden and Aileen Lawrie, Non-Executive Directors.

4. Minute of the last Meeting held on 25 May 2021

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

5. Matters Arising

There were no matters arising.

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Update

Carol Potter took the opportunity to welcome Dr Joy Tomlinson onto the Board. Joy Tomlinson brings a wealth of experience from across different public health roles across Scotland, with a background in clinical practice, which will be invaluable to the Board as we continue the journey through the global pandemic and longer term for tackling health issues such as health inequalities, etc.

Reflecting on the system-wide challenges currently being faced across all health and care services in Fife and Scotland, Carol Potter confirmed that there was a continued increase of Covid-19 case numbers and admissions, along with an increase in demand for all services. A&E had seen a significant increase, with activity levels at 35% higher than in January 2021 and over 200 attendances each day on a regular basis. General medical and surgical admissions were also around 5% higher than pre-Covid-19 levels. NHS Fife is committed to remobilising its services and maintaining all scheduled and planned care services, but the increase in demand is having an impact particularly on staff who feel the effects of this on a daily basis. The continued efforts and commitment of the workforce were acknowledged.

To support the response to these challenges, the Executive Directors' Gold Command Group, the command structure which supports the emergency planning response to the Covid-19 Pandemic, has been re-established. This is meeting on a weekly basis but with the flexibility to stand up if circumstances change. The impact on staff has been compounded over the last month or so as staff are encouraged to take annual leave to support their own resilience and health and wellbeing and as a result of staff having to self-isolate after being a close contact of someone testing positive to Covid-19. Board Members were assured that action is being taken to review workforce levels, working with staff, staff-side colleagues and professional groups to explore all suggestions and opportunities as to how to address these challenges. Some specific examples of actions being taken were provided. Detailed updates on workforce matters would be given to the Staff Governance Committee, with the Clinical Governance Committee updated on work around pathways of care and how to manage demand and capacity heading into the Autumn/Winter period.

Carol Potter wished to record thanks to all patients, families and carers for their ongoing understanding and support, recognising the impact of Covid-19 on scheduled care and the fact that individuals are having to wait longer than we would have wanted for treatment.

In closing her update, Carol Potter noted that recent data is providing evidence that Covid-19 case rates were beginning to reduce in most areas in Fife and this is testament to the people of Fife coming forward for their vaccinations and their continued participation in testing, self-isolating and following the public health advice to minimise the risk of infection.

Rona Laing noted that concern and support for staff over this challenging time has been a focus at all committee meetings and she took the opportunity to highlight the good work of Fife Health Charity, which acted quickly, through generous donations, to

provide a range of support centred on staff wellbeing in recognition of the pressures on staff. The charity would continue to take applications and ideas from staff about how it can maintain that support.

Wilma Brown emphasised the considerable pressure being felt by all staff at the present time, particularly highlighting the effect that absences and vacancies have on staff at work. She noted that the organisation is doing all it can to fill gaps and bring staff in, and staff are appreciative of the range of support in place through the Charity and other means, but, due to the number of nursing vacancies specifically, it is not possible to support staff in the way we would like to support them.

In response to further comments, Carol Potter thanked members for their helpful feedback. Information for the public on when and how to access services was available from NHS Scotland through NHS Inform but further thought would be given with the Communications Team as to what further information could be provided to the people of Fife directly.

Action: C Potter

The Redesign of Urgent Care will affect all aspects of healthcare, including workforce and pathways of care, and it was agreed that updates be provided through the Clinical and Staff Governance Committees at their next meetings.

Action: C McKenna

The Board **noted** the update provided.

6.2 Integrated Performance & Quality Report (IPQR) Executive Summary

Carol Potter introduced the Executive Summary produced in June 2021, which was previously submitted and considered through the three governance committees in July. The IPQR now included additional information to show performance in-year against targets set and agreed with Scottish Government through the Remobilisation Plan. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

Clinical Governance

An update on performance was provided in relation to the falls programme and pressure ulcer care. A report on the management of complaints was submitted to the Clinical Governance Committee outlining the ongoing review to improve time limits for responding to complaints but also to look at a range of data, including patient feedback from Care Opinion and compliments. An organisational learning group was being set up to consider learning from adverse events and complaints with a view to making improvements going forward. The group will also consider areas of excellence and good practice and look to spread this out across the organisation.

Finance, Performance & Resources

NHS Fife Acute Division – Performance shown is for April 2021 and attention was drawn to the key targets of 4-Hour Emergency Access which had seen a significant rise in attendance, Patient Treatment Times Guarantee (TTG), New Outpatients and Diagnostics. Performance related to Cancer 62-day Referral to Treatment remained challenging within certain specialties, but the Division was sighted on the issues and

work was underway to improve performance, with close monitoring to ensure actions are effective. Reference was made to the remobilisation summary, noting that the position to the end of June showed that the Board had exceeded projections in both Outpatients and TTG and this was having a positive impact on waiting lists. Performance against other Boards in Scotland was favourable and NHS Fife was currently the best performing Board for TTG in Scotland from a mainland perspective.

Claire Dobson took the opportunity to highlight a recent press release on day case mastectomy and the excellent work being undertaken at Queen Margaret Hospital on the management of patients with breast cancer. She also noted that, compared to the period of January to May 2020, the Acute Division has performed 7.9% more procedures over the same period this year.

Health & Social Partnership (H&SCP) – Performance is for April 2021 and updates were provided in relation to four main areas. There had been an increase in the number of patients in delay, which reflected whole system pressures. The Board was assured that this area remained a priority, with teams in the H&SCP and Acute Services working closely together meeting and reviewing the position. A detailed action plan is in place and this is subject to continual review to support the position and support people to be cared for in a homely setting. Work has also commenced in relation to Home First to aid a reduction in admission as well as supporting timely discharge from hospital with the involvement of all key stakeholders and updates will be reported through committees in due course. The Smoking Cessation target was challenging, reflecting the lockdown period and how people accessed the service, but this was now being remobilised through specialist services and work in pharmacies and improvements were expected. The performance data for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies services outlines the challenge of balancing access to treatment as well as longest waits. It is critical to improve performance in this area, but the Board was assured of clinical oversight of this work and additional investment that had already been agreed, leading to permanent recruitment of additional staff. There was an increased national focus on mental health and additional investment was expected. Plans are being developed for detailed discussion at the Finance, Performance & Resources Committee in September.

Financial Position – The financial position to the end of May 2021 reported an overspend of £7.442m, of which £4.4m is directly related to additional expenditure associated with Covid-19. The Board has now received full funding for Covid-19 costs to the end of May and this will be included in the next iteration of the report. There are a number of emerging additional cost pressures that are being reviewed in detail. The formal quarter one review of the financial position, including a forecast to the year-end, is concluding this week with Scottish Government and that will inform the level of additional resource required to support the Covid-19 response.

The overall capital budget including the Elective Orthopaedic Centre for 2021/22 is anticipated to be £25.319m (£18.1m relates to the Elective Orthopaedic Centre) and the Board is on track to spend the allocation in line with that funding level. Expenditure against two health centre re-provisions and Hospital Electronic Prescribing and Medicines Administration (HEPMA) implementation has also commenced.

The Finance, Performance & Resources Committee had considered the IPQR at its meeting and welcomed the focus on recovery under the Remobilisation Plan. It was noted that there had been no change in the projections and plans were progressing well in line with the Remobilisation Plan 3. The Chair of the Committee also welcomed the letter of confirmation from Scottish Government on the financial assessment.

Staff Governance

An update was provided in relation to the sickness absence rate, noting performance had fluctuated during 2020/21, and that position continued with an increase over the first few months of this year. A greater percentage related to long-term sickness absence and the commitment to a person-centred approach to support staff either to remain at work or return to work after sickness absence continued. Colleagues were thanked for continuing to support their staff to deal with often long-term and debilitating conditions. There had been a decrease in Covid-19 absence, likely reflective of people receiving their second Covid-19 vaccination. It was noted that the year-on-year rolling performance is down by 0.34% compared to the same period last year and for 2020/21 the sickness absence rate had been the best since 2016/17.

The Chair of the Staff Governance Committee commented on the improved sickness absence rate over 2020/21, noting this was a tribute to staff and their incredible dedication and commitment over a very difficult period. Whilst the rate was better, Wilma Brown raised concern at staff absence and the length of time it takes to process this through the system, particularly for staff to receive the support they need, noting it is important to look at how to manage sickness absence better and quicker for staff.

The Chair responded to several comments around targets and safety. She reminded Members that targets are not set by the Board but are the decision of Scottish Government and Parliament and it is for Boards to do what they can to meet those targets. There had been no drive from Scottish Government to ensure targets are met in recognition of the global pandemic. It was noted that the Remobilisation Plan 3 is the contract between the Health Board and Scottish Government on the expectations of the Board and is designed to take account of our capability around capacity, workforce, physical distancing and activity/throughput for elective care. This is what NHS Fife is presently being monitored against.

With regard to safety, the Chair emphasised that the service overall is safe and would not operate if it was not. She absolutely accepted the assurances from the Chief Executive and Directors on this matter. The Chief Executive confirmed that the safety of staff and patients is of utmost priority and she and the Directors do everything in their power to maintain that position on a daily basis. She stated that she was also endeavouring to create a culture in the organisation that allows any concern to be escalated immediately if individual members of staff do have concerns about any quality or safety-related matter. She has spoken with staff in several departments recently and some of the actions described in the Chief Executive Update are a direct response to addressing challenges raised by staff.

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

7. CHAIRPERSON'S REPORT

The Chair reported that she continued to meet weekly with the Vice Chair and Chief Executive to keep abreast of issues and she assured the Board that any issues will be drawn to the Board's attention if required. The Chair also continued to meet on a monthly basis with the Chairs of other NHS Boards in Scotland and Scottish Government colleagues.

7.1 Board Development Session – 29 June 2021

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

8. COVID-19 PANDEMIC UPDATE

8.1. Covid-19 Vaccination Progress Update

Scott Garden referred to the paper, which provided an update on developments, priority areas, programme planning and additional information that had become available to NHS Fife in relation to the vaccine programme. The vaccination programme was progressing at pace and, as at 19 July 2021, over 485,000 doses had been administered, with the eligible population of Fife all having been offered a first dose Covid-19 vaccine.

The clinic teams continued to vaccinate those aged 40–49 and aged 30–39 for second doses. The focus is to try and optimise uptake overall and, in line with national direction, drop-in clinics have been established and are running every day through available clinics. This included additional out-reach models delivering vaccination to specific groups, such as the 18–29 group, University students and seasonal agricultural workers.

The paper outlined changes to the infrastructure for the programme, together with the position for workstreams under quality/patient care, workforce, risks and communications, which had been instrumental in the whole delivery of the Covid-19 vaccination programme, and the team was commended for its work on this programme.

A number of questions were asked around vaccination of particular groups, such as Fife College students and young people within the school system, and these were responded to.

The Board **discussed** the paper, closely scrutinising plans and assumptions made in the development Covid-19 vaccination plans, and approved the measures detailed within.

8.2 Covid-19 Testing in Fife

Joy Tomlinson highlighted that the testing programme is an integral part of what is required to break transmission of Covid-19 in communities, alongside contact tracing and vaccination work. She introduced the report, which provided an update on proposed and existing testing policy and activity within Fife. It provided an additional

summary of proposals to augment testing carried out across Fife and summarised the main areas of risk and mitigation actions in place.

The table under 2.3 illustrated the types of test currently deployed in Fife, their mode of delivery and the segments of the population that have access to them. Currently, there were circa 20,000– 22,000 Lateral Flow Tests being undertaken each week from various routes. It was noted that the location of testing sites in Fife were reviewed weekly based on testing rates, case rates, known outbreaks, community vulnerabilities, and wastewater testing and a mixture of fixed and mobile sites are being used.

Detailed work continued with national colleagues around planning and development of the programme and this was noted under Appendix 5 of the paper. This helped to understand how best to develop asymptomatic and community testing sites for Fife, with learning being shared about how to reach those most vulnerable to Covid-19. The success of the pilots in ensuring high uptake in parts of the community most affected by deprivation was highlighted, together with ensuring support is given to individuals required to self-isolate working with Fife Council.

Joy Tomlinson advised that there had been a change to the consultant lead on Test & Protect, with Josie Murray taking on a new role in Public Health Scotland. She welcomed Duncan Fortescue-Webb to the team as the new lead for Test & Protect and oversight of the programme. She assured the Board that NHS Fife was fully tied in to the national programme of work and understands the need to continue to learn and develop our own programme as the pandemic changes, and as our own understanding of testing and how it will best benefit our communities changes as well.

The Board **noted** the contents of the paper for awareness and **considered** the new developments as part of the ongoing expansion of Covid-19 testing programmes. The Board acknowledged the huge amount of work that staff in testing and vaccination programme continue to undertake.

9. CORPORATE OBJECTIVES

Carol Potter presented the paper, which described the process to agree the collated corporate objectives through the Strategic Planning and Resource Allocation process for 2021/22 and also included a reflection and review on the delivery of last year's Corporate Objectives for approval by the Board, noting this had been slightly delayed due to the pandemic.

The Board **agreed** to the Corporate Objectives for 2021/22 and **noted** the review of the Corporate Objectives 2020/21.

10. PROPOSAL TO ESTABLISH AND PUBLIC HEALTH & WELLBEING BOARD STANDING COMMITTEE

The Chair referred to the paper, which outlined a proposal to establish a new Standing Governance committee of the Board, namely a Public Health & Wellbeing Committee. The principle behind the proposal is to give greater focus on wellbeing and preventative / proactive care (in line with Scottish Government's direction of travel) and to consider

placement of the public health aspects currently within the remit of the Clinical Governance Committee, to allow for enhanced input by the Board.

It is intended that the new committee be chaired by the NHS Fife Board Chair. The initial proposal has been approved by Scottish Government, given all Boards currently remain under its direction. The Chair will review the current committee membership to release Board members to sit on the new committee.

The Chief Executive and Board Secretary supported the proposal, which would strengthen governance arrangements and sits comfortably with two of the new national care and wellbeing programmes, which were 'place and wellbeing' and 'preventative and proactive care'. The new Committee will enable local discussion of these programmes that are being progressed in the national arena and link into the wider Fife Partnership Board.

The Board **approved** in principle the establishment of the new Public Health and Wellbeing Committee and **noted** that the first meeting of the group would consider the Terms of Reference and annual workplan for the committee.

11. 2020/21 PROPERTY AND ASSET MANAGEMENT STRATEGY

Neil McCormick presented the report, which provided an update on the 2020/21 Property & Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets and Facilities Report (SAFR) Programme. It was noted that an interim report was brought to the Board in March 2021. This iteration described a work in progress at present, and the target for approval of the fully developed NHS Fife PAMS document by the NHS Board is November 2021.

The Board **noted** the position with the 2020/21 PAMS.

12. INTERNAL AUDIT OPERATIONAL PLAN 2021/22

Margo McGurk spoke to the paper, which was an important aspect of the overall governance and assurance framework and had already been reviewed in detail and approved through the Executive Directors' Group and the Audit & Risk Committee. Margo McGurk commented on the helpful and positive support of the auditors in moderating their approach to audits this year, in the context of the Covid-19 pandemic. The Plan is designed to be flexible and as responsive as possible and a number of areas are outlined for review, noting in particular the areas of risk management, strategic planning and operational planning. Updates will be submitted to the Audit & Risk Committee on a quarterly basis.

The Chair of the Audit & Risk Committee confirmed that the Committee had scrutinised the annual plan and was content to endorse.

The Board **noted** the Internal Audit Operational Plan for 2021/22.

Christina Cooper joined the meeting.

13. STATUTORY AND OTHER COMMITTEE MINTUES

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

- 13.1. Audit & Risk Committee dated 17 June 2021 (unconfirmed)
- 13.2. Clinical Governance Committee dated 7 July 2021 (unconfirmed)
Attention was drawn to the escalation point in relation to the Child Protection Assurance Report, where the Committee commended the excellent report which offered the right level of information and assurance required by the Board.
- 13.3. Finance, Performance & Resources Committee dated 13 July 2021 (unconfirmed)
- 13.4. Staff Governance Committee dated 1 July 2021 (unconfirmed)
- 13.5. Communities & Wellbeing Partnership dated 7 June 2021 (unconfirmed)
- 13.6. East Region Programme Board dated 30 April 2021
- 13.7. Fife Health & Social Care Integration Joint Board dated 23 April 2021
- 13.8. Fife Partnership Board dated 18 May 2021 (unconfirmed)

Approved Minutes

- 13.7. Audit & Risk Committee dated 13 May 2021
- 13.8. Clinical Governance Committee dated 30 April 2021
- 13.9. Finance, Performance & Resources Committee dated 11 May 2021
- 13.10. Staff Governance Committee dated 29 April 2021

14. FOR INFORMATION

The Board **noted** the items below:

- 14.1. Integrated Performance & Quality Report – May and June 2021

15. ANY OTHER BUSINESS

None.

- 16. DATE OF NEXT MEETING:** Tuesday 28 September 2021 at 10:00 am, via MS Teams.

The Chair closed the meeting by thanking Eugene Clarke and Margaret Wells for their service to the NHS Fife Board.

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

Meeting:	NHS Fife Board
Meeting date:	28 September 2021
Title:	Executive Summary Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Performance
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented to the NHS Fife Board for:

- Discussion

This report relates to the:

- Performance Management
- RMP3

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

Activity performance in FY 2021/22 is being assessed against RMP3 (the 1-year re-mobilisation plan for this year). This focuses on the actual number of diagnostics and new outpatient appointments completed, and the number of patients treated under the patient Treatment Time Guarantee (TTG), against forecasts provided in RMP3. A summary of monthly activity covering more areas than required by the SG is provided in the table on Page 4 of the report.

We continue to report on the suite of National Standards and Local Targets.

2.2 Background

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

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

2.3 Assessment

Clinical Governance

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

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Above Scottish average
Falls ¹	Monthly	7.68 per 1,000 TOBD	Achieving
Falls With Harm ¹	Monthly	1.65 per 1,000 TOBD	Achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI ²	Quarterly	2.7%	Not achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD	Not achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	Not achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) ³	Monthly	65% (50% by Oct 2021)	Not achieving

¹ The previous targets for Falls expired in December 2020. Following discussion with the Associate Director of Nursing (Acute), revised targets based on performance in FY 2020/21 have been set for FY 2021/22.

² Formal data collection continues to be 'paused' (as per instruction from Scottish Government), but we are able to report on local data up to the end of March 2021

³ Due mainly to the ongoing pandemic, performance worsened during FY 2020/21. Following discussion with the Nursing Director, a revised target of achieving 50% by October 2021 and 65% by March 2022 has been agreed.

Staff Governance

The Staff Governance aspect of the report covers Sickness Absence.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	3.89% for 2020/21 (4.00% is the LDP Standard)	6.17% in June 2021 (worse than the planned improvement trajectory for 2021/22 at this stage, and

			excludes COVID-related absence)
--	--	--	---------------------------------

Finance, Performance & Resources

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

Operational Performance

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

Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	(£13.822m)	Achieving
Capital Expenditure	Monthly	£27.335m	Achieving

¹ Formal data collection was 'paused' (as per instruction from Scottish Government) during the latter part of 2020, but has recently restarted and we hope to be able to report on local data up to the end of March 2021 in the next update

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Not applicable.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

The NHS Fife Board is requested to:

- **Discussion** – Examine and consider NHS Fife's performance and achieved remobilisation activity to date and to consider any issues escalated via the Standing Committees

3 List of appendices

None

Report Contact

Bryan Archibald
Planning and Performance Manager
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Executive Summary

for the Report Produced in August 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).

The ESIPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Remobilisation Activity Summary
- e. Committee Issues and Comments
- f. Assessment, by Governance Committee

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

- Staff Governance 2nd September 2021
- Finance, Performance & Resources 7th September 2021
- Clinical Governance 17th September 2021

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

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.

Health Boards are planning the recovery of services following the first and second waves of the COVID-19 Pandemic. NHS Fife has agreed its Joint Remobilisation (RMP3) for 2021/22, and this effectively replaces the previous 1-year or 3-year Annual Operational Plans. It includes forecasts for activity across key outpatient and inpatient services, and progress against these forecasts is included in this document by two methods:

- Update of monthly activity (Remobilisation Summary)
- Enhancement of drill-downs to illustrate actual v forecast activity

The RMP provides a detailed, strategic view of how NHS Fife will approach the recovery, while the IPQR drills down to a level where specific Improvement Actions are identified and tracked. In order to provide continuity between the IPQR from version to version (year to year), Improvement Actions carry a '20', '21' or '22' prefix, to identify their year of origin. 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 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **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:

- Rate of Patient Falls With Harm fell to its lowest level for over 2 years
- Patient TTG – although remaining considerably below the National Standard, the % of patients waiting less than 12 weeks for treatment continued to increase, and the size of the overall waiting list remained stable
- Cancer 31-day DTT – 100% achievement in June, with this being the 14th successive month in which the 95% Standard has been exceeded

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 8 (28%) within upper quartile, 14 (48%) in mid-range and 7 (24%) in lower quartile.

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

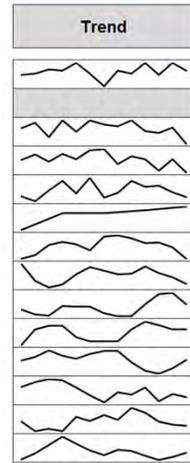
c. Indicator Summary

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	

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22
Clinical Governance	Major & Extreme Adverse Events	N/A
	HSMR	N/A
	Inpatient Falls	7.68
	Inpatient Falls with Harm	1.65
	Pressure Ulcers	0.42
	Caesarean Section SSI	2.5%
	SAB - HAI/HCAI	18.8
	SAB - Community	N/A
	C Diff - HAI/HCAI	6.5
	C Diff - Community	N/A
	ECB - HAI/HCAI	33.0
	ECB - Community	N/A
	Complaints (Stage 1 Closure Rate)	80%
	Complaints (Stage 2 Closure Rate)	65%

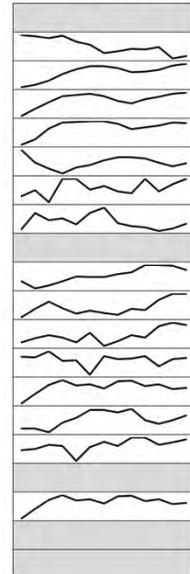
Reporting Period	Year Previous	Previous	Current	Trend
Month	Jun-20	May-21	Jun-21	
Year Ending	Mar-20	Dec-20	Mar-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Quarter Ending	Mar-20	Dec-20	Mar-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	



Reporting Period	Fife	Scotland
N/A		
YE Mar-21	1.02	1.00
N/A		
N/A		
N/A		
QE Dec-19	2.3%	0.9%
QE Mar-21	17.8	18.4
QE Mar-21	14.1	10.4
QE Mar-21	14.0	15.6
QE Mar-21	5.4	3.8
QE Mar-21	21.6	34.7
QE Mar-21	34.7	36.6
2019/20	71.5%	79.9%
2019/20	35.7%	51.8%

Section	Measure	Target 2021/22
Operational Performance	IVF Treatment Waiting Times	90%
	4-Hour Emergency Access	95%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%
	18 Weeks RTT	90%
	Cancer 31-Day DTT	95%
	Cancer 62-Day RTT	95%
	Detect Cancer Early	29%
	Freedom of Information Requests	85%
	Delayed Discharge (% Bed Days Lost)	5%
	Delayed Discharge (# Standard Delays)	N/A
	Antenatal Access	80%
	Smoking Cessation	473
	CAMHS Waiting Times	90%
	Psychological Therapies Waiting Times	90%
	Alcohol Brief Interventions (Priority Settings)	80%
	Drugs & Alcohol Treatment Waiting Times	90%
	Dementia Post-Diagnostic Support	N/A
	Dementia Referrals	N/A

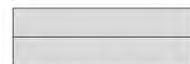
Reporting Period	Year Previous	Previous	Current	Trend
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Year Ending	Jun-19	Mar-20	Jun-20	
Quarter Ending	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Apr-20	Mar-21	Apr-21	
YTD	Apr-20	Mar-21	Apr-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
YTD	Mar-19	Dec-19	Mar-20	
Month	Apr-20	Mar-21	Apr-21	
Annual	2018/19	2019/20	2021/21	
Annual	2018/19	2019/20	2020/21	



Reporting Period	Fife	Scotland
N/A		
Jun-21	88.2%	85.0%
Mar-21	51.7%	34.7%
Mar-21	52.6%	48.1%
Mar-21	80.7%	61.4%
QE Mar-21	73.2%	75.9%
QE Mar-21	98.9%	97.7%
QE Mar-21	81.4%	83.0%
2018, 2019	26.1%	25.6%
N/A		
QE Dec-20	5.5%	4.8%
Jun-21	21.65	16.76
FY 2019/20	89.0%	88.3%
FY 2019/20	92.8%	97.2%
QE Mar-21	76.0%	65.1%
QE Mar-21	82.0%	80.4%
FY 2019/20	79.2%	83.2%
QE Mar-21	94.5%	95.6%
2018/19	93.7%	75.1%
2018/19	60.9%	43.4%

Section	Measure	Target 2021/22
Finance	Revenue Expenditure	(£13.822m)
Finance	Capital Expenditure	£27.335m

Reporting Period	Year Previous	Previous	Current	Trend
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	



Reporting Period	Fife	Scotland
N/A		
N/A		

Section	Measure	Target 2021/22
Staff Governance	Sickness Absence	3.89%

Reporting Period	Year Previous	Previous	Current	Trend
Month	Jun-20	May-21	Jun-21	



Reporting Period	Fife	Scotland
YE Mar-21	4.77%	4.67%

d. NHS Fife Remobilisation Summary – Position at end of July 2021

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
Better than Projected Worse than Projected (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	1,000	1,000	1,120	3,120		
	Actual	3,260	985				3,394	3,716
	Variance	279	-15					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	6,227	6,259	6,639	19,125	22,925	24,441
	Actual	19,488	6,140					
	Variance	2,388	-87					
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	611	611	611	1,833	1,833	1,833
	Actual	1,406	483					
	Variance	-395	-128					
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	3,750	3,750	3,750	11,250	11,250	11,250
	Actual	12,971	4,324					
	Variance	2,121	574					
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	6,280	6,590	6,240	19,110	18,370	18,490
	Actual	20,728	7,052					
	Variance	3,618	772					
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	2,830	2,800	2,690	8,320	8,680	8,830
	Actual	10,088	3,375					
	Variance	2,048	545					
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82				5.85	5.63	5.73
	Actual	5.50						
	Variance	-0.32						
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	870	870	870	2,610	2,610	2,610
	Actual	2,884	996					
	Variance	434	126					
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	415	145	145	145	435	435	435
	Actual	305						
	Variance	-110						
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	306	84	103	104	291	346	298
	Actual	411	110					
	Variance	105	26					
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	1,369	514	471	437	1,422	1,905	1,780
	Actual	1,816						
	Variance	447						

		Month End	Month End			Month End	Month End	Month End
		Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	65	64	66	63	63	70	70
	Actual	128	109					
	Variance	63	45					
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	28	29	30	27	27	28	27
	Actual	47	46					
	Variance	19	17					
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	35	36	36	36	42	43
	Actual	81	63					
	Variance	44	28					

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

e. Committee Issues and Comments

Clinical Governance Committee

The importance of maintaining communication to complainants in delays to responses was highlighted. Due to the pressures on the workforce, it has been agreed to pause some complaint activity, and this will impact on the 20-day Stage 2 closure performance going forward.

Finance Performance & Resources Governance

No specific performance-related issues were highlighted for escalation to the Board.

Staff Governance

No specific performance-related issues were highlighted for escalation to the Board.

f. Assessment – Clinical Governance

		Target	Current
HSMR		1.00	1.02
<p>The HSMR for NHS Fife for the year ending March 2021 rose slightly in comparison to the rate for the year ending December 2020, and was above the Scotland average. The rate for VHK alone was 1.03.</p>			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.75
<p>As with most areas in Scotland the activity within hospital settings is extremely high and workforce challenges are also reflected nationally, increasing the usage of supplementary staffing. Work continues within this difficult context to focus improvement on areas where falls with harm has increased. As already noted, process, documentation and audit work will align with the national developments in Falls and Excellence in Care.</p>			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	0.86
<p>Acute: Two clinical areas have been identified to participate in the next pressure ulcer improvement project. There was a 4-6 week preparatory study before the project period began, and regular meetings are scheduled throughout the project.</p> <p>HSCP: The rate of pressure ulcers has reduced during the last quarter. At the end of June, it has been 147 days since the last hospital acquired pressure ulcer grade 3 developed, and 8 days since the last grade 3 developed in the community. Within community inpatients wards, there have been no developed/developing grade 4 pressure ulcers since January 2020 (523 days).</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.7%

All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the SG. However, Maternity Services have continued to monitor their Caesarean Section SSI cases and, where necessary (i.e deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.

SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	6.3
NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no ventilator associated pneumonias, PVC or CVC SABs since March.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	10.0
NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022, although the incidence rate has markedly improved for June. There has been no recurrence of infection since March, and a total of 6 recurrences in the last year. Reducing the incidence of CDI recurrence is pivotal to achieve the HCAI reduction target, and continues to be addressed.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	37.6
The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For June, NHS Fife is sat on the trajectory line and on track to achieve this target. However, reducing CAUTI ECBs is essential to achieve the target reduction and there were 7 such infections in June. Reducing CAUTI incidence remains the quality improvement focus.			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	28.0%
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. It is noted that there is an increase in the complexity of complaints received. Although reduced slightly, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid-19 vaccination appointments. We are also starting to receive enquiries relating to Covid-19 vaccine status, as international travel opens up.			

f. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	88.2%
<p>Attendances continue to rise, averaging around 200 per day at the ED, which equates to a 45% increase since January. The majority of these are self-presenters. Despite the increased demand, performance against the National Standard improved in June. Several front door initiatives to improve flow, including a new assessment area within AU1, have been implemented and are being tested. The Redesign of Urgent Care (RUC) has supported improvements for GP admissions into AU1 and we are testing this model. Redirections to MIUs have increased across Fife and referral pathways are being developed with primary care to enable the Flow and Navigation Hub (FNH) and ED to access support for patients.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	67.9%
<p>Performance in June has continued to recover with 69.7% waiting less than 12 weeks compared to 20.2% in July 2020. NHS Fife continues to be the best performing Board in Scotland for TTG. Theatres are now fully remobilised however an increase in unscheduled care activity is impacting on our ability to undertake elective inpatient surgical activity as planned. At the end of June, the waiting list was 11% lower than in July 2020 and has remained stable since February of this year. We continue to focus on clinical priorities whilst reviewing patients who have been waiting greater than 52 weeks. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	62.4%
<p>Performance in June has continued to recover with 62.4% waiting less than 12 weeks compared to 41.1% in July 2020. At the end of June, the waiting list was 56% higher than at the end of June 2020, but similar to that in April of this year. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those who have been waiting more than 52 weeks. Activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	90.6%
<p>Performance improved in May with 93.5% waiting less than 6 weeks but was under pressure again in June decreasing to 90.6% although this compares favourably to 51.4% in July 2020. At the end of June, the waiting list was 11% higher than at the end of July 2020 with the most significant increase being in waits for imaging. There has been a significant increase in referrals for CT and Ultrasound and particular pressures from unscheduled care activity which along with staffing difficulties have caused routine waits for these modalities to increase in the last month. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	82.1%
<p>June continued to see challenges in the 62-day performance. An increase in referrals along with consultant annual leave impacted on the Breast service, while delay to referral to CNS and routine staging and investigations resulted in a number of other breaches. Prostate breaches continue to be seen but overall, the pathway has significantly shortened. The range of breaches were 2 to 37 days, with an average breach time of 13 days.</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	91.2%
<p>There were 35 FOI requests closed in June, 4 of which were late, so compliance remained above</p>			

target. There are currently 76 active FOI Requests.

EDG review and sign off of the new Publication Scheme is complete.

Due to staff turnover in the FOI Role, the Information Governance and Security Advisors have been made aware of some data quality issues which are being investigated.

Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	5%	9.7%
<p>The number of bed days lost due to patients in delay rose sharply in April and has remained well above the target 5%. The latest data indicates that there is a continued disruptive impact on NHS Fife and the H&SCP due to the pandemic. Increased hospital activity over the recent months has resulted in people requiring care and support before being safely discharged. There are also compounding factors such as staff absences/annual leave resulting in people waiting longer than normal for health & social care services. Bed days occupied by Code 9 (51X) patients, while not counted in the IPQR measure, accounts for approximately 35-40% of beds days lost.</p>			

Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	25
<p>Service provision has continued to be delivered remotely by phone and Near Me appointments. Staffing levels are improving, 6 new staff members recruited, with 5 in post and undergoing local training (due to lack of availability of usual national training). Midwife led service staff have returned from deployment/long term absence and are back to full capacity. Plans to remobilise face to face provision have started, but this is in early planning and development and requires an assessment of available venues which initially had been positive but due to increasing COVID cases has been paused. A current challenge and potential risk to LDP Target is that we have received an alert from Pfizer UK warning of a supply shortage of Champix (varenicline tartrate) across all doses and presentations which looks set to continue for several weeks. Until supplies of Champix can resume, we are using alternative treatment options for new patients. We are working with community pharmacies to assess available stock to manage those currently on a course of Champix treatment.</p>			

CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	79.5%
<p>Due to the majority of the workforce continuing to target those requiring urgent and priority interventions, RTT has remained in the high 70%. Failure to recruit additional staffing to address capacity alongside the resignation of those recently recruited for longest wait work has meant that the trajectory to achieve the RTT and reduction of longest waits over 18 weeks will not be achieved within the time period specified (June 2022). Recalculation, dependent on recruitment by end of September 2021, projects that the target will be achieved by October 2022. Contingencies have been put in place to deploy specific professional groups (Psychology) to work on the longest waits to ensure progress to date is maintained and vacant posts continue to be re-advertised.</p>			

Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	82.6%
<p>Referrals continue to rise but despite the increase in activity levels, there has been little change in overall numbers waiting since April. There has however been a reduction in the longest waits, with 155 fewer people waiting over 53 weeks in June compared to April. Recruitment to new posts (and current vacancies) is underway but it is too early as yet to see the impact of this increased resource. Some group work also remains suspended (awaiting a return to in-person delivery) which continues to negatively impact capacity.</p>			

f. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£13.822m)	(£6.109m)

Month 3 financial position

The revenue position for the 3 months to 30 June reflects an overspend of £6.109m. This comprises a run rate overspend position of £1.790m; unmet core savings of £0.905m (to be delivered over the remaining months of the year); and underlying unachieved 'long Covid' savings of £3.414m.

The total capital resource limit for 2021/22 is £27.335m. The capital position for the 3 months to June shows spend of £3.022m.

Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£27.335m	£3.022m
----------------------------	--	-----------------	----------------

The overall anticipated capital budget for 2021/22 is £27.335m. The capital position for the period to June records spend of £3.022m. Therefore, 11.06% of the anticipated total capital allocation has been spent to M3.

f. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	6.17%

The sickness absence rate in June was 6.17%, an increase of 0.86% from May. The aggregated rate for COVID-19 related special leave, as a percentage of available contracted hours, was 1.1%.

MARGO MCGURK
Director of Finance and Performance
21st September 2021

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance



Report to the Board on 28 September 2021

BOARD DEVELOPMENT SESSION – 31 August 2021

Background

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

August Development Session

4. The most recent Board Development Session took place via MS Teams on Tuesday 31 August 2021. There were two main topics for discussion: Equality and Diversity and Building and Sustaining our Workforce.

Recommendation

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

TRICIA MARWICK
Board Chairperson
01 September 2021

Meeting:	NHS Fife Board
Meeting date:	28 September 2021
Title:	FVCV Programme Delivery Update
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Authors:	Lisa Cooper, Immunisation Programme Director Emma Strachan, FVCV PMO Project Manager

1 Purpose

This is presented to NHS Fife Board for:

- Discussion and Support

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summaries

2.1 Situation

While the COVID-19 vaccination continues to progress with newly identified cohorts, the Board is actively planning for the commencement of the Flu and Covid-19 dose 3 delivery commencing September 2021. In preparation, a new programme has now been established with key leadership directed from the HSCP.

The revised governance structure for FVCV includes a programme board and three supporting workstreams on workforce, scheduling and logistics, mirroring the COVID vaccination programme. A new programme director has now been appointed and commenced their role in early August along with a new programme manager leading the PMO. Transition to the new structure continues and handover periods have been completed with the closure of the previous COVID Silver governance team having now taken place.

At time of writing, final advice is awaited from the Joint Committee on Vaccination and Immunisation (JCVI). Interim directions to allow planning assumptions to be made have been received from Scottish Government and the programme has been designed to complement national structures.

However, there are several matters which will have significant influence on the design of the programme which are not yet clear. This includes the COVID vaccine product required which has a major impact on logistics and models. Additionally, while it is assumed to be acceptable, evidence and decision around co-administration of flu and COVID vaccination is still being developed.

At time of writing, nationally the Programme board advise that JCVI advice to support Tranche 2 delivery was anticipated week beginning 13/09/2021.

2.2 Background

Recent national guidance has highlighted several developments for consideration to FVCV planning which the board are asked to note.

Guidance has been received that the COVID-19 booster should now be referred to as COVID-19 dose 3 for severely immunosuppressed and 3rd booster for all other eligible cohorts.

Activity until September

Tranche 1:

All adults over the age of 18 have been offered a first dose of COVID vaccine and this was completed 18th July 2021.

Currently, the programme has four key priorities:

- Ensuring second doses are given at 8 weeks for those who have received first doses
- Ensuring first doses to continue for the following groups
 - Those recovering from COVID (as vaccination can not be administered until 28 days' post infection)
 - Ensuring there is an 'Evergreen' option – allowing those who for whatever reason have not previously been vaccinated or come of age during the programme, to ensure they receive a full course.
- Students (including international students arriving in the coming months)
- Children/young people in following groups
 - Children aged 12 to 15 years of age with severe neuro-disabilities, Down's Syndrome, underlying conditions resulting in immunosuppression, and those with profound, multiple or severe Learning Disabilities (LD) on LD register. To date, 281 12-15 year olds have self-registered and been scheduled for 1st dose appointments with 49 of those having now received their 1st vaccination

- All children aged 16 to 17 years of age
- Children and young people aged 12 years and over who are household contacts of persons (adults or children) who are immunosuppressed

Autumn/Winter Programme

Tranche 2

Delivery Plan

Planning for delivery for all cohorts within both stages of Tranche 2 is at an advanced stage and is based on the planning assumptions provided nationally with workstreams being anticipatory as possible ensuring a cohesive and joined up approach to planning and agreeing models for delivery.

Scottish Government (SG) advise a formal delivery plan will be requested from boards and as per current planning and reporting arrangements, a template is anticipated. National guidance advises this cannot be completed or submitted until full direction of JCVI is known and was anticipated week beginning 13/09/21, local planning must continue in line with nationally agreed planning assumptions. Locally this involves ensuring consideration of 2 scenarios anticipating, planning and mitigating any perceived risks.

Therefore a formal delivery plan cannot be submitted at this time for consideration and to seek to provide assurance. The FVCV programme board do commit in line with JCVI guidance and suggested national timelines that any formal delivery plan will be presented via established governance routes at the next Clinical Governance Committee.

Expected Timescales:

w/c 6th September: Children's Flu Vaccinations commence

w/c 20th September: Adult Flu & COVID-19 third dose commencement with initial focus on care homes and immunosuppressed groups

w/c 20th September: Online portal for self-registration due to be open for HSCW

w/c 27th September: HSCW Flu & Covid dose 3 vaccinations commence

w/c 6th December: Completion of all Flu vaccinations

A two-stage approach has been instructed in delivering COVID-19 booster doses and flu vaccinations, resulting in several cohorts, originally delivered independently of each other, being grouped together, and delivered concurrently.

It has been noted nationally that there is a risk around public expectation in moving to the 2 stage approach and a national communication plan will be developed to support this, this was

anticipated week beginning 13/09/21 following Scottish Government advice and approval. There will be a need to adapt this locally.

Prioritisation of these cohorts remains aligned with the initial cohorts 1-9 advised by the JCVI. With Tranche 1 due to commence in September 2021, this approach and increase on pace will impact on original planning assumptions across the programme. The directive is to complete flu vaccinations by December 2021.

In consideration of the timescale for delivering Flu and a national expectation of 80% uptake, it has been identified that a total number of 185,882 citizens are eligible for receiving a Flu vaccination. Work is currently underway within the programme to assess the feasibility and best approach in achieving successful delivery to the timescale given.

The two stages are:

Stage 1 (offered a third dose of COVID-19 vaccine and the annual flu vaccine, as soon as possible from September 2021):

- adults aged 16 years and over who are immunosuppressed
- those living in residential care homes for older adults
- all adults aged 70 years or over
- adults aged 16 years and over who are considered clinically extremely vulnerable
- frontline health and social care workers

Stage 2 (offered a third dose COVID-19 vaccine as soon as practicable after Stage 1, with equal emphasis on deployment of the flu vaccine where eligible):

- all adults aged 50 years and over
- all adults aged 16 – 49 years who are in an influenza or COVID-19 at-risk group
- adult household contacts of immunosuppressed individuals

At time of writing, there are two scenarios which the programme is planning for within stage 1 which relate to the co-administration or alternatively decoupling of flu and COVID vaccinations. The national programme has directed Boards to consider it most likely that flu and COVID vaccinations can be delivered concurrently to individuals – however this has yet to be clinically confirmed and therefore a scenario involving decoupled vaccinations with a gap of between them, with the timing for this gap to be clinically confirmed also requires to be scoped.

	Scenario 1 – Concurrent flu and COVID vaccination	Scenario 2 – Decoupled flu and COVID vaccination
Description of model	Those eligible in stage 1 will receive both vaccinations at the same appointment. This presents	Those eligible in stage 1 will receive their vaccinations suggested as three weeks apart

	significant efficiencies	
Workforce considerations	Fife has recruited a substantive workforce which would be sufficient to staff community clinics and the HSCWs clinics	The substantive workforce is likely to be close to capacity with this model – further analysis is ongoing but this does represent a risk. There are a significant number of independent contractors and bank staff who may be able to offer support in an urgent situation – these groups were critical in the early stages of COVID vaccination. There will naturally be an extended peak of demand following the first three weeks of vaccinations, with demand then dropping for the final weeks.
Scheduling considerations	<p>The national scheduling system will be used for staff and is likely be operational w/c 27th September. This is a change to the previous model which involved local scheduling.</p> <p>For members of the public, the existing national scheduling system will be used with local teams responsible for preparation of cohort files, and resolving any operational issues.</p>	<p>The system will be built with an agnostic appointment, where people can book for one type of appointment. Clinics would need to be designed to accommodate one vaccine type only. The national system will then allow for a booking of the second vaccination.</p> <p>This raises complexity in local clinic builds, but is manageable within existing systems.</p> <p>Local leaders have suggested a risk that the DNA rate for flu may be increased in this scenario, this has been recognised nationally.</p>
Logistical considerations	Venues for staff and public clinics have been identified, incorporating learning from the COVID programme and including appropriate accessibility for the target groups. The primary west Fife venue is to be confirmed next week – the other 11 venues are confirmed	Additional capacity is available in venues through extending the leases etc through to the end of January. Some venues could have extended capacity, but not in all cases, which would have transport implications for patients
Vaccination of over 80s	Engagement work is ongoing with GP practices to agree vaccination of this group within general practices who vaccinated this group during the COVID programme.	This will raise additional capacity challenges within practices, particularly with any required wait period if Pfizer were used.

Vaccination of housebound population	The programme intends to work closely with GP Practices to vaccinate this group, and will continue to work with practice nurses and district nursing teams to facilitate	Again, decoupling would raise capacity challenges within primary care nursing services and most likely increase the time to deliver. A full modelling exercise is required, but there is significant intelligence from the COVID programme
Communications	Comms are closely linked into national direction and have established a range of channels, with lessons learned from the COVID programme	There will be added complexity and a particular need to highlight the importance of the flu vaccine to mitigate expected DNAs. Important to manage expectations from local elected members and ensure their support in informing the public

It must also be acknowledged that scenario 2 would as advised direct a longer programme impacting both on length of time to completion, additional resources including workforce and logistics impacting on the overall spend.

This table is designed to provide assurances around planning by the Programme Board to assure consideration for scenario 2 described and the risk perceived should this be the approach to be implemented once JCVI Tranche 2 guidance is advised.

Eligibility

A self-registration portal is currently in development nationally and due to be released week beginning 20th September for frontline HSCW. It is expected that this will enable appointments for Flu and COVID-19 boosters to be scheduled for this cohort with the 182 days’ period from 2nd dose taken into consideration. The availability of this system will relieve pressure and concern within the board in providing a more localised and temporary approach to this.

Consideration is instructed to be given to COVID 19 vaccination planning of all 12-15 year olds although further guidance is due to follow on this. A concern has been raised around this in terms of workforce and timescale impact.

Further guidance expected to follow on the adult immunosuppressed group in terms of the cohort data and scheduling requirements. Further JCVI is expected, to allow appointing within NVSS. Consideration on feasibility of appointing locally and the impact of this to be given within planning assumptions.

Vaccine Administration

It is assumed currently that Flu and COVID-19 boosters can be administered during the same appointment (based on current guidance, which is subject to change) however JCVI advice to delivery teams has stated that both should be administered at the earliest possible time. This

could result in both vaccines being administered independently of each other and this is being considered within planning assumptions.

Further confirmation is expected on the time period between COVID-19 second dose and third booster administration, which is currently been highlighted as indicatively being 182 days.

Vaccine Product

Clinical guidance from JCVI has yet to be confirmed on the vaccine product which should be administered for COVID-19 booster. Current guidance is for planning assumptions to be based on administering a different vaccine product for the 3rd COVID-19 booster. It has been confirmed nationally that the 15-minute waiting period will remain for any Pfizer vaccinations administered as a booster.

The assumption that a different vaccine product for the booster COVID-19 dose will be required means current scenario planning suggests Pfizer as vaccine to be delivered locally. This may impact on the ability of GP Practices to support the programme due to perceived logistical, workforce and timescale issues. Work is currently underway by programme leads to engage with GP practices to discuss perceived challenges, assess options available to seek solutions and manage concerns and issues raised effectively.

2.3 Assessment

2.3.1 Quality/ Patient Care

The Board has now exceeded 500k total doses administered in the COVID vaccination with a focus currently on the 4 key areas identified above. An outreach programme has been developed with drop-in clinics across Fife planned for the next 4 weeks. This includes a block of drop in clinics specifically targeted to St Andrews University students, Fife College Campus, Agricultural Workers and independent businesses. The drop-in clinics are also continuing to target the 18-29 cohort to increase vaccination uptake.

Work is continuing on assessing venue suitability for FVCV programme, ensuring they align with the EQIA with a number of clinics now finalised in preparation of the HSCW vaccinations commencing.

Work is underway involving General Practice and good engagement with the Local Medical Committee to mitigate concerns regarding the over 80s cohort and support flu and covid vaccine delivery close to home. These would be transitional arrangements supported by National Temporary and Direct Enhanced Service agreements while the Vaccination Transformation Programme (VTP) is progressed to completion. Due to planning assumptions on vaccine products likely to be administered for boosters, Pfizer would be administered to this group, resulting in logistical challenges with planning progressing to manage these.

2.3.2 Workforce

The board currently has 217 Healthcare Support Worker Vaccinators (band 3) recruited, trained, and actively administering across our community clinics under the supervision of registered

nursing staff. The clinics have operated well due to the implementation of strong clinical leadership ensuring structure and stability throughout the programme. This approach has been considered as part of the workforce planning assumptions for FVCV with activity currently focused on the future workforce modelling to identify potential recruitment requirements.

There are agreed risks regarding the sustainability of the workforce in the longer term: many are contracted to March 2022. Workforce planning is at an advanced level and will be completed and progressed for approval once models for delivery are agreed.

2.3.3 Financial

The programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs identified throughout the planning stages of the FVCV programme will be reported accordingly.

2.3.4 Risk Assessment/Management

A review of the existing COVID-19 risk register has taken place within the programme, assessing those to be carried forward into the FVCV programme, those to be closed and new risks to be added. There are currently 22 risks identified to be carried over, with 2 of those carrying a high risk level. Recommendations on risks to be amended have been provided and a further 5 new risks have been identified for addition to the FVCV risk register.

The direction from Scottish Government notes *that the 2021/22 flu season in the UK could be up to 50% larger than typically seen, and may also begin earlier than usual*. This highlights the importance of a robust and early approach to vaccination.

One of the primary risks identified locally has been use of the national vaccination scheduling system, which has encountered a range of operational difficulties over the last 7 months. The direction nationally is to continue use of this system. Local resilience around its use will continue to be a focus.

2.3.5 Equality and Diversity, including health inequalities

A robust EQIA was established within the COVID-19 programme through strong links with Public Health and partner organisations. The Fife approach to inclusivity and resulting EQIA was noted as an example of best practice at the National Programme Board. Assessment of the EQIA for the FVCV programme is underway by utilising the strong links already established and developed accordingly for the wider immunisation programme. The established inclusivity group will continue to lead delivery of EQIA actions. A full review is important given the move towards limited cohorts being eligible.

2.3.6 Communication, involvement, engagement and consultation

Weekly communications continue to be issued to elected members and monthly communications are now issued to NHS Fife staff. Communications pathways have been established and documented within the programme and work is underway to assess these pathways, ensuring strong relationships are maintained and continue to work effectively within the FVCV programme.

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.

- FVCV Programme Board – Monday 23rd August – content of report discussed with group
- NHS Fife EDG – Monday 23rd August
- Special Meeting of the NHS Fife Clinical Governance Committee – Thursday 2nd September. The paper was presented and discussed and well received noting the challenges to provide a full delivery plan whilst awaiting JCVI guidance and Scottish Government direction.

The situation is evolving and once JCVI guidance and Chief Medical Officers direction is known a full delivery plan will be agreed and an update provided via NHS Fife's agreed governance routes to the board.

2.4 Recommendation

The NHS Fife Board is asked to consider this report for **discussion and support**, considering the progress and information contained regarding the current position for delivery of the programme and ongoing developments in the approach.

3 List of appendices

Report Contact

Nicky Connor

Director of Health and Social Care

nicky.connor@nhs.scot

Meeting:	NHS Fife Board
Meeting date:	28 September 2021
Title:	Fife Immunisation Strategic Framework 2021-24
Responsible Executive:	Joy Tomlinson, Director of Public Health Nicky Connor, Director of Fife Health and Social Care Partnership
Report Author:	Carol Bebbington, Consultant Immunisation Review Lisa Cooper, Immunisation Programme Director

1 Purpose

This is presented to the Clinical Governance Committee for:

- Discussion and support

This report relates to a:

- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The 2021 independent review of immunisation resources and structures in Fife made recommendations with regard to the structure and governance of immunisation programmes and the requirement to develop a cohesive immunisation strategy. The Fife Immunisation Strategic Framework 2021-24 has been developed in accordance with the review findings and is contained at Appendix 1.

The NHS Fife Board are asked to consider the report and support implementation of the Fife Immunisation Strategic Framework 2021-24.

2.2 Background

An independent review of the immunisation resources and structures was jointly commissioned by the Director of Public Health and Director of Fife Health and Social Care Partnership (HSCP) to make recommendations to NHS Fife to meet the increasing demands and expectations of all childhood and adult immunisation programmes.

This review made recommendations related to: -

- the leadership and management of the immunisation programmes including a revised structure and description of key roles and responsibilities.
- the governance structure along with summary of remits of the proposed and existing groups and committees.
- the planning requirements to develop a cohesive immunisation strategy.

The Health Care Governance Committee received the report on Immunisation Leadership and Governance in July 2021. This report brings forward the proposed Fife Immunisation Strategic Framework 2021-24 for consideration which has been informed from learning from the seasonal flu and COVID-19 programmes, independent review of immunisation services in Fife and the draft planning and policy principles for development of future vaccinations in Scotland.

2.3 Assessment

Immunisation programmes are one of the greatest public health interventions in terms of measurable impact on morbidity and mortality. Immunisation not only provides protection for the individual, but also offers important benefits for the long-term health of the community.

This Strategic Framework sets out the shared vision of NHS Fife and Fife Health and Social Care Partnership for a *Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.*

Through implementation of the strategy, we aim to:

- Protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes;
- Contribute towards improved wellbeing and reducing health inequalities;
- Ensure immunisation services are safe, effective and of a consistent high quality;
- Raise people's awareness of the public health benefits and people's trust in vaccinations.

To realise our vision and ambitions four priorities for action have been identified: -

1. Optimise immunisation coverage ensuring equitable access for all eligible groups
2. Enhance the monitoring & evaluation of immunisation programmes
3. Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services
4. Community engagement and promotion

A strategic action plan has been developed to ensure close monitoring of uptake rates continues, immunisation services are as accessible and flexible as possible, and that inequalities are addressed in the new models of delivery.

Regular updates on progress will be reported to the Executive Director Group and onto the appropriate public health and clinical governance committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the final year of implementation, will inform future direction and the development of future strategic plans.

2.3.1 Quality/ Patient Care

The core principles underpinning the transformation of immunisation services will ensure they are person centred and responsive to the needs of individuals, as inclusive and accessible as possible, informed by clinical evidence and expert advice, delivered at an appropriate pace to reduce risk and that people experience high quality, safe, effective and efficient services.

2.3.2 Workforce

Whilst further national direction is anticipated the development of a workforce plan and recruitment of a dedicated workforce will be prioritised to minimise impact on other NHS services and ensure sustainability of provision.

2.3.3 Financial

A robust financial plan will be developed in accordance with the workforce plan, models of delivery and taking account of the national direction with regard to immunisation programmes.

2.3.4 Risk Assessment/Management

Our recent experience of the COVID-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt public health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives.

Immunisation services are an integral part of a well-functioning healthcare system. This strategy supports a collaborative whole systems approach across NHS Fife and Fife Health and Social Care Partnership to provide immunisation services that are safe and accessible and reflect the needs and demands of the population.

The implementation and governance of this strategy will be jointly led by the Director of Public Health (Executive Lead) and the Director of the Health and Social Care Partnership (Senior Responsible Officer). This integrated approach will ensure that there is appropriate accountability and governance oversight of immunisation at Board level and that the immunisation programmes meet their objectives, deliver the required outcomes and realise the anticipated benefits for the population of Fife.

2.3.5 Equality and Diversity, including health inequalities

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies. Immunisation uptake is lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. Low coverage patterns risk exacerbating health inequalities further through a rise in incidence in preventable diseases at both an individual and population level due to loss of benefits associated with herd immunity.

An impact assessment has not been completed for this report. The Strategic Action Plan sets out key actions to standardise the equality impact assessment process across all immunisation programmes and to develop and implement an Inclusivity Plan.

2.3.6 Other impact

It is recognised that where there are unmet information needs people may not be making truly informed choices about vaccination. There is a need for community engagement and promotion based around improved communication strategies, effective clinical and political leadership and public health messaging to help address the issues, constructively challenge the vaccine hesitant and improve the dialogue around immunisation.

2.3.7 Communication, involvement, engagement and consultation

The development of the Strategic Framework builds on the learning and stakeholder engagement undertaken within the immunisation reviews. The commissioning team have met on a fortnightly basis to discuss progress.

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.

- Executive Director Group, 23rd August 2021
- Flu and Covid Vaccination Programme Board, 23rd August 2021
- Special meeting of the NHS Fife Clinical Governance Committee, 2nd September 2021

2.4 Recommendation

The report is provided to the NHS Fife Board for

- **Discussion and support for implementation of the Fife Immunisation Strategic Framework 2021-2024**

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Fife Immunisation Strategic Framework 2021-24

Report Contact

Carol Bebbington
Consultant Immunisation Review
Email carol.bebbington2@nhs.scot

Fife Immunisation Strategic Framework 2021-2024



Contents

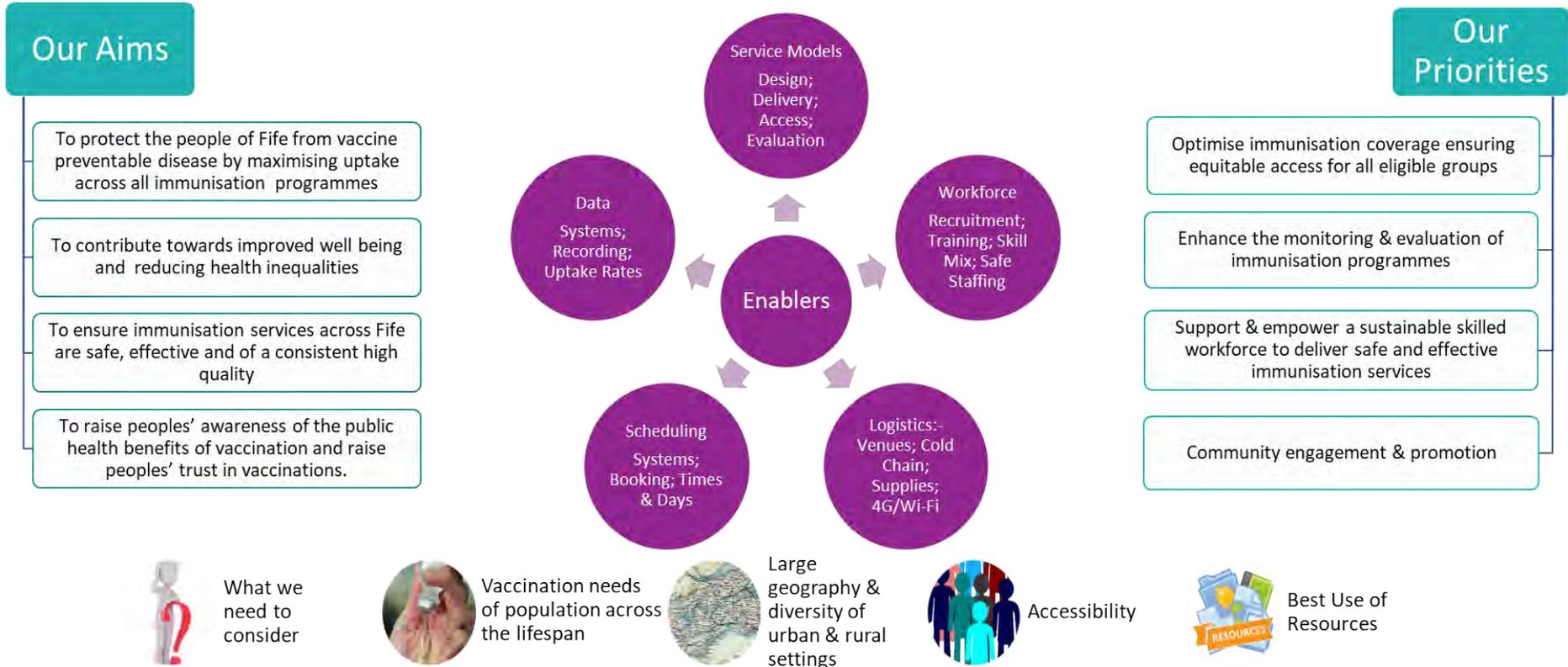
Fife Immunisation Strategic Framework 2021-2024	1
Executive Summary	3
Introduction.....	4
National and Local Context.....	5
Vaccine Preventable Disease.....	7
Snapshot of Immunisations in Fife	8
Children’s Immunisations At 24 Months	8
Teenage Routine Immunisations	8
Influenza	8
Selective Immunisation Programmes.....	9
Bacillus Calmette-Guerin (BCG) Vaccine.....	9
Hepatitis	9
Sexual Health	9
Pertussis (Whooping Cough)	9
Occupational Vaccination for Health Care Workers	9
COVID-19	10
Equity and Inclusion	11
Our Vision	12
Our Aims and Priorities.....	12
Core Principles.....	12
Enablers	13
Governance	14
Monitoring, Reporting and Evaluation	15
Strategic Action Plan.....	16



Fife Immunisation Strategic Framework 2021-24



A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.



Introduction

Immunisation programmes have been an integral part of health services and public health for over 200 years since the ground-breaking discovery by Edward Jenner of the small pox vaccine. They are considered one of the greatest public health interventions in terms of measurable impact on population morbidity and mortality.¹

Immunisation is a safe and effective way to help protect the population from serious vaccine-preventable diseases. Since the initial focus on six childhood vaccine-preventable diseases over four decades ago, they have evolved rapidly and expansively in a relatively short space of time. The addition of new vaccines has increased the breadth of protection provided by immunisation, to include vaccinations for protection of older children, adolescents and adults. Immunisation not only provides protection for the individual, but also offers important benefits for the long-term health of the community. For immunisation to provide the greatest benefit a sufficient proportion of the population need to be vaccinated to stop the spread of bacteria and viruses that cause disease – this is known as herd immunity. The success of established vaccination programmes mean that most vaccine preventable diseases of childhood are now rarely seen however there remains a need to ensure the population understand the importance of protection across all age groups.

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services².

Our recent experience of the COVID-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt public health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives³.

Providing cohesive immunisation services is paramount for success. Services must be safe and easily accessible, reflect the needs and demands of the population and will require the right workforce to deliver the right immunisations in the right place at the right time.

As we modernise immunisation service provision over the next three years it will be essential that inequalities are addressed in the new models of delivery, close monitoring of uptake rates continues and that immunisation services are recognised as an integral part of a well-functioning healthcare system.

¹World Health Organisation: Strategic Advisory Group of Experts (SAGE) on Immunization Assessment Report of the Global Vaccine Action plan. 2018

² PHE Immunisation Inequalities Strategy, February 2021

³ UK COVID-19 Vaccines Delivery Plan, January 2021, Department of Health & Social Care

National and Local Context

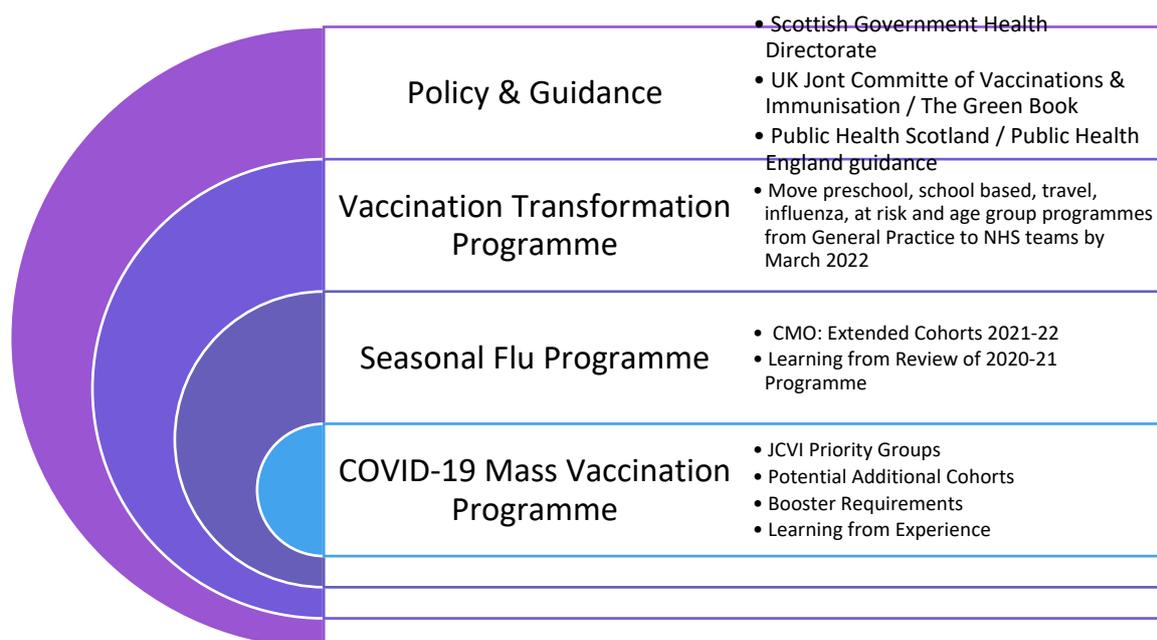


Fig 1: National and Local Context for Immunisation

Immunisation policy in Scotland is set by the Scottish Government Health Directorate who take advice from the UK Joint Committee of Vaccinations and Immunisation (JCVI). The JCVI provide advice on immunisations for the prevention of infections and/or disease following due consideration of the evidence on the burden of disease, on vaccine safety and efficacy and on the impact and cost effectiveness of immunisation strategies⁴. The UK immunisation schedule is continually reviewed and updated⁵. *Immunisation against infectious disease* (commonly known as the *Green Book*) reflects the current policies and procedures as advised by the JCVI and provides essential guidance on vaccines and vaccination procedures for all vaccine preventable diseases that may occur in the UK⁶.

December 2019 saw the emergence of a new coronavirus, COVID-19, which led to a global pandemic being declared by the World Health Organisation in March 2020. Thousands of people in Scotland have died as a direct result of COVID-19. The indirect impact of COVID-19 on Scotland's health, economy and society will affect thousands more⁷. Mass vaccination of the population with COVID-19 vaccine is the single largest Public Health intervention in modern times. The priorities for this programme have been set out by the JCVI and vaccination remains a vital component for recovery and prevention of future outbreaks.

The 2018 Scottish General Medical Services (GMS) Contract⁸ set out a new direction for general practice in Scotland which aims to improve access for patients, address health inequalities and improve population health. One of the priorities for implementation of the new contract is to reduce workload pressure on general practice and it has been agreed nationally that the delivery of

⁴ Joint Committee on Vaccination and Immunisation Code of Practice, June 2013

⁵ Complete schedule (children & adults) available here: <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

⁶ Immunisation Against Infectious Disease, [Immunisation against infectious disease - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/immunisation-against-infectious-disease)

⁷ Public Health Scotland Strategic Plan 2020-23

⁸ [GMS contract: 2018 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/gms-contract-2018-2020/pages/introduction.aspx)

vaccination programmes will transfer from GP practice staff to dedicated NHS teams under the Vaccination Transformation Programme (VTP). The VTP is divided into different work streams⁹: -

- ✚ Pre-school programme
- ✚ School based programme
- ✚ Travel vaccinations and travel health advice
- ✚ Influenza programme
- ✚ At risk and age group programmes (shingles, pneumococcal, hepatitis B).

Transfer of all routine infant, pre-school booster and school age vaccinations had already been completed in Fife prior to 2020. Transfer of 2–5-year flu vaccine delivery was completed in autumn 2020 but other transfer plans were delayed due to the pandemic and some adult programmes were temporarily suspended. The national programme has been extended by a year with completion due by end of March 2022. This timeline remains challenging and the backlog of unvaccinated adults in eligible groups for example, for pneumococcal and shingles, has grown.

The seasonal flu programme is a strategic and Ministerial priority as well as a key clinical priority for NHS Fife and Fife Health & Social Care Partnership (HSCP). The Chief Medical Officer¹⁰ has set out the priorities for the 2021-22 flu programme which aims to protect those most at risk from flu and to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to an absolute minimum. There has been a significant extension to the eligible groups and a key focus of the programme will be to promote and increase flu vaccine uptake. Delivery of the programme will be challenging due of the ongoing impact of COVID-19 on our health and social care sector.

Independent reviews of the Seasonal Flu Programme 2020-21 and of the structure, governance, planning and resourcing requirements for immunisation in Fife together with learning from the roll out of the COVID-19 programme have identified key considerations for the development and delivery of all immunisation programmes (figure 2).

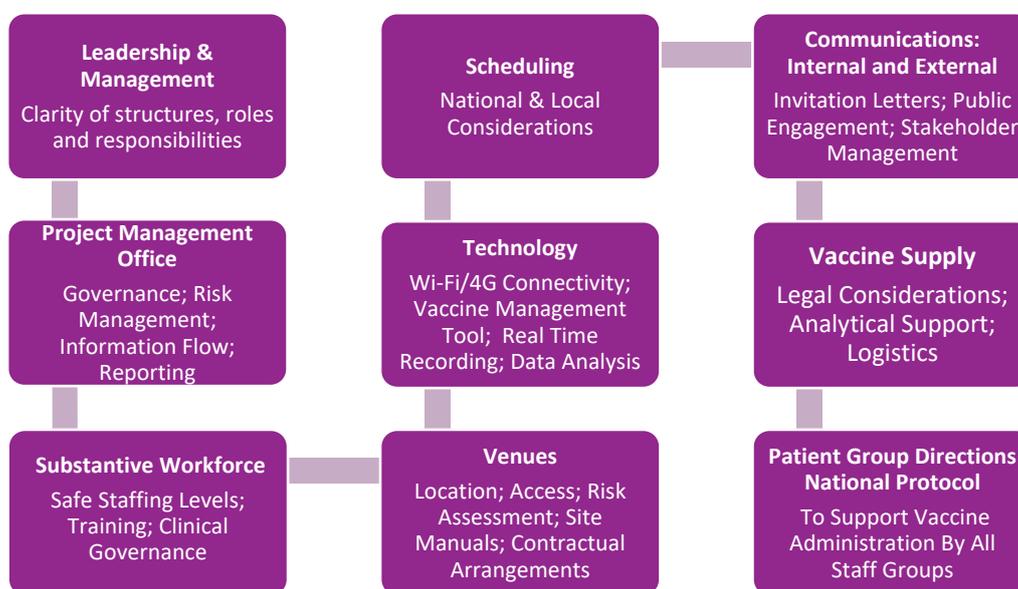


Figure 2: Key considerations for development and delivery of immunisation programmes

Vaccine Preventable Disease

⁹ www.healthscotland.scot/health-topics/immunisation/vaccination-transformation-programme

¹⁰ SGHD/CMO(2021)7

Vaccine-preventable diseases are those that are notifiable for surveillance purposes and for which a vaccine is available. In Fife and across Scotland the level of vaccine preventable disease is low (Table 1). All vaccine preventable disease under surveillance have shown a notable reduction in the past 12 months which is most likely due to the social distancing measures and restrictions implemented in response to the COVID-19 pandemic¹¹. It is noted that the circulation of influenza was very limited in the UK in the 2020-21 season; therefore a lower level of population immunity is expected. 2021-22 will be the first winter when COVID-19 will co-circulate with seasonal influenza. This has the potential to add substantially to the usual winter pressures faced by the NHS, particularly if infection waves from both viruses coincide¹².

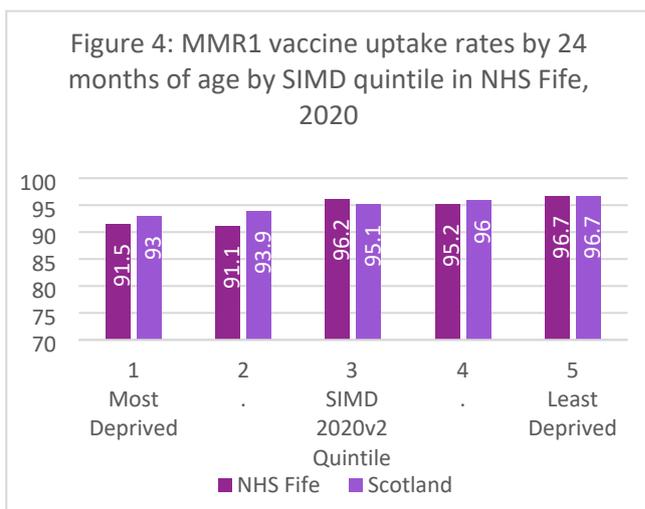
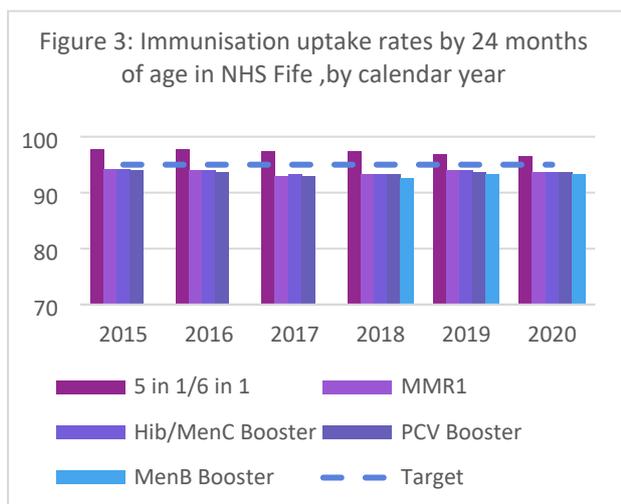
Table 1: Vaccine Preventable Disease

Haemophilus influenzae	There have been less than 5 cases of invasive <i>H. influenzae</i> type b infection in Fife since 2009
Measles	In 2019 there were a small number of confirmed cases (less than 5) with limited secondary transmission. There were no confirmed cases in 2020
Meningococcal disease	There were less than 5 cases in 2019 (age range 5 to 75 years) and 5 cases in 2020 (age range 3 to 84 years)
Invasive Pneumococcal disease	Across both Scotland and Fife there has been a much lower number of cases in 2020 than in the previous four years: less than 5 in Fife
Pertussis (whooping cough)	Across Scotland there were 198 confirmed cases in 2020 with less than 5 in Fife. The majority of cases occurred in first quarter of 2020 and since lockdown the numbers have been very low.
Human Papilloma Virus (HPV)	Surveillance has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer at age 20 by almost 90% in Scotland
Mumps	There was a high number of laboratory-confirmed mumps cases in the first quarter of 2020 (853) across Scotland with 14 cases in Fife in 2020, all of which were in the first quarter. The incidence reduced after April 2020 most likely due to social distancing measures but also reduced attendance in Primary Care to diagnose.
Rotavirus	Following the introduction of the immunisation programme in 2013 there has been a reduction in numbers of hospital admissions in children under 5 years, and numbers of GP consultations for gastrointestinal illness in infants under 1 year in Scotland. The number of reports of confirmed rotavirus in 2020 remained low.
Rubella	The last reported case of laboratory-confirmed rubella in Scotland was in 2017.
Shingles	Rates of admissions and GP consultations for shingles remained fairly static during the period 2010 to 2017 in Scotland, with higher rates in the more susceptible older age groups; more recent surveillance data has not yet been published.
Tetanus	There have been no confirmed cases of tetanus in Fife since 2009.
Tuberculosis (TB)	Incidence of TB in Fife is lower than the Scottish average which has shown a consistent downward trend during the period 2010 to 2019. An increasing proportion of those with TB are born outside the UK and more than a third of cases live in the most deprived SIMD quintile.
Influenza	In the 2019 to 2020 season, low levels of influenza activity were observed in the community. Influenza activity in 2020/21 has remained at baseline.

¹¹ Immunisation and Vaccine Preventable Diseases Quarterly Update June 2021, Public Health Scotland

¹² [JCVI interim advice: potential COVID-19 booster vaccine programme winter 2021 to 2022 - GOV.UK](https://www.gov.uk/government/news/jcvi-interim-advice-potential-covid-19-booster-vaccine-programme-winter-2021-to-2022)
(www.gov.uk)

Snapshot of Immunisations in Fife



Children’s Immunisations At 24 Months

Uptake rates in 2020 by 24 months of age are above 95% for the 6-in-1 vaccine and below 95% for first dose of MMR vaccine, Hib/MenC, PCV boosters, and Men B booster (Figure 3). The Scottish Index of Multiple Deprivation (SIMD) data shows that the 95% target is met for first dose MMR, Hib/MenB, PCV booster and MenB booster within the least deprived quintiles (3-5) but not in the most deprived quintiles 1 and 2 (figure 4). The drop-off in vaccination rates in quintiles 1 and 2 is more pronounced in Fife than is seen in the rest of Scotland.

Teenage Routine Immunisations

The teenage immunisation schedule includes booster immunisation for tetanus, diphtheria and polio (Td/IPV, given around 14 years of age); an immunisation protecting against four strains of meningococcal bacteria (MenACWY) and two doses of human papilloma virus vaccine. The teenage booster programme in Fife demonstrates a clear socioeconomic difference in vaccination uptake (Figure 5). Whilst this is similar to that seen in the rest of Scotland it indicates a need to develop targeted interventions.



Figure 5: Socioeconomic difference in uptake in teenage Td/IPV booster

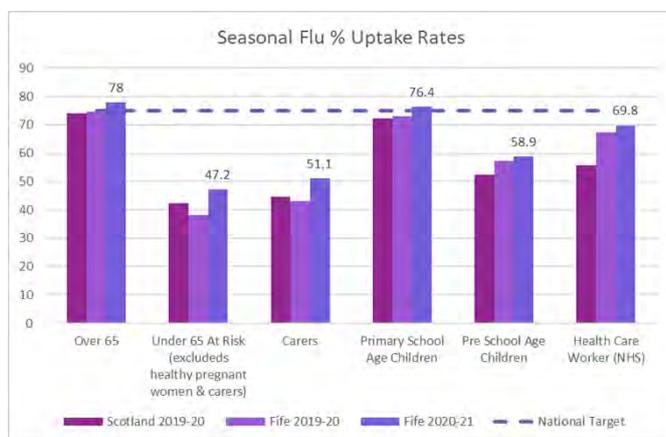


Figure 6: Seasonal Flu Uptake 2019-2021

Influenza

Influenza is associated with significant morbidity and mortality during the winter months, particularly in those at risk of complications. There is a 75% uptake rate target for each of the eligible cohorts. Data indicate that the overall vaccine uptake for Fife was higher in 2020-21 than in the previous season (figure 6). Increases were

also seen in Scotland across these cohorts in 2020/21¹³.

Selective Immunisation Programmes

Immunisation programmes are also available for certain populations who are especially vulnerable to or at increased risk of vaccine preventable diseases. This includes healthcare workers, pregnant women, older people, prisoners, men who have sex with men and people with predisposing medical conditions.

Bacillus Calmette-Guerin (BCG) Vaccine

The aim of the UK selective BCG programme is to immunise those at increased risk of developing severe disease and / or exposure to Tuberculosis (TB) Infection. The BCG vaccine is offered to babies who are more likely than the general population to come into contact with someone with TB. The vaccine is usually offered soon after birth¹⁴. The neonatal BCG vaccination pathway is under review and the outcome of this will inform the future delivery of the programme in Fife.

Hepatitis

Both hepatitis A and B can be prevented with vaccination. In Fife, babies born to mothers who have hepatitis B or live in a house where someone is infected with the virus are offered hepatitis B vaccination within 24 hours of birth to reduce the risk of chronic infection and avoidable harm. This is in addition to the routine immunisation offered to all babies in the 6-in-1 vaccine.

Sexual Health

Hepatitis vaccine A&B is recommended for men who have sex with men (MSM), anyone having sex with people from countries where hepatitis B is more common and those with multiple sexual partners¹⁵. MSM are also considered to have higher risk of Human Papilloma Virus (HPV) infection which can cause genital warts and certain types of cancer. Both HPV and hepatitis vaccines are freely available through sexual health clinics. Data on uptake is affected by a number of factors and requires further scrutiny. An audit of data systems and processes in Fife in collaboration with National Sexual Health System (NaSH) would enable more reliable datasets to be developed.

Pertussis (Whooping Cough)

Since 2012 pertussis vaccination has been offered to all pregnant women with uptake during 2019 in Fife at 66.7% (Scotland 67.2%), data for 2020 is not currently available. The uptake data is reported by NHS Board of delivery and therefore excludes those who choose to receive their maternity care in other Board areas.

Occupational Vaccination for Health Care Workers

The objective of occupational immunisation of healthcare and laboratory staff is to protect workers at high risk of exposure and their families; to protect patients and other staff from exposure to infected workers; and to sustain the workforce. Vaccinations are offered to staff dependent on where they work in accordance with the guidance in the Green Book¹⁷ (Table 2).

Vaccination	Health Care Workers
Up to date with routine immunisations e.g., Tetanus, MMR, Polio	All staff
BCG	Those who may have close contact with TB infectious patients.
Hepatitis B	Those who may have direct contact with blood or blood-stained body fluids.
Influenza (annual)	Those directly involved in patient care
Pertussis ¹⁶	Those who have regular contact with pregnant women or young infants

Table 2 Vaccination Offered to Health Care Workers

¹³ [Weekly national seasonal respiratory report \(publichealthscotland.gov.uk\)](https://www.healthscotland.gov.uk/articles/weekly-national-seasonal-respiratory-report)

¹⁴ [BCG vaccine - Immunisations in Scotland | NHS inform](https://www.nhs.uk/healthcareworkers/immunisation/bcg-vaccine-immunisations-in-scotland)

¹⁵ <https://www.sexualhealthscotland.co.uk/the-clinic/stis/hepatitis>

¹⁶ <https://www.gov.uk/government/publications/pertussis-occupational-vaccination-of-healthcare-workers/pertussis-occupational-vaccination-of-healthcare-workers>

COVID-19

COVID-19 is a highly infectious respiratory infection which can spread quickly and cause serious illness, hospitalisation and death. COVID-19 vaccines have been approved for use by the Medicines and Healthcare products Regulatory Agency (MHRA) and mass vaccination of the population is well underway and is being delivered in Fife in accordance with JCVI guidance, prioritising those most at risk based on age and clinical condition. The vaccine is given in two doses and offers good protection within two to three weeks of the first dose.

As of 18th July 2021, 96.5% of people aged 40+ years in Fife have received their first dose and 91.9% have received their second dose. The uptake by age group in is shown in figure 7¹⁸.

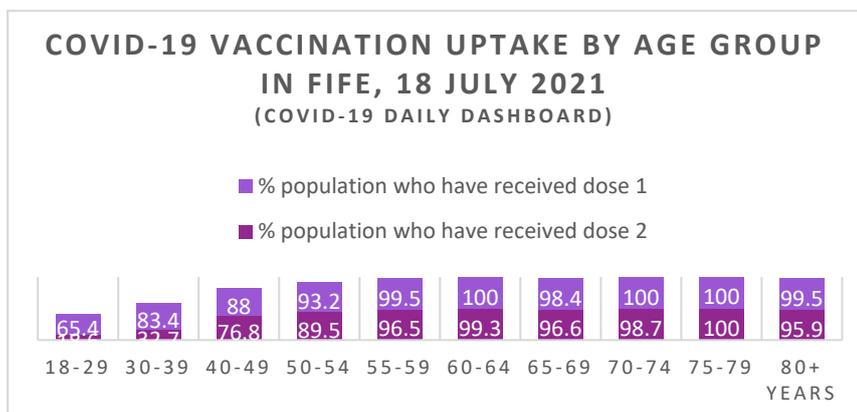


Fig 7: COVID-19 Vaccination Uptake Rates in Fife

The JCVI have released interim advice on a potential COVID-19 booster vaccination programme for winter 2021 to 2022¹⁹ with the intention that this will ensure the protection built up in the population does not decline through the winter months and that immunity is maximised to provide additional resilience against variants. The planning assumption is that the booster programme will begin in September 2021 and is to be offered in 2 stages as outlined in figure 8. Early evidence supports the delivery of both COVID-19 and influenza vaccines at the same time and where possible, a synergistic approach to the delivery will be taken to maximise uptake of both vaccines.

Stage 1	Stage 2
<p>Offer third dose COVID-19 booster vaccine & annual influenza vaccine from September 2021 to:</p> <ul style="list-style-type: none"> Adults aged 16 years and over who are immunosuppressed Those living in residential care homes for older adults All adults aged 70 years or over Adults aged 16 years and over who are considered clinically extremely vulnerable Frontline health and social care workers 	<p>Offer third dose COVID-19 booster vaccine as soon as practicable after stage 1, with influenza vaccine where eligible to:</p> <ul style="list-style-type: none"> All adults aged 50 years and over Adults aged 16 to 49 years who are in an influenza or COVID-19 at-risk group. (As set out in the Green Book) Adult household contacts of immunosuppressed individuals

Figure 8: Two Stage Potential COVID-19 Booster Programme

The JCVI have also advised that children and young people aged 12 years and over with specific underlying health conditions that put them at risk of serious COVID-19, and those who are

¹⁷ <https://www.gov.uk/government/publications/immunisation-of-healthcare-and-laboratory-staff-the-green-book-chapter-12>

¹⁸ [COVID-19 Daily Dashboard | Tableau Public](#)

¹⁹ [JCVI interim advice: potential COVID-19 booster vaccine programme winter 2021 to 2022 - GOV.UK \(www.gov.uk\)](#)

household contacts of persons (adults or children) who are immunosuppressed should be offered COVID-19 vaccination²⁰.

The JCVI will continually review the evidence and finalise advice as more data becomes available. Delivery of the COVID-19 programme in Fife will be adapted to respond to any advised changes.

Equity and Inclusion

Equality in immunisation is an important way to address health inequalities. Ensuring that coverage is not only high overall, but also within underserved communities is essential for disease control and elimination strategies²¹. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. Low coverage patterns risk exacerbating health inequalities further through a rise in incidence in preventable diseases at both an individual and population level due to loss of benefits associated with herd immunity.

Although Scotland continues to perform strongly for vaccination uptake rates of the childhood programme compared to the rest of the UK²² there have been recent concerns that completion rates in the childhood programme are showing a gradual decline. In Fife, performance on many of the routine childhood immunisations is slightly below the Scottish average, and uptake in the most deprived quintiles is a particular concern. The data demonstrates substantial socioeconomic inequalities across the childhood and teenage immunisation programme and that these increase with age. Further work is needed to explore and understand these areas of inequality.

To promote equity and inclusion in the COVID-19 vaccination programme a comprehensive Equality Impact Assessment (EQIA)²³ was undertaken which focussed not only on the differential impacts certain population groups may face in their ability to take up the offer of vaccination but also the need to make the mass vaccination programme as inclusive and accessible to the population as possible. Further work is required to apply this learning across all immunisation programmes.

Vaccine hesitancy is increasing and failure to vaccinate is well-recognised in Europe as a contributing factor to outbreaks of infectious diseases. Whilst public perception of vaccination is good and thought to have value in protecting people from specific disease this may not necessarily translate into the belief that a specific vaccine is worth having at an individual level due to misinformation, lack of confidence in vaccines, an underestimation of risk or difficulties in access²⁴.

Cultural norms, beliefs and behaviours shape how people navigate the health system and vaccination programmes. Low vaccine uptake has been seen in migrant communities. Recent research in Lothian identified trust in the national vaccination policy, health professionals and in individual vaccines together with language and communication issues affected the uptake within Polish communities²⁵.

It is recognised that where there are unmet information needs people may not be making truly informed choices about vaccination. There is a need for community engagement and promotion based around improved communication strategies, effective clinical and political leadership and

²⁰ [JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 15 July 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-15-july-2021)

²¹ PHE Immunisation Inequalities Strategy, February 2021

²² <https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2020-to-2021-quarterly-data>

²³ <https://www.nhsfife.org/media/34517/covid-vaccine-programme-egia.pdf>

²⁴ [Exploring public views of vaccination service delivery - Publications - Public Health Scotland](#)

²⁵ [A qualitative study of vaccination behaviour amongst female Polish migrants in Edinburgh, Scotland - ScienceDirect](#)

public health messaging to help address the issues, constructively challenge the vaccine hesitant and improve the dialogue around immunisation.

Our Vision

A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.

Our strategic approach integrates national, regional and local policy objectives to ensure we take a collaborative whole-systems approach to improving immunisation and delivering the transformational change required. The following aims, priorities and core principles have been informed from our learning from the seasonal flu and COVID-19 programmes, independent review of immunisation services in Fife and the draft planning and policy principles for development of future vaccinations in Scotland.

Our Aims and Priorities

Our Aims

To protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes

To contribute towards improved wellbeing and reducing health inequalities in Fife

To ensure immunisation services across Fife are safe, effective and of a consistent high quality

To raise people's awareness of the public health benefits and raise people's trust in vaccinations

Our Priorities

Optimise immunisation coverage ensuring equitable access for all eligible groups

Enhance the monitoring and evaluation of immunisation programmes

Support and empower a sustainable and skilled workforce to deliver safe and effective immunisation services

Community engagement and promotion

Core Principles

The core principles underpinning transformation of immunisation services are that they should be:

-  **Person centred**- The design of services is primarily led by the perspective of the person who will use the service and is responsive to individual preferences, needs and value

- ✚ **Inclusive**- Care does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socioeconomic status and immunisation services are designed and delivered to be as accessible and inclusive as possible.
- ✚ **Integrated**- Immunisation policy and delivery are closely integrated with a clear connection between objectives and delivery outcomes.
- ✚ **Evidence based**- Vaccination delivery is informed by independent scientific and clinical evidence and advice. Local data is used to identify trends and inform targeted interventions to improve coverage.
- ✚ **Timely**- Vaccinations are delivered at the appropriate pace to reduce risk to people and the population.
- ✚ **Quality and safety focused**: People experience consistent, high quality, safe, effective and efficient services.

Enablers

Transformation of immunisation services presents an opportunity for NHS Fife and Fife HSCP to work in partnership to find different ways to deliver safe and sustainable immunisation services to suit the needs of the population taking account of the resources required and geography to be covered.

From our recent experience key enablers which will deliver a robust infrastructure have been identified to ensure successful and sustainable delivery of immunisation services (figure 9).

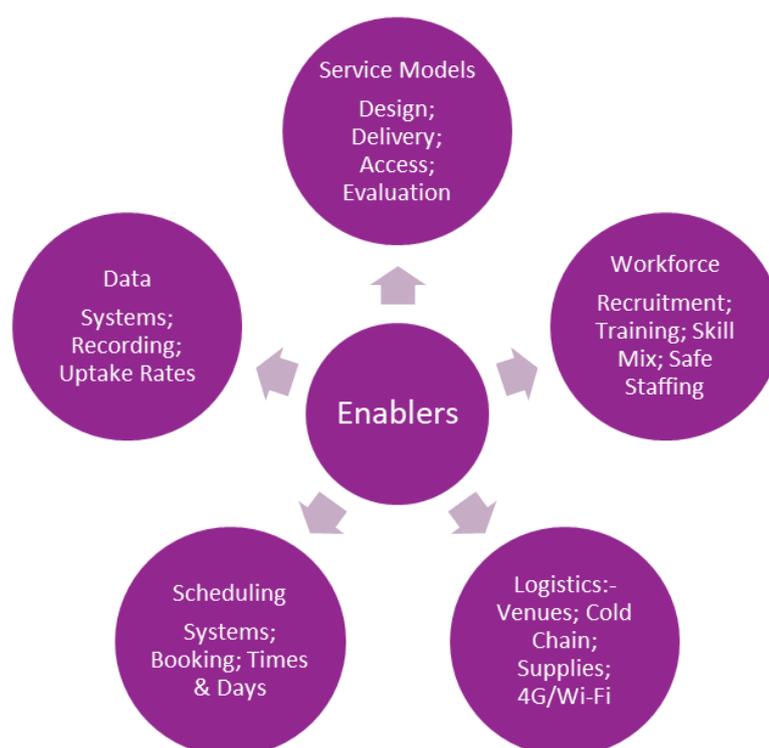


Figure 9: Key enablers for successful delivery of immunisation services

For all programmes to be successful the service delivery model needs to support access for all, utilising tailored communications and engagement, outreach and targeted models, where required, to support access for under-served groups. Development of a dedicated vaccination workforce will be prioritised to minimise impact on other NHS services and ensure sustainability of provision. As service delivery moves away from general practice to NHS dedicated teams, and building on our experience in delivering the COVID-19 programme, suitable venues and vaccination locations will be identified which are accessible and suitable for clinical activity. Digital systems will be developed to support scheduling of appointments and recording of clinical activity in partnership with the national

teams. Over the next three years it will be essential to ensure close monitoring of uptake rates continues, immunisation services are as accessible and flexible as possible, and that inequalities are addressed in the new models of delivery.

Governance

The planning and governance of immunisation is shared across Fife NHS Board, Fife Integration Joint Board (IJB) and Fife HSCP with overlapping responsibilities as shown in figure 10.

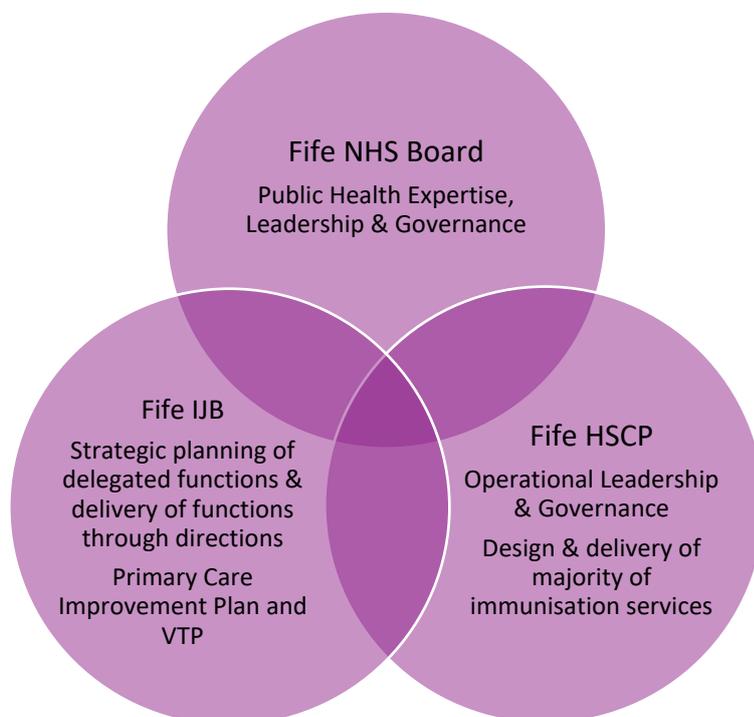


Figure 10: Planning and Governance Responsibilities

The implementation and governance of this strategy will be jointly led by the Director of Public Health (Executive Lead) and the Director of the Health and Social Care Partnership (Senior Responsible Officer). This integrated approach ensures that there is appropriate accountability and governance oversight of immunisation at Board level and that the immunisation programmes meet their objectives, deliver the required outcomes and realise the anticipated benefits for the population of Fife.

A Flu Vaccine and COVID Vaccine (FVCV) Programme Board has been established to provide multidisciplinary oversight and governance for all activities relating to seasonal flu and COVID-19. This will enable the synergies across these two large population-based programmes to be maximised and aligns with the direction of the national FVCV programme.

A Vaccination Transformation Board has been established to drive forward the changes required to move all other vaccination provision away from general practice delivery to dedicated NHS teams.

The programme boards will ensure rigorous oversight and direct the identification and management of risk as a critically important factor in delivering and assuring safe delivery of immunisation services.

Governance of the strategy will be addressed through the routine quality, safety and governance processes within Fife NHS Board, Fife IJB and Fife HSCP.

Monitoring, Reporting and Evaluation

Implementation of the strategy will be monitored through the Area Immunisation Steering Group (AISG) under the leadership of the Public Health Immunisation Coordinator and supported by a core senior management group to enable responsive decision making and to identify any necessary remedial actions, where required, to improve outcomes.

Nationally available immunisation data will be monitored to determine progress and areas for improvement. It is recognised that there are some inconsistencies in data collection methods and we will work with national teams to improve the quality and completeness to enable more accurate reporting.

A programme of audit will be agreed through the AISG for both routine and selective immunisation programmes to inform targeted interventions to improve overall performance.

Regular updates on progress will be reported to the Executive Director Group and onto the appropriate public health and clinical governance committees of NHS Fife Board, Fife IJB and Fife HSCP.

Monitoring and reporting over the life of the strategy, together with an evaluation of the strategy in the final year of implementation, will inform future direction and the development of future strategic plans.

Strategic Action Plan

To realise our vision, the following plan outlines the key actions to support continuous improvement in the planning and delivery of immunisation programmes with a focus on improving access and increasing uptake while reducing inequalities.

Priority 1	Key Actions	Performance Measures	Responsibility
Optimise immunisation coverage ensuring equitable access for all eligible groups	<ul style="list-style-type: none"> Standardise the Equality Impact Assessment process and share learning across programmes to inform targeted interventions Develop and implement Inclusivity Plan noting co-dependencies and ensuring coproduction with Priority 4 where relevant Prioritise equity of access in design of programmes to ensure underserved populations can access Implement and evaluate innovative, culturally-appropriate projects to increase and maintain immunisation coverage rates and improve timeliness of vaccinations Implement and evaluate innovative projects to increase participation, including opportunistic vaccination, to ensure completion of the vaccination schedule. Ensure gaps in delivery are followed up by the appropriate service. 	<ul style="list-style-type: none"> Achieve childhood immunisation coverage rates of 95% or higher across all SIMD quintiles Achieve HPV immunisation coverage of 80% for both females and males by end S3 across all SIMD quintiles Achieve MenACWY coverage of 95% by end S4 across all SIMD quintiles Achieve Td/IPV booster coverage of 95% by end S4 across all SIMD quintiles Achieve 85% BCG uptake rates for eligible children by 12 months for those at risk of Tuberculosis Achieve 100% uptake of Hepatitis B for babies at risk within the recommended schedule for this cohort Achieve Pertussis coverage of 75% for pregnant women Achieve HPV coverage of 80% for men who have sex with men up to and including age 45 years attending sexual health services Establish Hepatitis A&B uptake rates within sexual health services Achieve seasonal flu coverage as set out in annual CMO letter Local target for Shingle's programme to be confirmed Local Target for Pneumococcal programme to be confirmed Achieve national COVID-19 targets as they emerge across JCVI priority groups 	<p>Lead:</p> <ul style="list-style-type: none"> Immunisation Coordinator <p>Critical:</p> <ul style="list-style-type: none"> Immunisation Programme Director Associate Medical Director HSCP Associate Nurse Director HSCP Associate Director of Midwifery Lead Pharmacist Public Health Head of Strategic Planning & Performance

Priority 2	Key Actions	Performance Measures	Responsibility
Enhance the monitoring & evaluation of immunisation programmes	<ul style="list-style-type: none"> Review Annual Immunisation Report to identify trends and areas for improvement Monitor the collection and quality of Fife’s immunisation data and work with local and national teams to identify improvements to support development of more reliable datasets. Maintain oversight of the quality and effectiveness of immunisation programmes Identify priorities and undertake audits of routine and selective programmes Implement more formal, regular and consistent approach to immunisation Adverse Event Review to identify trends, patterns and learning to inform improvement. Work with Datix team to ensure all adverse events are coded and notified to the Immunisation Coordinator and appropriate Senior Leadership Team Ensure PHE Vaccine Incident Guidance is implemented to respond appropriately to errors in vaccine storage, handling and administration Raise community and health professional awareness of vaccine safety surveillance systems to improve confidence in immunisation and the reporting of adverse events 	<ul style="list-style-type: none"> Annual Immunisation report presented to Clinical Governance Committee by end of June each year Immunisation data completeness and verification of data quality Quarterly Immunisation performance reports Quality report on immunisation is considered by the Area Immunisation Steering Group (AISG) 3 times a year Schedule of audit and audit outcomes are reported to AISG and appropriate services. Where appropriate, improvement plans are developed and implemented with progress reported to AISG. Quarterly Datix reports of adverse events are reviewed by AISG and Senior Leadership Team Investigation of adverse events are completed timeously in line with local and national policies with outcome reports included in quality reports to AISG Vaccine wastage is quantified and reduction target agreed Vaccine related incidents logged on Datix within 24 hours are measured, audited and reported 	<p>Lead:</p> <ul style="list-style-type: none"> Immunisation Coordinator <p>Critical:</p> <ul style="list-style-type: none"> Immunisation Programme Director Head of Strategic Planning and Performance Associate Director of Nursing HSCP Associate Director of Medicine HSCP Head of Pharmacy – Medicine Supply and Quality Lead Pharmacist – Public Health Senior Public Health Practitioner

Priority 3	Key Actions	Performance Measures	Responsibility
Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services	<ul style="list-style-type: none"> Enhance the leadership and management of immunisation services within HSCP and Public Health Develop comprehensive and sustainable immunisation workforce plan taking account of skill mix requirements and safe staffing levels to meet the demands of all aspects of immunisation services To ensure strategies to support effective health and wellbeing of the workforce Ensure a dynamic workforce with career pathways and succession planning evident in line with national and local workforce strategies Provide a framework to support immuniser training and skill maintenance. Facilitate online training for health providers and other key stakeholders. Ensure effective communication strategies designed in partnership enabling an engaged and informed workforce 	<ul style="list-style-type: none"> Recruitment and appointment to key posts completed by October 2021 Workforce plan is developed and approved by end October 2021 Training programme is established, evaluated and audited with regular reporting via established governance and assurance framework Statutory and Mandatory learning completion in line with targets with according reporting Imatter and according action plans established with ongoing review in line with agreed processes Percentage completion of personal development plans in line with staff governance standards Absence rates monitored and achieved as per national targets Recruitment and retention monitoring , ensuring scrutiny and reporting 	<p>Lead: Associate Director of Nursing HSCP</p> <p>Critical:</p> <ul style="list-style-type: none"> Immunisation Programme Director Immunisation Clinical Services Manager Immunisation Coordinator Senior Public Health Practitioner Human Resource Lead Staff Side Representative Lead Finance Lead

Priority 4	Key Actions	Performance measures	Responsibility
Community engagement and promotion	<ul style="list-style-type: none"> • Develop and implement community engagement plan, noting co dependencies and ensuring coproduction with output from priority 1 where relevant • Implement anchor practices in the design and delivery of the immunisation programme to invest in and work with others locally and responsibly to optimise use of buildings and spaces that support communities and accessibility • Work closely with partners and stakeholders to learn from them, share ideas and develop trust relationships as the foundation for promotion of immunisation • Design and implement communications protocols that will guide response to vaccine misinformation with aim to promote uptake • Implement and adapt national communication toolkits to ensure they meet the needs of the diversity of the local population • Develop digital first approaches to engagement drawing on pandemic experience • Ensure recommendations from national work on public views on vaccine delivery within the VTP is taken forward locally • Develop appropriate resources for culturally and linguistically diverse populations to insure people are able to make informed choices on vaccination. • Promote use of Care Opinion to build up reports and narrative of people's views of services • In year 2 undertake public consultation to inform future models of delivery 	<ul style="list-style-type: none"> • Community engagement plan is established with oversight and timelines agreed at programme board • Establish and monitor accessibility measures • Evidence that partners and stakeholders have promoted the importance of immunisation for the health of the Fife community. • Auditing and reporting of immunisation uptake rates for routine and selective programmes • Monitor uptake response rates from target audiences • Quarterly report regarding public feedback via according governance routes • Measures within P1 are considered to evidence delivery of P4 key action 	<p>Lead: Head of Strategic Planning & Performance</p> <p>Critical:</p> <ul style="list-style-type: none"> • Head of Communications NHS Fife • Communications Officers • Senior Public Health Practitioner • Lead Pharmacist - Public Health • Head of Person Centred Care • Head of Facilities • Immunisation Clinical Services Manager

Meeting:	NHS Fife Board Meeting
Meeting date:	28 September 2021
Title:	Review of Health & Social Care Integration Scheme
Responsible Executive:	Nicky Connor
Report Author:	Nicky Connor

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Public Bodies (Joint Working) Scotland Act 2014 set out the requirements to review the Integration Joint Board (IJB) Integration Scheme within a 5-year period which required both NHS Fife and Fife Council to submit an updated scheme by 31 March 2021. The Scheme was delayed due to the Covid-19 Pandemic and an extension was granted by Scottish Government.

2.2 Background

The current Integration Scheme required review and has been updated to reflect the current arrangements for the IJB in line with Legislation. This work has now concluded.

2.3 Assessment

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

Meetings took place regularly between December 2019 and March 2020 until this work was paused due to the global pandemic. The review was recommenced in August 2020 and has concluded within the revised timescale of December 2020. There was one outstanding issue around the risk share arrangements which was escalated to both Chief Executives and this was area was agreed in May 2021.

2.3.1 Quality/Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Risk share arrangements have been agreed by the Chief Executives of Fife Council and NHS Fife.

2.3.4 Risk Assessment/Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

Regular updates have been provided to the Chief Executives of NHS Fife and Fife Council from the Integration Scheme Working Group and the Director of Health and Social Care.

This report was discussed at the Finance, Performance & Resources Committee on 7 September 2021 and the Clinical Governance Committee on 17 September 2021. The Committees recommended approval to the Board of the revisions to the Integration Scheme, to enable NHS Fife Board to formally approve this prior to it being submitted to Scottish Government for Ministerial approval'

2.4 Further Guidance from Scottish Government

Scottish Government have indicated that they did not expect full reviews of Integration Schemes to be submitted by 31 March 2021 due to the constraints placed on Boards caused by the pandemic. They were content that a local review was concluded, and information and indicative timescales provided on when the additional outstanding issues would likely be concluded. A letter was sent to Scottish Government confirming the conclusion of the local review and outlining the timeline of September for submission.

Following a review of the Scheme, it was concluded that no significant changes were required. The format of the reviewed Scheme continues to follow the Model Integration Scheme but has been refreshed to give more clarity to the agreed

arrangements and to remove repetition and duplication. The revised Scheme is attached as Appendix 1 and the changes are summarised as follows:

- Clarification around the role of the Chief Officer in respect of operational direction and accountability to the IJB and clinical and care governance and oversight.
- Enhanced clarity around the responsibilities and accountabilities of NHS Fife and Fife Council for clinical and care governance and the professional roles held by the Executive Nurse Director, the Executive Medical Director and the Chief Social Work Officer.
- Clarification that the IJB will ensure mechanisms to discharge its statutory responsibilities for the delivery of integrated health and social care services, health and wellbeing outcomes, the quality aspects of integrated functions for strategic planning and public involvement and delivery, monitoring and reporting on integration through Localities, Directions and its Annual Performance Report.
- Removal of specific reference to the Clinical and Care Governance Committee, Finance and Performance Committee and Audit and Risk Committee to enable the IJB to reflect its own Scheme of Delegation for its operation.

In particular, Members should note that there is no change proposed to the size or membership of the IJB. There is a change to the financial basis upon which the parties share the cost of overspends or underspends incurred by the IJB

The changes proposed to the Integration Scheme must be agreed by both parent bodies, NHS Fife and Fife Council and must be submitted to Scottish Government for Ministerial approval. Fife Council will consider the Integration Scheme at its meeting on 23 September 2021 and The Committee is asked to take the decision to recommend to the NHS Board that the outcome of the review is approved at the NHS Board meeting on 28 September 2021. The amended Scheme will be submitted to Scottish Government as soon as possible thereafter for Ministerial Approval.

The Chief Officer intends to then bring forward proposals to the IJB during 2021 for the necessary governance changes and commence the review of its Standing Orders.

2.5 Consultation Analysis - Summary

The following summary highlights the areas covered in the consultation; the full report is available at Appendix 3.

The consultation has received 56 responses in total.

The participants were asked if they agree with no changes being made to delegated services, the question received 56 answers of which 84% of respondents said yes, with 9% not sure and 7% disagreed with no changes being made.

Participants were asked if they agree with the proposed changes to Care and Clinical Governance. This question received 56 responses, where 84% agreed, 2% (or one person) disagreed and 14% weren't sure.

Participants were asked if they agreed with no changes being made to membership. The question has received 56 responses with 84% agreeing to no changes being made to membership, while 9% disagree and 7% weren't sure.

Following the consultation the overall majority of respondents were in favour of the proposed amendments therefore no further changes were made to the Integration Scheme.

2.6 Recommendation

Decision – the Board to asked to formally approve the Revised Integration Scheme prior to it to being submitted to Scottish Government for Ministerial approval.

3 List of Appendices

The following appendices are included with this report:

1. Draft Amended Scheme of Integration (2021)
2. Fife Health & Social Care Integration Scheme – Consultation
3. Consultation Analysis
4. H&SC Integration Scheme – List of Those Consulted

Report Contact

Norma Aitken

Head of Corporate Services

Fife Health & Social Care Partnership

Norma.Aitken-nhs@fife.gov.uk



Fife Health and Social Care Integration Scheme

between

Fife Council and NHS Fife

July 2021

CONTENTS

SECTION	PAGE NO
Introduction	2
Aims, Outcomes and Values of the Integration Scheme	2
The Health and Social Care Integration Scheme for Fife	4
1. Definitions and Interpretation	4
2. Local Governance Arrangements	5
3. Delegation of Functions	5
4. Local Operational Delivery Arrangements	5
5. Clinical and Care Governance	8
6. Chief Officer	9
7. Workforce	10
8. Finance	11
9. Participation and Engagement	15
10. Information Sharing and Data Handling	16
11. Complaints	16
12. Claims Handling, Liability and Indemnity	17
13. Risk Management	17
14. Dispute Resolution Mechanism	18
Annex 1 – Functions Delegated by NHS Fife to the IJB and Services Currently Provided by NHS Fife Which are to be Integrated	19
Annex 2 – Functions Delegated by Fife Council to the IJB and Services Currently Provided by Fife Council Which Are to be Integrated	24
Appendix 1 – Participation and Engagement	30

INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act 2014 (The Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social services. They can also choose to integrate planning and delivery of other services such as NHS Childrens' Services.

The Act requires NHS Fife and Fife Council to prepare jointly an Integration Scheme setting out how this joint working is to be achieved.

Within Fife it has been agreed that this delegation will be a third body called the Integration Joint Board (IJB) (under S1 (4) (a) of the Act commonly referred to as a "Body Corporate" arrangement.

This document sets out the integration arrangements adopted by NHS Fife and Fife Council as required by Section 7 of the Act. This Integration Scheme follows the format of the model document produced by the Scottish Government, and includes all matters prescribed in the regulations.

As a separate legal entity, set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB has full autonomy and capacity to act in its own behalf and can, accordingly, make decisions about the exercise of its functions as it sees fit. However, the legislation that underpins the IJB requires that it's voting members are appointed by the Health Board and the Council. While serving on the IJB its members carry out the functions under the Act on behalf of the IJB itself, and not as delegates of their respective Health Board or Council. Working in accordance with the Standards Commission Model Code of Conduct for Members of Devolved Public Bodies.

The IJB is responsible for the Strategic Planning of the functions delegated to it and for ensuring oversight of the delivery of the services conferred on it by the Act through the locally agreed arrangements set out in the Integration Scheme. The Integration Scheme should be read in such a way as to follow the spirit of the agreement. Any questions on interpretation should be based on reading the implied terms in order to make the interpretation compatible with the purpose of the agreement, which is to achieve a unified and seamless health and social care service for the people of Fife where all individuals will work together to achieve the same outcomes and follow the same vision, philosophy and principles.

AIMS, OUTCOMES AND VALUES OF THE INTEGRATION SCHEME

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex. The Integration Scheme is intended to support achievement of the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5 (1) of the Act namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently, and resource allocation is underpinned by the principle of delivering “value based” health and social care services.

The IJB is committed to enabling the people of Fife to live independent and healthier lives. We will deliver this by working with individuals and communities, using our collective resources effectively to transform services, ensuring these are safe, timely, effectively, high quality and based on achieving personal outcomes. This will be underpinned by our agreed values to be person focused, respectful, inclusive, empowering and acting with integrity and care. The IJB is committed to the protection and enhancement of Equality and Human Rights.

Service users and carers will see improvements in the quality and continuity of care and smoother transitions between services and partner agencies. These improvements require planning and co-ordination. By efficiently deploying multi-professional and multi-agency resources, integrated and co-ordinated care systems will be better able to deliver the improvements we strive for; faster access, effective treatment and care, respect for people’s preferences, support for self-care and the involvement of family and carers.

The IJB will be committed to ensuring that service transformation takes place. It will operate in a transparent manner in line with the Langlands Good Governance Standards and the Nolan Principles that underpin the ethos of good conduct in public life. These are selflessness, integrity, objectivity, accountability, openness and honesty. The IJB will demonstrate these principles in the leadership of transformational change. By adhering to an open and transparent approach it will ensure that it is well placed to satisfy our moral duty of candour as well as any developing legal requirements in this area.

Integration must be about much more than the structures that support it and must reflect the values of integrated and collaborative working. It is only by improving the way we work together that we can in turn improve our services and outcomes for individuals and communities who use them.

THE HEALTH AND SOCIAL CARE INTEGRATION SCHEME FOR FIFE

The Parties:

Fife Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Fife House, North Street, Glenrothes Fife KY7 5LT (“Fife Council”);

And

Fife Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Fife”) and having its principal offices at Hayfield House, Hayfield Road, Kirkcaldy, Fife KY2 5AH (“NHS Fife”) (together referred to as “the Parties”)

Hereby agree to the following:

1. DEFINITIONS AND INTERPRETATION

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“Integration Joint Board” or “IJB” means the Integration Joint Board for Fife established by Order under section 9 of the Act;

“Health and Social Care Partnership” is the name given to the delivery of services under the leadership of the Director of Health and Social Care for functions which have been delegated to the Integration Joint Board.

“Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Prescribed Health Board Functions Regulations” means the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014;

“IJB Order” means the Public Bodies (Joint Working) (IJBs) (Scotland) Order 2014;

“Outcomes” means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Scheme” means this Integration Scheme;

“Directions” means the legal mechanism intended to direct and allocate responsibilities between partners as set out in section 52 the Act. Directions are the means by which the IJB directs NHS Fife and Fife Council what services and outcomes are to be delivered using the integrated budget (ie the budget which is delegated to the IJB and for which the IJB is responsible).

“Strategic Plan” means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

As “Chief Officer” (Director of Health and Social Care) undertakes a joint function.

As “Chief Officer” they are the Accountable Officer to the IJB.

As “Director of Health and Social Care” they are the operational Director jointly responsible to the Chief Executives of the Health Board and Local Authority.

2. LOCAL GOVERNANCE ARRANGEMENTS

- 2.1 The Parties have agreed to proceed by way of adopting the Body Corporate model of integration and to establish an IJB as provided for in Section 1(4)(a) of the Act.
- 2.2 The arrangements for appointing the voting membership of the Integration Joint Board are that Fife Council will appoint 8 Councillors and NHS Fife will appoint 8 Board members to be members of the Integration Joint Board in accordance with article 3 of the Integration Joint Board Order. The Board members appointed by the Parties will hold office for a maximum period of 3 years and will be bound by the Standards Commission Advice for IJB Members. Board members appointed by the Parties will cease to be members of the Board in the event that they cease to be a Board member of NHS Fife or an Elected Fife Councillor.
- 2.3 The Chair of the IJB will serve a three-year term and will rotate between the voting members nominated by Fife Council and NHS Fife. The Vice-Chair will also serve a 3-year term and will be selected from the Partner body which does not hold the chair.
- 2.4 In addition to the voting members described in paragraph 2.2 above, the IJB will also comprise the non-voting members specified in article 3(1) of the IJB Order.
- 2.5 The IJB will appoint non-voting members in accordance with articles 3(6) and 3(7) and may appoint additional nonvoting members in accordance with article 3(8) of the IJB Order.

3. DELEGATION OF FUNCTIONS

- 3.1 The functions that are delegated by NHS Fife to the IJB (subject to the exceptions and restrictions specified or referred to in Part 1 of Annex 1) are set out in Part 1 of Annex 1. The services currently provided by NHS Fife in carrying out these functions are described in Part 2 of Annex 1.
- 3.2 The functions that are delegated by Fife Council to the IJB (subject to the restrictions and limitations specified or referred to in Parts 1A and 1B of Annex 2) are set out in Parts 1A and 1B of Annex 2. For indicative purposes only the services which are currently provided by Fife Council in carrying out these functions are described in Part 2 of Annex 2.

4. LOCAL OPERATIONAL DELIVERY ARRANGEMENTS

The local operational arrangements agreed by the Parties are:

- 4.1 The IJB has a responsibility for the planning of Services. This will be achieved through the Strategic Plan.

- 4.2 The IJB directs the Parties to deliver services in accordance with the Strategic Plan.
- 4.3 The Integration Joint Board, through the Chief Officer, is responsible for the operational oversight of Integrated Services, through the issuing and monitoring of Directions.
- 4.4 The Chief Officer as Director of Health and Social Care will be responsible for the operational management of Integrated Services in line with the Parties respective Schemes of Delegation.
- 4.5 The Integration Joint Board is responsible for the planning of Acute Services in partnership with the hospital sector, for those hospital services most commonly associated with the urgent, unscheduled and emergency care pathway's, alongside primary and community health care and social care. The Act and regulations require that the budget for these hospital services for Fife population is included in the scope of the strategic plan. The Director of Acute Services will be a member of the IJB Strategic Planning Group. In line with the Act the Health Board is required to provide financial, activity and performance monitoring reports to the Chief Officer and Integration Joint Board at a frequency in line with the IJB performance framework and directions. The Chief Officer and Director of Acute Services will work closely together to support a coherent single cross-sector system. An Accountability Framework will be developed between Parties to ensure there is a clear understanding of the balance of risk between the Integration Authority and the Health Board and how any variances will be addressed in line with national guidance on financial planning for large hospital services and hosted services.
- 4.6 The Integration Joint Board will be responsible for monitoring and reporting in relation to the oversight of delivery of the integrated services. The Integration Joint Board will receive detailed work plans and reports from the Parties outlining the key objectives for the year against the delivery of the Strategic Plan. The Integration Joint Board will receive reports for performance monitoring and for informing the future Strategic Planning from the Parties.
- 4.7 The Parties have identified a core set of indicators that relate to Services from publicly accountable and national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions are collated to form a Performance Framework which provides information on the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators with the Chief Officer and Head of Strategic Planning, Performance and Commissioning to enable an Integrated Performance Report to be presented to the Integration Joint Board. The improvement measures are a combination of existing and new measures that will allow assessment at local level. The performance targets and improvement measures are linked to the national and local Outcomes to assess the timeframe and the scope of change.
- 4.8 The Performance Framework also states where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement

in respect of organisational accountability for a performance target for NHS Fife or Fife Council, this will be taken into account by the Integration Joint Board when preparing the Strategic Plan and will be requested through the use of Directions and a suite of performance measures reported to the IJB.

- 4.9 The Performance Framework is used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by the Integration Joint Board when preparing the Strategic Plan. Information will be requested through the use of Directions and a suite of performance measures reported to the IJB.
- 4.10 The Performance Framework is reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.
- 4.11 In line with Section 43 of the Act the Integration Joint Board will prepare an Annual Performance Report for the reporting year relating to the planning and carrying out of integrated functions and delivery of the Strategic Plan. The parties are required to provide the information to the Chief Officer that the Integration Joint Board may reasonably require for the purpose of preparing the Annual Performance Report and Strategic Plan.
- 4.12 The Parties provide support to the Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures in line with the Strategic Plan and National Reporting Framework.
- 4.13 The reporting and measurement arrangements are reviewed regularly in line with the Strategic Plan and any emerging guidance. A range of performance monitoring reports covering both finance and activity measures is in place.
- 4.14 The Parties provide support to the Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures and delivery of the Strategic Plan.
- 4.15 The Parties agree that the current support will continue until new models of service delivery have been developed.
- 4.16 The NHS Fife Board will share with the Integration Joint Board the necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other Health Boards.
- 4.17 The Council will share with the Integration Joint Board necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other councils.
- 4.18 The Chief Officer will ensure that, where there is an impact of the Strategic Plan on the Integration Authorities for the Council areas within the Health Board

areas of Tayside, Forth Valley and Lothian, then arrangements will be in place to identify any risks and management plans required.

- 4.19 The Parties will ensure that their officers acting jointly will consider the Strategic Plan of the other Integration Joint Boards or the Integration Authorities for the Council areas within the Health Board areas of Tayside, Forth Valley and Lothian to ensure that they do not prevent the Parties and Fife's Integration Joint Board from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery principles and to ensure that they contribute to achieving the National Health and Wellbeing Outcomes.

5. CLINICAL AND CARE GOVERNANCE

The arrangements for clinical and care governance agreed by the Parties are:

- 5.1 The Executive Medical Director, Director of Public Health and Executive Nurse Director, NHS Fife are accountable to the NHS Fife Clinical Governance Committee for quality of care delivery and professional governance in relation to the delegated NHS Fife functions.
- 5.2 The Chief Social Work Officer, Fife Council is accountable for ensuring proper standards and values are maintained in respect of the delivery of Social Work Services delegated to the Integration Joint Board. The Chief Social Work Officer provides specific reports including the annual report and assurance to the relevant Committee of Fife Council.
- 5.3 The Chief Officer as Director of Health and Social Care has delegated operational responsibility for integrated services. The Chief Officer, Medical Director, Nurse Director, Director of Public Health and Chief Social Work Officer will work together to ensure appropriate standards and leadership to assure quality including at transitions of care.
- 5.4 The Parties will continue to monitor and report on clinical, care and professional governance matters to comply with legislative and policy requirements.
- 5.5 The Executive Medical Director, the Director of Public Health and the Executive Nurse Director continue to attend the NHS Fife Clinical Governance Committee which oversees the clinical governance arrangements of all NHS Fife service delivery divisions.
- 5.6 Professional oversight, advice and accountability in respect of care and clinical governance are provided throughout the Partnership by the Executive Medical Director Executive Nurse Director, and Professional Lead Social Worker.
- 5.7 Professional advice is provided to the Integration Joint Board through named professional advisors in line with section 12 of the Act. Advice is also provided through the Strategic Planning Group, Localities and an Integrated Professional Advisory Group comprising of health and social care professionals. The existing advisory groups will be linked to the Integrated Professional Advisory Group and will provide advice, as required, and be fully involved in Strategic Planning processes.

- 5.8 Assurance will be given through arrangements which will come together in an integrated way. The IJB will agree a clinical and care governance framework setting out efficient and effective arrangements for clinical and care governance, supported by the appropriate professional advice, covering all delegated services and at the interface between services. This framework will be developed in partnership with both Parties and the arrangements will clearly set out assurances to the IJB and its partners as well as those for the escalation and resolution of clinical and care risks.
- 5.9 The Parties will ensure clinical and/or care governance arrangements are congruent with those of the IJB. Any changes to these arrangements will be agreed between the Parties and implemented through a Minute of Variation signed on behalf of both Parties and the IJB.
- 5.10 The Integration Joint Board will, through the Chief Officer, establish a framework and mechanisms as appropriate to receive assurance on the systems in place to discharge their statutory responsibilities for the requirements of the Act. This relates to the delivery of integrated health and social care arrangements including the Principles of Integration (Section 4), Health and Wellbeing Outcomes (Section 5), the Quality Aspects of Integrated Functions for Strategic Planning and Public Involvement (Sections 29-39), delivery of Integration through Localities, Directions and the Annual Performance Report (Sections 40-43)
- 5.11 The Strategic Planning Group has medical, nursing, social work, Allied Health Professionals and other key stakeholders and professional staff in its membership to ensure appropriate advice is provided throughout the process of strategy development, implementation and review.

6. CHIEF OFFICER

The IJB shall appoint a Chief Officer in accordance with the Act. The arrangements for the Chief Officer are:

- 6.1 The Chief Officer as Director of Health and Social Care reports to the Chief Executive, Fife Council and the Chief Executive, NHS Fife. Joint performance review meetings involving both Chief Executives and the Director of Health and Social Care take place on a regular basis in accordance with each organisation's normal performance management arrangements.
- 6.2 The Chief Officer in their role as Director of Health and Social Care has delegated operational responsibility for the delivery of integrated services as outlined in Annex 1 and 2 of this Scheme.
- 6.3 The Chief Officer has a senior team of 'direct reports'. The Chief Officer will nominate one of the Direct Reports to act for him or her during periods of absence. In the absence of a nomination the Chair and Vice-Chair of the IJB and the Chief Executives of both Parties will agree a person to act.
- 6.4 The Chief Officer as Director of Health and Social Care is a member of the Senior Management Teams of NHS Fife and Fife Council.

- 6.5 It is recognised and accepted that all members of the Senior Management teams of both NHS Fife and Fife Council have key roles to play in supporting Health and Social Care Integration and delivery of the Strategic Plan.
- 6.6 The Chief Officer is the Accountable Officer to the Integration Joint Board for Health and Social Care. A key element of the role is to develop close working relationships with elected members of Fife Council and NHS Fife Board members.
- 6.7 In addition, the Chief Officer has established and maintains effective relationships with a range of key stakeholders including Scottish Government, the Third and Independent Sectors, service-users, Trade Unions and professional organisations.

7. WORKFORCE

The arrangements in relation to the respective workforces agreed by the Parties are:

- 7.1 The IJB will approve a Joint Workforce and Organisational Development Strategy in order to support delivery of effective integrated services as an integral component of the Strategic Plan. The Strategy will be updated in line with each revision of the Strategic Plan to support the Integration Joint Board to carry out its functions.
- 7.2 Workforce planning information continues to be provided by the Human Resource functions in Fife Council and NHS Fife. The parties will ensure that the IJB is consulted on their Strategic Workforce Plans which must incorporate the IJB Joint Workforce and Organisational Development Strategy. The parties will provide assurance to the IJB on the delivery of those aspects relevant to the functions of the IJB as well as on the implementation of staff governance standards and training and development where relevant to the Strategic Plan.
- 7.3 Core Human Resource services continue to be provided by the appropriate corporate Human Resource and workforce functions in Fife Council and NHS Fife.
- 7.4 The employment status of staff has not changed as a result of this Integration Scheme ie staff continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.
- 7.5 The Parties are committed to the continued development and maintenance of positive and constructive relationships with recognised Trades Unions and professional organisations involved in Health and Social Care Integration.
- 7.6 Trade Union and professional organisation representatives continue to be very much involved in the process of health and social care integration. Senior Staff-side representatives from the Parties are members of the Strategic Planning Group.
- 7.7 The establishment of any group including employees or Trade Union Representatives will not replace or in any way supersede the role and functions

of existing established consultative and partnership arrangements within Fife Council and NHS Fife.

- 7.8 Future service changes will be developed on a planned and co-ordinated basis involving the full engagement of those affected by the changes in accordance with established policies and procedures. This includes NHS Scotland's legal commitment to its employees to act as an exemplar employer under staff governance standards.
- 7.9 It is recognised that those currently involved in service delivery are well placed to identify how improvements can be made and to determine how the Parties can work together to provide the best services with, and for, the people of Fife.
- 7.10 The Parties are committed to ensuring staff possess the necessary knowledge and skills to provide service-users with high quality services.
- 7.11 The Parties are committed to an integrated management approach where individuals may report through a person employed by either Party. The Parties are in agreement that staff employed by their organisations will take and follow instruction from a manager employed by either Party.
- 7.12 Arrangements continue to ensure statutory professional supervision for clinicians and social workers.
- 7.13 The need to take due cognisance of extant recruitment policies and procedures within NHS Fife and Fife Council is well recognised. A fair, equitable and transparent recruitment process will be followed.

8 FINANCE

8.1 Resources

- 8.1.1 The Parties agree the allocations to be made available to the IJB in respect of each of the functions delegated by them to the IJB. The allocations will reflect those services which are delegated by virtue of this Scheme.
- 8.1.2. The Resources to be made available to the IJB fall into two categories:
- (a) Allocations for the delegated functions, any exclusions to be agreed by both parties.
 - (b) It is the intention that resources used in "large hospitals" that are set aside by NHS Fife are made available to the IJB for inclusion in the Strategic Plan, subject to the quantum being agreed by the Parties.

Allocations to the IJB for delegated functions

- 8.1.3 The method for determining the annual allocations to the Integrated Budget will be aligned with and be contingent on the respective financial planning and budget-setting processes of both Parties. To allow timely financial planning, an early indication of the allocation for the following

financial year is required. This should be provided by the parties during the 3rd Quarter of each financial year and confirmed as early in the 4th Quarter as is possible. This will allow early discussions about spending plans and a collective focus on the financial sustainability of the IJB.

8.1.4 The Director of Health and Social Care and the Chief Finance Officer will develop a proposed Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget-setting process. The case will be evidence-based with full transparency on its assumptions on the following:

- Activity changes.
- Cost inflation.
- Efficiency savings.
- Performance against outcomes.
- Legal requirements.
- Transfers to/from the amounts made available by NHS Fife for hospital services.
- Adjustments to address equity of resources allocation across the integrated budget.

8.1.5 The Parties evaluate the proposal for the Integrated Budget against their other priorities and will agree their respective allocations accordingly.

Method for determining the resources set aside for large hospital services

8.1.6 The resources set aside by NHS Fife reflect those services as described by Regulation for the Fife population. As Fife is a coterminous Partnership, the total resources available to deliver those health care services will be identified. Cost and activity information will be identified taking into account any planned changes due to the implementation of existing or new interventions in the Strategic Plan.

Method for determining the resources set aside for large hospital services in future years

8.1.7 The future resources set aside shall be determined in response to changes in hospital activity and case mix due to interventions in the Strategic Plan and changes in population need. Timing differences between reduction in capacity and the release of resources will be taken into account.

8.2 Financial Management Arrangements and Budget Variations

Process for resolving budget variances in year - Overspend

8.2.1 The Director of Health and Social Care strives to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational integrated budget, the Director of Health and Social Care, the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must

agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the IJB.

8.2.2 The IJB may re-align budgets to address an overspend by either:

- Utilising an underspend in an element of the operational Integrated Budget to reduce an overspend in another element. An assessment should be made on the forecast annual requirement of the underspending element to ensure sufficient resource remains to cover all costs in that area and the transfer of resource should be on a non-recurring basis and/or
- Utilising the balance on integrated general fund, if available, of the IJB in line with the reserves policy.

8.2.3 If the recovery plan is unsuccessful and there are insufficient underspends or where there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the IJB, shall have the option to:

- Make additional one-off payments to the IJB; or
- Provide additional allocations to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.

8.2.4 Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB less:

- the adjustment for allocations which fall outside the scope of the agreed risk share methodology where agreed between the parties and
- any adjustment to reflect agreed in-year, non-recurring budget realignment where the source relates to the transfer of an underspend in one element of the annual allocations to another area.

Process for Resolving Budget Variances in Year - Underspend

8.2.5 Where there is a forecast underspend in an element of the operational budget, the first priority for use of the forecast underspend will be to offset any forecast overspend within the operational integrated budget. In the event of an overall underspend which is not planned by the IJB, the underspend will be returned to the Parties based on the proportion of their current year final allocations to the IJB. Where there is an overall planned underspend this will be retained by the IJB and transferred to reserves.

8.2.6 Underspends in “ring-fenced” allocations may not be available for alternative use and may need to be returned to the Scottish Government.

8.2.7 Any changes to the allocations to the IJB in year by either of the Parties is expected to be in extremis. In such circumstances, a report will be provided to the IJB to seek agreement to the change in annual allocations justification and the recalculation of the relevant amounts.

Process for a balancing cash payment between the Parties in the event of variances

8.2.8 The net difference between allocations made to the IJB, as agreed by both parties, and actual expenditure incurred by the Parties as directed by the IJB, will require the balance to be transferred between the Parties as a final adjustment on closure of the Annual Accounts.

8.3 Reporting Arrangements

8.3.1 Fife Council's Section 95 Officer, NHS Fife's Director of Finance and the IJB Chief Finance Officer have established a process of regular in-year reporting and forecasting to provide the Director of Health and Social Care with management accounts for both arms of the operational budget and for the IJB as a whole.

8.3.2 The Chief Finance Officer provides the Director of Health and Social Care with financial advice for the respective operational budgets.

8.3.3 The preparation of management accounts in respect of the delegated functions includes an objective and subjective analysis of budget and estimated outturn and is provided monthly in arrears to the Director of Health and Social Care. This may be amended to a monthly accruals basis should Fife Council change its accounting basis.

8.3.4 NHS Fife provides financial monitoring reports to the IJB in respect of the set aside functions at least quarterly in arrears. The report includes activity, the content of which will be agreed with the Director of Health and Social Care.

8.3.5 The IJB receives financial management support from the Chief Finance Officer.

8.3.6 Accounting records and financial ledgers are held independently by Parties. IJB Financial Reporting and Year End Accounts are consolidated using Excel Spreadsheets.

8.3.7 Financial services are provided to the Director of Health and Social Care and the IJB, as appropriate, to carry out their functions ie the staff and other resources are made available to support the preparation of the annual accounts, the financial statement prepared under Section 39 of the Act, the financial elements of the Strategic Plan, and any other such reports on financial matters as may be required.

8.3.8 The IJB financial statements are completed to meet the audit and publication timetable specified in regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973). The timetable

ensures that NHS Fife and Fife Council can meet their statutory audit and publication requirements for their individual and group financial statements as appropriate.

8.3.9 Reserves and transactions are reviewed on a quarterly basis during the financial year by the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and the NHS Fife's Director of Finance to help to ensure that the timetable of the IJB will be met. This quarterly review will be a formal meeting and actions and agreements so recorded.

8.3.10 An Annual Accounts timetable is agreed in advance with the external auditors of the Parties and the IJB.

8.4 Arrangements for use of Capital Assets

8.4.1 The IJB does not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. The Parties continue to own and manage any property and assets used by the IJB. Access to sources of funding for capital expenditure will be retained by each Party. The Parties will set out any relevant revenue consequences of capital expenditure made by either Party, including confirmation of the recurring funding source of any revenue consequences and subsequent agreement from the IJB.

8.4.2 The Director of Health and Social Care consults with the Parties to ensure best value from resource allocation and will participate in the development of relevant future capital programmes.

9. PARTICIPATION AND ENGAGEMENT

9.1 Consultation on the original Integration Scheme was undertaken in accordance with the requirements of the Act. This was the start of an ongoing dialogue recognising that there is ongoing engagement regarding the development of the Strategic Plan.

9.2 The IJB will approve a Participation and Engagement Strategy to fully implement the recommendations within the National Planning for People Guidance (2021). Through the Health and Social Care Partnership there will be public engagement processes linked to the unique requirements of the seven locality profiles and this will report into the governance structures of the IJB and connect with the arrangements in place within both parties.

9.3 The aim of this is to ensure engagement processes are meaningful, effective, measurable and involves public representatives in a way that builds and develops a working relationship between communities, community organisations, public and private bodies to help them to identify and act on community needs and ambitions.

9.4 This will allow the Health and Social Care Partnership to develop stronger collaborative relationships between members of the public and communities, local engagement processes within the NHS, Fife Council and Linked to third and Independent Sector to ensure public participation engagement networks

are joined up for the people of Fife and aligned to the responsibilities held by the IJB to support localities and community engagement.

10. INFORMATION SHARING AND DATA HANDLING

- 10.1 Fife Council, NHS Fife and the Fife IJB have developed and agreed an overarching Information Sharing Agreement (ISA) which governs and supports the sharing of personal information between the Fife partner agencies.
- 10.2 The ISA utilises the templates and guidance provided in the Scottish Government's information Sharing Toolkit, which was developed as a data sharing standard for public bodies. The Toolkit aligns with the Data Sharing Code of Practice published by the Information Commissioner and takes account of changes introduced through the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018.
- 10.3 The ISA will be reviewed by the IJB every two years, or sooner if appropriate.
- 10.4 To support the ongoing integration of health and social care services, further data sharing agreements, work instructions and related guidance for practitioners will be developed as required together with relevant data processing agreements. This approach ensures that information sharing and processing arrangements will continue to meet both operational needs and the legislative requirements of the evolving external environment as the IJB is now a Category 1 Responder.

11. COMPLAINTS

- 11.1 The Parties agree that complaints received from one or more members of the public about the actions or lack of action by either Party in respect of the Integrated Services, or about the standard of Integrated Services, or about the standard of Integrated Services provided by or on behalf of either of the Parties shall be handled in accordance with the follow provisions.
- 11.2 Where the complaint involves more than one Party, agency or service, the Parties shall work together and agree which Party, agency or services will take the lead in handling the complaint ("the Lead Party"). The Lead Party shall inform the complainant that they are leading this process.
- 11.3 Where possible, complaints shall be resolved by front line staff. In these cases, a decision will be given within 5 working days or less, unless there are exceptional circumstances. If it is not possible to resolve a complaint at this stage, the complainant will be advised of this and it may be suggested that they escalate their complaint to the next stage.
- 11.4 If a complaint has not been resolved by front line staff, is particularly complex or requires further investigation, the Lead Party will carry out a detailed investigation and give a full response within 20 working days where possible. If it is not possible to meet this timescale, the Lead Party will advise the complainant and agree a revised time limit.

11.5 If a complainant remains dissatisfied at the end of the investigation stage, the Lead Party shall direct them to the Scottish Public Services Ombudsman (SPSO), if appropriate. There will be no further level of appeal to either of the Parties.

11.6 The Parties shall ensure that details of how to make a complaint are readily available to members of the public, online and in their respective premises.

11.7 A report shall be provided to the IJB on a six-monthly basis advising of the complaints received by the Parties, resolution timescales and complaint outcomes.

12. CLAIMS HANDLING, LIABILITY and INDEMNITY

12.1 The Parties and the IJB recognise that they could receive a claim arising from, or which relates to, the work undertaken on behalf of the IJB.

12.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them and in accordance with any relevant requirement relating to insurance cover.

12.3 So far as reasonably practicable, the normal common law and statutory rules relating to liability will apply.

12.4 Each Party will assume responsibility for progressing claims which relate to any act or omission on the part of one of their employees.

12.5 Each Party will assume responsibility for progressing claims which relate to any building which is owned or occupied by them.

12.6 In the event of any claim against the IJB, or in respect of which it is not clear which Party should assume responsibility, then the Director of Health and Social Care (or their representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

13. RISK MANAGEMENT

13.1 The Parties and the IJB shall jointly agree a shared Risk Management Strategy which identifies, assesses and prioritises risks related to the planning and delivery of integrated services, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan regardless of whether these are held by the IJB, NHS Fife or Fife Council. This includes the development of an IJB Strategic Risk Register that sets out the key risks that apply to the delivery of the Strategic Plan and the carrying out of integrated functions. Any updates to the shared Risk Management Strategy shall be approved by the IJB and the Parties.

13.2 The shared Risk Management Strategy identifies and describes processes for mitigating those risks and sets out the agreed reporting standard that will enable other significant risks identified by the Parties to be compared across the organisations.

- 13.3 The Risk Management Strategy and the Risk Register have been approved by the Integration Joint Board. The Risk Management Strategy allows for any subsequent changes to the Strategy to be approved by the Integration Joint Board.
- 13.4 The shared Risk Management Strategy includes an agreed Risk Monitoring Framework and arrangements for reporting risks and risk information to the relevant bodies. It shall also set out the arrangements for providing assurance on both operational and strategic risks and how and by whom these will be disseminated to all bodies.
- 13.5 The Chief Officer ensures that the Risk Register is reported to the Integration Joint Board on a timescale and format agreed by the Integration Joint Board, this not to be less than twice per year.
- 13.6 The process for amending the Integration Joint Board Risk Register is set out in the risk management strategy.
- 13.7 The Parties will provide sufficient support, from their existing risk management resources, to the Integration Joint Board to enable it to fully discharge its duties in relation to risk management. The Parties will also make appropriate resources available to support the Integration Joint Board in its risk management.

14. DISPUTE RESOLUTION MECHANISM

- 14.1 Where the Parties fail to agree on any issue related to this Scheme, then the following process will be followed:
- (a) The Chief Executives of the Parties will meet to resolve the issue and if resolved will report through the appropriate governance routes of the partner organisations.
 - (b) If unresolved, the Parties will prepare and exchange a written note of their position within 10 working days of the date of the decision to proceed to written submissions or such period as the Parties agree.
 - (c) In the event that the issue remains unresolved, representatives of the Parties will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue. The cost of mediation will be shared equally between the Parties.
 - (d) If the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree they will notify the Scottish Ministers that agreement cannot be reached; the notification will explain the actions taken to try to resolve the dispute and request that the Scottish Ministers give directions.

PART 1

Functions Delegated by NHS Fife to the IJB

Column A**The National Health Service (Scotland) Act 1978**

All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978

Column B

Except functions conferred by or by virtue of -
 section 2(7) (Health Boards);
 section 2CB (functions of Health Boards outside Scotland);
 section 9 (local consultative committees);
 section 17A (NHS contracts);
 section 17C (personal medical or dental services);
 section 17I (use of accommodation);
 section 17J (Health Boards' power to enter into general medical services contracts);
 section 28A (remuneration for Part II services);
 section 48 (residential and practice accommodation);
 section 55 (hospital accommodation on part payment);
 section 57 (accommodation and services for private patients);
 section 64 (permission for use of facilities in private practice);
 section 75A (remission and repayment of charges and payment of travelling expenses);
 section 75B (reimbursement of the cost of services provided in another EEA state);
 section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);
 section 79 (purchase of land and moveable property);
 section 82 (use and administration of certain endowments and other property held by Health Boards);
 section 83 (power of Health Boards and local health councils to hold property on trust);
 section 84A (power to raise money, etc., by appeals, collections etc.);
 section 86 (accounts of Health Boards and the Agency);
 section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
 section 98 (charges in respect of (Non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989
 The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302;
 The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000;
 The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;
The National Health Service (General Dental Services) (Scotland) Regulations 2010.
The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
Carers (Scotland) Act 2016

All sections, duties, functions and Services as they relate to adult carers as defined in the Carer Act”

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.

Except functions conferred by -
section 22 (approved medical practitioners);
section 34 (inquiries under section 33: cooperation)
section 38 (duties on hospital managers: examination, notification etc.) (c);
section 46 (hospital managers’ duties: notification)
section 124 (transfer to other hospital);
section 228 (request for assessment of needs: duty on local authorities and Health Boards);
section 230 (appointment of patient’s responsible medical officer);
section 260 (provision of information to patient)
section 264 (detention in conditions of excessive security: state hospitals);
section 267 (orders under sections 264 to 266: recall)
section 281 (correspondence of certain persons detained in hospital);
and functions conferred by—
The Mental Health (Safety and Security) (Scotland) Regulations 2005;
The Mental Health (Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005
The Mental Health (Use of Telephones) (Scotland) Regulations 2005; and
The Mental Health (England and Wales Cross border transfer: patients subject to requirements other than detention) (Scotland) Regulations 2008

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or Except functions conferred by by virtue of, the Public Services Reform

Section 31(public functions: duties to provide (Scotland) Act 2010

information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient

All functions of Health Boards conferred by, the Patient Rights (Scotland) Act

2011

Rights (complaints Procedure and by or virtue of, Consequential Provisions) (Scotland) Regulations 2012/36

Carers (Scotland) Act 2016

Section 31

(Duty to prepare local Carers Strategy)But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014, so far as they extend to the services detailed in Part 2 of Annex 1 of this Scheme.

PART 2

Services Currently Provided by NHS Fife Which Are to be Integrated

Interpretation of this Part 2 of Annex 1 In this part —

“allied health professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, and includes any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004(a); and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

PART 2A

Provision for People Over the Age of 18

The functions listed in Part 1 of Annex 1 are delegated to the extent that:

- a) The function is exercisable in relation to persons of at least 18 years of age;
- b) The function is exercisable in relation to care or treatment provided by health professions for the purpose of health care services listed at numbers 1 to 22 below: and
- c) The function is exercisable in relation the following health services:
 - 1) accident and emergency services provided in a hospital;
 - 2) inpatient hospital services relating to the following branches of medicine —
 - (i) general medicine;
 - (ii) geriatric medicine;
 - (iii) rehabilitation medicine;
 - (iv) respiratory medicine; and
 - (v) psychiatry of learning disability,
 - 3) palliative care services provided in a hospital;
 - 4) inpatient hospital services provided by general medical practitioners;
 - 5) services provided in a hospital in relation to an addiction or dependence on any substance;
 - 6) mental health services provided in a hospital, including secure forensic mental health services.
 - 7) district nursing services;
 - 8) services provided outwith a hospital in relation to an addiction or dependence on any substance;
 - 9) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - 10) the public dental service;
 - 11) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978;

- 12) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- 13) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- 14) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
- 15) services providing primary medical services to patients during the out-of-hours period;
- 16) services provided outwith a hospital in relation to geriatric medicine;
- 17) palliative care services provided outwith a hospital;
- 18) community learning disability services;
- 19) mental health services provided outwith a hospital;
- 20) continence services provided outwith a hospital;
- 21) kidney dialysis services provided outwith a hospital;
- 22) services provided by health professionals that aim to promote public health.

PART 2B

NHS Fife has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services:

Provision for People Under the Age of 18

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:

- a) the function is exercisable in relation to persons of less than 18 years of age; and
- b) the function is exercisable in relation to the following health services:
 - 1) accident and emergency services provided in a hospital;
 - 2) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - 3) the public dental service;
 - 4) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978;
 - 5) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
 - 6) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
 - 7) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
 - 8) services providing primary medical services to patients during the out-of-hours period;
 - 9) community learning disability services;
 - 10) mental health services provided outwith a hospital including Child and Adolescent Mental Health services;
 - 11) Community Children's Services - Health Visitors, School Nursing, Community Children and Young Persons Nursing Service, family Nurse Partnership Team, Child Health Admin Team, Allied Health Professions, Child Protection Nursing Team.

Part 1A

Functions Delegated by Fife Council to the IJB

Functions prescribed for the purposes of section 1(7) of the Act.

Column A

Enactment conferring function

Column B

Limitations

National Assistance Act 1948

Section 48

(duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958

Section 3

(provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968

Section 1

(local authorities for the administration of the Act)

So far as it is exercisable in relation to another integration function.

Section 4

(provisions relating to performance of functions by local authorities)

So far as it is exercisable in relation to another integration function.

Section 8

(research)

So far as it is exercisable in relation to another integration function.

Section 10

(financial and other assistance to voluntary organisations etc. for social work)

So far as it is exercisable in relation to another integration function.

Section 12

(general social welfare services of local authorities)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 12A

(duty of local authorities to assess needs)

So far as it is exercisable in relation to another integration function.

Section 12AZA

(assessments under section 12A - assistance)

So far as it is exercisable in relation to another integration function.

Section 13

(power of local authorities to assist persons in need in disposal of produce of their work)

Section 13ZA

(provision of services to incapable adults)

So far as it is exercisable in relation to another integration

Section 13A
(residential accommodation with nursing)
Section 13B
(provision of care or aftercare)

Section 14
(home help and laundry facilities)

Section 28
(burial or cremation of the dead)

Section 29
(power of local authority to defray expenses of parent, etc.,
visiting persons or attending funerals)

Section 59
(provision of residential and other
establishments by local authorities and maximum period for
repayment of sums borrowed for such provision)

Carers (Scotland) Act 2016

Section 6
(Duty to prepare an adult support plan)

Section 21
(duty to set local eligibility criteria)

Section 24
(duty to provide support)

Section 25
(provision of support to carers: breaks from caring)

Section 31
(duty to prepare local carers strategy)

Section 34
(information and advice service for carers)

Section 35
(short breaks services statement)

function.

So far as it is exercisable in
relation to persons cared
for or assisted under another
integration function.

So far as it is exercisable in
relation to another integration
function.

The Local Government and Planning (Scotland) Act 1982

Section 24(1)

(The provision of gardening assistance for the disabled and the elderly)

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 2

(rights of authorised representatives of disabled persons) Section 3

(assessment by local authorities of needs of disabled persons)

Section 7

(persons discharged from hospital)

In respect of the assessment of need for any services provided under functions contained in welfare enactment within the meaning of section 16 and which are integration functions.

Section 8

(duty of local authority to take into account

In respect of the assessment of need for any services provided under functions abilities of carer) contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.

The Adults with Incapacity (Scotland) Act 2000

Section 10

(functions of local authorities)

Section 12

(investigations)

Section 37

(residents whose affairs may be managed)

Only in relation to residents of establishments which are managed Under integration functions.

Section 39

(matters which may be managed)

Only in relation to residents of establishments which are managed under integration functions.

Section 41

(duties and functions of managers of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Section 42

(authorisation of named manager to withdraw from resident's account)

Only in relation to residents of establishments which are managed under integration functions.

Section 43

(statement of resident's affairs)

Only in relation to residents of establishments which are managed under integration functions.

Section 44

(resident ceasing to be resident of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Section 45

(appeal, revocation etc)

Only in relation to residents of Establishments which are managed under integration functions.

The Housing (Scotland) Act 2001

Section 92

(assistance to a registered for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Community Care and Health (Scotland) Act 2002

Section 5

(local authority arrangements for residential accommodation outwith Scotland)

Section 14

(payments by local authorities towards expenditure by NHS bodies on prescribed functions)

The Mental Health (Care and Treatment) (Scotland) Act 2003

Section 17

(duties of Scottish Ministers, local authorities and others as respects Commission)

Section 25

(care and support services etc)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26

(services designed to promote well-being and social development)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27

(assistance with travel)

Section 33

(duty to inquire)

Section 34

(inquiries under section 33: Co-operation)

Section 228

(request for assessment of needs: duty on local authorities and Health Boards)

Section 259

(advocacy)

Except in so far as it is exercisable in relation to the provision of housing support services.

The Housing (Scotland) Act 2006

Section 71(1)(b)

(assistance for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Adult Support and Protection (Scotland) Act 2007

Section 4

(council's duty to make inquiries)

Section 5

(co-operation)

Section 6

(duty to consider importance of providing advocacy and other services)

Section 11

(assessment Orders)

Section 14

(removal orders)

Section 18

(protection of moved persons property)

Section 22

(right to apply for a banning order)

Section 40

(urgent cases)

Section 42

(adult Protection Committees)

Section 43
(membership)

Social Care (Self-directed Support) (Scotland) Act 2013

Section 5

(choice of options: adults)

Section 6

(choice of options under section 5: assistances)

Section 7

(choice of options: adult carers)

Section 9

(provision of information about self-directed support)

Section 11

(local authority functions)

Section 12

(eligibility for direct payment: review)

Section 13

(further choice of options on material change of circumstances)

Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed (Support)(Scotland) Act 2013

Section 16

(misuse of direct payment: recovery)

Section 19

(promotion of options for self-directed support)

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Act.

Column A

Enactment conferring function

Column B

Limitation

The Community Care and Health (Scotland) Act 2002

Section 4

The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002

In each case so far as the functions are exercisable in relation to persons of at least 18 years of age.

PART 1B

In addition to the functions that must be delegated, Fife Council has chosen to delegate the functions listed in Part 1A as they relate to Adult Social Work Services provided to persons aged 16-18 years.

PART 2

Services Currently Provided by Fife Council Which Are to be Integrated

Set out below is an illustrative description of the services associated with the functions delegated by the Council to the IJB as specified in Parts 1A and 1B of Annex 2.

- Adult Social work services for people aged 16 and over
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

PARTICIPATION AND ENGAGEMENT

Our key stakeholders for the review of the participation and engagement strategy will include:

- individual members of the public, identified communities and protected characteristics providers/contractors of health and social groups (including marginalised groups, Black Asian and Minority Ethnic groups, non-English speakers, those who are non-IT organisations literate.
- public, third and independent sector.
- patients, service users, carers, their families and their representatives or advocates.
- equality group representatives.
- Fife Community Planning Partnership.
- HSCP staff and linked professionals (for networks example GPs).
- Fife Community Councils.
- Professional networks.
- Fife IJB Members.

We will use a variety of medium to communication and receive feedback to inform the strategy building on the profile of the first strategy and supporting our locality working.

Fife Health and Social Care Integration Scheme - Consultation

Fife Integration Joint Board (IJB) is responsible for the planning and delivery of health and social care services within Fife. The IJB works with its partners, Fife Council and NHS Fife, to improve outcomes for patients, services users, carers and their families.

The Integration Scheme, which has been approved by the Scottish Government, details the relationship between the Fife partners. The current IJB Integration Scheme can be found here: https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0028/174583/integration-scheme.pdf
(https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0028/174583/integration-scheme.pdf).

The IJB has a legal requirement to review the Integration Scheme every five years. This consultation process is part of the current review.

When you respond to this consultation we will collect your name, email address, and the information you provide for each of the questions. This information will be held securely and will only be accessed by authorised individuals for the purpose of this consultation.

Fife Integration Joint Board will hold the personal information that you provide for one year after the consultation has closed.

We will also produce anonymised reports from your consultation responses. These reports will be published on our website and shared with relevant partner organisations; this information will be held permanently.

Once you have completed the consultation you will have the opportunity to complete an Equality, Diversity and Inclusion Questionnaire. These questions are optional, any information that you provide will be used to ensure that we have representation from all areas of the community.

The IJB Privacy Notice includes more details about the information we collect and how it is used. This is the link: www.fifehealthandsocialcare.org/about-us/privacy-notice
(<http://www.fifehealthandsocialcare.org/about-us/privacy-notice>).
The IJB's Data Protection Officer can be contacted at: FOI.IJB@fife.gov.uk
(<mailto:FOI.IJB@fife.gov.uk>).

* Required

About you

1. Your name *

2. Your email address *

3. I have read the IJB Privacy Notice regarding the collection of information for this consultation and I am happy to proceed. *

Yes

No

Consultation

4. Do you agree with no changes being made to delegated services? *

- Yes
- No
- Not sure

5. If you disagree or not sure, can you please share your views?

6. Do you agree with changes to the Clinical and Care Governance? *

- Yes
- No
- Not sure

7. If you disagree or not sure, can you please share your views?

8. Do you agree with no changes being made to membership? *

- Yes
- No
- Not sure

9. If you disagree or not sure, can you please share your views?

Equality, Diversity and Inclusion questionnaire

We use the information in this section to understand who is responding to our consultation and engagement exercises. By completing this it will help us to ensure we have representation from the broadest set of people as possible. This helps to ensure our services and communications reach every part of the community.

The information provided here will be held only for monitoring purposes relating specifically to this consultation and for no other reason. The information will remain confidential although each question also offers you the chance to decline to answer, or skip without answering.

10. What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older

11. How do you describe your gender identity?

- Woman
- Man
- Non-binary
- Prefer not to say

12. What religion, religious denomination or body do you belong to?

Church of Scotland

Roman Catholic

Other Christian

Muslim

Buddhist

Sikh

Jewish

Hindu

None

Prefer not to say

Other

13. How would you describe your sexual orientation?

Heterosexual/Straight

Gay woman/Lesbian

Bisexual

Gay man

Prefer not to say

Other

14. What is your ethnic group?

- White: Scottish
- White: Other British
- White: Polish
- White: Irish
- White: Other Eastern European
- White: Gypsy/Traveller
- Pakistani
- Chinese
- Indian
- Bangladeshi
- Other Asian
- African
- Caribbean or Black
- Mixed or multiple ethnic groups
- Other: Arab
- Other: Other ethnicity
-

Other

Thank you for taking the time to be part of this consultation.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms



Fife Health
& Social Care
Partnership



Fife Health and Social Care Partnership Integration Scheme Review

Consultation Summary

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

1. Introduction

Fife Integration Joint Board (IJB) is responsible for the planning and delivery of health and social care services within Fife. The IJB works with its partners, Fife Council and NHS Fife, to improve outcomes for patients, services users, carers and their families.

The Integration Scheme, which has been approved by the Scottish Government, details the relationship between the Fife partners. The current IJB Integration Scheme can be found here:

https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0028/174583/integration-scheme.pdf

The IJB has a legal requirement to review the Integration Scheme every five years. The consultation findings detailed below are a part of the recent review.

The consultation was launched on Friday 6 August 2021 with closing date of Friday 20 August 2021 at 5.00 pm.

2. Participants

Participants were invited to participate in the consultation via social media channels, web pages as well as direct invitation to share views, which was sent via an email. Email was sent to 414 recipients, those included:

- IJB Members
- Elected Members
- Care Home Providers
- Care at home providers
- Other third sector organisations.

3. Survey Results

The consultation has received 56 responses, with some providing a detailed feedback which is shown below.

3.1. Do you agree with no changes being made to delegated services?

The participants were asked if they agree with no changes being made to delegated services, the question received 56 answers of which 84% of respondents said yes, with 9% not sure and 7% disagreed with no changes being made.



Participants who disagree or not sure were invited to expand further on their answer, as a result we have received ten responses. Here is the submitted comments (shown word by word as presented in the survey):

- *“It is difficult to say either way as there is no factual evidence through feedback as to what is actually working and what isn't. Things have changed so much through Covid it is difficult to look back at where we were over a year ago.”*
- *“I think the delegate services need to be thoroughly reviewed before the next five-year period, in the light of the experience of the last five years, the impact of the Covid 19 pandemic on the effective and consistent delivery of these services, and the ongoing uncertainties over changes consequent on Brexit, including on procurement, and of course, the pandemic itself”.*
- *“I know little or nothing about how the FHSCIS operates”.*
- *“Whilst I do not disagree, I would like to offer the following 2 points as there is no opportunity given for general comments:*
 - *There is little point in changing things pending a review of care nationally in line with the impact of COVID-19.*
 - *The standards set by the IJB and working partners are satisfactory if met. I would however like to see a link to any regulatory inspection of the IJB, if there is one, and if not, then perhaps this could be proposed.”*
- *“Unpaid carers should be included in the this”.*
- *“The consultation did not provide a document with either tracked changes or a side-by-side table showing what had been changed. Without this information alongside a statement of what the change is trying to achieve I find it hard to pass any helpful comments or confirm that I am happy with the proposed changes”.*
- *“As Housing Support remains out with delegated services, it would be helpful to have better understanding and commitment with respect to the intersection of services when supporting complex needs e.g., homelessness/ACES. It may be that this is clear to those within the IJB and LA. If so, engagement with third sector agencies for clarity would be helpful to support the practice of integration - albeit practice is beyond the scope of this document.”*
- *“As we become more integrated and the service is smooth and not lumpy, there will be a need and scope for increased service delegation. At present this would be a mistake until the IJB, and its practices are more integrated.”*
- *“We believe that the proposals within the new National Care Service will change the local Joint Integrated Board and consideration for new*

community health and social care boards. Therefore, it would seem inappropriate to make any changes to delegated services at this time.

- *“Don't have full understanding on what is delegated services.”*

3.2. Do you agree with changes to Care and Clinical Governance?

Participants were asked if they agree with the proposed changes to Care and Clinical Governance. This question received 56 responses, where 84% agreed, 2% (or one person) disagreed and 14% weren't sure.



Participants were asked to expand on their answer further, especially those who disagree or not sure. Eight comments were received, which are typed word for word below:

- *“Again, it is difficult to see what the changes are in reality as we have had such changing times recently.”*
- *“I agree changes are needed. I would like to be briefed more thoroughly on what these are, the improvements they are intended to deliver, and how they will be tracked and monitored. And to consider more carefully what other changes might deliver more effective structures both for care, and for fully accountable governance.”*
- *“The statement within the brief PowerPoint presentation simply says that certain roles have been clarified. There is no further explanation as to how.”*
- *“All I'm told is that it's to be "strengthened". That sounds a good idea, but the devil will be in the detail, which I haven't seen.”*
- *“The consultation did not provide a document with either tracked changes or a side-by-side table showing what had been changed. Without this information alongside a statement of what the change is trying to achieve I find it hard to pass any helpful comments or confirm that I am happy with the proposed changes.”*
- *“Clinical and Care Governance within this document is out with my professional scope.”*
- *“I am too new to the work of Fife IJB to comment.”*

- *“The purpose of health and social care integration is to transform people’s experience of care and the outcomes they experience” (Scottish Government) As a third sector organisation supporting people with a profound learning and multiple disabilities and their carers integration has not resulted in improved outcomes for this marginalised group. There are serious concerns about the lack of integration in service provision when someone with PMLD requires acute care, no social care provision in an acute setting puts the lives of individuals with a learning disability at risk and contributes to the stark mortality statistics of preventable causes in acute settings (Scottish Learning Disability Observatory 2020) Specifically, we would welcome improvements in well-being outcomes 2, 5, 6 and 7.”*

3.3. Do you agree with no changes being made to membership?

Lastly, participants were asked if they agreed with no changes being made to membership. The question has received 56 responses with 84% agreeing to no changes being made to membership, while 9% disagree and 7% weren’t sure.



As with previous questions, participants were invited to expand further on their views and submit comments especially to those who answered disagree or not sure. Consultation has received 8 further 8 comments listed below:

- *“I believe the membership should include those out with the NHS and Fife Health and Social Care. As an organisation that works closely with FHSC or in fact any other 3rd sector organisation, we have a high level of input to ensuring that people who access Fife services needs are met, including open communication between all partnerships”.*
- *"The current IJB appears weighted heavily towards the NHS acute service and Council Social Care in both cases at senior officer or executive level. Community organisations and voluntary sector service providers appear underrepresented in this mix. I am not sure either about the basis by which patient representatives are selected, and how they are able to consult and represented patients and service users, or accurately reflect their experience.”*
- *“I think better integration of the IJB would be achieved by greater inclusion.”*
- *“I am not sufficiently well informed to have a view on this.”*

- *“This would be a very good opportunity to enhance the contribution of service users and carers, by both increasing their numbers and giving them voting rights. Given that the whole purpose of integration is to improve the delivery of services to people locally, their views must have as much weight as those of clinicians and politicians.”*
- *“The consultation did not provide a document with either tracked changes or a side-by-side table showing what had been changed. Without this information alongside a statement of what the change is trying to achieve I find it hard to pass any helpful comments or confirm that I am happy with the proposed changes”.*
- *“The current arrangement of 8 councillors and 8 NHS reps leads to conflict and division due to the different optics that each brings to the IJB.”*
- *“The Carers Act 2016 and other Government legislation advocates that unpaid carers be seen as Equal Partners, however as Board representatives they have no voting rights, we would like to see this inequality changed. Or at a very minimum other approaches prioritised that would increase the influence of unpaid carers and those with lived experience”.*
- *“I feel there should be some representation from 3rd sector agencies”.*

H&SC INTEGRATION SCHEME – LIST OF THOSE CONSULTED**All Integration Joint Board Members****All 75 Fife Councillors****NHS Fife Board****Fife Voluntary Action****Scottish Care/Independent Sector****Fife Cares Centre****Peoples Panel****Fife Health Council**

Local Authority Care Homes – Ladywalk; Lindsay House; Matthew Fyfe; Methilhaven; Napier House; Northeden; Ostlers House

Independent Sector Care Homes - Abbeyfield House; Abbotsford Head Office Glenrothes; Compliance Manager – Abbotsford; Abbotsford Cowdenbeath Nursing Home; Abbotsford Dunfermline Nursing Home; Abbotsford East Wemyss Nursing Home; Abbotsford Glenrothes Nursing Home; Abbotsford Kinglassie Nursing Home; Abbotsford Methil Nursing Home; Abbotsford Newburgh Care Home; Abbotsford Raith Manor Care Home; Alexander House; Auchtermairnie Residential; Balfarg Care Centre; Balnacarron; Bandrum Nursing Home; Barrogil Residential Home; Benarty View Nursing Home; Bennoch Lodge; Avondale; Benore Care Home; Camilla Nursing Home; Canmore Nursing Home; Chapel Level Nursing Home; Craighead Nursing Home; Craigie House; Earlsferry House; Elizabeth House; Fernlea Residential Home; Finavon Court; Forth Bay Nursing Home; Forthview Care Home; Gibson House; Glenburnie Care Home; Glendale Lodge; Gowrie House Nursing Home; Harbour Care (formerly Adam House); HC-One Area Director; Henderson House; Hilton Court; Leonard Cheshire (Hepburn Court & West Lodge); Leven Beach Nursing Home; Leys Park Nursing Home; Links View; Lister House; Lomond Court Nursing Home; Lomond View; Lunardi Court Nursing Home; Marchmont; Methven House; Mossview Residential Home; Newlands Residential Home; Orchardhead House; Peacehaven; Pitlair House; Preston House; Riverview; Robert Allan Unit; Roselea Care Home; Rosturk House; Rosturk Head Office; Scoonie Care Home; St Andrews House; St Serfs Care Home; Strathview; The Beeches Care Centre; Villa Atina; Walton Care Home; West Park Nursing Home; Wilby House; Willow House Nursing Home; Woodside Court Nursing Home.

Care at Home Providers – 1st Homecare; Acasa; ACS; Allied Health Care; Ark Housing; Assisted Services; Avenue; Avicenna Care Ltd; Balmoral; Blue Star; Capability Scotland; Care Plus; Cera Care (Previously Mears); Connected Care; Constance Care; Cornerstone; Crossroads Fife; East Neuk Homecare; Elite Care; Enable Scotland; G&J Care; Gibson Training & Care Ltd; Handy Services; Hilcrest Futures (previously Gowrie); Horizon Support; Integrity Social Care Solutions; Kenylink; Kingdom Support & Care; Leonard Cheshire Disability; Link Living; L-O-V-E Care; Oran Homecare; Quarriers; Real Life

Options; Richmond Fellowship; SAMH; Scottish Autism; Sense Scotland; Wheatley Group (was Barony Housing).

Other Care Providers – Abbeyfield Kirkcaldy Society Ltd; Abbeyview Day Centre; Aberdour Day Care Association; Addaction; Age Concern Cupar; Alzheimer Scotland; Arden House; Asian Older People Group; Auchtermuchty Midday Club; Auchtermuchty Old Peoples Welfare; Autism in Fife; Barnardo Scotland; Barony Housing; Care & Share Companionship; Castle Furniture; Circles Network; Citizens Advice Rights Fife - inc McMillan Rights; Continuing Care North East Fife; Crossroads (Fife Central); Cruse; Dalgety Bay Day Care Association; Day Centre Services Ltd; Deaf Blind UK; Dementia Services Development Centre; Disabled Persons Housing Service Fife; Dunfermline Advocacy; East Neuk Frail Elderly Project; Enable; ENERGI; Equal Voice in Central Fife; Express Group; Falkland Church Lunch Club; Fife Alcohol Support Service; Fife Boomerang; Fife Carers Centre; Fife Cares Service; Fife Chinese Older People; Fife Day Care Services Ltd; Fife Employment Access Trust; Fife Forum; Fife Rape & Sexual Assault centre; Fife Shopping & Support Services; Fife Voluntary Action; Fife Young Carers; FIRST; Food Train; Frontline Fife; Homelands Trust; Homestart Glenrothes (Glenrothes Community House); Includem; IncludeME; KASP (Kingdom Abuse Survivors Project); Kindred Advocacy; Later Life Choices Glenrothes (was Age Concern Glenrothes); LEAD – Scotland; Link Living; Marie Curie; Mid-Fife News-tape; North East Fife Befriending Project (LINK); One Stop Shop; Pain Association Scotland; PAMIS; Peace of Mind; Penumbra; People First; Phoenix Futures; Quarriers; Respite Fife; Restoration; RNIB Pathway; Safe Space; Samaritans Dunfermline; Samaritans Kirkcaldy; SAMH; Scottish Care; Scottish Huntingtons Association; SDF; Seescape; SMART Recovery; Strathmiglo & District Lunch Club; Support in Mind Scotland; Talk Matters.

Meeting:	NHS Fife Board
Meeting Date:	Tuesday 28 September 2021
Title:	Whistleblowing Quarterly Report
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to NHS Fife Board members for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

With effect from 1 April 2021, all NHS organisations are required to follow the National Whistleblowing Principles and Standards. The application of these statutory requirements is overseen by the new Independent National Whistleblowing Officer (INWO).

2.2 Background

The Standards together with the appointment of the INWO and the appointment of a Non-Executive Whistleblowing Champion in the Board set out the expectations on all NHS service providers to promote a culture of openness and transparency for handling concerns that are raised with them which meet the definition of a 'whistleblowing concern'.

Anyone raising concerns are covered by the new National Whistleblowing Standards. After a concern has been through the local whistleblowing process whistleblowers have the option of raising a concern with the INWO if they are unhappy with the outcome.

2.3 Assessment

Recording and Reporting: Managers will record all whistleblowing concerns into Datix in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports.

There is a similar reporting and recording requirement for all NHS service providers, to record cases as they are lodged. NHS Fife have provided our service providers with a reporting format using the Datix headings for consistency of reporting. Providers will review information in relation to concerns raised about their services routinely, provide to NHS Fife their data on both a quarterly and annual basis for reporting purposes.

Taking on Learning: One of the main aims of the whistleblowing procedure is to ensure learning from the outcome of any whistleblowing concerns, should they arise, identifying opportunities to improve NHS services.

Data - Quarter 1 Report (2021/22): The first quarterly report on the Standards covers the reporting period 1 April to 30 June 2021. During this period, there were no whistleblowing complaints / claims reported within NHS Fife, nor from primary care providers and contracted services.

We continue to work in collaboration with NHS Fife's Whistleblowing Champion to continue to refine our reporting, whereby future quarterly reporting could include statistical data, analysis of data and an overall conclusion.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The monitoring of whistleblowing complaints ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2021 / 2022 quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to NHS Fife Board members for **Assurance** and confirms:

- the use of Datix as the system for NHS Fife to record and report Whistleblowing;
- the arrangements to reviewing trends and taking learning from any incident, as appropriate;
- that NHS Service Providers are aware of their responsibilities to record, review and report instances. With early arrangements and reminders in place by NHS Fife to ensure awareness of their obligations and
- the data for the first quarter post implementation, i.e., 1 April to 30 June 2021 is a nil report.

3 List of Appendices

N/A

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
E-mail: sandra.raynor@mhs.scot

Meeting:	NHS Fife Board
Meeting date:	28 September 2021
Title:	Health Promoting Health Service
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Kay Samson, Deputy Health Promotion Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

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

- Person Centred

2 Report summary

2.1 Situation

NHS Fife are required to submit an annual update on progress against the Health Promoting Health Service (HPHS) outcomes and indicators as part of the Chief Medical Officers HPHS Guidance (CMO 2018 3 letter). Due to NHS Health Scotland's transition from the current structures to the new model for Public Health Scotland on 1st April 2020 and current COVID19 situation has meant that the requirement to submit an annual report has been suspended for this year. The pandemic has put many progress and activities across the HPHS agenda on pause for 20/21 reporting year.

This paper provides the Board with an update on progress within NHS Fife's during 2020/21.

2.2 Background

The Health Promoting Health Service (HPHS) is a national programme that focuses on the health and wellbeing of staff, patients and visitors in the hospital setting. It has an underpinning theme that ***“every healthcare contact is a health improvement opportunity.”***

The HPHS guidance (CMO 2018 3 letter) sets out the continued focus of Health Promoting Health Service on prevention, early intervention and whole systems working in improving healthy life expectancy and addressing health inequalities in Scotland. NHS Fife has established a baseline self assessment and action plan outlining our planning, activity and performance against 4 outcomes.

- **Outcome 1:** Prevention, Improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such
- **Outcome 2:** Patients are routinely assessed for health improvement and inequalities as part of their person centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long term conditions
- **Outcome 3:** All staff work in an environment that promotes physical and mental health, safety and wellbeing.
- **Outcome 4:** The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

.3 **Assessment**

The HPHS framework continues to be developed with improvements around prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and wellbeing.

Prior to the pandemic progress had been made in developing and embedding a HPHS approach within NHS Fife by recognising where health promotion fits into existing activity, acknowledging and supporting work in practice. The pandemic has seen minimal progress due to the focus on Covid19 patient centred care. However, there has been a particular focus on staff health and wellbeing at a local level in response to their needs and manage their health and wellbeing in these unprecedented times. Some examples of this are:

- **Creation of Staff Hubs** – spaces for staff to go to to unwind, access support and chat with other staff. Healthy living items are available such as fruit and cereal bars etc as well as small meal base items such as porridge/soup etc. There are a total of 13 staff hubs across the acute and community hospitals.
- A **'Pause Pod'** at WBH is a small calming space where staff can take time out to meditate, do yoga, listen to music or go to chill and for time out
- **'Our Space'** – online peer support sessions were designed and delivered for staff who are shielding or home working in response to the growing need for support in these challenging times. Providing a safe environment for staff to come together, to talk, to share experiences of what's going on for them and to be listened to in a non-judgemental, informal space. These sessions were time limited.
- Staff **'Listening Service'** went live from April 2020, counselling support provided by Occupational Health and Wellbeing and **'Top Tip's for Self Care'** highlighted on desktops
- **Spiritual Care service** has played an important role in the last 18 months in supporting staff health and wellbeing
- **Black and Minority Ethnic Network Group** has been established to provide individuals with a means to share information and provide mutual support

- **Mindfulness sessions** were offered to all health and care staff. The sessions introduced participants to a short mindful meditations and tips to help them step out of their busy minds and become more present and grounded in their bodies, as a way to manage their health and wellbeing.
- **Good Conversations** training has continued with a particular emphasis on how this approach can be used by staff to have supportive conversations with each other and build resilience.
- **Support Sessions for managers** – These information sessions targeted at managers in the first instance aim to clarify the range and types of staff support options available to Fife health and social care staff locally and nationally.
- Implementation locally of the NHS HS **Smoke-free Mental Health Services** in Scotland: Implementation guidance (2015) which highlights that allowing smoking in these areas only perpetuates inequalities. A staff survey has been conducted with a variety of MH staff to find out about any concerns regarding implementing the guidance.
- The **Weight Management Support** for staff was launched in October 2020 and is delivered by a Trainee Health Psychologist. The service use evidence-based behaviour change interventions, and provides 1:1 individualised support to staff, enabling them to explore strategies and techniques that could help them better manage their weight and wellbeing.

Next Steps

The HPHS work already has an established action plan and this will be taken forward as capacity allows.

- The Well@Work oversees **Outcome 3** where all staff work in an environment that promotes physical and mental health, safety and wellbeing.
- The HPHS hospital environment group oversees **Outcome 4** where the hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.
- Due to staff changes **Outcome 1 and 2** leads and groups need to be re-established when appropriate to enable reengagement across acute and community hospitals

A further self-assessment will be planned in line with national expectations and it is most likely this will be in Spring 2022.

2.3.1 Quality/ Patient Care

Improve the quality of patient care through consideration of social determinants and health inequalities in patient pathways; promotion of physical and mental health, safety and wellbeing, the hospital environment and improving access to services.

2.3.2 Workforce

Contribute to improved health and wellbeing and reduction of staff sickness absence.

2.3.3 Financial

No additional financial costs have been identified

Early intervention and prevention impacts positively on health and prevention of disease

2.3.4 Risk Assessment/Management

N/A

2.3.5 Equality and Diversity, including health inequalities

The HPHS programme aims to provide fair and equitable services for all individuals and communities who come in contact with our services. Staff interactions with individuals consider the needs of all individuals in their day to day work. HPHS supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

2.3.6 Other impact

Prevention, improving health and reducing health inequalities is central to this approach. Poor health and wellbeing disproportionately affects those on low incomes. HPHS will contribute to reducing health inequalities experienced by our staff, patients and population.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

H&SCP Head of Primary & Preventative Care Services 24 August 2021

Well@Work Group 17 August 2021

Health Promotion Service Manager 12 August 2021

HPHS Hospital Environment Group members (outcome 4) 12 August 2021

2.4 Recommendation

For Members' information only.

3 List of appendices

HPHS CMO (2018) 3 letter_Action plan 230519



HPHS CMO (2018) 3
letter_Action plan 23

Report Contact

Author: Kay Samson

Author's Deputy Health Promotion Manager

Email kay.samson@nhs.scot

HEALTH PROMOTING HEALTH SERVICE (HPHS)

Action plan template – HPHS CMO (2018) 3: HPHS Baseline self-assessment 18/19

Please submit your self-assessment report by **Friday May 31st May 2019** to:

nhs.healthscotland-hphsadmin@nhs.net

The baseline self-assessment evidence should be undertaken during 2018/19 with action plans subsequently developed.

REQUIRED SUBMISSION DETAILS	
NHS Board	NHS Fife
Submission date	31/5/19
HPHS Lead	Kay Samson Deputy Health Promotion Manager
Contact email address	Kaysamson@nhs.net
Action plan contributors	

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

Leadership; embedding HPHS in core business						
OUTCOME 1 - Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.						
INDICATORS (National)						Self-assessed score (0, 1, 2, 3)
1) There is an evidence-based, resourced plan for embedding prevention, improving health and reducing health inequalities activity in the organisational structure, and systems and processes. For example, it is monitored through existing, local governance and performance arrangements.						2
2) The increased emphasis on prevention, improving health and reducing health inequalities is championed by senior staff and supported by effective communications and engagement with staff and trade unions.						2
3) Clinical and non-clinical staff are clear about their respective roles and responsibilities and the CPD and wider resources available to them to support the delivery of prevention, health improvement and inequalities activities.						2
4) There are robust arrangements in place for monitoring and evaluating the impact of prevention, health improvement and inequalities activity on patient and staff outcomes. Where data and systems need to be developed and/or improved, there is senior support and plans for doing so - for example, IT systems for referrals and audit.						1
5) There is a plan for embedding prevention, health improvement and inequalities within action to address local clinical priorities, and aligned to existing and planned health and social care initiatives and transformational programme changes.						2
LOCALLY IDENTIFIED INDICATORS (Optional)						
Indicator e.g. 1.2	Locally identified gaps	Action planned	Lead and contributors	Timescales	Identified issues/ interdependencies	Progress
1.1	Prevention, improving health and reducing health inequalities with clinical services are not universally recognised / valued as HPHS activity	Assess need for communication campaign to raise awareness that it is everyone 's business and responsibility	Communications Health Promotion HPHS working Group ASD HP Officer	2019 - 2020		
1.2	Lack of resources to	Consider budget	NHS Well@Work	2019 - 2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

	support Well@Work Activity	opportunities	Group HPHS working Group			
1.2	No visible buy in from senior management	Align HPHS against strategic priorities for 2019/2020 within NHS Fife & FH&SCP and seek support at executive level	Director of Public Health	Ongoing		
1.3	Assess options and choices to increase staff ability to uptake learning opportunities without affecting service delivery	Scoping exercise with ward management/dept managers to clarify barriers to staff accessing training opportunities or consider innovative ways of delivering training that is accessible to staff	Health Promotion Training Team MCNs Practice Professional Development Service HPHS working group Quality Improvement Leads Impact Team	2019 - 2020		
1.3	Consider a range of flexible learning opportunities	Clarify what is currently happening and models of good practice and identify gaps	Health Promotion Training Team MCNs Practice Professional Development Service HPHS working group Quality Improvement Leads	2019 - 2020		
1.3	Requirement to understand the impact of learning on day to day patient care	Identify what processes in place to measure outcomes from learning activities	Health Promotion Training Team MCNs Practice Professional Development Service HPHS working group Quality Improvement Leads	2019 - 2020		
1.4	How can we demonstrate delivery of prevention, health improvement and	Scoping current monitoring and evaluation systems and processes to record	Quality Improvement Well@Work Group Impact Team HP Team	2019 - 2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

	inequalities activities are happening within the acute and community hospital setting	impact on patients and staff	Public Health ASD SHPO			
1.4	<p>Understanding what health improvement prompts are currently in place within the clinical systems the pathways available to make referrals and the impact this information has influencing patient care</p> <p>Clarity required around pathways: what are they, where are they how user friendly are they, are they being used</p>	Assess which systems are in place to prompt staff to engage in health improvement activities, and effective use in practice	<p>Long term conditions MCNs Hospital Pharmacy E-Health Janette Owens ADoN</p>	2019 - 2020		
1.5	Consider a robust approach to monitoring health improvement and inequality interventions in clinical setting	Capture embedded health improvement and inequality interventions across clinical priorities for baseline and monitor improvements	<p>HPHS working Group Impact Team E-Health NHS Fife Equalities Lead</p>	2019 - 2020		

Patient pathways; needs assessment and referrals; building capacity.

OUTCOME 2 - Patients are routinely assessed for health improvement and inequalities as part of their person centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long term conditions.

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

INDICATORS (National)						Self-assessed score (0, 1, 2, 3)
1) The organisation embeds health improvement interventions and builds evidence of impact on patient outcomes. In due course, activity should be reviewed to take account of forthcoming national public health priorities.						1
2) Staff are supported to develop their knowledge and skills and to incorporate prevention, health improvement and inequalities sensitive practice into routine responsibilities and practice.						2
3) To build and sustain clinical leadership, relevant professional and governance groups such as Managed Clinical Networks, Area Clinical Forums and Area Partnership Forum. Ensuring that engagement and leadership are aligned to systems for prevention, health improvement and inequalities to support local clinical priorities.						2
4) Routine assessment for health improvement and inequalities is embedded within person-centred care planning and evidence based support pathways are in place.						2
5) In addition to health improvement needs, the broad social needs of patients are identified and supported through the development of onward referral pathways including, for example, financial inclusion, fuel poverty, homelessness, employability, food poverty and carers' support.						1
6) The organisation has a structured approach to partnership working with public and voluntary sector partners to jointly plan and resource the provision needed to meet patient needs.						2
LOCALLY IDENTIFIED INDICATORS (Optional)						
Indicator e.g. 1.2	Locally identified gaps	Action planned	Lead and contributors	Timescales	Identified issues/ interdependencies	Progress
2.1	Consider a robust approach to monitoring health improvement and inequality interventions in clinical setting	See 1.5	HPHS working Group members Clinical service Managers Chief Operating Officer Equality & Diversity Team Mental Health Maternity Services	2019 - 2020		
2.2	No clear understanding	Identify and raise	Contributor's long term	March 2020	Utilize MCN	

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

	around an agreement of priority areas in Fife and are staff aware and in agreement	awareness of agreed priorities within prevention, health improvement and health inequalities (linked to 1.2)	conditions MCNs. Chief Operating Officer Equality & Diversity Team Clinical service Managers		professional events and evaluation forms to understand learning needs of staff	
2.2	Limited understanding of learning opportunities that meet prevention, health improvement and inequality requirements that are suitable for staff to enable adoption of sensitive practise into daily routine and actions	Work with staff to identify gaps in learning opportunities, and in collaboration with staff, identify suitable training approaches that support clinical staff engaging and delivering HP assessment and activity	Well@Work Group Health Promotion Service HPHS Working group Practice Professional Development Service Equality & Diversity Team Mental Health Maternity Services	2019 - 2020		
2.2	Lack of consistency of delivery of prevention and health improvement/health inequality messages within clinical care	Identify and share areas of good practice. Ensure there is a minimum expectation across all services re HP awareness	Well@Work Group Health Promotion Service HPHS Working group Practice Professional Development Service Mental Health Maternity Services	2019 - 2020		
2.3	Evidence is not easily accessible around the clinical leadership except through separate clinical fora	Identify the process by which we can monitor the impact of clinical leadership and engagement on prevention, health improvement and inequalities. Clearly define expectations for clinical leaders and ensure relevant support	Executive Directors Group Director Public Health	2019 - 2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

		available in relation to HP activity				
2.4	Unclear what prompts are currently in place	Identify documentation that contains health improvement and inequality prompts. Consider core criteria that are mandatory. Feedback process when field not completed accurately understand barriers to accurate completion.	Janette Owens ADoN E-Health	2019 - 2020	Opportunity to engage with SCN pre-assessment	
2.4	Unclear what referral pathways are being utilised	Identify referral pathways that are in place and measure level of use. From data and intelligence gathered consider whether they are appropriate or alternative pathways or prompts would be more effective	Clinical Teams based on identified referral pathways E-Health MCNs Mental Health Maternity Services	2019 - 2020		
2.5	Unclear if social referral pathways are in place	Identify social referral pathways that are in place and measure level of use. From data and intelligence gathered consider whether they are appropriate or alternative pathways or prompts would be more effective	NHS Fife Equality Lead	2019 - 2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

2.6	Limited awareness of partnership agreements that are in place	Identify what partnership agreements or equivalent are in place	Executive Directors Group Chief Operating Officer	2019 - 2020		
-----	---	---	--	-------------	--	--

Staff Health and Wellbeing						
OUTCOME 3 – All staff work in an environment that promotes physical and mental health, safety and wellbeing.						
INDICATORS (National)						Self-assessed score (0, 1, 2, 3)
1) The organisation has a strategy for prevention of ill-health, health improvement and inequalities, developed in conjunction with staff, workforce leads and including local and national Staff Governance arrangements, for improving staff health.						2
2) The strategy is developed in the context of wider staff policies and is based on a robust understanding of local staff health profile and the key contributors to ill-health. Short, medium and long term actions are developed with staff and relevant services, such as Occupational Health.						2
3) The organisation has an evaluation framework to support the strategy and monitor impact should be developed.						2
4) In line with national Staff Governance ¹ and Workforce 20:20 ² , staff feel able to raise their own health issues and are aware of the support available. To improve equity in health outcomes, the organisation should specifically address the needs of harder to reach staff who do not traditionally take up health improvement support; e.g. those who are lower paid, higher risk of sickness absence, etc.						1
LOCALLY IDENTIFIED INDICATORS (Optional)						
Indicator e.g. 1.2	Locally identified gaps	Action planned	Lead and contributors	Timescales	Identified issues/ interdependencies	Progress

¹ <http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/>

² <http://www.workforcevision.scot.nhs.uk/>

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

3.1	Understand the health and wellbeing needs across the different staff groups	Consider undertaking staff consultation on what staff believe would improve their own health and wellbeing	NHS Fife Well@Work Group supported by local groups	2019 - 2020	Required to support Gold Healthy Working lives Award and linked to Health & Wellbeing Strategy	
3.2	Understand what the local staff health profile is and what are the key contributors of ill health concerns for staff	Share staff health profile across the organisation in an easy to read format	Occupational Health supported by NHS Fife Well@Work groups	2019-2020	Required to support Gold Healthy Working lives Award and linked to Health & Wellbeing Strategy OH action plan	
3.2	No clear understanding of performance indicators and actions plan are evident	Increase awareness of the short, medium and long term action plans and performance indicators that are in place	NHS Fife Well@Work Group supported by local groups Well@Work Comms sub group	2019-2020	Board integrated performance report and staff governance reporting requirements	
3.3	No clear understanding of the evaluation of the strategy/ies and the impact arrangement that are in place	Raise awareness of the monitoring and evaluation arrangements and gain feedback from staff	Well@Work Comms sub group supported by NHS Fife Well@Work group and area partnership forum	2019-2020	Required to support Gold Healthy Working lives Award and linked to Health & Wellbeing Strategy	
3.4	No clear understanding at an organisational level of the mechanisms in place to identify harder to reach staff	Identify mechanisms in place to support harder to reach staff and learn from areas of good practice, identifies through assessment process	Local Well@Work groups and HP leads, staff side colleagues	2019-2020	Required to support Gold Healthy Working lives Award and linked to Health & Wellbeing Strategy	

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

Transforming the hospital environment						
OUTCOME 4 – The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.						
INDICATORS (National)						Self-assessed score (0, 1, 2, 3)
1) The organisation, while maintaining existing hospital food standards in relation to retail, catering and trolley services as well as patient food, strives to improve the hospital experience by offering healthier choices ³ .						2
2) The organisation has introduced relevant criteria to areas not yet in compliance, in particular around vending, hospitality, pop-up shops and mobile vans operating in their areas. The organisation must be able to demonstrate that affordable, healthy options are available at any point of the day, including for those staff working night shifts.						1
3) The organisation can demonstrate that opportunities for physical activity (including active travel) in both the indoor and outdoor estate are available and are promoted to patients, staff and visitors.						1
4) The organisations can demonstrate that staff and contractors are appropriately trained and supported to provide advice and guidance for staff, visitors, contractors and patients who attempt to smoke on hospital grounds.						1
5) In line with the Procurement Reform (Scotland) Act 2014, procurement policy supports fair work practices, sustainability, community benefits and ethical supply chain.						2
LOCALLY IDENTIFIED INDICATORS (Optional)						
Indicator e.g. 1.2	Locally identified gaps	Action planned	Lead and contributors	Timescales	Identified issues/ interdependencies	Progress
4.1	No clear evidence that Costa is compliant with HLA?	Review costa contract against HLA?	Estates and Facilities	2019-2020		
4.1	No guidance (or risk assessment) around fast food deliveries for staff / patients	Scoping required to assess fast food arrangement /risk assessment	Procurement Facilities Dietetics HP Food & Health Team	2019-2020		

³ Retail and trolley provision must follow the [Healthcare Retail Standard](#), catering must follow the [Healthy living Award Plus](#).

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

4.2	No sanction if breaching vending machine contract	Agree and implement sanctions	Procurement Facilities HP Food & Health	2019-2020		
4.2	Provision of hospitality not considered to fall within healthy guidelines	Review current hospitality provision	Procurement Facilities Dietetics HP Food & Health Team	2019-2020		
4.2	No Healthy food options for staff/visitors outwith normal working hours	Assess whether there is a requirement for out of hours catering / within scope of food provision.(Is there healthy options that can be prepared and offered to staff OOH)	Facilities Dietetics HP Food & Health Team ASD HP Officer Well@Work group	2019-2020		
4.3	Delivery of Physical Activity brief advice and signposting is not universally available and/or embraced across clinical services	Conduct mapping exercise to identify who is currently raising the issue and identify good practice. Raise awareness of availability of Physical Activity brief advice training options	AHPs Active Fife Well@Work	2019-2020		
4.3	Physical Activity and active travel opportunities not widely recognised	Raise the profile of active travel and journey planners, bus tickets and walking routes	Sustainability Officer Well@Work colleagues ASD HP Officer	New Travel survey late 2019	This ties in with other promotions throughout the year e.g bike week, leave your car at home day, Earth Hour & lift share week etc	
4.3	No Board wide co-ordinated approach to staff walking on site to	Consider potential to develop a network of walk leaders in the	Active Fife Health promotion Service	2019-2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

	promote Physical Activity in the workplace	workplace. Learn from practice that exists (VHK walking maps and routes, exercise classes WBH)	Well@Work ASD HP Officer			
4.4	Policy not widely recognised and complied with (no enforcement currently)	Improve staff compliance and consider enforcement opportunities	Health Promotion PH HR Estates and Facilities Council Protective Services Staffside	2019-2020		
4.4	People are unaware of their role and responsibility	Improve awareness of policy and increase accountability of managers who allow staff to smoke on site (and in uniform) Empowering staff to challenge behaviours that do not promote HP	Health Promotion PH HR Estates and Facilities Council Protective Services Staffside	2019-2020		
4.5	Health inequalities value and /or community benefit are not across all procurement activities	Review Costa contract against HLA	Procurement Team Estates & Facilities	2019-2020		

Meeting:	NHS Fife Board Meeting
Meeting Date:	28 September 2021
Title:	South East Payroll Services Consortium Update
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Kevin Booth, Head of Financial Services

1. Purpose

This is presented to the Board Members for:

- Discussion on the Business Case and consideration of next steps in the governance and review process.

This report relates to:

- Delivery against the national “Once for Scotland Policy”

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The SE Payroll Service Consortium Business Case has been developed in line with the “Once for Scotland” national policy. The development of the business case was paused in March 2020 in the context of the COVID-19 pandemic but has since recommenced. At a meeting of the regions Directors of Finance in January 2021 it was agreed that due to the elapsing of time, it would be beneficial to carry out a re-scoping plan to highlight the benefits and provide a refreshed assurance to the Directors of Finance and their respective Boards.

2.2 Background

There is a long history to this Business Case. In 2016 a Payroll Service Programme Board was established by the NHS Board Chief Executives which was tasked with exploring a regional consortia approach to develop a more sustainable and resilient payroll service. The business case provides an analysis of payroll services in the South East (SE) and explains the range of issues affecting the service, the key issue being the sustainability of the service workforce.

2.3 Assessment

At the January 2021 meetings of both EDG, and the Staff Governance Committee, whilst both groups supported the resilience aspects of the business case, the Director of Finance proposed that contact should be made with National Services Scotland (NSS) to request that consideration be given to phasing the implementation of this change and also that NSS be asked to reconsider the rationale and requirement to TUPE transfer staff involved.

In March 2021, NSS agreed (as did the other Boards in the proposed consortium) to accept the request to implement the change in a phased way. The first phase involves establishing the management arrangements required to support the change and the expectation is that recruitment will complete by December 2021. The second phase involves refreshing the business case for final approval which also should include reconsideration of the need to TUPE transfer the staff involved. The third phase, post final business case approval will see the full implementation of the service by December 2022.

The Re-scoping plan agreed by the Directors of Finance aims to refresh and validate elements of the Business Case. As such a working Group has been set up to collaborate on the Business case Addendum and Benefits, the NHS Fife Head of Financial Services is a member of this group. This group met for the first time on 11 June 2021 and feedback on progress will be provided in the coming months. The Group will aim to provide further feedback on the reasons why non-TUPE options were previously considered non-viable.

The Programme Board are working towards a timeline of September 2021 for the Directors of Finance to give final support to the Business Case addendum and Benefits and it is hoped that the remaining Boards will formally sign off on the Business case in November 2021.

2.3.1 Quality / Patient Care

Delivering a more resilient service over time will ensure staff continue to be paid correctly and timeously for the services they deliver.

2.3.2 Workforce

The full proposal represents a significant change to the current arrangements for staff where they would require to be TUPE transferred to NSS should the full Business Case be approved. It is critically important that the engagement with our staff continues and that the decision taken reflects the current context where all staff are working remotely and will not necessarily have access to the same team support dynamic which was in place pre COVID-19.

2.3.3 Financial

The new service delivery model can be fully funded from within the existing NHS Fife budget for payroll services. There are no significant financial efficiencies associated with delivering this change.

2.3.4 Risk Assessment / Management

An East Region Risk Register for the transformation programme is in place.

2.3.5 Equality and Diversity, including health inequalities

A full integrated Impact assessment (IIA) was carried out on the current version of the Business Case.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

NHS Fife payroll staff are aware and have been actively engaged in the development of the proposed model and the business case. There have been several staff briefing and engagement sessions over the past 12-18 months. The key issue raised by staff is in relation to TUPE Transfer and their preference not to lose their NHS Fife identity.

As part of the Re-scoping plan a number of workshops will be held to discuss and propose priority improvements to improve day-to-day working lives for the payroll staff and to provide assurances to staff of the benefits to them of the proposed Regional model.

2.3.8 Route to the Meeting

- Staff Governance, 1 of July 2021.
- EDG, 8 of July 2021.

2.4 Recommendation

The Board members are asked to note this update and to provide any further requests for clarification that can be taken back to the Programme Board.

3. List of Appendices

N/A

Report Contact: **Margo McGurk**, Director of Finance
Email: Margo.McGurk@nhs.scot

Meeting:	NHS Fife Board
Meeting Date:	Tuesday 28 September 2021
Title:	East Region Recruitment Service
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to NHS Fife Board members for:

- Assurance

This report relates to an:

- NHS Board Direction

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

- Effective, Safe and Person Centred

2. Report Summary

2.1 Situation

The Recruitment Service Transformation is a national initiative supported by NHS Scotland Chief Executives to provide a National Recruitment Service model delivered regionally (East, West and North) underpinned by a single national recruitment system, Jobtrain with a national standardised process and practice.

2.2 Background

An East Region Recruitment Transformation Programme Board chaired by Janis Butler, Director of Workforce, NHS Lothian, as Responsible Officer for the programme, has been created and the programme board are responsible for ensuring the East Region Recruitment Transformation programme and its constituent projects achieve the required outcomes.

Following financial appraisal, a Business Case was developed and approved by the East Region Recruitment Transformation Programme Board, advising local Boards of the preferred service model option identified: Single Employer, Multiple sites; including the benefits, risks and costs of the preferred service model.

2.3 Assessment

In December 2020, following the completion of the Single Employer Assessment Process, NHS Lothian were appointed as the new Employer Board of the East Region Recruitment Service. The employment of NHS Fife's Recruitment Team transferred to NHS Lothian on 1 June 2021, under the Transfer of Undertakings (TUPE) and we are presently working under a Memorandum of Understanding (MOU) arrangement.

This Memorandum of Understanding outlines the shared responsibilities for the recruitment staff and recruitment service provision to cover the interim period, post TUPE transfer through to the new East Region Recruitment Service going live and the Shared Service Agreement (SSA) taking effect. For the Board's assurance the development and approval of the MOU was completed in collaboration between the participating boards, and will be the basis upon which the service will be managed until the full agreement is implemented.

A Shared Service Agreement has been prepared and specifies the arrangements for the provision of a comprehensive East Region Recruitment Service. The arrangement involves a joint approach to managing a service used by all collaborators, through the pooling of individual Board recruitment resources into a new regional service with a single management structure and, a single employer Board of the East Region Recruitment Service staff.

This SSA is an NHS Contract in accordance with Section 17A of the National Health Service (Scotland) Act 1978 and accordingly the parties acknowledge that the SSA is not a legally enforceable contract, rather it represents an agreement entered into to define clearly the accountability, expectations and responsibilities of each party to the Agreement.

The aims of the Agreement are as follows:

- a) To identify and define the range of services required to be provided;
- b) To define the mutually acceptable levels of service delivery;
- c) To define the roles and responsibilities;
- d) To define the conditions, charges and lifetime of the services;
- e) To foster a strong working relationship between the Boards and Host Board; and
- f) To facilitate continuous improvement in the operations of the Boards and Host Board.

This SSA is a document that defines in practical terms the responsibilities of all parties (Boards and Host Board).

The new Recruitment Service plans to have a "soft" launch mid October 2021, with all Boards expected to transition over in phases. It is anticipated that NHS Fife will within Phase 2 which will be late November 2021. During early transition, there will be very little change to services users.

2.3.1 Quality / Patient Care

A regional recruitment service will enhance the candidate experience and streamline the recruitment process, leading to an improved filling of vacancies for the Board.

2.3.2 Workforce

Implementing a regional recruitment model will support a more sustainable service offering enhanced staffing contingency arrangements. It will provide a positive impact on the workforce roles and responsibilities with the new model offering a career progression framework. Recruitment staff have now transferred their employment to NHS Lothian and an Organisational Change exercise is nearing completion for the workforce involved.

2.3.3 Financial

The costs of the new service delivery model will be met from within the existing financial envelope of the Board's current costs for the recruitment function.

2.3.4 Risk Assessment / Management

An East Region Risk Register for the transformation programme is in place.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impacts

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Discussions have taken place within the East Regional Recruitment Transformation Programme Group. Previous papers and regular updates have been shared with the Area Partnership Forum, Staff Governance Committee, Finance, Performance and Resources Committee and the Executive Directors Group within the Board.

2.3.8 Route to the Meeting

This paper was discussed and endorsed by members of the Executive Directors Group, Area Partnership Forum, Finance, Performance and Resources Committee and Staff Governance Committee.

2.4 Recommendation

NHS Fife Board members are being asked **to note** the progress in the East Region Recruitment Service

3. List of Appendices

N/A

Report Contact:

Sandra Raynor

Head of Workforce Relations and Resourcing

Email: Sandra.Raynor@nhs.scot

AUDIT & RISK COMMITTEE

Thursday 16 September 2021 at 2pm

No issues were raised for escalation to the Board.

The Committee acknowledged the unique circumstances this year and the efforts of the Finance Team and Auditors to deliver the accounts against a tight and challenging timescale.

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 16 SEPTEMBER 2021 AT 2PM VIA MS TEAMS

Present:

M Black, Non-Executive Member (Chair)
S Braiden, Non-Executive Member
A Lawrie, Non-Executive Member
K MacDonald, Non-Executive Member

In Attendance:

K Booth, Head of Financial Services & Procurement
A Clyne, Audit Scotland
P Cumming, Risk Manager
P Fraser, Audit Scotland
T Gaskin, Chief Internal Auditor
A Graham, Associate Director of Digital & Information (*agenda item 9*)
B Howarth, Regional Audit Manager
B Hudson, Regional Audit Manager
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
A Mitchell, Independent Auditor - Thomson Cooper (*agenda item 7.1*)
C Potter, Chief Executive
H Thomson, Board Committee Support Officer (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to the meeting, in particular, B Howarth, P Fraser and A Clyne from Audit Scotland. He noted that A Graham, Associate Director of Digital & Information, and A Mitchell, Auditor of the Patients Funds Accounts from Thomson Cooper, will be joining for specific agenda items.

Apologies were received from member Cllr D Graham (Non-Executive Member).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 17 June 2021

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

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates provided and the closed items on the Action List.

5. GOVERNANCE – GENERAL

5.1 Audit & Risk Committee Final Annual Statement of Assurance 2020/21

The Head of Corporate Governance and Board Secretary provided background to the Audit & Risk Committee Final Annual Statement of Assurance 2020/21 and advised that this final draft now reflected the content within the IJB Statement of Assurance. It was noted the Committee has scrutinised previously the annual statement in depth.

The Audit & Risk Committee **approved** the Draft Audit & Risk Committee Final Annual Statement of Assurance, for onward submission to the Board.

5.2 Committee & Directors' Annual Assurances for 2020/21

The Head of Corporate Governance and Board Secretary introduced the Committee & Directors' Annual Assurances for 2020/21 and advised the Annual Assurance reports provide a comprehensive coverage of the responsibilities delegated to the Committees and provide assurance each Committee has undertaken and fulfilled their respective remits. The Executive Directors' Assurance Letters also provide assurance from a managerial perspective. The report included the following separate assurance statements from:

- Clinical Governance Committee
- Finance, Performance & Resources Committee
- Remuneration Committee
- Staff Governance Committee
- Fife Integration Joint Board
- Executive Directors' Assurance Letters

The Director of Finance & Strategy and Head of Governance & Board Secretary were commended by the Chief Executive for their efforts in providing the detailed Annual Assurances, which were a substantial improvement on previous years' submissions.

The Audit & Risk Committee **noted** the assurances provided within the report.

6. GOVERNANCE – INTERNAL AUDIT

6.1 Annual Internal Audit Report 2020/21

The Chief Internal Auditor reported on the Annual Internal Audit Report for 2020/21 and expanded on the key themes as outlined in the paper. Overall, it was reported that positive progress has been made by NHS Fife in a number of key areas, particularly in Information Security & Governance.

It was advised remaining risks will be identified in relation to clinical priorities as impacted by Covid-19, and this will be taken forward through the Clinical Governance Committee. It was noted progress is ongoing in relation to reviewing clinical risks as detailed in the Quality & Safety Board Assurance Framework.

It was agreed the Annual Internal Audit Report 2020/21 is to be circulated to the Board Committees at their next cycle of meetings, to enable committees to see clearly the progress in areas linked to their respective remits.

The Internal Audit Team were thanked for all their efforts in providing a comprehensive report.

The Audit & Risk Committee:

- **agreed** the internal audit annual report 2020/21 be distributed to Standing Committees for consideration at their next meetings;
- **noted** a final version will be reported to the next Audit and Risk Committee meeting, with a completed action plan; and
- **noted** a revised Internal Audit plan will be presented to the December Audit and Risk Committee

6.2 Review of Property Transactions

The Regional Audit Manager provided an update on the Review of Property Transactions paper.

The Audit & Risk Committee **noted** the requirements of the NHS Scotland Property Transactions Handbook have been complied with, that arrangements are in place to issue the Board's Annual Property Transactions Return to Scottish Government Health & Social Care Directorates by the deadline of 31 October 2021, and that the return be submitted with no significant issues identified.

7. ANNUAL ACCOUNTS

7.1 Patients' Private Funds – Receipts and Payments Accounts 2020/21

A Mitchell, Auditor of the Patients Funds Accounts from Thomson Cooper, joined the meeting for this item.

The Head of Financial Services & Procurement introduced the Patients' Private Funds – Receipts and Payment Accounts 2020/21.

The Independent Auditor advised that an Audit Planning Memorandum was issued to the Audit & Risk Committee at the start of the Audit process, which highlighted the main areas of risk: the security of assets and compliance with operating procedures for patients' funds.

The Audit Completion Memorandum reports an Audit visit was carried out, followed up with Ward visits at Lynebank and Queen Margaret Hospital, and no restrictions were reported in the scope of the Audit work carried out.

It was advised the Audit Completion Memorandum reports no significant issues identified throughout the Audit, and noted the main issues were minor in terms of compliance with the financial operating procedures.

A clean Audit report will be provided subject to the approval of the Annual Accounts by the NHS Fife Board for year ended 31 March 2021.

The Audit & Risk Committee:

- **reviewed** the Patients' Private Funds Accounts; and
- **recommended** that the accounts are approved by the NHS Board.

7.2 Service Auditor Reports on Third Party Services

The Director of Finance & Strategy provided an update on the key points within the Service Auditor Reports on Third Party Services and outlined the three key service audits provided on behalf of NHS Fife.

The Director of Finance & Strategy highlighted the key points in relation to the service audits and focussed specifically on describing the current status of the NSS Practitioner and Counter Fraud Services report which was qualified for the second consecutive year. A level of concern was reported with the audit findings due to weaknesses highlighted in four out of five control areas. Assurance was provided to the Audit & Risk Committee that a significant, senior level commitment had been given by NSS in responding to this audit. Detailed scrutiny has been carried out by the NSS Management Team and the NSS Audit & Risk Committee in relation to examining a range of required improvement actions. The Director of Finance & Strategy explained the background to previous unaddressed issues within the Report and noted an Independent Auditor had carried out an assessment at the request of NSS. It was noted that the matter is referenced for transparency within the NHS Fife Governance Statement.

It was reported NHS IT Services Audit has moved from unqualified to a qualified status this year, and the auditors had noted there had been significant improvements and controls operating within this area from 2020 to the current financial year.

Following a question on the four areas control areas where weaknesses were highlighted, it was advised the development and reporting of an action plan for these areas will be presented to the NHS Boards Directors of Finance national meeting. The Director of Finance & Strategy will report progress to the Audit & Risk Committee. It was noted the areas of concern are a priority for NSS and Audit Scotland are optimistic issues are being addressed.

The Audit & Risk Committee **noted** the reports and audit opinions of the independent service auditors in 2020/21 for each of the services hosted by NHS National Services Scotland and by NHS Ayrshire & Arran on behalf of NHS Fife.

7.3 Draft Annual Audit Report

B Howarth, Audit Director from Audit Scotland, provided an update on the Draft Annual Audit Report.

It was reported the Audit Report fieldwork was substantially complete by the end of August 2021, which is an improvement on the position from year.

The outcome was a clean Audit certificate, and it was noted that there were challenges very late in the year in relation to managing late allocations from Scottish Government,

changes to the accounting treatment for Personal Protective Equipment and the presentation of funding to the Integrated Joint Board.

B Howarth noted that non-delivery of planned savings remains an issue for NHS Fife in relation to future planning to deliver legacy savings.

The increase in staff turnover and pressure on capacity was highlighted across the system. In relation to financial services B Howarth noted that payroll services have been challenged in-year with recruitment to this key service proving very difficult. The ongoing proposal in relation to creating a shared service for payroll with a number of other NHS Boards may help to provide future resilience.

A large impact on service performance was reported, which was not unexpected.

It was advised that audit testing had revealed 2 payroll transactions from a sample of 10 where overpayments had occurred, both were quickly rectified, and recovery action taken. Further testing will be carried out by the finance team for assurance. It was also noted payroll have been working at 30% under capacity in terms of Payroll Officers and work is underway at a local level to address this issue.

An update was provided on the NSS Practitioner and Counter Fraud services audit and it was noted the approach to testing service controls and testing of financial transactions will be addressed going forward. It was also noted that an action plan is in place for this year. Assurance was provided from NSS auditors that payments made under all payment streams were appropriate.

The Audit & Risk Committee **noted** the Annual Audit Report.

7.4 NHS Fife Independent Auditors Report - Including Draft Letter of Representation

P Fraser from Audit Scotland advised the Draft Letter of Representation is provided for the Chief Executive and the Director of Finance & Strategy to sign following approval of the Annual Accounts by the NHS Fife Board.

P Fraser advised that the NHS Fife Independent Auditors Report highlighted there were no unadjusted errors in relation to the Accounts and that the Audit work is now complete. Final checks are still be carried out on the final version of the Annual Accounts document.

Audit Scotland were thanked for their hard work which was carried out virtually.

7.5 NHS Fife Annual Accounts for the Year Ended 31 March 2021

The Director of Finance & Strategy introduced the Annual Accounts for the Year Ended 31 March 2021.

Key areas of the Annual Report were highlighted. The Performance Report confirms the Board met all the key financial targets, and the Remuneration report covers a number

of required disclosures in relation to remuneration paid to staff of NHS Fife and NHS Board.

The Director of Finance & Strategy highlighted the importance of the Governance Statement and noted the Audit & Risk Committee had reviewed and endorsed a previous version. It was advised the Service Auditor Report narrative was the only addition to the version previously considered.

The Head of Financial Services & Procurement outlined the key statutory financial targets within the financial statements. It was noted the net expenditure for the year-end had increased by 10.6%, with the main driver being the £39m increase in employee expenditure; further detail is outlined in the Remuneration Report.

It was reported the Statement of Financial Position shows a slight decrease in taxpayers' equity as a result of a reduction in the value of the Board's total assets.

There was a significant reduction in provisions for the year, and it was advised this was as a result of the in-year settlement on a high value clinical negligence case.

It was confirmed the Annual Accounts also include the Consolidated Group Accounts, incorporating the Audited Accounts of the Fife Health Charity for the year ended 31 March 2021

It was reported there were no new accounting standards adopted this year, and no prior year adjustments in relation to the Board's figures to report.

It is anticipated the NHS Fife Annual Accounts 2021/22 will revert back to the June date of approval. Further detail on timings will be provided to the Committee in due course.

The team were congratulated for all their hard work. A particular thank you was extended by the Chief Executive to the Head of Financial Services & Procurement, who joined NHS Fife earlier in the year.

The Audit & Risk Committee:

- **reviewed** the draft Annual Accounts for the year ended 31 March 2021;
- **recommended** that the Board approve the Annual Accounts for the year ended 31 March 2021;
- **recommended** that the Board authorise the designated signatories (Chief Executive and Director of Finance) to sign the Accounts on behalf of the Board, where indicated in the document;
- **approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health and Social Care Directorate; and
- **noted** that the accounts are not placed in the public domain until they are laid in Parliament.

7.6 Annual Assurance Statement to the NHS Board

The Audit and Risk Committee **noted** the Chair's signed approval of the Committee's final version of the Committee Assurance Statement to the Board.

8. RISK

8.1 Report against Risk Management Workplan

The Risk Manager provided an update on the Risk Management Workplan.

The Report outlines the work done since the last Report in May 2021. Timescales identified in the last Report have been altered and amended in line with recommendation from Internal Audit and the current work underway in relation to the review of risk management arrangements. It was noted the latter review includes a baseline review of risk maturity.

The Digital & Information Board Assurance Framework (BAF), changes to the Strategic BAF and intended work on Quality & Safety was highlighted as part of the workplan. It was advised the Workforce Sustainability BAF is progressing with the Workforce Team.

It was advised the national Datix system continues to be developed and the timescale for completion is not yet available. A timescale will be shared when available.

Action: Risk Manager

The Audit & Risk Committee **approved** the workplan.

8.2 Risk Management Key Performance Indicators

The Risk Manager provided the Committee with an update on performance against indicators that are currently in place.

It noted a number of indicators relate to adverse events, and the appropriateness of this is being considered as part of the review of the risk management arrangements.

The Chair of the Committee asked on who within the organisation has the authority to determine that a risk can be removed from the register. It was advised that such decisions are made by the Management Team and reported back through the governance arrangements.

It was advised that a review of the Board Assurance Frameworks (BAFs) is required at Executive level and Board level to differentiate and define appropriately between operational service delivery risks and strategic & corporate level risks, as currently there are a combination of both within the BAFs. Consistency of risk scoring also needs to be considered.

The Audit & Risk Committee **noted** the Risk Management KPIs.

8.3 Update on Corporate Risk Register Arrangements

The Risk Manager provided an update on the Corporate Risk Register arrangements and advised the register is at a developmental stage.

on the Chair of the Committee asked whether the Integrated Joint Board (IJB) directions could create risks for NHS Fife. It was noted that “delivery” against IJB Directions can create risks which would be noted in the appropriate BAF.

It was noted the Corporate Risk Register is unchanged since the last update in June 2021.

A full report will be provided on the outcomes of the review of the Corporate Risk Register at the December Committee meeting.

Action: Risk Manager

The Audit & Risk Committee **noted** the Corporate Risk Register arrangements.

8.4 NHS Fife Board Assurance Framework Update

The Risk Manager provided an update on the NHS Fife Board Assurance Framework (BAF), and noted the last report was provided in June 2021.

The Executive Directors’ Workshop on Risk Management on 23 September will provide an opportunity to examine the effectiveness of the BAF process.

The Audit & Risk Committee **noted** the NHS Fife Board Assurance Framework update.

9. INTERNAL AUDIT REPORT

9.1 Internal Audit Report - Information Technology Infrastructure Library (ITIL) Audit

The Associate Director of Digital & Information joined the meeting for this item. He provided an update and commented on the report’s findings, which are all being addressed.

The findings in the Internal Audit Report identified limited assurances in the ITIL area and recognised the increasing dependency NHS Fife on digital initiatives to support patient care.

The Committee **noted** the Internal Audit Report – Information Technology Infrastructure Library Audit – and the actions underway to address the recommendations therein.

10. STRATEGY / PLANNING

10.1 NHS Fife Population Health and Wellbeing Strategy Development Progress

The Director of Finance & Strategy gave an update on the progress with the development of the NHS Fife Population Health and Wellbeing Strategy.

The Executive Directors Group propose to take forward a portfolio approach to developing and delivering the strategy through a newly established Portfolio Delivery

Programme Board (PDPB). It is anticipated that the PDPB will report directly into the new Public Health & Wellbeing Governance Committee being set up by the Board.

The portfolio will be aligned directly to the four national care programmes that the Scottish Government have initiated.

It was advised that the first stage of the EQIA stage assessment has concluded and is now moving to stage two.

The design of the strategy is being progressed through communications and engagement with wider stakeholders and members of the public. A survey or poll will be carried out, which offers questions to the public and will be collated for feedback.

The Committee **noted** the establishment of the Population Health and Wellbeing Portfolio Board and progress of the development of the strategy.

10.2 Joint Remobilisation Plan 2021/22 (RMP)

The Director of Finance & Strategy provided an update on the Joint Remobilisation Plan 2021/22.

The Scottish Government (SG) have approved the RMP3 and have acknowledged that planning is an ongoing activity. A delivery planning template has been issued from the SG for completion by the end of September 2021 and this will be completed as part of the RMP4. The RMP4 will include key deliverables agreed within the RMP3, and any additional actions or material changes envisaged in terms of those being delivered towards the latter part of 2021.

SG have not requested a separate winter plan, and thus this will form part of the RMP4 submission.

An action tracker is being developed with key actions and progress on deliverables, and updates will be provided to the Executive Teams, Committees and to the Board (by exception only).

The Committee **noted** the process in place for production of the RMP4.

11. OTHER

11.1 Corporate Calendar – Committee Dates for 2022/23

It was requested to factor in a possible July/August meeting for Audit & Risk in 2022, due to the likely timings for the Annual Accounts and Audits, should the normal June timescale be extended.

The Committee **noted** the proposed meeting dates for 2022/23.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

It was agreed to advise in the cover note of the Minutes to the Board, an acknowledgment of the unique circumstances this year and the efforts of the Finance Team and Auditors to deliver the accounts against a tight and challenging timescale.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 9 December 2021 at 2pm via MS Teams

CLINICAL GOVERNANCE COMMITTEE

Monday 2 September 2021 at 3pm (Extraordinary)

Friday 17 September 2021 at 9.30am

No issues were raised for escalation to the Board.

Robotic Assisted Surgery

The Committee commended the work in introducing Robotic Assisted Surgery to the NHS Fife Board.

Digital Strategy

The committee commended the significant progress in relation to the Digital Strategy.

**MINUTE OF THE NHS FIFE EXTRAORDINARY CLINICAL GOVERNANCE COMMITTEE
HELD ON THURSDAY 2 SEPTEMBER 2021 AT 2PM VIA MS TEAMS**

Present:

C Cooper, Non-Executive Member (Chair)	M Black, Non-Executive Member
S Braiden, Non-Executive Member	S Fevre, Area Partnership Forum Representative
D Graham (Cllr), Non-Executive Member	R Laing, Non-Executive Member
J Owens, Nurse Director	C Potter, Chief Executive
J Tomlinson, Director of Public Health	

In Attendance:

L Campbell, Associate Director of Nursing
L Cooper, Immunisation Programme Director
B Davis, Head of Primary and Preventative Care Services (*representing N Connor*)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
S Fraser, Associate Director of Planning & Performance
S Garden, Director of Pharmacy & Medicines
A Graham, Associate Director of Digital & Information
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance of Finance (*representing M McGurk*)
N McCormick, Director of Property & Asset Management
H Thomson, Board Committee Support Officer (Minutes)

Christina Cooper welcomed everyone to this special meeting of the Clinical Governance Committee. A welcome was extended to B Davis (Head of Primary and Preventative Care Service) who is representing the Director of Health & Social Care, and M Michie (Deputy Director of Finance of Finance) who is representing the Director of Finance & Strategy.

Members were advised that a recording pen will be in use at the meeting to assist with minute taking.

1. Apologies for Absence

Apologies were noted from members N Connor (Director of Health & Social Care), A Lawrie, (Area Clinical Forum Representative), C McKenna (Medical Director) and attendees G Couser (Head of Quality & Clinical Governance), B Johnson (Capital Projects Director), M McGurk (Director of Finance & Strategy), J Morrice (Consultant Paediatrician) and E Muir (Clinical Effectiveness Co-ordinator).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Update on the Joint Flu Vaccine Covid Vaccine (FVCV) Programme Delivery

The Head of Primary and Preventative Care Services presented the FVCV Programme Delivery paper, advising it delivers tranche 1 (to date) of the Covid-19 vaccine programme, and provides an update on the planning for delivery of tranche two (Autumn programme), which covers both Covid-19 and seasonal flu.

Transition from Tranche 1 to Tranche 2

An update was provided on the transition of the programme, which has been positive. Governance has transferred fully from the Covid-19 Silver Command structure to the new FVCV governance structure, with three supporting workstreams covering logistics, workforce & model of care, and scheduling.

The Programme Management Office (PMO) support transitioned over successfully, with one new key appointment of a Programme Director.

The risk management process has transferred and moved to the new FCVC programme. It was highlighted the previous Covid-19 Lead Officers remain key and valued members of the new programme.

In terms of the tranche 2 programme, which is the third dose for Covid-19, and first dose of seasonal Flu) planning is very well advanced in Fife. Completed delivery plans will be submitted to the Scottish Government via the appropriate governance routes locally. Key areas of guidance will be provided from the Joint Covid Vaccination Infection Committee (JCVI), and planning for delivery of the tranche 2 programme will be based on scenario assumptions linked to this awaited guidance. It was noted the Scottish Government will guide the formal delivery plans. More detail will be provided to the Committee as the programme moves into tranche 2.

Delivery of Plans

An update was provided on tranche 1 activity, and the four key priorities.

The Immunisation Programme Director advised delivery of tranche 1 will continue with a focus on the under-40s age group and encouraging uptake. A summary on uptake of the various cohorts in the under-40s age group was provided.

It was noted there are complex areas within the various cohorts, and it has been agreed nationally there will be local guidance available.

A robust plan is in place for venues and delivery of vaccines Fife wide. Work is also underway with General Practitioners on supporting the over-80s cohort. A bespoke team will be available to reach out to cohorts who are unable to attend a venue, and for those in care homes.

Concern was raised around the use of the National Scheduling Tool, given the earlier issues experienced in Fife which had led, in some instances, to a poor patient experience. It was advised that the tool has evolved over time and extensive work has been carried out in developing it and addressing issues, which will continue as these new workstreams progress. It was noted learning from past issues with the tool are

reflected in the programme risk register. The team were commended on their hard work addressing earlier issues.

It was advised the Equality Impact Assessment is being progressed for the delivery plans and will direct how communities are reached out to.

Timelines

Following a question on timelines, it was advised timelines are key and are set out by national planning. It was noted NHS Fife are involved in national groups and short life working groups and have an active role within Fife to influence timelines and how the programme develops; this includes both the concurrent and decoupled Flu and Covid-19 scenarios.

Concurrent and Decoupled Flu and Covid-19 Vaccines

Workforce was raised in relation to concurrent and decoupled Flu and Covid-19 vaccinations and meeting the challenges if the decoupled vaccine is chosen. It was advised there is a dedicated workstream which focusses on workforce modelling & planning and is progressing well. The workstream have provided assurance workforce will be available for both scenarios.

Clarity around potentially administering both vaccines at the same time is expected to be available within a week's time.

Covid-19 Vaccines

It was reported there are various trials taking place around the different Covid-19 vaccines. In line with the trials, the JCVI are looking at the safety data. A mixed model is expected, and experts are likely to make recommendations around the various age groups. No concerns were raised around supply meeting demand for vaccines.

Communication

Communication is being driven forward both at national and local level to maximise uptake of the vaccinations and includes communication in the education sector. A national toolkit for comms is expected to be available once the JCVI guidance is announced.

It was advised there is an approach to communication nationally, which is centred around Public Health Scotland, and this will inform our local communications.

The communications strategy for the different scenarios was questioned. In response, it was advised the communication strategy is crucial and will ensure messages are clear and encourage the population to take up the vaccine. Reassurance will be provided around the eligibility in the 12 – 15 year old cohort from around 3 September 2021.

The Chief Executive advised there is a weekly briefing that is issued to elected members and used as a route to share key messages. The briefings have a strong focus on the vaccination programme, and these can be complemented by new communications being developed for these new workstreams

Risk

It was advised there will be a robust approach to risk, and two high level risks have been identified: national scheduling system and the infrastructure.

Vaccine Passports

The impact on the potential for vaccine passports was queried, and whether there would be a requirement to have a third vaccine recorded. It was advised this will be subject to the Parliamentary debate on 6 September 2021. Reassurance was provided that passports would only be used in optional venues, such as outdoor events, and would not affect hospital visitors, for example.

The Committee **noted** the report, took assurance from the progress and updated information regarding the programme, and developments in the approach.

The Head of Primary and Preventative Care Services / Immunisation Programme Director were thanked for their very informative presentation and report.

4. Fife Immunisation Strategic Framework 2021-24

The Director of Public Health presented the Fife Immunisation Strategic Framework 2021-24, which is the next stage after delivery in moving forward with immunisation.

It was advised the framework is wider than Seasonal Flu and Covid-19 and is for all immunisation programmes. It includes a targeted approach for those in the population at higher risk of infection.

Background to learnings was highlighted and the importance of leadership and management in immunisation, the governance structures that are needed to support and the planning requirements that need to be in place.

It was advised the Fife Immunisation Strategic Framework 2021-24 provides the foundation for an integrated strategic plan for immunisation and how we deliver and plan immunisations going forward, which is fundamental for health within the population of Fife at all ages. The Director of Public Health outlined the key aims and key ambitions through implementation of the strategy. The actions from the key priority areas are aligned to individuals and advisors who will be assisting Leads in the responsibilities. Governance arrangements are set out in the framework, and it was advised there will be areas of shared responsibility, along with clarity of roles, and overlapping responsibilities between NHS Health Board, Integrated Joint Board (IJB) and the Health and Social Care Partnership.

It was reported the actions and performance measures have been set out in the framework for each of the priority areas. The Committee will be kept informed of progress of the strategy and this will also be monitored through our Executive Directors' Team and IJB.

It was questioned how the impact of the immunisation programme will be evaluated in terms of linking to areas of deprivation and within the population health and wellbeing strategy. In response, it was advised further work is required in terms of equality, where there is not as much uptake in immunisation in specific areas, particularly areas of deprivation in the childhood programmes. It was noted more targeted efforts are

required, and tailored messaging for specific groups. Equality and uptake are measurable; however, more work is required to understand reasons why there is a drop off in more deprived areas. It was also noted the uptake levels in deprived areas of Fife are different in comparison to other deprived areas in Scotland, and this needs further review.

It was advised outbreaks of vaccine preventable diseases are always monitored. Regular reporting will be on an annual basis as part of the regular reports that the Board will be provided with.

Following a question on workforce operational issues in the vaccine delivery centres, it was advised the current workstream has robust management and oversight of workforce delivery. Nurturing of the workforce is a key aim of the strategy, and to continue having a robust and supported workforce within the immunisation programme. In terms of operational delivery, the strategy proposes an area is established in the Immunisation Steering Group with an ongoing programme of audit, both routine immunisation and targeted vaccines. It was noted real time support from management to staff in centres is available.

The report was commended as an excellent report that outlines the complexities and challenges of implementing the framework across the range of services the Immunisation teams provide.

The Committee **considered** the main findings from the paper and **supported** the implementation of the Fife Immunisation Strategic Framework 2021-24.

5. Any Other Business

There was no other business.

Date of Next meeting – Friday 17 September 2021 at 9.30am via MS Teams

Fife NHS Board

UNCONFIRMED

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON FRIDAY 17 SEPTEMBER 2021 AT 9.30AM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair)
M Black, Non-Executive Member
S Braiden, Non-Executive Member
Cllr D Graham, Non-Executive Member
C Potter, Chief Executive
S Fevre, Area Partnership Forum Representative
A Lawrie, Area Clinical Forum Representative
Dr C McKenna, Medical Director
J Owens, Director of Nursing
J Tomlinson, Director of Public Health

In Attendance:

G Couser, Head of Quality & Clinical Governance
S Garden, Director of Pharmacy & Medicines
A Graham, Associate Director of Digital & Information
H Hellewell, Associate Medical Director
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormick, Director of Property & Asset Management
M McGurk, Director of Finance & Strategy
A McKay, Deputy Chief Operating Officer (*deputising for C Dobson*)
F McKay, Divisional General Manager (*deputising for N Connor*)
E Muir, Clinical Effectiveness Co-ordinator
H Thomson, Board Committee Support Officer (Minutes)

The Chair welcomed everyone to meeting.

The Chair thanked our workforce for their incredible ongoing commitment. Over the past few weeks', the pressures across the system in response to the pandemic have increased significantly and the Chair acknowledged how hard this is for our teams across the organisation. The well-being of our teams is a priority so that they can deliver the best for our patients, and work is underway to identify how we can address the pressures across the system.

1. Apologies for Absence

Apologies were noted from members R Laing (Non-Executive Member) and attendees L Campbell (Associate Director of Nursing), R Cargill (Consultant Cardiologist), N Connor (Director of Health & Social Care), C Dobson (Director of Acute Services), L Douglas (Director of Workforce) and S Fraser (Associate Director of Planning & Performance).

A McKay (Deputy Chief Operating Officer) was welcomed to the meeting, deputising for C Dobson, and Fiona McKay (Divisional General Manager) was welcomed as deputising for Nicky Connor.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting

3.1 The Minute of the meeting held on 7 July 2021

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

3.2 The Minute of the Extraordinary meeting held on 2 September 2021

The Committee formally **approved** the minute of the Extraordinary meeting, following a slight re-wording to section 3 to clarify it is the third dose of Covid-19 being offered and a first for Seasonal Flu.

4. Matters Arising / Action List

The Committee **noted** the updates provided and the closed items on the Action List.

5. Covid-19 Update

The Director of Public Health provided a verbal update on Covid-19 activity around testing and progress.

Positive Covid-19 cases have seen a dramatic increase, with around 752 cases per 100,000 of population, in Fife. There has also been an escalation in the number of tests carried out. A total of 30,041 Lateral Flow Tests (LFT) were carried out from the period 6 – 12th September 2021, and this is the highest amount, to date. Polymerase Chain Reaction Tests (PCR) in the same time period numbered 25,438. The largest increase in PCR testing is in the community testing, which is mainly covered by the UK laboratories and is just under 18,000. It was noted we are very heavily reliant on UK laboratories testing.

The uptake of testing has resulted in almost full capacity, and intermittently there are challenges around the turnaround time due to the volumes. Technical challenges were outlined.

It was advised there has been significant change around staff contacts and conditions for returning to work, which now includes an additional negative PCR test and also a daily negative LFT for ten days. The importance of carrying out these tests was highlighted, as it minimises workforce absences and should retain safe staffing levels.

Equity remains a concern within the teams and ensuring good access across the population in terms of geography and other control factors, to effectively manage self-isolation. NHS Fife are working closely with Fife Council to ensure test sites are in the most accessible areas possible to promote attendance.

There are challenges within the workforce and the large number of staff required for fixed sites, as it has been difficult to fully expand the testing units. There are also recruitment challenges, particularly with fixed rate contracts.

Testing for staff and families is ongoing at Cameron Hospital, however, there is little capacity now in that area. Additional capacity is being sought through pre-admission testing at the asymptomatic site in Dunfermline, which will improve access for residents in West Fife and NHS Fife Staff.

It was reported active conversations are taking place at national level on the future of testing capacity. It was noted our system is working well, particularly with a large volume of testing.

Following a question, it was advised testing is being escalated as much as it can be and there is a meeting scheduled with Directors of Public Health to discuss further. A balance going forward is required, and to determine the capacity that is going to be required.

It was noted all age groups are coming forward for testing, and it is difficult to identify groups who are not coming forward, as reluctance can be attributed to many different reasons.

An overview was provided on the significant impact and pressures on our clinical services, and it was reported the increase in community numbers will always lead to a level of people requiring hospital care, whether they have been vaccinated or not vaccinated. The numbers of people requiring hospital level care at this current level of community transmission is different from what it would have been pre-vaccination. At the level that it currently sits at, it is leading to a significant submission and a strain on our Acute Services, and subsequent pressure across the whole system, including our critical care facilities. Discharge planning is a key area, due to longer stays in hospitals. It was advised delivery of non-urgent and elective healthcare is just as important to our health care services going forward.

It was confirmed pausing of elective procedures and outpatient activity has been very selective, due to clinical prioritisation, and as much patient activity delivery is taken place as possible. In the previous week, some non-urgent outpatient and elective activity has been paused in order to support the urgent and emergency response, mainly due to safety reasons and to deliver a large-scale critical response. It was noted the critical response is manageable and being monitored on a day-to-day basis. Planning for over the winter period is crucial.

Assurance was provided to the Committee on work being done to maintain the clinical services, and through clinical prioritisation, particularly around staffing levels. Regular communication is taking place with the Scottish Government to mitigate risks. It was noted NHS Fife are over performing against other Health Boards, and clear plans are in place to raise activity levels.

The Committee **noted** the update and current position, taking assurance from the actions described.

6. GOVERNANCE / ASSURANCE

6.1 Board Assurance Framework – Quality & Safety

The Medical Director provided an update on the NHS Fife Board Assurance Framework (BAF) for Quality & Safety and advised work is still ongoing on its revision.

In terms of the current situation, two linked risks have been removed: Overcapacity in Assessment Unit and Capacity Planning – Boarding of Patients, as the issues within those risks are not applicable due to a change of circumstances in refiguring the hospital. Alternative risks as a result of our response to Covid-19 will be identified through development of risks in Acute Services moving forward. It was noted, the temperature control fluids risk has been downgraded due to changes in the infrastructure with regards to temperature control for fluids.

Full updates are being collated for each of the high risks from each area of the organisation, and a comprehensive update with recommendations will be provided at the next Clinical Governance Committee meeting and include assurances on associated links.

Action: Medical Director

The Committee **noted** the content and current position of the quality and safety component of the Board Assurance Framework.

6.2 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy provided an update on the NHS Fife Board Assurance Framework (BAF) for Strategic Planning.

Assurance was provided to the Committee the Population Health & Wellbeing Strategy is progressing, including progress on engagement with the population and staff.

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

6.3 Board Assurance Framework – Digital & Information

The Associate Director of Digital & Information provided an update on NHS Fife Board Assurance Framework (BAF) for Digital & Information.

The BAF reports a small change from previous reports and a linked operational risk has been removed, as detailed in the paper. An improved position is expected in the next report.

The Committee **noted** the content and current assessment of the Digital & Information BAF.

7. STRATEGY / PLANNING

7.1 NHS Fife Population Health & Wellbeing Strategy Progress

The Director of Finance & Strategy gave an update on the progress of the NHS Fife Population Health and Wellbeing Strategy development, the briefing paper on which has been provided to the Committee for assurance.

The Executive Directors Group propose to take forward a portfolio approach to developing and delivering the strategy. It will initially focus on the development of a new 5 – 10 year strategy and will inform our deliverable plans and projects, which will be monitored through a newly established Portfolio Delivery Programme Board (PDPB). It is anticipated that the PDPB will report directly into the new Public Health & Wellbeing Governance Committee being established by the Board.

The portfolio will be aligned directly to the four national care programmes that the Scottish Government have initiated.

It was advised that the first stage of the EQIA stage assessment has concluded and is now moving to stage two.

The design of the strategy is being progressed through communications and engagement with wider stakeholders and members of the public. More detail on the communication with wider stakeholder was requested, and it was advised a further update will be provided at the next meeting.

Action: Director of Finance & Strategy

The Committee **noted** the establishment of the Population Health and Wellbeing Portfolio Board and progress of the development of the strategy.

7.2 Joint Remobilisation Plan 2021/22 (RMP)

The Director of Finance & Strategy provided an update on progress of the Joint Remobilisation Plan for 2021/22.

The Scottish Government (SG) have approved the previous iteration of the RMP3 and have acknowledged that planning is an ongoing activity. A delivery planning template has been issued from the SG for completion by the end of September 2021 and this will be completed as part of the RMP4. The RMP4 will include key deliverables agreed within the RMP3, and any additional actions or material changes envisaged in terms of those being delivered towards the latter part of 2021.

SG have not requested a separate winter plan, and thus this will form part of the RMP4 submission. Discussions are underway to form the winter plan element, and this will be developed in the context of the current level of challenges within the services, particularly social care, and staff workforce capacity.

An action tracker is being developed with key actions and progress on deliverables, and updates will be provided to the Executive Teams, Committees and to the Board (by exception only).

The Committee **noted** the Joint Remobilisation Plan 2021/22 and process in place for production of the RMP4.

7.3 Review of Health & Social Care Integration Scheme

The Divisional General Manager provided an update on the Review of the Health & Social Care Integration Scheme and noted a full review has been carried out, with detailed input from partners over a timescale that had been lengthened by Covid pressures.

No significant changes to the scheme were required, and it is now required to be approved by NHS Board and Fife Council Board.

More clarification was requested on the financial implications in terms of the risk sharing arrangement. It was advised that the Finance, Performance & Resources Committee have scrutinised the financial aspects and recommended approval to the NHS Board, and that this area is not within the remit of the Clinical Governance Committee. The Director of Finance & Strategy nevertheless provided assurance and advised significant progress had been made in terms of moving risk share positions, and it was agreed the historic resource transfer will not form part of the risk share. It was advised more timely financial planning has been written into the agreement, and an early indication of funding year-on-year should be provided and agreed by both parties by the Quarter 3 of the financial year, to limit the use of the risk share arrangement in future. It was noted the risk share is split and is more closely aligned to level of contribution from each of the partners.

The Committee **recommended** the revisions to the Integration Scheme to enable NHS Fife Board to formally approve this prior to it being submitted to Scottish Government for Ministerial approval.

7.4 Robotic Assisted Surgery Assurance Report

The Medical Director provided a comprehensive update on the Robotic Assisted Surgery Assurance Report and outlined the benefits and enhancement to the patient experience.

It was emphasised the Robot is to be used only to enhance the patient experience and recovery and will not form part of every operation.

One surgeon from each speciality is expected to be authorised for Robotic surgery in the coming week, and it was reported this is positive progress. To date, the Robot has been used during 12 operations, and this has resulted in a significant reduction to the patient's length of stay.

Following a question on financial sustainability, and continuing and developing with the plans, it was advised more work is required in developing the Robot, and the financial aspect will be discussed further through the Finance, Performance & Resources Committee. A fuller understanding of the longer-term costs is required, which would incorporate how often it is used, and savings made. The Director of Finance & Strategy advised the Finance, Performance & Resources Committee endorsed the full business case for the Robot. An explanation was provided on the Robot being procured whilst the business case was in development, due to the time-limited availability of government funding, and further detail is provided in the paper.

In terms of capital funding support, additional Robots may be available. The detailed financial strategy will come to the Clinical Governance Committee for assurance on the patient-related aspects.

Following a question on safeguarding for sterilisation and instruments, it was advised procedures are in place anytime the Robot is out of order, and patients will continue

to get a standard level of care, even if their surgery does not make use of the device. It was noted national capital to support the business case is being explored for robotic decontamination and instruments, in Fife. A National Group are looking at decontamination across Scotland, and a representative from NHS Fife sits on the Group.

It was highlighted one of the key benefits of the business case is the offering of the robotic service and enhanced staff training in Fife. If this was not offered, there is a risk that specialist staff will go to another Health Board where that training is available.

The Regional position with Robotic surgery was provided and noted a strong business case was provided to bring a Robot into Fife. It was noted there are four Robots in the Region.

The Committee commended all involved in the work of establishing robotic assisted surgery.

The Committee **noted** the assurance from the Medical Director regarding the introduction of Robotic Assisted Surgery in NHS Fife and **endorsed** the Robotic Assisted Surgery Clinical Governance Assurance report.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report

The Medical Director provided an update on the Integrated Performance & Quality Report (IPQR) and advised there were no areas of concern, with some areas under close observation.

The Director of Nursing advised there is an improvement in falls, and a Falls Champion Network is being developed.

The importance of maintaining communication to complainants in delays to responses was highlighted. Due to the pressures on the workforce, it has been agreed to pause some complaint activity. The Clinical Services are committed to continue dealing with complaints and have been advised they can pause if required due to pressures. The Patient Relationships Department have been communicating with complainants on extending response times. Recording in Datix is being carried out when an extension to a response has been provided. It was advised all Health Boards are in a similar position. It was also advised the Scottish Government are content with the current position on complaints.

The Committee **examined** and **considered** the NHS Fife performance.

8.2 Healthcare Associated Infection Report

The Director of Nursing provided an update on the Healthcare Associated Infection Report (HAIRT) and reported NHS Fife is below the Scotland comparison in healthcare associated infection, and this is a testament to the hard work of the teams.

An inspection was carried out in May 2021 at Victoria Hospital and the report was positive. Two requirements were reported: testing of patients within five days and

equipment and state of repair in the Ward in the Tower Block. Both requirements have now been addressed, and an action plan is in place.

Following a question, it was advised the National programme of Surveillance for Surgical Site Infections is still currently on pause nationally.

The Committee **noted** the HAIRT report.

9. DIGITAL / INFORMATION

9.1 Digital Strategy 2019-2024 Update

The Associate Director of Digital & Information provided an update on the Digital Strategy 2019-2024 paper, which focusses on the delivery plans to implement the strategy.

Delivery of each of the strategic ambitions - Modernising Patient Delivery, Joined Up Care, Information and Informatics, Technical Infrastructure and Workforce and Business Systems - were outlined

The Digital and Information Team were thanked for their hard work in supporting and protecting staff to deliver in a safe environment.

The Committee **noted** the Digital Strategy 2019-2024 update.

9.2 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme

The Director of Pharmacy & Medicine provided an update on the HEPMA Programme and advised the final version of the HEPMA Programme is expected in October 2021.

The status of the programme has been moved from green to amber, due to delays in contractual negotiations, as described to members.

An update on progress was provided, including project actions, which are ongoing; communication and engagement strategies across the organisation; patient journey mapping; and change management activity. Key leadership posts are outlined in the paper.

Background to the programme is outlined in the paper, and it was reported delivery of timelines is being closely monitored. The overall transformation benefits of HEMPA were highlighted.

Following a question on NHS Orkney supporting the HEPMA Programme Board with procurement tasks since June 2021, it was advised this support is continuing to ensure consistency of approach. There has been a number of vacancies in the NHS Fife procurement function for some time, and work is being carried out to scope out different roles to attract more candidates.

The Committee **noted** the update on the Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme.

9.3 Safer Management of Controlled Drugs

The Director of Pharmacy & Medicine outlined the report on the Safer Management of Controlled Drugs Report, which covers the period April 2020 – March 2021. The paper is provided to the Committee for an update on the situation and to provide members with assurance.

It was reported a Regional Controlled Drugs Local Intelligence Network has been established, and the benefits are already visible due to the sharing of information.

It was advised an independent pharmacy audit is carried out every six months in all clinical areas that hold drugs, and action plans developed. 100% compliance was reported in all areas audited and it was noted the audit is extensive.

Work has been carried out to ensure there is sufficient authorised witnesses for the destruction of controlled drugs. Standing operating procedures have been improved, which provides clarity and easier training.

External regulator inspections for Community pharmacies are carried out from the General Pharmaceutical Council. Their focus is on new premises and where standards have not been met previously.

It was advised there has been a decrease in the reporting of incidents compared to previous year, and the potential causes are described in the paper.

Challenges around administration were reported, and a lot of work has been carried out in terms of education, training and follow ups to improve in that area.

It was reported an extensive review is being carried out over the next six months on the safer use and management of controlled drugs. A newly developed tool will support recording of performance. It was advised monitoring and the usage of data around controlled drugs has matured.

Following a question on how medicines are prescribed and the generic name versus the branded name, it was advised this is challenging and generic prescribing is being encouraged.

The Committee **noted** the ongoing activity and developments to support the safer management of Controlled Drugs in NHS Fife.

10. LINKED COMMITTEE MINUTES

All items under this section were taken without discussion and the Committee **noted** the following Committee Minutes.

- 10.1 Acute Services Division Clinical Governance Committee (*dated 21/07/21*)
- 10.2 Fife Drugs & Therapeutics Committee (*dated 11/08/21*)
- 10.3 Fife IJB Clinical and Care Governance Committee (*dated 02/06/21*)
- 10.4 NHS Fife Clinical Governance Oversight Group (*23/06/21*)
- 10.5 Digital and Information Board (*dated 20/04/21*)
- 10.6 Infection Control Committee (*dated 02/06/21*)
- 10.7 Public Health Assurance Group (*dated 08/06/21*)

10.8 Area Medical Committee (dated 08/06/21)

10.9 IRMER Board Minutes (dated 20/08/21)

11. ITEMS TO NOTE

11.1 Internal Audit Report: Digital & Information Governance Arrangements

The Committee **noted** the findings of the Internal Audit Report for Digital & Information Governance Arrangements.

11.2 Internal Audit Report: Manual Handling Training

The Committee **noted** the findings of the Internal Audit Report for Manual Handling Training.

11.3 Excellence in Care

The Committee **noted** the conclusions of the Excellence in Care paper.

11.4 Health Promoting Health Service Report

The Committee **noted** the conclusions of the Health Promoting Health Service Report.

11.5 Corporate Calendar / Committee Dates

The Committee **noted** the proposed meeting dates for 2022/23.

11.6 Clinical Governance Committee Workplan

The Committee **noted** the up-to-date Clinical Governance Committee Workplan for 2021/22.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

It was **agreed** to commend the work in introducing Robotic Assisted Surgery to the NHS Fife Board. The committee also **agreed** to commend the significant progress in relation to the Digital Strategy.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Wednesday 3 November 2021 at 2pm via MS Teams.

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

Tuesday 7 September 2021 at 9.30am

No issues were raised for escalation to the Board.

Q1 Financial Review

The Committee praised the Finance Team for their hard work in providing a very comprehensive review.

Primary Care Premises Review

The Committee would like to highlight the discussions around the Primary Care Premises Review

Delayed Discharge, Capacity and Flow

The Committee would like to highlight the discussion around Delayed Discharge, Capacity and Flow.

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 7 SEPTEMBER 2021 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)	M McGurk, Director of Finance & Strategy
A Lawrie, Non-Executive Director	J Owens, Director of Nursing
A Morris, Non-Executive Director	Dr J Tomlinson, Director of Public Health
W Brown, Employee Director	

In Attendance:

N Connor, Director of Health & Social Care
S Garden, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
H Thomson, Board Committee Support Officer (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to meeting.

The Chair praised our workforce in these challenging times for their incredible ongoing commitment and continuing efforts in their response to the pandemic.

Apologies for the meeting had been received from members Dr C McKenna (Medical Director) and C Potter (Chief Executive).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 13 July 2021

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

4. Action List / Matters Arising

The Committee **noted** the updates provided and the closed items on the Action List.

5. GOVERNANCE

5.1 Board Assurance Framework – Financial Sustainability

The Director of Finance & Strategy provided an update on the Board Assurance Framework (BAF) for Financial Sustainability and advised that the content of the BAF is linked to the Quarter 1 review of the financial position, as noted in the Integrated Performance Quality Report (IPQR).

It was reported that the financial sustainability risk levels remain high, and this is mainly due to the unachieved efficiency savings of £13.6m. A meeting took place with the Scottish Government Finance Directorate on 6 September 2021, and recognition was provided on the challenges of meeting this target under current circumstances, with further discussion to take place on their ability to support the position - a further update is provided under agenda item 6.2.

The Committee **noted** the paper and **approved** the updated financial sustainability element of the Board Assurance Framework.

5.2 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy gave background on the Board Assurance Framework (BAF) for Strategic Planning and provided an update.

Corporate objectives have been identified for 2021/22 and were derived from the new Strategic Planning and Resource Allocation process (SPRA). A significant amount of work is underway to progress the development of the Population Health & Wellbeing Strategy. Due to this being in the early stages of the process, the level of risk remains high; however, the overall score has reduced slightly, and likely to reduce steadily over the coming year as the strategy develops.

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

5.3 Board Assurance Framework – Environmental Sustainability

The Director of Property & Asset Management provided an update on the Board Assurance Framework (BAF) on Environmental Sustainability and reported there is little change in terms of the risk profile.

It was reported the provision of the new elective orthopaedic centre has made positive progress, with the build phase now underway. Mitigations on fire risks have been scrutinised, including training for staff, and a fire group are looking at this on a regular basis.

The Committee **noted** the position set out in the paper and **approved** the updated environmental sustainability element of the Board Assurance Framework.

6. STRATEGY / PLANNING

6.1 Joint Remobilisation Plan 2021/22 (RMP3/RMP4 Guidance) / Annual Operational Plan

The Director of Finance & Strategy provided an update on the ongoing process of developing the Joint Remobilisation Plan 2021/22.

The Scottish Government (SG) have approved the previous iteration of the RMP3 and have acknowledged that planning is an ongoing activity. A delivery planning template has been issued from the SG for completion by the end of September 2021 and this will be completed as part of the RMP4. The RMP4 will include key deliverables agreed within the RMP3, and any additional actions or material changes envisaged in terms of those being delivered towards the latter part of 2021.

SG have not requested a separate winter plan, and thus this will form part of the RMP4 submission. Discussions are underway to form the winter plan element, and this will be developed in the context of the current level of challenges within the services, particularly workforce capacity.

An action tracker is being developed with key actions and progress on deliverables, and updates will be provided to the Executive Teams, Committees and to the Board (the latter by exception only).

In terms of progress, it was reported that the diagnostic pathway for children and young people in primary care has been reinstated, and activity in adult mental health hospitals has also resumed. All other actions within the RMP3 are progressing.

The Committee **noted** the Joint Remobilisation Plan 2021/22 RMP3 and the process in place for production of the RMP4.

6.2 Quarter 1 Financial Review 2021/22 – Capital and Revenue

The Director of Finance & Strategy introduced the update on the Quarter 1 (Q1) Financial Review 2021/22 for Capital and Revenue, noting the Q1 position is challenging.

The in-year position for Q1 was provided, and it was noted the overspend position of £6.109m is largely in relation to unmet core savings of £3.414m.

The forecast outturn for Q1 assessment highlights the unachieved savings of £13.656m which is driving the high-risk factor within the Financial Sustainability BAF. It was also advised that the pressures in respect of the Service Level Agreement with Lothian Health Board will be closely monitored.

The paper highlights all the assumptions and risks driving the forecast outturn potential overspend of £19.656m. The components of the overspend projection were provided.

It was advised that a meeting was held with Scottish Government (SG) colleagues on 6 September 2021 to discuss the Quarter 1 review, as outlined in the paper. It was advised that the SG are not currently in a position to confirm funding support for the stated unachieved savings. The SG offered support on taking forward the Project Management Office (PMO). The SG issued a template requesting more information on what was included on the Q1 return, as they had carried out benchmarking with other NHS Health Boards. It was noted the SG are content with the broad direction of strategic planning for NHS Fife Health Board.

The Director of Finance & Strategy reported that the SG had been advised that a significant proportion of the legacy saving is a direct consequence of our distance from parity. Following earlier benchmarking with other NHS Health Boards, it was noted NHS Fife is not a major outlier in terms of acute services unit cost levels.

It was advised cost offsetting was possible in 2020/21 due to the pausing of services however it is unlikely that there will be a similar level available this financial.

The Director of Finance & Strategy stressed the importance of recording all Covid costs to ensure full funding and explained that the reference to 'long Covid' in the report is the term used by SG to describe the longer-term impact of Covid on the financial position.

Committee members recognised that further delivery of savings in-year, when the workforce is under so much pressure, would be very challenging to achieve. It was reported, however, that over the next three years, to the Board must deliver recurring financial balance. There are a number of medium-term cash reduction plans in the pipeline, which are being progressed with the services. It was noted that delivery of transformational change is crucial, and work is required to support capacity gains to get elective activity closer to normal levels over time.

The Finance team were praised for their hard work in providing a very comprehensive review.

The Committee **noted** the position reported in the paper.

6.3 Fife Capital Investment Group Report 2021/22

The Director of Finance & Strategy introduced the new Fife Capital Investment Group (FCIG) Report for 2021/22 and advised that the group provides oversight of the capital programme spend to the Executive Directors Group and the Committee.

There a number of challenges facing our building projects in terms of both availability of certain materials and price increases in the supply chain which is causing delays to aspects of the capital programme. The most significant is the orthopaedic centre, the Elective Orthopaedic Board recently approved purchases in advance for as many materials as possible to mitigate the supply issue. The potential impact of Brexit and Covid will continue to be recorded and monitored as a risk.

Long lead times in terms of digital and information equipment was raised as an issue, as this will impact the ongoing transformation work in the clinical areas. It was advised this will also be closely monitored.

The Committee welcomed reporting by exception and noted the report provides assurance on the mitigation measures in place to address key risks.

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

6.4 NHS Fife Population Health and Wellbeing Strategy Development Progress

The Director of Finance & Strategy gave an update on the progress of the NHS Fife Population Health and Wellbeing Strategy development, the briefing paper on which has been provided to the Committee for assurance.

It was noted that a range of activities and timelines have commenced, as detailed in the assessment section. The Executive Directors Group propose to take forward a portfolio approach to developing and delivering the strategy. It will initially focus on the development of a new 5 – 10 year strategy and will inform our deliverable plans and projects, which will be monitored through a newly established Portfolio Delivery Programme Board (PDPB). It is anticipated that the PDPB will report directly into the new Public Health & Wellbeing Governance Committee.

The portfolio will be aligned directly to the four national care programmes, and it was noted this will be helpful in finalising the Terms of Reference for the New Public Health & Wellbeing Governance Committee.

It was advised that the first stage of the EQIA stage assessment has concluded and is now moving to stage two. The in-house Equality and Human Rights Lead Officer will be key in terms of delivery.

The design of the strategy is being progressed through communications and engagement with wider stakeholders and members of the public, and the Comms team are developing branding to support the various aspects of the emerging new strategy. A survey or poll will be carried out, which offers questions to the public and will be collated for feedback. It was advised that a group had been involved in exploring the best approach to engagement with the public and an update will be shared with the Chair once feedback has been received.

Action: Director of Finance & Strategy

The NHS Fife Population Health and Wellbeing Strategy will be developed for submission to the Board March 2022.

The Committee **noted** the proposed establishment of the Population Health and Wellbeing Portfolio Board and progress of the development of the strategy.

6.5 Review of Health & Social Care Integration Scheme

The Director of Health & Social Care gave an update on the Review of Health & Social Care Integration Scheme and advised there is a requirement to update the Integration Scheme every five years. The review requires to be approved by the NHS Board and Fife Council before it is submitted to Ministers for formal review and comments, and subsequently becomes a legally binding Integration Scheme.

The key changes to the scheme were highlighted:

- There were no changes to the delegation of services
- Clarification has been provided regarding the Chief Officer role in respect of operational direction and accountability to Integrated Joint Board (IJB) and the oversight function
- Enhanced clarity in terms of responsibilities and accountabilities by both NHS Fife and Fife Council in terms of clinical and care governance, and the professional roles held by the Executive Nurse Director, Medical Director and Chief Social Work Officer
- Clarification regarding IJB statutory responsibilities and how they will be discharged

- Reference to specific Committees of the IJB have been removed, to allow for greater flexibility
- No change to membership
- Change agreed between Directors of Finance in both NHS Fife and NHS Council in relation to the financial section.

It was agreed a further discussion on the Health & Social Care Integration guidance on the use of Directions be brought back to a future meeting, for members' information.

Action: Director of Health & Social Care

The Chair thanked everyone involved in the review of the Health & Social Care Integration Scheme.

The Committee recommended **approval** to the Board of the revisions to the Integration Scheme, to enable NHS Fife Board to formally approve this prior to it being submitted to Scottish Government for Ministerial approval.

6.6 Primary Care Premises Review

The Director of Property & Asset Management gave an update on the Primary Care Premises Review for Committee assurance.

It was advised that the review is timely, given the publication of the General Medical Services Memorandum of Agreement.

The strategy will be delivered by the Director of Health & Social Care and the Head of Primary and Preventative Care Services, and a small working group will meet in the coming weeks to drive production of the strategy forward.

It was advised that small changes to issues with low associated costs will be identified to alleviate pressing issues within General Medical Services premises. For medium/long term issues, consideration will be given on what is required for localities and appropriate engagement will be required. Investment in properties, or disinvestment, will be identified and advised as early as possible to ensure capital is available to NHS Fife over the next 10 years. It was noted this also links into the national infrastructure plans.

The review links into the development of the Population Health & Wellbeing Strategy and it was advised that it is critical the Primary Care Premises Review and Population Health & Wellbeing Strategy are aligned to support requirements for clinical services.

It was advised that a Fife Council Local Development Planning Board will be taking forward a local development plan over the next four years, and various resources may be available in terms of infrastructure.

Staff side representatives will be engaged with during the process, through a number of groups and forums.

The Committee **noted** the paper and supported the formulation of a plan to develop a primary care premises review

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Finance & Strategy introduced the Integrated Performance & Quality Report (IPQR).

The Director of Health & Social Care provided an update on the Health & Social Care element of the IPQR report:

- Smoking cessation services are being delivered remotely and staffing levels are now starting to improve, with six new members of staff
 - The remobilisation of face-to-face provision is being evaluated; however, in terms of premises and the national guidance, this has proven to be a challenge
 - A shortage of Champix is continually to be monitored
- Child and Adolescent Mental Health Service (CAMHS) have been prioritising and targeting urgent interventions.
 - Referral-to-treatment (RTT) has remained in the high 70s.
 - There have been challenges in the recruitment of staff and we are continuing to focus in this area
- Psychological therapies demand continues to rise, and a lot of positive work is ongoing
- Enhanced recruitment continues
- Therapeutic group work, and physical distancing required, has been challenging

The Chair requested a paper on the remits and responsibilities of the new senior management team roles within the Health & Social Care Partnership, for information.

Action: Director of Health & Social Care

The Director of Finance & Strategy provided an update on the Capital and Revenue position.

The Q1 position had an overspend of £6.1m, £3.4m of which relates to legacy savings.

It was reported that there is an overspend in Acute Services in relation to staff pay areas and concern around medicines costs, this is despite significant investment made in Acute Services as part of the financial plans.

It was highlighted that the Redesign of Urgent Care will be funded through a combination of government funding of £0.681m and earmarked IJB reserves of £0.935m carried forward from 2020/21, which should deliver phase one of the Redesign of Urgent Care. It was noted the reserves of £0.935m is non-recurring this year.

The increase in the Service Level Agreement (SLA) for NHS Lothian, and this was only signalled through NHS Lothian's preparation for their financial return has only very recently been advised and is currently under detailed review. It was questioned if NHS Lothian can increase the SLA in this manner. In response, it was advised NHS Lothian, can request changes to the cost modelling, though this is usually through negotiation.

In terms of capital spend, programmes are progressing as expected, with the exception of the orthopaedic centre material supplies previously highlighted.

The Director of Finance & Strategy agreed to report back to the Chair outwith the meeting on the point raised in relation to the health delegated budget of £0.332m.

Action: Director of Finance & Strategy

The Committee **noted** and considered the NHS Fife performance, with particular reference to the measures identified in Section 2.3 of the report.

7.2 Delayed Discharge, Capacity and Flow

The Director of Health & Social Care provided an update on the Delayed Discharge, Capacity and Flow paper.

Regular reports on delayed discharge, capacity and flow have been provided to the Executive Directors Group, and daily contact within teams is also taking place.

A declining position was reported on delayed discharge, which is having a significant impact on Acute Services and Community Hospitals in relation to capacity and flow. It was advised actions are in place, and these include areas that were already operational, such as Hospital at Home. Increased pressures were also reported, including pausing of some services and Covid related pressures.

Delayed discharges are having the largest impact on the system. Issues with packages of care, nursing home placement and welfare guardianship are being mirrored across Scotland. Engagement with the Care Inspectorate is ongoing regarding what can be done within the legal and regulatory frameworks. It was reported issues with delays in welfare guardianship are being escalated through numerous external routes, including the Scottish Government, to raise awareness of the issue.

A pilot with Kingdom Housing and Social Work is being carried out and they are having discussions with individuals, advising care homes are a temporary alternative place to wait on their package of care being available.

The challenges in terms of nursing home placements are around people's choice of placement and potential lack of flexibility on this. Around 15% of care homes closed recently, and work is being undertaken to look at solutions. Packages of care are also an issue.

Across the whole system, it was reported there are around 270 – 300 people in the community waiting to access Social Care and Care at Home. Around 80% are using other services through voluntary sectors to ensure a level of support. Waiting time standards are in discussion, with involvement from NHS Fife, Fife Council and the Integrated Joint Board, and further updates will be brought back to a future meeting.

The impact on NHS services was highlighted across hospitals and community hospitals and actions are being taken forward and embedded in the RMP4. The Committee were assured that supporting sustainability across the workforce is a priority.

The Committee **noted** the actions underway and considered the implications of delayed discharge on whole system care, quality, and workforce.

8. ITEMS FOR NOTING

8.1 Minute of Integration Joint Board Finance and Performance Committee

The Committee **noted** the Minute of the Integration Joint Board Finance and Performance Committee, dated 13 July 2021.

8.2 Corporate Calendar – Committee Dates for 2022/23

The Committee **approved** the proposed Finance, Performance & Resources Committee dates for 2022/23.

9. ITEMS TO BE ESCALATED TO THE BOARD

The Chair and Director of Finance & Strategy agreed to discuss items to be escalated to the Board outwith this meeting.

Action: Chair / Director of Finance & Strategy

10. Any Other Business

There was no other business.

Date of Next Meeting: Tuesday 9 November 2021 at 9.30am via MS Teams.

STAFF GOVERNANCE COMMITTEE

(2 September 2021)

The Chair highlighted items to be escalated:

1. Board Assurance Framework – Workforce Sustainability

- Noting that the content of the Workforce Sustainability BAF requires to be revised to reflect current workforce pressures and challenges and that plans are in place for this review to be undertaken for the November 2021 Committee cycle. This work will continue to include the presentation of additional information to the Committee on impact of the linked operational high risks which evidences the mitigations at service level.

While the BAF details the general workforce risk, it was considered that there should be a separate linked operational high risk relating to the nursing workforce and the specific challenges facing the nursing workforce at this time.

- It was agreed that the Director of Nursing would arrange for this new risk to be developed, noting the various measures in train to support these challenges, including:
 - a bespoke recruitment campaign
 - international recruitment
 - opportunities for new Band 4 roles for newly qualified practitioners
 - supplementary staffing support
 - commencement of new registrants
 - employment of ward administrators to support Senior Charge Nurses
 - consideration of additional Band 3 HCSW posts

These actions are alongside specific short term actions to support the system over winter including:

- developing a training programme for 'non-clinical' registrants to allow them to support ward teams
- deployment of Clinical Nurse Specialists

**MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY
2 SEPTEMBER 2021 AT 10AM VIA MS TEAMS**

Present:

S Braiden, Non-Executive Member (Chair)	C Cooper, Non-Executive Member
A Morris, Non-Executive Member	C Potter, Chief Executive
W Brown, Employee Director	J Owens, Director of Nursing
S Fevre, Co-Chair, Health & Social Care Partnership Local Partnership Forum	A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum
K MacDonald, Whistleblowing Champion (Agenda items 1 - 5.1)	

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
S Fraser, Associate Director of Planning & Performance (agenda items 6.2 and 6.3)
G MacIntosh, Head of Corporate Governance & Board Secretary
F McKay, Head of Strategic Planning, Performance & Commissioning (*deputising for N Connor*)
M Michie, Deputy Director of Finance (*deputising for M McGurk*)
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
L Anderson, PA to Director of Workforce (*observing*)
H Thomson, Board Committee Support Officer (Minutes)

Sinead Braiden, in her new role as Chair of the Committee, welcomed everyone to the meeting, in particular Hazel Thomson, the Board Committee Support Officer, who is providing secretarial support to the Committee for this meeting, and to Lakshmi Anderson, PA to the Director of Workforce, who is observing the meeting today and will provide the secretariat to the Committee going forward. A welcome was also extended to Maxine Michie, Deputy Director of Finance, deputising for the Director of Finance & Strategy and attending her first meeting, and to Fiona McKay, Head of Strategic Planning, Performance & Commissioning, deputising for the Director of Health & Social Care.

The Chair advised the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the Emergency Footing that continues across NHS Scotland to 30 September 2021 and commended staff for their ongoing efforts and resilience, at a time of increasing demand on our services.

1. **Apologies for Absence**

Apologies for absence were received from Dr J Tomlinson (Director of Public Health – who was to attend the meeting as part of her Board induction), N Connor (Director of Health & Social Care), and attendee M McGurk (Director of Finance & Strategy).

2. **Declaration of Members' Interest**

There were no declarations of interest made by members.

3. **Minutes of the last Meeting held on Thursday 1 July 2021**

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

4. **Matters Arising / Action List**

Corporate Objectives 2021/2022

The Director of Workforce advised that a group has been established to take forward the Internal Communications strategy, and the first meeting has been arranged for the end of September 2021. The timescale for this action was noted and further updates will be provided to the Committee.

Board Assurance Framework – Workforce Sustainability

The Head of Workforce Planning & Staff Wellbeing advised that this item is on the agenda, and the second action in relation to providing an update to the Board has been carried out (July 2021 Board Meeting) and can now be closed.

The Committee **noted** the updates provided and the closed items on the Action List.

4.1 **Role of Whistleblowing Champion**

The Whistleblowing Champion provided a verbal update to members on her role on the Board.

It was advised that the National Whistleblowing Standards came into effect on 1 April 2021 and there is a requirement for all NHS staff and providers of NHS services to follow certain principles and ensure adherence to the Whistleblowing Standards.

The role of the Whistleblowing Champion is an assurance role, which supports and monitors delivery of the NHS Fife Whistleblowing Policy. The aim of the policy is to ensure staff and contractors have confidence to share concerns and be assured their concerns will be dealt with. The role also has critical oversight into how concerns are handled by managers, and covers services provided by the Board directly and those delivered by primary care contractors etc.

It was advised that the policy is still being adopted and NHS Boards across Scotland are at different stages in implementing the required practices. The Whistleblowing Champion meets regularly with a national Whistleblowing Champion network, which includes the Independent National Whistleblowing Officer (INWO) and Government

representatives, to discuss good practice, barriers to implementation and operational details. The aim of the meetings is to gather information to feedback to Boards to ensure consistency of approach.

The Whistleblowing Champion assured the Committee that detailed work is being undertaken to implement the Whistleblowing Standards in Fife, and at a leadership level, concerns are being appropriately addressed.

The effectiveness of the two-stage process, and assurance around that, was not possible at this stage due to the Whistleblowing Standards not currently having been invoked. However, a considerable amount of work has been undertaken to determine what would be included in future reporting, to evidence an open and learning culture. Work and support to develop more data, metrics and our approach to handling Whistleblowing complaints will be undertaken, and further reporting will be provided to the Committee.

It was noted that specific training in relation to the Whistleblowing Standards is also available for all staff, as part of the mandatory training modules staff are expected to complete.

5. GOVERNANCE / ASSURANCE

5.1 Whistleblowing Data Quarterly Report

The Head of Workforce Resourcing and Relations advised that the Datix system (used nationally across all NHS Boards) is used for the recording of Whistleblowing complaints. Training has been carried out for Managers who record cases raised under the Standards within Datix. Other reporting, not deemed as Whistleblowing by virtue of not being submitted via the Standards, is recorded in the eESS Employee Relations Module; if case work becomes a Whistleblowing issue, it would then be recorded on the Datix system.

Staff confidence in the use of Datix and the reporting of Whistleblowing complaints was raised by the Employee Director, who questioned at what level potential concerns raised in anonymous letters are taken forward. In response, it was advised that anonymous letters would not fall within the scope of the Whistleblowing Standards, however, the principles and framework of approach are applied as far as possible. The Head of Workforce Resourcing and Relations advised that Datix reporting would be completed by the relevant manager on receipt of a Whistleblowing complaint, as opposed to the individual raising the concern. The Chief Executive, as Accountable Officer, assured the Committee all letters / complaints, including anonymous letters, are formally investigated and taken with due seriousness, with action taken.

It was advised that work is being carried out on guiding principles for patient safety and patient care. Messages will be strengthened for professional responsibility and accountability for concerns in these areas. The Director of Nursing highlighted that all registrants have a responsibility to raise concerns in line with the relevant professional guidelines.

The Whistleblowing Champion then highlighted that the Whistleblowing Data Quarterly Report, which has been provided to the Committee, outlines Whistleblowing concerns raised under the Standards, and is very specific and limited to concerns of those

nature. A meeting is being arranged to discuss how to monitor and record Whistleblowing complaints, (including those not raised under the Standards), in line with the guidance. It was advised that Whistleblowing Data Reports, both quarterly and annually, will be provided to the Committee; the report will be iterative, qualitative & quantitative, and developed for assurance. It was agreed to keep Whistleblowing reporting on the Agenda and Workplan for regular reporting to the Committee.

The Committee **noted** the Whistleblowing Data Quarterly Report.

5.2 Board Assurance Framework – Workforce Sustainability and Linked Operational Risks Update

The Director of Workforce gave an update on the Workforce Sustainability Board Assurance Framework (BAF). A review of workforce risks is being carried out, alongside a detailed review of the BAF, which will be presented at the November 2021 Committee meeting.

The Chief Executive advised that a workshop for the Executive Directors Group (EDG), to review risks in general, has been scheduled for the end of September 2021. A separate session will be arranged with the Board in due course.

Concern was raised around the absence in the current BAF of nursing workforce pressures, which currently has no specific risk. It was agreed to add this as a new risk, rather than it be included as part of the main recruitment risk and this will be taken forward by the Director of Nursing at the EDG workshop. It was noted that nursing pressures is a national issue.

Action: Director of Nursing

The Committee was invited to provide feedback on the level of assurance for reports received.

The Committee **noted** the content of this report and **approved** the current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework.

5.2.1 Workforce Pressures within Radiology Services

The Director of Acute Services provided an update on this linked operational high risk.

The paper provided outlines the current position in Radiology Services, and concerns both the Consultant and Radiographer workforce. There are national and local workforce challenges and a number of actions are ongoing to address the situation. The Committee was provided with assurance that staffing is monitored on a weekly basis by the Head of Service within the Radiology Department.

The Director of Acute Services expanded on efforts to improve recruitment and enhance opportunities for advanced practice and noted associated costs are closely monitored. Recruitment is stable due to outsourcing and support from Lothian Health Board.

Assurance was provided on extant service level agreements, and it was noted that work is still ongoing to secure input. The Director of Acute Services agreed to explore additional options for potential joint recruitment within other Health Boards.

It was advised that NHS Fife is involved in national training programmes and are also connected into new national operational modules around Radiology and Radiography.

The Committee **noted** the current workforce issues within Radiology and the actions which are underway to manage and mitigate the risk that the situation presents.

5.3 Corporate Calendar – Proposed Committee Dates 2022/23

The Head of Corporate Governance & Board Secretary presented the proposed Committee Dates for 2022/2023, and advised that work is in progress with the Integration Joint Board on finalising the full Corporate Calendar. The dates provided are indicative, and final dates will go to the Board for approval on 28 September 2021. Once the Board and IJB have approved the Corporate Calendar, diary invites will be sent to all Committee members and attendees, (around October 2021).

It was noted that the Staff Governance Committee (SGC) has historically been the first Committee meeting in the cycle, and, for 2022/2023, dates have been moved slightly to ensure that the SGC meeting is not always the first Committee meeting in the cycle, which can have an impact on papers received through other Groups.

The Committee **agreed** the proposed dates for the 2022/2023 meetings.

5.4 Staff Governance Standards

The Workforce Leadership Team gave a detailed presentation on the NHS Scotland Staff Governance Standards and the work underway locally to implement these across NHS Fife across a range of activities.

The presentation will be shared with the Committee.

Action: Director of Workforce

The Committee **noted** the content of the presentation and the on-going work in relation to the implementation of the Staff Governance Standards.

5.5 Staff Governance Annual Monitoring Return 2020/21

The Head of Workforce Resourcing and Relations spoke to the paper, updating the Committee on the work previously outlined on the engagement process to populate the return, before finalisation for submission to Scottish Government by 24 September 2021 and welcomed questions.

The Committee discussed the content of the draft Staff Governance Annual Monitoring Return for 2020/2021.

Staff engagement, particularly around the rates of completion for the iMatter questionnaire, was raised as a potential issue and it was noted this is likely to be negatively impacted by the pressures affecting staff, in the current climate. The

importance of promoting the questionnaire by the Communications Team was highlighted, particularly in the innovative way it had been publicised in the past, and it was queried what else can be done. The Head of Workforce Development will arrange a discussion outwith the meeting to consider ways to continue to promote the importance of iMatter and give staff a voice, noting options which were used previously e.g. laptop / iPad tea trolley could not be used given the current restrictions due to COVID-19. Promotional methods to date were outlined, such as StaffLink and desktop banners, and it was advised that Health and Social Care Partnership colleagues have been fully supportive in encouraging participation, and of the benefits for staff, and are working with a number of groups to promote.

An update was provided on the Kindness Conference held in May 2021, which was a virtual celebration of health and wellbeing activity within NHS Fife, including acts of kindness during the pandemic. Positive feedback had been received, and a full evaluation report is expected in due course. It is anticipated that another conference will be held next year.

The Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum noted findings have been collated from a survey that was commissioned for UNISON members and this has been shared with relevant staff.

Subject to making any further amendments, the Chair of Staff Governance Committee and Employee Director will **approve** the final draft Staff Governance Annual Monitoring Return for 2020/2021, prior to submission to the Scottish Government.

6. STRATEGY / PLANNING

6.1 NHS Fife Interim Joint Workforce Plan 2021/22 – Scottish Government Feedback

The Deputy Director of Workforce gave a brief overview and advised that the NHS Fife Interim Joint Workforce Plan 2021/22 Scottish Government feedback predominately focuses on themes and additional workforce data that the Workforce Directorate at Scottish Government (SG) would like to see included in the 2022-2025 three-year plan to be published in March 2022. Comments around service delivery modelling changes, and reflections on alignment to our local employment markets, will be considered in the three-year plan. Engagement continues with SG colleagues at regional and national workforce levels.

It was advised that the SG will be publishing the National Workforce Strategy at the end of 2021. NHS workforce challenges were highlighted as a national issue, and it was noted the National Strategy is key to inform local plans. It was also noted the Scottish Executive HR Directors Group are having an emergency meeting on 3 September 2021, to discuss workforce issues, and a paper is being produced at a national level on staffing pressures and workforce challenges across Scotland.

The Committee **noted** the content of the Scottish Government feedback in respect of the Interim Joint Workforce Plan for 2021/2022 and **noted** that the feedback and related actions will be incorporated into the development of future workforce strategic documents.

6.2 NHS Fife Population Health and Wellbeing Strategy Progress

The Associate Director of Planning & Performance provided a summary on progress to date to support the NHS Fife Population Health & Wellbeing Strategy and Portfolio (PHWS) Board.

Assurance was provided to the Committee that staff engagement will fully support development of the strategy. Following a question from a Committee Member, it was confirmed a staff representative will be a member of the PHWS Board.

The Committee **noted** the establishment of the NHS Fife Population Health and Wellbeing Portfolio and progress of the development of the strategy.

6.3 Joint Remobilisation Plan (RMP3/RMP4)

The Associate Director of Planning & Performance outlined the paper on the Joint Remobilisation Plan (RMP3/RMP4) and noted the fourth Joint Remobilisation Plan to be submitted to Scottish Government (SG) is to the end of March 2022.

Assurance was provided to the Committee that the process is in place to produce the Joint Remobilisation Plan 2021/22 RMP4, which incorporate RMP3 actions; information is being gathered and documented across the organisation, including NHS, Health & Social Care and the Remobilisation Forum.

The submission date for the draft RMP4 is at the end of September 2021, and this will be brought back to the next Committee meeting in October 2021 and include initial feedback from SG.

Action: Director of Finance & Strategy

The Committee **noted** the Joint Remobilisation Plan 2021/22 RMP3 and the process in place for production of the RMP4.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce provided an update on the Integrated Performance & Quality Report (IPQR).

An increase in sickness absence, which was not unexpected given the on-going COVID-19 challenges, was reported. It was advised that related actions are being progressed have not been as impactful as desired. The impact of stress was highlighted, being the most prevalent absence reason and it was advised that relevant teams are working to maximise appropriate interventions and will continue to work diligently to resolve cases of stress-related absences.

The Committee **noted** the content of the IPQR and considered the NHS Fife performance against this HEAT Standard, with particular reference to the levels of Sickness Absence and the continued caveats around this.

7.2 NHS Fife Workforce Information Overview

The Deputy Director of Workforce provided an overview on the NHS Fife Workforce Information paper and noted that more detailed reporting is provided at operational level.

It was questioned if there is information on current vacancy rates and funded establishment gaps. In response, it was advised collation and reporting of data around vacancies is complex and work is in progress to meet this aim. The information will be brought back to a future meeting, noting that existing systems are used to provide data, rather than manual intervention.

The Deputy Director of Workforce was commended on the format of the report, which will continue to be developed for ease of scrutiny.

The Committee **noted** the content of the NHS Fife Workforce Information Overview report.

7.3 Staff Health and Wellbeing Update

The Head of Workforce Planning and Staff Wellbeing gave an update on the Staff Health and Wellbeing activities, both at local and national level.

Key activities were highlighted:

- On-going development of the staff hubs within the community hospitals is progressing
- Ongoing staff support session sessions for Managers attended by over 150 staff, to date
- On-going work in development of peer support activity
- Staff support policy is being considered
- Better use of outdoor spaces, subject to funding

An update was provided on sickness absence, the report covers the months April to July 2021. There has been an increasing trend over the last four months, with the July 2021 absence rate reducing slightly. The cumulative absence rate (from 1 April 2021) is 5.65%. Long-term sickness absence is the main driver, and this is a common theme across other organisations.

Assurance was provided to the Committee on the ongoing commitment to promoting attendance training monthly, and there has been a focus on occupational health and mental health nursing input for staff. Issues around Long COVID are currently being considered by our Occupational Health staff, alongside the case management approach with our HR, managerial and staff side colleagues.

It was advised funding is now available for administrative support at ward level and will include supporting health and wellbeing activities.

It was suggested by a Committee Member that it would be beneficial for the Committee to see statistics separately on sickness absence for Health and Social Care Partnership and Acute Services Division. It was also suggested the Committee be presented with the number of additional hours / overtime / extra hours staff carry out, to give a more nuanced picture of the potential impact on other staff. In terms of governance, it was highlighted by a Committee Member that a focus for the Committee

is on strategic direction and assurance and not operational issues, and consideration is thus required on the right level of detail to provide assurance. The Director of Workforce will consider the metrics within the IPQR and the most effective way to present information to the Committee.

Action: Director of Workforce

Discussion took place on the difficulties of Line Managers dealing with sickness absence, particularly due to time constraints. A suggestion was made by a Committee Member to consider a taskforce on sickness absence to ensure staff are supported during absences, and processes are followed through. It was advised that a taskforce has been previously discussed, and timing is crucial in implementing this. It was agreed that a meeting will be arranged to discuss the suggested taskforce and implementing this at the right time. The Employee Director, Co-Chair, Health & Social Care Local Partnership Forum and Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum will meet with colleagues from the Workforce Directorate, to progress.

Action: Director of Workforce

Supplementing the detail within the update, it was reported by the Co-Chair of the Health and Social Care Partnership Local Partnership Forum, that a large amount of work was carried out previously on Staff Health & Wellbeing Hubs, and the issue now is moving temporary hubs to permanent locations, which is a slow process and requires acceleration.

The Committee **noted** the contents of the Staff Health and Wellbeing update.

8. LINKED COMMITTEE MINUTES

The Committee noted the following minutes:

- 8.1 Minutes of the Area Partnership Forum, dated 21 July 2021 (unconfirmed)
- 8.2 Minutes of the Health & Social Care Partnership Local Partnership Forum, dates 6 June 2021 (unconfirmed)
- 8.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum, dated 24 June 2021 (unconfirmed)
- 8.4 Health and Social Care Partnership Local Partnership Forum Annual Report 2020-21
- 8.5 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2020-21

9. ISSUES TO BE ESCALATED TO FIFE NHS BOARD

The Committee agreed to recommend to the Fife NHS Board that a new risk on nursing workforce be added to the Board Assurance Framework – Workforce Sustainability, in context of recognising ongoing work and the requirement to have an explicit reference to the challenges currently facing nursing workforce, with further work to be carried out.

10. ANY OTHER BUSINESS

10.1 Agenda Setting Meetings

The Employee Director asked if she could be included in Agenda setting meetings for the Staff Governance Committee with the Chair and Workforce Directorate colleagues and it was agreed that this would be discussed prior to the next Committee cycle.

Date of Next Meeting: Thursday 28 October 2021 at 10.00 am via MS Teams.

EAST REGION PROGRAMME BOARD

Friday 18 June 2021 at 2.15pm

No issues were raised for escalation to the Board.

East Region Programme Board

Date: Friday 18 June
 Time: 14.15-16.15
 Venue: Via Microsoft Teams



MINUTES

Present:

C Campbell (<i>Chair</i>)	Chief Executive, NHS Lothian
J Balkan	Regional Workforce Planning Manager, East Region
N Berry	Director of Operations, NHS Borders
J Butler	Director of Human Resources, NHS Lothian
R Combe	Regional Planner, Scottish Ambulance Service
T Gillies	Medical Director, NHS Lothian
S Goldsmith	Director of Finance, NHS Lothian
L McCallum	Medical Director, NHS Borders
J McClean	Director of Regional Planning, East Region
M McGurk	Director of Finance, NHS Fife
C McKenna	Medical Director, NHS Fife
M Paterson	SCAN Project Support Manager
D Phillips	Director of Workforce Planning, East Region
J Smyth	Director of Strategic Change & Performance, NHS Borders
In Attendance	
J Crow	Clinical Lead, Learning Disabilities MCN (<i>Item 4</i>)
B Couzens	Interim Programme Manager, Regional Diabetes Network (<i>Item 5</i>)

Apologies:

A Bone	Director of Finance, NHS Borders
W Brown	Employee Director, NHS Fife
L Douglas	Director of Workforce, NHS Fife
J Crombie	Deputy Chief Executive, NHS Lothian
S Fraser	Associate Director of Planning & Performance, NHS Fife
R McCulloch Graham	Chief Officer, Health & Social Care, NHS Borders
C Potter	Chief Executive, NHS Fife
R Roberts	Chief Executive, NHS Borders

		ACTION
1.	Welcome & Apologies	
	C Campbell welcomed everyone to the meeting. Apologies were noted as above.	
2.	Minutes of Previous Meeting – 30 April 2021	
	The minutes of the meeting held on 30 April 2021 were approved as an accurate record of the meeting.	
3.	Matters Arising	
	Regional Formulary	

	<p>J McClean noted the discussion at the previous ERPB meeting with an action for NHS Borders and Fife to confirm their respective positions on the move to a digital platform NHS Lothian digital platform which would see the establishment of a regional formulary. It was noted that NHS Borders had confirmed support to progress, with NHS Fife still to confirm.</p> <p>C McKenna advised that NHS Fife had discussed this internally and were awaiting final executive approval to proceed. C McKenna will update J McClean once a decision from the Executive Team has been made.</p> <p>J McClean added that the Chief Pharmacy Officer had written to the 3 Boards to congratulate them on the collaborative work achieved to date in progressing this initiative.</p>	C Mckenna
4	Regional MCN for Learning Disabilities	
	<p>J McClean introduced Dr J Crow, Clinical Lead for the Learning Disabilities MCN.</p> <p>J McClean advised that the previously circulated Bi-Annual Report covers the period from 2018-2020 and is presented to ERPB as part of the agreed governance arrangements for regional MCNs. It was noted that the work plan is currently out of sync with this Report due to the timing of policy updates in 2018/19.</p> <p>J McClean highlighted a number of changes in the MCN team and acknowledged D Phillips role providing interim managerial cover over several years. It was noted that the MCN team had largely been reassigned to clinical duties during much of 2020, however significant efforts had been made to adapt learning and development resources and move these online in response to the COVID-19 pandemic. J Crow added that this included delivering successful learning and development programmes which had enjoyed good virtual attendance. Support worker training has also being delivered twice during the last year.</p> <p>J Crow noted that the pandemic had an impacted on the MCN work plan and an interim work plan had been developed to cover the period up to October 2021 acknowledging the reduced capacity in the team and challenges across services to actively engage in non-essential work at present. It was highlighted that there remain many challenges within services in respect of managing social distancing and other infection control measures, including the impact on workforce.</p> <p>In response to C Campbell's question re Third Sector accessing learning and development events organised by the MCN, J Crow advised that all training events were assessable to any organisation and noted that the support worker course was usually well attended by members of the Third Sector.</p> <p>ERPB noted the Bi-Annual Report and the achievements of the MCN, noted the interim Workplan which will be updated on October and then presented to ERPB for approval.</p>	MCN Leads
5	Regional Diabetes Network	
	<p>J McClean introduced Brian Couzens, who has taken up the role of Interim Programme Manager for the Regional Diabetes Programme.</p> <p>J McClean advised the Group that since coming into post two weeks ago Brian Couzens has identified a number of areas, which will become the initial focus over the next few months. These include:</p>	

	<ul style="list-style-type: none"> • The re-establishment of a governance structure for the programme to provide oversight and scrutiny. • Design and delivery of an evaluation process. • Prioritisation of the work plan within the scope of current available resources. <p>J McClean also confirmed that the Scottish Government has provided information on the funding allocation for 2021/22 and the amount provided for adult and child healthy weight programmes is in line with the expected funding set out in the Boards Implementation Plans.</p> <p>B Couzens commented that the projects within the Programme are currently progressing as planned with further updates to be provided at the next ERPB.</p> <p>J McClean noted that Scottish Government Policy Leads had requested a meeting with Ralph Roberts, in his role as Chief Executive Lead for this Programme, J McClean and B Couzens, to discuss the future plans for the Programme.</p> <p>C Campbell noted that the evaluation process must have a clear focus and be able to provide evidence if the projects are having an impact.</p> <p>A comprehensive update will be provided at the next meeting.</p>	BC
6	Interventional Radiology Standards	
	<p>J McClean introduced the draft National Standards for Interventional Radiology advising they remain in draft while a small number of amendments are pending, however these will not materially impact on the current version.</p> <p>J McClean confirmed that the National Planning Board have discussed how the standards will be taken forward including a self-assessment by each Boards to understand the gaps. The National Planning Team have agreed to support the development of a self-assessment tool, with the intention that a report will be presented to National Planning Board in 12 months time.</p> <p>T Gillies explained that it is helpful to articulate the pathway, however noted that this may lead to increasing number of patients being referred to NHS Lothian and potential challenges for the out of hours service. She confirmed that due to patients being referred to NHS Lothian from out with the East Region, it would be important that all of Scotland use the same self-assessment tool.</p> <p>The group agreed to the national approach proposed by the National Planning Board including use of the self-assessment tool in development, with a report to be brought back to ERPB in due course.</p>	JMcC
7	Regional Health Protection Update	
	<p>J McClean advised that the Regional Health Protection project is now moving into the next phase with the Project Leads recently completing separate meetings with all 4 Board Executive Teams. J McClean reported there has been a positive reception from boards to progress to the next stage, which will involve implementing elements of regional working and support resilience and sustainability in Health Protection services.</p> <p>Progress over the last few weeks includes:</p> <ul style="list-style-type: none"> • The Project infrastructure is being established • Baseline financial information has been requested on each Health Protection services with DoFs to lead on establishing a set of financial principles in support 	

	<ul style="list-style-type: none"> Initial discussions with HR are being arranged to scope the expected HR and ER issues eHealth Leads have been requested to map IT systems and work to assess intra-operability will follow <p>C Campbell commented that he is keen to see this project to progress and supported the need to agree a financial principles and methodology.</p> <p>M McGurk added that the Directors of Finance have agreed the need to establish financial principles and Craig Pratt, Assistant Director of Finance, NHS Fife has started to collect information to support this.</p> <p>Further update will be provided at the next meeting.</p>	
8	SCOTSTAR Neonatal Transport Review	
	<p>J McClean provided an update on the SCOTSTAR Review of Neonatal Transport Services noting that the projects subgroups including the remote and rural, education and training workstreams have delivered on their objectives.</p> <p>The timeline for the project has been extended until the end of 2021 to allow additional time for discussion and decisions to be made on developing the workforce model and location of the future service base, acknowledging the complexity of this element of the project.</p> <p>The working group on workforce and location will progress this element post summer, with the East Region to ensure appropriate representation for this work.</p>	JMcC
9	Establishment of Regional Thrombectomy Service	
	<p>J McClean provided an update on the process to support establishment of a regional thrombectomy service following agreement at the last meeting to establish a regional mechanism to support regional co-ordination and communication between the hub and spoke Boards. A regional group has now been established and met twice with a series of monthly meetings scheduled.</p> <p>J McClean reminded colleagues that it is anticipated that the service will treat around 250 patients per year at the Royal Infirmary, Edinburgh. This work has been led to date by the National Thrombectomy Advisory Group (TAG).</p> <p>The commencement date for the NHS Lothian service is still to be confirmed with a phased implementation being planned. J McClean added that Scottish Government has advised that funding for additional nursing staff will be provided three months before the regional service goes live. Board Leads have raised concern re this approach with potential challenges to recruitment of additional trained nurses within this timescale.</p> <p>NHS Borders and NHS Fife have also stated that they will require additional funding to support out of hours radiography cover, with TAG requesting that Boards review this in light of the small numbers of thrombectomy patients anticipated.</p> <p>The group noted the update including the risk around funding timelines for nursing staff and additional radiography resource for NHS Fife and Borders.</p> <p>Further update will be presented at the next meeting.</p>	JMcC
10	Board Updates	

	<p>An opportunity for Boards to update on their current issues or challenges and share matters of regional interest.</p> <p><i>NHS Lothian</i> T Gilles noted that challenges remain in the Health Board with managing activity and that staff fatigue remains a risk due to the continuing increased workload.</p> <p><i>NHS Borders</i> J Smyth advised that the demand on the Emergency Department is increasing and waiting times are also continuing to rise.</p> <p>J Smyth added that the new Director of Nursing started post on 1 June and that Rob McCulloch Graham, IJB Chief Officer, is retiring in October with timescales for a replacement to be confirmed.</p> <p><i>NHS Fife</i> C McKenna noted that it remains challenging to deliver the current demand for healthcare services and noted increased waiting times and demand in both primary and secondary care.</p> <p>M McGurk added that she has been involved in a national piece of work relating to the redesign of urgent care. M McGurk agreed to provide future updates on this piece of work to the group as it progresses.</p>	M McGurk
11	AOCB	
	<p><i>Regional Haematology Services</i> J McClean highlighted a discussion, which was held at the preceding Regional Cancer Advisory Group meeting around Haematology Services.</p> <p>Challenges in Haematology Oncology were raised previously, and work was agreed to scope the challenges in cancer related Haematology across SCAN. After initial discussions with the Medical Directors it was agreed that the challenges for the service go beyond cancer services and should therefore come under the remit of the East Region Programme Board.</p> <p>Further work supported by the Regional Planning Team will progress and updates brought to future meetings of this group.</p> <p><i>Derek Phillips Retirement</i> J McClean informed the group that this will be the last East Region Programme Board for Derek Phillips, Regional Workforce Planning Director as he will be retiring at the end of July.</p> <p>J McClean acknowledged Derek's contribution throughout his time in SEAT and the East Region Planning Team. This includes his work and support across various regional programmes.</p> <p>J McClean on behalf of the group wished him well for the future.</p> <p>D Phillips thanked the group and noted the good regional working relationships which are in place across the South East of Scotland.</p> <p><i>Board Pressures</i> C Campbell noted the pressures highlighted in the board updates and asked the group to think about areas where the region can best collaborate and support each other.</p>	J McClean

12	Date of Next Meeting	
	Friday 17 September 14.15 – 16.15 – Microsoft Teams	

FIFE HEALTH & SOCIAL CARE – INTEGRATION JOINT BOARD

Friday 18 June 2021 at 10am

No issues were raised for escalation to the Board.



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 18 JUNE 2021 AT 10.00 AM

Present	Councillor Rosemary Liewald (RLi) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Janette Owens (JO), Director of Nursing, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Eleanor Haggett (EH)t, Staff Representative, Fife Council Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Lynn Barker (LB), Associate Director of Nursing
Attending	Bryan Davies (BD), Head of Primary & Preventative Care Services Lynn Garvey (LG), Head of Community Care Services Rona Laskowski (RLa), Head of Complex & Critical Care Services Jim Crichton (JC), Interim Divisional General Manager Joy Tomlinson (JT), Director of Public Health Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Integration Joint Board (IJB).

The Chair then welcomed Lynne Garvey, Rona Laskowski and Bryan Davies to their first IJB since taking up their permanent roles as Heads of Service and Joy Tomlinson as the new Director of Public Health for NHS Fife.

She also welcomed Tracy Harley, Locality Planning Co-ordinator and Tatiana Zorina and Ann Reynolds, two of our newly appointment Public Engagement Officers who were observing the Board meeting.

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)

Fife was very well represented in the winners of Scottish Care's Annual Care Home Awards which took place on Friday 14 May 2021.

- Paige Stocks, who works at Raith Manor was Carer of the Year.
- Bandrum Nursing Home picked up the Learning and Development Award and their Managing Director, Rachel Payne picked up a specialist award for Positive Impact.
- Hilton Court, Rosyth picked up the specialist Unit/Service of the Year.

Members were advised that a recording pen will be in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

2 CHIEF OFFICERS REPORT

The Chair handed over to Nicky Connor for her Chief Officers Report which she began by extending a warm welcome to the three new Heads of Service and thanking Jim Crichton and Fiona McKay for their input during their time as Interim Divisional General Managers.

On Thursday 17 June 2021 a comprehensive briefing had been circulated to IJB members outlining the progress to date with the new structures and plans for moving forward.

In the next few days the first joint staff briefing will be issued from Nicky Connor, Paul Dundas and Kenny Murphy covering the voluntary, independent and managed services. Going forward this will be issued monthly and shared with IJB members.

Martin Black raised the disparity in the gender balance of the new Senior Leadership Team, whilst recognising that the best candidates had been appointed during the recruitment process. Nicky Connor advised that following a robust and competitive interview process in line with Human Resource Policy she could give assurance that the best candidates had been appointed to each role.

3 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from David Graham, Chris McKenna, Wilma Brown, Helen Hellewell, Kathy Henwood, Katherine Paramore and Steve Grimmond.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 23 APRIL 2021

The Minute of the meeting held on Friday 23 April 2021 was approved.

NO HEADING**ACTION****5 MINUTES OF PREVIOUS MEETING 23 APRIL 2021 (Cont)**

Under Item 9 – Performance Report – Executive Summary - Tim Brett raised the issue of recruitment challenges and asked if an update could be provided. Nicky Connor advised that this remains an ongoing issue and little change could be seen from meeting to meeting although work is ongoing throughout the sector to address this. Fiona McKay advised that significant work is being undertaken to attract staff into care roles both internally and in the independent sector.

Paul Dundas confirmed that in some areas recruitment challenges are becoming more critical and this concern has been raised nationally, as it is not confined to Fife. Daily and weekly meetings continue to be held to ensure we can continue to provide safe, person-centred care for those who need it.

Tim Brett asked for a report to be brought to the IJB in the Autumn on progress in this area. Nicky Connor confirmed that a report would be taken to the Finance & Performance Committee and then brought to the IJB.

FM/PD

Close working with partners will continue across Fife to look at future requirements as the transformation agenda is moved forward.

6 MATTERS ARISING

The Action Note from the meeting held on 23 April 2021 was approved.

7 COVID 19 / REMOBILISATION UPDATE

The Chair introduced Nicky Connor and colleagues to provide updates on Covid-19 and Remobilisation. This item will be on the Agenda for the meeting in August 2021 and then will be reviewed for future meetings to support a return to business as usual processes at the Integration Joint Board. Board members were encouraged to e-mail Nicky Connor with their thoughts on the possible change in approach to this item.

NC

Janette Owens began by updating on the increase in attendance at A&E, and a recent inspection which took place within Acute Services. The inspection showed that there was good compliance with procedures during the Covid-19 pandemic. Two new critical care beds are to be opened within Fife which will require 11 registered nurses as well as Consultant, Allied Health Professional and Pharmacy support. Newly qualified nurses have been offered positions in Fife.

Joy Tomlinson was welcomed to her first meeting. Joy advised we are currently in a more variable phase of the pandemic with the new Delta variant and rising numbers of positive cases (sitting at half of Scottish average). All advised to stick with protective measures.

Scott Garden advised that over 245,000 residents in Fife have received their first vaccination (66% of eligible adults) and over 185,000 have been fully vaccinated. This is above the national average. Vaccination of the youngest cohort (18-29 year olds) began on 11 June 2021 as over 8,000 appointments have been set up to date.

7 COVID 19 / REMOBILISATION UPDATE (Cont)

Drop-in vaccination clinics have been arranged in Dunfermline, Kirkcaldy, Glenrothes and Methil for residents over 40 who have waited more than 8 weeks for their second vaccination. Work is ongoing to ensure all eligible residents are offered an appointment.

Kenny Murphy updated on work ongoing within to voluntary sector to ensure staff and service users can work safely. Fiona McKay's team are working with groups to help them remobilise. Recruitment challenges are also being faced by voluntary organisations for both volunteers and paid staff.

Paul Dundas spoke about how well Care Homes have adapted to ongoing Covid testing and visiting restrictions. Recruitment challenges continue to be an issue and these have been raised nationally. Nicky Connor advised that the Integrated Workforce group will be restarted in the coming months which should help to take this work forward.

Fiona McKay updated on the reopening of some Adult and Older People Day Centres. Ongoing support is being provided to ensure these can reopen safely. The Adult Protection Inspection has now finished and the factual report is expected in mid-July 2021. Initial feedback has been positive.

Questions followed the end of the briefing and discussion took place around the drop-in vaccination clinics, the reasons for and impact of increased A&E attendance on health and care services, the impact on mental health waiting lists and questioning the need for 2 metre distancing for care home visits given that all staff and residents should now have been full vaccinated.

Nicky Connor thanked those who had provided an update.

8 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report which had been discussed at the Finance & Performance Committee on 11 June 2021.

The report detailed the financial position of the delegated managed services based on 31 March 2021 financial information. The forecast surplus is £7.090m. Full funding has been made available by the Scottish Government for the costs of Covid and unachieved savings over this financial year.

At 31 March 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £7.090m.

The key areas of underspend that are contributing to the financial outturn overspend are Community Services, Older People Residential and Day Care, Children Services, Adult Supported Living, Nursing and Residential and Social Care Other.

8 FINANCE UPDATE (Cont)

Further one-off underspends relating to significant grant funding have led to an overall contribution to balances of £30.019m, with a large element of this being funding that will be required to cover future costs relating to COVID-19, with an estimated uncommitted balance of £6.896m.

The report provided information on in year additional funding allocations to provide clarity and transparency in terms of additional funding made available by the Scottish Government to IJB's.

Following discussion on the terminology used and recommendations within the report it was agreed that Audrey Valente would bring future reports to the Board for approval, rather than awareness and discussion.

David J Ross asked if an updated was available on set aside and the risk share for NHS Fife and Fife Council. Nicky Connor advised that these were matters for the NHS and Council to agree as part of the ongoing review of the Integration Scheme. This should be concluded later in the year and information would be available following this.

Members were reminded that they should contact Report authors prior to meetings if they have questions relating to the content of reports. Audrey Valente offered to hold a short meeting a few days prior to each IJB meeting to allow members to raise questions relating to Finance updates.

AV

9 DUTY OF CANDOUR ANNUAL REPORT

The Chair introduced Lynn Barker who presented this report which was discussed at the Clinical & Care Governance Committee on 2 June 2021.

As part of the Duty of Candour provisions in the Health (Tobacco, Nicotine etc. and Care) (Scotland) Act 2016, each organisation is required to produce and publish an annual report detailing when and how the duty has been applied.

During the reporting timeframe the incidents had been investigated fully and feedback on learning from each incident had been taken account of.

Members noted the report contents.

10 COMMISSIONING STRATEGY

The Chair introduced Fiona McKay who presented this report which was discussed at a Clinical & Care Governance Committee on 2 June 2021, a Finance & Performance Committee on 11 June 2021 and a special Clinical & Care Governance Committee on 16 June 2021. Finance & Performance Committee fully supported the Strategy as did Clinical & Care Governance Committee.

The Commissioning Strategy is linked directly to the Strategic Plan for Fife and takes forward dedicated work which will ensure that we meet the requirements set out in the plan and develop a programme of review and feedback on the proposed strategic way forward.

10 COMMISSIONING STRATEGY (Cont)

The Strategy incorporates the National Health and Wellbeing outcomes along with the core national indicators for integration and allows the partnership to focus on the work required within the next few years which will impact on our workforce, work with our partner organisations and consideration of the landscape around commissioning of services

The Strategy is a fully developed document with details of planning of service provision and considering the challenges faced in respect of demography and finance, the strategy also links directly to our work in localities and ensures that future work is dedicated to these areas to allow a bottom up approach considering the voice of the service user and/or carer.

The report highlights our commissioning intentions and the key areas within the strategic plan that support to progress with pace.

Following discussion it was agreed that Fiona McKay would look at the language within the report and consider points raised by Board members.

This Board discussed and approved the report.

11 NEW CARERS ACT INVESTMENT 2021/22

The Chair introduced Fiona McKay who presented this report which was discussed at the Finance & Performance Committee on 11 June 2021.

Unpaid carers play a significant role in supporting the most vulnerable people in our communities and their contribution has been even more needed and impactful during the Covid-19 pandemic. Given the learning from the last year it is clear that unpaid carers continue to need support such as opportunities for respite and access to practical help. This paper offers a range of opportunities to invest in carers' support based on what carers and the professionals who help them have told us they want and need to make their caring role sustainable. The options presented meet the obligations laid down in the Carers Act, support the delivery of the HSCP strategic plan and deliver on the outcomes committed to in the Carers strategies.

The Carers (Scotland) Act 2016 was introduced in April 2018. Since then the Scottish Government has increased the funding baseline intended to be used to support local authorities to meet the Duties laid down in the Act.

The options presented in this paper at Appendix A added to the baseline of support agreed in previous years to support unpaid carers.

These new options presented for consideration and agreement in Appendix B provide information about the largest of the options, namely investment in self-directed support for carers in their own right. Appendix C was the statement of scoring rationale for each of the proposals in Appendix A.

The paper was detailed and welcome. Questions were asked around the Fife share of funding available, the rationale behind the Community Chest and reservations on the potential number of carers who could be recruited. Fiona McKay will check the share of funding and provide an update. The Community Chest will provide a small pot of money for each locality and

11 NEW CARERS ACT INVESTMENT 2021/22 (Cont)

criteria will be in place to ensure fairness in distribution. The Participation and Engagement Officers will work to encourage carers to engage in a more fluid and less formal way.

The Board for considered the report and Approved the proposal for new investment to support unpaid carers in 2021/22.

12 LOCAL PARTNERSHIP FORUM (LPF) ANNUAL REPORT

The Chair introduced Jim Crichton who presented this report which was discussed at the Finance & Performance Committee on 11 June 2021.

Nicky Connor advised that the LPF has been making significant progress over the last year in supporting our workforce through the Covid-19 pandemic and it was important to highlight this work to Board members.

The report has been developed in partnership and brings together the work of the LPF in delivering on its key objectives of:

- Advising on the delivery of staff governance and employee relations issues.
- Informing thinking around priorities on health and social care issues.
- Informing and testing the delivery and the implementation of strategic plans, and commissioning intentions.
- Advising on workforce planning and development.
- Promoting equality and diversity and;
- Contributing to the wider strategic organisational objectives of the Integration Joint Board (IJB).

The 7 key areas of work for the LPF are Staff Communication, Staff Health and Wellbeing, Promoting Attendance, Staff Training and Development, Health and Safety, Equality and Fairness and Staff Engagement.

Simon Fevre thanked Jim Crichton for the work which had gone into co-ordinating the contributions to the Annual Report which summarises the work the LPF have done in the past year. Remobilisation means increasing activity in hospitals, vaccination centres and within test and protect and this is having an impact on staffing. LPF members are fully committed to supporting staff through this time.

The Board noted the content of the report.

13 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED

The Chair asked Tim Brett, David Graham, Eugene Clarke and Simon Fevre for any items from governance committees / Local Partnership Forum that they wish to escalate to the IJB.

NO HEADING**ACTION****13 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED (Cont)****Tim Brett – Clinical & Care Governance Committee (C&CG) – 16 April 2021 (Confirmed)**

Tim Brett highlighted the Primary Care Update and the Chief Social Worker's Report.

David Graham – Finance & Performance Committees (F&P) – 8 April 2021 (Confirmed)

David Graham had been unable to join today's meeting, in his absence Audrey Valente had no issues to escalate to the Board.

Eugene Clarke – Audit & Risk Committee (A&R) – 17 March 2021 (Confirmed)

Eugene Clarke highlighted the work which is being undertake on Risk Appetite and the governance for the Annual Accounts, which would continue to be approved by the IJB. This was Eugene's final report to the IJB and he thanked colleagues on A&R and staff who had helped him over this time on the IJB.

Local Partnership Forum (LPF) – 14 April 2021 and 12 May 2021 (Confirmed)

Simon Fevre highlighted the Access Therapies website, which is available to all staff, the Whistleblowing Standards which will be discussed at future LPF meetings and the continuing Health and Safety updates which form part of each LPF meeting.

14 AOCB

Eugene Clarke and Margaret Wells were both attending their final IJB meeting prior to stepping down from the NHS Fife Board. Rosemary Liewald thanked them both and passed on the good wishes of Board members.

15 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – Friday 6 August 2021 at 9.30 am

INTEGRATION JOINT BOARD – Friday 20 August 2021 at 10.00 am

FIFE PARTNERSHIP BOARD

17th August 2021

No issues were raised for escalation to the Board.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

17th August, 2021

10.00 a.m. – 11.20 a.m.

PRESENT: Councillors David Alexander (Convener), David Ross and Dave Dempsey; Steve Grimmond, Chief Executive, Fife Council; Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health, Tricia Marwick, Chair of NHS Fife Board, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Mark Bryce, Area Commander, Scottish Fire and Rescue Service; Lynne Cooper, Regional Engagement Partner, Scottish Enterprise; Gordon MacDougall, Head of Operations, Skills Development Scotland; Anna Herriman, Senior Partnership Manager, SESTran; Prof Brad MacKay, Senior Vice-Principal, St-Andrews University; Chief Superintendent Derek McEwan, Police Scotland and Sue Reekie, Chief Operating Officer, Fife College.

ATTENDING: Keith Winter, Executive Director - Enterprise and Environment, Ken Gourlay, Head of Assets, Transportation and Environment, Assets Transportation and Environment; Michael Enston, Executive Director – Communities, Tim Kendrick, Community Manager (Development), Samantha Pairman, Policy Officer, Communities and Neighbourhoods; Gordon Mole, Head of Business and Employability, Economy, Planning and Employability Services and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

APOLOGY FOR ABSENCE: Kenny Murphy, Chief Executive, Fife Voluntary Action.

108. MINUTE OF FIFE PARTNERSHIP BOARD MEETING

The Board considered the minute of the Fife Partnership Board Meeting of 18th May, 2021.

Decision

The Board approved the minute.

109. COVID-19 UPDATE -VERBAL UPDATES ON RECOVERY ACTIVITY BY PARTNERS

Partners provided the board with respective updates on service delivery surrounding the Covid-19 pandemic.

The Board looked at moving beyond Level 0 Covid-19 restrictions and partners provided an update to the board on current service provision directly linked around recovery and renewal plans. Staff were thanked for their continued effort and support in ensuring service provision across all services and organisations.

All./

2021 FPB 50

The Board noted that they continued to follow Scottish Government advice and guidance on how services were managed. Partners highlighted the increased demand on service provision as a direct link to restrictions easing.

Partners noted that services would continue to be monitored and respective updates would be reported at future board meetings.

Decision

The Board asked partners to provide an update on service provision at the next board meeting.

110. PLAN FOR FIFE UPDATE: A PLAN FOR RECOVERY AND RENEWAL

The Board considered a report by the Executive Director, Communities which provided partners with an update on the Plan for Fife 2017-2027, as part of a 3-year update and as the basis for Fife's recovery and renewal plan following the Covid-19 pandemic.

Decision

Board members:

1. considered and commented on the updated Plan for Fife 2021-2024;
2. endorsed the current plan for Fife 2021-2024;
3. agreed to update the plan as per partners noted recommendations; and
4. agreed to provide regular updates on current progress.

Councillor Dempsey asked that his dissent be recorded with respect to the report recommendations.

111. PLAN FOR FIFE: REVISED LEADERSHIP AND DELIVERY ARRANGEMENTS

The Board considered a report by the Executive Director, Communities presenting to partners a revised Plan for Fife's leadership and delivery arrangements.

Decision

The Board:

1. endorsed the proposed leadership and delivery arrangements for the Plan for Fife;
2. agreed partners would provide Tim Kendrick with details of service specific contacts for the delivery lead meetings; and
3. agreed to rotate the co-chairs for the future delivery lead meetings.

112. VOLUNTEERING STRATEGY FOR FIFE

The Board considered a report by the Chief Executive, Fife Voluntary Action which presented to partners an initial 3-year action plan as the first Volunteering Strategy for the Fife Partnership.

Decision./

Decision

The Board agreed to endorse and contribute to the delivery of the Volunteering Strategy for Fife and the Action Plan for 2021-2022.

113. DATE OF NEXT MEETING

The next Board Meeting shall take place on Tuesday 26th October, 2021 at 2.00pm.

This meeting shall be held remotely, as necessary, and subject to Scottish Government advice on Covid-19.

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 17 JUNE 2021 AT 2PM VIA MS TEAMS

Present:

M Black, Non-Executive Member & Chair
S Braiden, Non-Executive Member

A Lawrie, Non-Executive Member

In Attendance:

K Booth, Head of Financial Services & Procurement

B Hudson, Regional Audit Manager

A Clyne, Audit Scotland

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

L Douglas, Director of Workforce

M McGurk, Director of Finance & Strategy

P Fraser, Audit Scotland

S Raynor, Senior HR Manager (for Item 6.4 only)

H Thomson, Board Committee Support Officer (Minutes)

1. Members' Training Session – The Role and Function of the Audit & Risk Committee

The Chair welcomed P Fraser from Audit Scotland. A presentation on the role & function of the Audit & Risk Committee was provided. The main topics covered were:

- Remit of Audit & Risk Committee
- Responsibilities of Audit & Risk Committee in relation to the Annual Accounts
- Member review of Governance Statement
- Member review of Draft Accounts
- Recommending approval of Accounts to the Board

A Clyne gave a short summary of the audit work that has begun, following receipt of the draft accounts at the end of May.

Following a question on any common themes in the matters arising from last year's audit, it was advised they were mainly in relation to fixed assets, the statement of financial position, and also the remuneration report. Review of any potential matters arising from this year's audit are being progressed, with the experience of last year giving an indication of specific areas to prioritise as the initial audit work gets underway.

Permission was given to the Chair to adapt the presentation slides as a checklist for members as they review and scrutinise the Annual Accounts in September.

P Fraser and A Clyne were thanked for providing the helpful and informative session.

2. Welcome / Apologies for Absence

The Chair welcomed everyone to the meeting, in particular, the Director of Workforce, who was attending the meeting as an observer, and the Board Committee Support Officer, who is attending her first meeting as the new Secretary to the Committee.

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

Apologies were received from Cllr D Graham (Non-Executive Member), K MacDonald (Non-Executive Member), and attendees C Potter (Chief Executive), T Gaskin (Chief Internal Auditor) and P Cumming (Risk Manager).

3. Declaration of Members' Interests

There were no declarations of interest made by members.

4. Minute of the last Meeting held on 13 May 2021

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

5. Action List / Matters Arising

The Director of Finance & Strategy gave a positive update at the last meeting on reported progress from NHS National Services Scotland (NSS) in addressing the recommendations from the Service Audit Reports in 2019/20. However, in the last few weeks, a qualified Service Audit Report has been received by NSS on the Practitioner Services Audit and an urgent meeting was called to brief all Board Directors of Finance. A formal assessment is being worked on, including a potential disclosure in the NHS Fife governance statement, to reflect the national agreed position. It was noted this does not impact our financial statements directly.

The Committee **noted** the outstanding action and that a further update would be given at the next meeting.

6. GOVERNANCE – GENERAL

6.1 Draft Committee Annual Assurance Statement

The Head of Corporate Governance & Board Secretary gave an update on the draft Committee Annual Assurance Statement.

An initial draft of the Committee Annual Assurance Statement was presented in May, along with all other Board Committee Statements to the respective meetings. A slight update has been made to the Audit & Risk Annual Assurance Statement since May under section 4.8, which now details the conclusions of each of the Committees' own Annual Reports.

All other Board Committees have now finalised their reports, with the exception of the Clinical Governance Committee, who will finalise their version at their meeting on 7 July 2021. The Audit & Risk Committee will receive these in final form at their next meeting.

The Integration Joint Board (IJB) Assurance Statement has now been received, following consideration at the IJB's Audit & Risk Committee at the start of June. The Committee **noted** a final version of its draft Assurance Statement will be considered by the Committee in September, which will make mention of the IJB's statement now thus received.

6.2 Draft Governance Statement

The Director of Finance & Strategy presented the draft Governance Statement and the areas highlighted in the cover paper. These included reflecting the impact of Covid on the Board's governance arrangements; improvements to Information Governance & Security assurances; and the strategy development work, including the new Strategic Planning and Resource Allocation process.

A full review of the governance arrangements supporting Information Governance & Security controls has been carried out, and it was highlighted it is important to recognise the improvements delivered in the last 12 months. It was noted not all issues are cleared and the new arrangements will take time to embed, and this will be evidenced in this year's review, along with highlighting areas of significant improvement.

It was reported that revising the Fife Integration Scheme, specifically relating to agreeing the principles and wording around the risk share agreement has taken some time. An agreement between the Officers is now in place on a way forward. The final proposal will go the NHS Board and Fife Council in September for consideration. It is expected the revised Scheme will be concluded by the end of September.

A section to reflect the NSS Service Audit Report on practitioner services, as per the discussion on the earlier Action List agenda item, will be included in the Governance Statement.

Action: MM

The Committee were asked to review the statement, to ensure it adequately covers all the governance arrangements in place throughout the year, and makes reference to any key areas of control, weakness or challenges.

It was noted there was no specific national guidance on what Health Boards should be including in the Governance Statement in terms of the pandemic, and it was questioned whether our Governance Statement is reflective and in line with what other Health Boards are doing nationally. The Regional Audit Manager advised that, based on initial review, the Governance Statement is reflective of the year's challenges and the section on the pandemic is appropriate to fulfil the requirements. P Fraser from Audit Scotland agreed and noted the section is well detailed as it is currently drafted. It was noted the national guidance has not changed to require any additional disclosures or content specifically to address the pandemic.

The Regional Audit Manager agreed to feedback to the Committee on other Health Boards' Governance Statements when available.

Action: BH

A draft internal audit report has been issued for Information Governance, which includes an assessment of revised governance arrangements and a collation of outstanding recommendations that required audit follow up. The report reflects the positive changes and progress made.

The Committee **approved** the current draft Governance Statement, subject to the inclusion of a paragraph on the Service Audit Report on practitioner services, if that is agreed as a national requirement. A final draft would be submitted to the Committee with the Annual Accounts.

6.3 Draft Letter of Significant Issues of Wider Interest

The Head of Financial Services & Procurement summarised the paper.

The Committee **approved** the letter and draft Governance statement, to inform approval of the response to Scottish Government by 30 June.

6.4 Whistleblowing Standards Implementation

The Chair welcomed Sandra Raynor, Senior HR Manager, who joined the Committee for this item.

The Director of Workforce presented on the successful implementation of the new national Whistleblowing Standards, thanking the Senior HR Manager and team for all their hard work.

The Standards, role of the Independent National Whistleblowing Officer (INWO) and the new reporting arrangements came into effect from 1 April 2021. To support the implementation of the Standards, a Non-Executive Whistleblowing Champion was introduced across all NHS Boards, and K Macdonald was announced in early in June as being the appointee to that role.

The Standards are reflected in the internal NHS Fife policies and guidance that accompanies their roll-out. Training is available for staff to raise awareness and ensure staff and managers are competent in being able to raise concerns under the Whistleblowing Standards. The Chair asked if staff are aware of how to access the training, and if they feel safe and secure to raise a Whistleblowing issue. In response, it was advised Whistleblowing was available before implementation of the Standards, and training is promoted through various routes and includes the use of national materials; there are several access points both locally and nationally for staff to access information, and also through Staff Link. Whistleblowing training is also mandatory for all new staff.

The Standards are an enhancement to the arrangements in place before 1 April 2021, and encompass the delivery of NHS services through any external organisations, such

as an independent contractor or a third sector organisation, which are all covered through the Whistleblowing Standards. Initial arrangements were established prior to the launch and the arrangements will continue to be refined through our implementation group.

In the reporting year 2020/21, NHS Fife had no Whistleblowing complaints, and it was questioned how that compares nationally. In response, it was advised there is a mixed picture across NHS Scotland, and larger Boards have more complex environments. It was noted, however, it was not unexpected to have no Whistleblowing complaints this year due to the pandemic, since often issues are raised and resolved locally and subsequently changes are made as appropriate. Some issues also fall under grievances, business-as-usual procedures or the bullying and harassment policy.

The Standards, as they are, are not due to be reviewed regularly; however, a post implementation review will take place internally through the Staff Governance Committee. The Scottish Public Services Ombudsman (SPSO) over the coming years may look at the overall data sets in terms of concerns and complaints handling, which might impact upon the content of the Standards in future.

The Committee **noted** the update on the implementation of the national Whistleblowing Standards.

7. GOVERNANCE – INTERNAL AUDIT

7.1 Internal Audit Progress Report & Summary Report

The Regional Audit Manager advised that the Internal Audit Progress Report provides the detail around internal audit activity since the last meeting in May. Outstanding work to complete the 2020/21 Plan is progressing, with four draft reports being finalised, and these will be issued in draft format within the coming week to the Committee.

Assignments have commenced from the 2021/22 Plan, with the Annual Report and the Post Transaction Monitoring Review, and these will be reported to the September Committee.

The Committee **noted** the progress on the delivery of the Internal Audit Plan.

7.2 Audit Follow Up Report

The Regional Audit Manager reported that the short time period between the May and June meetings had impacted on the closure of some of the recommendations; however, there has been continued engagement with officers to discuss outstanding recommendations to allow them to be progressed to completion. The number of outstanding recommendations is gradually reducing.

The continued scrutiny from the Executive Directors Group (EDG), on a quarterly basis, has had a positive impact on reducing the number of recommendations, and it will be useful that this continues.

Following a question from the Chair, it was advised that a three-stage approach is being introduced for extensions to complete actions arising from audit recommendation for next year, as detailed further within the report.

The Committee **noted** the current status of Internal Audit recommendations recorded within the audit follow up system.

8. GOVERNANCE – EXTERNAL AUDIT

8.1 NHS Fife Interim Management Report 2020/21

P Fraser from Audit Scotland advised that the NHS Fife Interim Management Report provides a summary on the interim work carried out in April / May, detailing the key issues from that review. The overall conclusion is that the key controls in place for NHS Fife are operating satisfactorily, and reliance can be placed on the systems which are used to create the figures in the Annual Accounts.

A few issues were raised in the report in relation to internal controls: changes to supplier details, payroll validation and the lower response rate received this year, unauthorised use of journals and payments to primary care practitioners. With exception of payments to primary care practitioners (which is an ongoing matter), none of these risks represent risks of material misstatement in the financial statements. A summary of additional work to be carried out has been provided. Management assurances have been received on all these points.

In terms of wider audit dimension work, the ongoing progress has been noted within the Strategic Planning and Resource Allocation (SPRA) process, which remains a work in progress. Until it is fully developed and embedded into the organisation, there is a risk NHS Fife will be unable to deliver the savings required to achieve a balanced budget.

Around 90% of efficiency savings are expected to come from the transformation programme due to the pandemic and redirection of priorities. This will be monitored going forward.

The Director of Finance & Strategy advised that timelines are now agreed in terms of confirming responses to the issues raised on internal controls. The Head of Financial Services & Procurement advised a review on the Financial Operating Procedures is being carried out and an update will be provided later in the year, once the Audit process is complete.

Action: KB

Following a question from the Chair, the Director of Finance advised that work is ongoing at the moment to fully assess the underlying financial position.

Action: MM

The Committee **noted** the draft report and that the final report will include timescales from management to address the recommendations

9. RISK

9.1 Risk Management Leadership

The Director of Finance & Strategy advised that the separation of risk management leadership arrangements from those in relation to adverse events/organisational duty of candour will progress as soon as possible, and agreement has been made to have this in place from the end of the July 2021, to ensure delivery of some essential improvements.

A draft internal audit report has been received and has some significant findings within. It was agreed that the profile of the risk management function needs to be raised across the organisation by integrating work more closely with strategic and operational planning to ensure delivery of improvements.

A full-time resource on risk management is expected to be available by the end of July 2021. Risk management leads from other Boards may also be able to provide support with the initial phases.

The Committee **noted** the proposed change to risk management arrangements and expressed their support for that.

9.2 Board Assurance Framework

The Director of Finance & Strategy advised that the paper summarises the position on each Board Assurance Framework (BAF) documents. Significant changes have been proposed for the financial sustainability BAF and the strategic planning BAF, and the risk descriptions and risk levels are detailed to reflect the current position.

An EDG workshop is being arranged along with a Board development slot to examine the baseline of the BAF and to ensure our reporting is delivering the assurance which Committees require.

The Committee **noted** the report.

9.3 Corporate Risk Register Quarterly Report

The Director of Finance & Strategy advised that the quarterly report is at the development/improvement stage. Background to the report was provided. It was noted that EDG and Board discussions are required to determine the reporting mechanism and its regularity, and also to determine if the way we report risk is effective. It was also noted discussion is required on the level of specific risks, particularly if these have remained static over time.

It was suggested that the Board may wish to consider developing two risk appetite statements. One would relate to safety and effectiveness of our clinical services/business as usual activities (which would have a low risk appetite), and the other in relation to our strategic ambition (which could be more nuanced than the other).

It was noted the timeframes work well alongside the Committee Assurance principles discussed at the previous meeting, and will ensure the Board and Committees agendas are risk focussed.

A simpler method of presenting risks, with less extraneous detail and clearer formatting to report effectively, was agreed as an effective way forward.

9.4 Annual Risk Management Report 2020/21

The Director of Finance & Strategy introduced the report. A significant proportion of the report is on adverse events management, and this level of detail is being reviewed.

Discussion took place on the level of scrutiny and ownership of risks. Suggestion was made to invite the Chairs from the other Committees along to an Audit & Risk Committee to discuss the current assessment of risk management reporting.

The Director of Finance & Strategy advised the Audit & Risk Committee have a lead role in overseeing the effectiveness of risk management arrangements across the Board. It was noted the risk profile will form part of the new strategy discussions when they commence.

The Board will be requested to discuss risks, reporting mechanisms and continuous improvement at a future Board Development Session.

Action: MM

The Committee **considered** the assurances provided in the report and **noted** the areas of continuous improvement planned for 2021/22.

10. OTHER

10.1 Feedback from the Sharing Intelligence for Health & Care Group

The Head of Corporate Governance & Board Secretary gave background to the paper, noting it is an annual exercise NHS Fife has been asked to respond to. A meeting is still to take place when the group discuss with key officers the data held on NHS Fife by other external organisations.

Once feedback has been received at the scheduled meeting, a further update will be provided.

Action: GM

The Committee **noted** the feedback letter and its main findings.

10.2 Issues for Escalation to NHS Board

There were no issues to highlight to the Board.

11. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 16 September 2021 at 2pm via MS Teams

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON 7 JULY 2021 VIA MS TEAMS

Present:

Christina Cooper, Chair
Sinead Braiden, Non-Executive Member
Rona Laing, Non-Executive Member
Simon Fevre, APF Representative
Carol Potter, Chief Executive
Janette Owens, Nurse Director

Martin Black, Non-Executive Member
David Graham, Non-Executive Member
Margaret Wells, Non-Executive Member
Aileen Lawrie, ACF Representative
Chris McKenna, Medical Director
Joy Tomlinson, Director of Public Health

In Attendance:

Lynn Campbell, Associate Director of Nursing ASD	Nicky Connor, Director of H&SCP
Gemma Couser, Interim Head of Quality & Clinical Governance	Esther Curnock, Deputy Director of Public Health
Claire Dobson, Director of Acute Services	Susan Fraser, Associate Director of Planning & Performance
Alistair Graham, Associate Director of Digital & Information	Ben Hannan, Chief Pharmacist (for S Garden)
Helen Hellewell, AMD H&SCP	Gillian MacIntosh, Board Secretary
Margo McGurk, Director of Finance	Elizabeth Muir, Clinical Effectiveness Co-ordinator
Catriona Dziech, Note Taker	Hazel Thomson, Observer

Christina Cooper welcomed everyone to the Clinical Governance Committee meeting. Members were advised that a recording pen will be in use at the meeting to assist with minute taking.

It was noted this is the last meeting for Margaret Wells, who is retiring from the Board at the end of July. On behalf of the Committee, Christina Cooper thanked Margaret for her service and contribution to the Committee and wished her all the very best for the future.

Dr Joy Tomlinson was welcomed to the meeting as the new NHS Fife Director of Public Health. Alistair Graham, Associate Director, Digital & Information, was also welcomed to today's meeting and would now join the Committee as a regular attendee.

Christina Cooper took the opportunity to thank the incredible ongoing commitment from our workforce as they continue to respond to the ever-changing landscape of the pandemic. In the face of unscheduled care pressures, our teams continue to go above and beyond to deliver the best care to patients. At the same time, the vaccination drive across Fife has continued with great success. Our workforce truly is our most valuable asset and a heartfelt thanks was given to each and every individual staff member for their ongoing dedication.

1. Apologies for Absence

Apologies were noted from Dr Cargill, Dr Morrice and Scott Garden. Ben Hannan was welcomed as deputising at today's meeting for Scott Garden.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meeting held on 30 April 2021

The notes of the meeting held on 30 April 2021 were approved as an accurate record.

4. Matters Arising / Action List

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

4.1 Fife Child Protection Annual Report 2019-20

Janette Owens advised this report provides an update from the December 2020 Annual Report, as requested by the Committee. The report focusses on what the available data tells us so far about risks to children and young people and the possibility hidden harm due to the pandemic.

The report was prepared by Cecilie Rainey and draws on recent data published by the Fife Child Protection Committee, which was not available when the Annual Report was published. There is a broader set of data covered in the report and recent care reviews are also taken into consideration.

At the start of the pandemic, there was an initial drop in Initial Referral Discussions and forensic medical examinations, which reinforces concerns regarding possible hidden harm. There was a reduction in physical harm and an increase in domestic abuse cases and these trends by the end of the year were on a trajectory towards pre-Covid levels.

It is noted that, following a draft report about hidden harm within children and families through a social work lens for the Scottish Government Children and Families Leadership Group, discussion ensued about the role of health services in illuminating the understanding of child protection and hidden harm through a health lens. This has prompted an additional piece of work, entitled 'Hidden Harm: Child Protection and Health in the Early Years', which will be published at the end of July 2021.

There is significant detail provided within the report around Initial Referral Discussions and forensic medicals, and the main concern recorded at registration shows that domestic abuse, emotional abuse, and parental mental health were the most common concerns identified. There is an issue around more registration under alcohol or drug use and concerns about children going forward, which will require prioritisation for child mental health. There have been two Initial Case Reviews over the past year that related to chronic neglect, but it is unclear if these are related to Covid. Work is ongoing but the report shows the data so far does not indicate any significant increase in children harmed.

Staff support has been ongoing throughout the year and there is the added benefit of the recruitment of two Consultant Paediatricians to the service. Consideration is being given to the preparation for the implementation of the new Child Protection Guidance, which will have a significant impact on health and social care going forward.

Christina Cooper thanked Janette Owens for this very thorough and detailed report, which gave a good level of assurance to the Committee, given past discussion on this issue at previous meetings.

In taking comment it was noted this was an excellent report that covers all the points members would wish to seek assurance on, especially during the pandemic. It is also assuring to see the range of work, considerations and opportunities being created for people who needed to consult and talk about areas where there were concerns.

Committee members agreed the author of the report and staff should be highly commended for their work. This is an example of the type of report, with the right level of detail, that should be considered by the Committee to give them the assurances they seek. Janette Owens, Nicky Connor, and Claire Barker agreed to pass on thanks.

Action: JO, NC, CB

It was agreed Joy Tomlinson and Janette Owens would have a conversation offline to consider the longer-term plan around instances of suicide within the community.

4.2 Public Engagement & Consultation Update

Janette Owens advised that this report gives the Committee an update on patient feedback on Urgent Care Redesign. The Scottish Government are undertaking a user-centred service design approach over the next two years as they continue to look at the longer-term redesign of urgent care and unscheduled care and our work will link in with this work. The approach aims to amplify the voice of users and their experiences, particularly around health inequalities.

Since Urgent Care Redesign was implemented in Fife, there has been a small number of complaints and concerns raised. The main theme relates to access to Emergency Department as a result of the patient not following the recommended process.

The work around the Equality Impact Assessment has raised a lot of feedback, has been taken forward and has helped shape the participation around Urgent Care Redesign. This is also linked to the National work being implemented.

The range of issues highlighted were:

- the need for further communication and informing of the public, working with partners more closely to share this information in future.
- specific pathways for particular population groups.
- addressing the overuse of urgent care for specific conditions such as cancer, especially during out of hours and weekends.
- provide additional support by sign-posting to community services.
- improving communication methods, such as access to interpreting.

- ensuring patients understand how to claim travel expenses.
- improving the categorisation of patients on data systems and patients who have reduced availability of digital and telephone means of accessing telephone triage.

Christina Cooper thanked Janette Owens for the update, which gives the Committee helpful assurance around the work.

5 COVID-19 UPDATE

5.1 Testing

Joy Tomlinson advised that there has been further expansion of capacity and availability of testing over recent months. There has also been an expansion around contact tracing and support to isolate. This is part of our strategy to the Covid response to try and break the chains of transmission and needs to be considered in context with the other elements.

Appendix 1 within the paper outlines the current testing, indicating the date the programme was started, rationale, and delivery model. Further funding was provided by SGHD to expand Community Testing to seven fixed sites and three mobile sites until March 2022.

There is a pilot underway in South Fife on a rolling weekly basis to try and increase uptake. The Testing Oversight Group are monitoring uptake across the population. The Test and Collect and Test and Delivery opportunities are now available in 86 community pharmacies across Fife. An Evaluation Report is also appended to the paper, which was provided to the Scottish Government who are interested in learning from the pilot.

It was highlighted we are still in a position of having more capacity than demand. There is still under utilisation and consideration is being given on how to engage with the population. This includes the importance of engaging with local community influencers to try and encourage people to come forward for testing. There have also been good examples of uptake of additional support, with people reaching out for offers of support to help them isolate successfully.

Christina Cooper thanked Joy Tomlinson for a very thorough and detailed report.

In taking comments, it was noted contact tracing has had a lot of publicity following on from the Cabinet Secretary's announcement. The key issue with contact tracing is to reach people within a shorter time period, but the pressures the team had been under meant it was taking longer to reach those that needed to be contacted. There is a high-level reach in terms of completed calls, which is much higher than test and trace in England.

In terms of outreach for support, an automated code is generated when tracers are undertaking calls, which triggers a release of information to local authority colleagues. This then enables a separate route of follow-up around isolation with Council colleagues. Although this has not been as successful as envisaged in terms of people

taking up the offer of assistance, it is one of the benefits of the pilot and evaluation work that has been carried out locally.

Carol Potter reminded members that, back in January / February, Fife was one of the early pilots for testing and the programme was jointly supported with Council colleagues. It is important to learn, reflect and improve as we move forward.

Assurance was sought if the third and independent sectors were represented within the Fife Test and Protect Oversight Group. Nicky Connor advised that the Caring for People Group supports and co-chairs and gave assurance there was active connections across the sectors to support the population. It was also confirmed the Interface Leads feel well connected in relation to this work.

The Committee noted the contents of the paper for awareness, noting the new developments as part of the ongoing expansion of Covid-19 testing programmes.

5.2 Vaccination Programme

Ben Hannan advised that, as at 6 July 2021, 462,000 doses have been given in Fife (comprising 265,000 first doses and 197,000 second doses). Vaccine availability is a lot more stable than it has been through the programme and it is demand-led ordering at this time. Pfizer has been prioritised for those under the age of 40 and AstraZeneca for those older than 40. Fife has not been allocated any supply of the Moderna product due to low volume available in Scotland, which for logistics is being supplied to three main Boards.

The MHRA have granted the Janssen Covid-19 vaccine a Conditional Marketing Authorisation. This is a single dose vaccine and supply in Scotland is likely to start arriving later in the summer, with initial stock levels being low. It is possible that this product will play a role in a booster programme later in 2021. At the moment the main focus is on vaccinating Cohort 12 (ages 18-29).

The Board is now entering a period of transition from the COVID vaccination programme towards a revised Flu/COVID programme (FVCV) beginning in Autumn 2021. Dr Tomlinson's later agenda paper (Item 6.8) sets out the governance arrangements around this.

The Board has further developed its model of provision over the last few weeks. Most notably, with the opening of four large-scale vaccination venues in Dunfermline, Kirkcaldy, Glenrothes and Methil, the number of sites has been rationalised. Alongside these four venues, existing clinics in St Andrews Community Hospital, Randolph Wemyss Memorial Hospital and Oakley Community Centre have been retained to ensure robust access spread across the Kingdom. The remaining ten sites will be returned to their community functions.

In further support of this, several "pop-up" clinics are being undertaken across Fife, the first of which was in Lochgelly, which attracted an encouraging uptake. There are also several dates on which the public can attend for vaccination without an appointment across the venues, driving accessibility.

Scheduling of cohorts has been a considerable challenge throughout the programme. At present there were a few ongoing issues with the vaccination status helpline and portal, which is driving further work for the local team. National fixes are ongoing and for anyone affected this can be escalated nationally.

Analysis of Did Not Attends (DNAs) and work to drive uptake remains a high priority. Data is available noting areas of Fife that have lower uptake amongst recent cohorts and further drop-in clinics, combined with enhanced local communications, will aim to increase accessibility. It is worth noting that Fife's uptake and DNA rates compare favourably with other Boards. The current uptake rate in Cohort 10 is 86.9%, lower than earlier cohorts, which have been above 90%.

A systematic review of Datix incidents has been undertaken. There was a total of 44 incidents involving patient care recorded between 1 January and 25 April – this equates to two incidents per 10,000 patients. Of these, 32 had no outcome in terms of harm, 8 with a minor outcome, 3 with a moderate outcome and 1 with a major outcome. Investigation of these has prompted action, driving improved compliance with local standards, which in turn has been seen in the data, with very few repeated issues.

A comprehensive review of patient experience has been undertaken by NHS Fife's Head of Person-Centred Care and Director of Nursing and the results are contained within Appendix 1 of the paper. It is encouraging to note that most of the feedback received from patients is very positive.

The Workforce programme has now completed all recruitment and has in place a robust staffing model and a well-developed skill mix. Fife is in a leading position nationally regarding the new Band 3 Healthcare Support Worker Vaccinator role, with 212 individuals employed in this role. There is no longer a significant reliance on contractors, whose support was critical earlier in the programme. With the bulk of staff being employed substantively for vaccination, the risk to the wider organisation and services is no longer of significant concern.

The PMO manage risks on behalf of the programme. There are currently 29 risks on the register; however, with pressure having eased, the number of high risks has reduced to two. There is a transition plan for this risk register as we move to the Winter programme.

A comprehensive EQIA has been lauded nationally, with over 110 actions being captured, and we have been celebrated as areas of best practice with our inclusivity work. Work has been undertaken in partnership with Fife Council to deliver access cards that local housing officers can distribute to those experiencing homelessness. This group can now access vaccination at any local clinic without an appointment.

The programme has taken a proactive approach to communications and thanks were given to Kirsty McGregor and her team for the tremendous support they have provided. A number of media appearances have been undertaken and journalists have been invited to attend the new larger sites, which publicity has helped engagement with the community.

Christine Cooper thanked Ben Hannan for the thorough update and detailed report and noted it was helpful in particular to see the balance of feedback received via care opinion.

In taking comments, it was noted the access cards can be utilised in other areas, not just homelessness. Following a member's query regarding the administering of the Moderna Vaccine, Ben Hannan confirmed (post-meeting) the Moderna vaccine has not as yet been administered to any individual in Fife. It was noted students do not need to be registered with a GP locally to have the vaccine. Ben Hannan agreed to feedback any issues identified to the National Vaccination Team.

Action: BH

Ben Hannan agreed to provide members with further details of the percentage of substantive staff and how many staff are currently seconded/redeployed within NHS Fife to the Vaccination Programme. It was noted that the bulk of the workforce is Band 3 Health Care Support Worker vaccinators, who were primarily newly recruited and are employed on fixed term contracts until March 2022.

Action: BH

The work of the team was greatly commended by the Committee. It was noted the lessons learned from the start of the programme with the national scheduling tool will not be repeated going forward, as plans are in place to mitigate for winter.

Carol Potter advised that letters had been received from the SGHD setting out the planning for the Covid booster and flu immunisation programme for winter. The teams are currently considering what is required and she suggested it might be worth scheduling an extraordinary meeting of the Committee towards the end of August, as the programme is due to go live from September 2021. The lessons learned from seasonal flu last year, from Covid and the excellent piece of work around the EQIA will be built on, along with the proactive activity in relation to operational support. Ben Hannan advised an initial draft of the plans for implementing the vaccination Winter programme will be available by the end of this month.

Christina Cooper thanked and congratulated Ben Hannan and his team for their continued work, noting that she and the Committee members were assured that this key piece of activity was progressing very well.

6 GOVERNANCE

6.1 Board Assurance Framework – Quality & Safety

Dr McKenna advised that this item had been moved up the agenda for a fuller discussion to allow more scrutiny and response to risks. It was noted there is no significant update to the current Quality & Safety BAF, though it would be useful to reflect on its current content. Dr McKenna advised that he and Janette Owens have recently met with Gemma Couser, Head of Quality and Clinical Governance, and Pauline Cumming, Risk Manager, to undertake a full review of the BAF and associated linked risks. The scope of this review was outlined. In taking comment, members welcomed the opportunity for the Quality & Safety BAF to be reviewed and be updated

to be more in line with the Committee's requirements. It was suggested it would be helpful to be considered the BAFs in general also at a Board Development Session.

Christina Cooper thanked Dr McKenna for his update and agreed there should be further discussion at a Development Session, with investment also from Committee to move forward.

Margo McGurk agreed that we need to look at risk management at Executive Team level, before bringing back recommendations to committees and the Board. Carol Potter has asked that the BAFs all be looked at to ensure they are covering strategic risks. As discussed at the recent Audit & Risk Committee, the Risk Management Annual Report does not cover proactive risk management at the strategic level and is very reflective, with too much concentration on operational detail. Although the idea of a BAF is excellent, perhaps there is a need for it to be further developed as a dashboard, to draw clear attention to the areas requiring scrutiny and requiring discussion.

It was noted there will be an initial session with the Executive Team possibly in September 2021 to look at how we approach a discussion with the Board around Risk Management. Consideration might also be given as to whether there should be two risk appetite statements: one to reflect operationally what we are doing and the other around strategic ambition. Margo McGurk advised she would be using external support to work with the current risk management team, to facilitate and challenge ourselves.

Dr McKenna noted that the objective is to change the narrative around risk into something dynamic, exciting and worthwhile discussing. It would also be helpful to have a better understanding of linking risks to BAFs and making them a priority for each Committee, influencing their agendas and areas of focus. This would also ensure there is a requirement for regular update and scrutiny around each risk.

Christina Cooper said it would be helpful to have a realistic review of risk relevant to each Committee's individual remit, which will also ensure there is a clear understanding of the process and timing of updates moving forward.

The Committee noted the content and current position of the Quality & Safety BAF, welcoming the intention for further review in due course.

6.2 Board Assurance Framework – Strategic Planning

Margo McGurk advised that she and Susan Fraser had undertaken a detailed review of this BAF, which had highlighted it was out of date and required to be amended and more reflective of the development of the new Population Health and Wellbeing Strategy. It is proposed it be uplifted to a strategic level risk and the key wording in the new risk is:

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

The new wording highlights the scrutiny and responsibilities of the Clinical Governance Committee in shaping and influencing how the strategy develops. Once the agreed strategy is in place, it would then agree how scrutiny was carried out to measure progress in delivery of the strategy.

The Committee agreed to the change in the risk associated with the BAF for Strategic Planning.

6.3 Board Assurance Framework – Digital & Information

Alistair Graham advised that this BAF has had the benefit of input from Internal Audit and has been refreshed in terms of the framing of the response to the Digital Strategy from the work undertaken previously and the 2019–24 Strategic Vision.

The Committee noted that:

- Risk 885, Digital and Information Financial Position, has been reassessed following the financial allocations for 2021-22 and rated as High.
- Risk 1338, NHS Fife is at increased risk to a targeted cyber intrusion, and the description has been revised to provide a clearer indication of the risk. The risk represents the threat landscape for public sector organisations and the weakness that legacy systems present at the current time.
- Risk 1996, Office 365 – Unknown Financial Consequences, has been rated as high risk and linked to the BAF. This risk relates to the new nationally negotiated deal with Microsoft, the details of which are still to be formally communicated, and implications to financial provision for licence access and other associated programme costs.

Christina Cooper thanked Alistair Graham for his helpful update. In taking comment it was noted cyber threats might impact on high level risks but can also help maintain services during a threat. A paper is being taken to EDG on 8 July 2021 to consider the detail further around the risks to the organisation.

The Committee noted the content and current assessment of the Digital & Information BAF.

6.4 Corporate Objectives 2021/22

Carol Potter advised that this paper is here for endorsement before it is taken to the Board in July 2021. The report describes the process to agree the collated corporate objectives through the SPRA process for 2021/22 and includes a reflection and review on the delivery of last year's Corporate Objectives for review by the Board. The process for next year's corporate objectives is likely to start in September 2021.

The key operational priorities under the four key strategic priorities are:

1. To improve Health and Wellbeing
2. To improve the Quality of Health and Care Services
3. To improve Staff Experience and Wellbeing

4. To deliver Value and Sustainability

An individual Director has been aligned to each of these objectives as a Lead (L), Contributing Director (C), Supporting Director (S) and For Information (I). Individual personal objectives for the Directors have been drafted to ensure there is a correlation and mapping exercise to the Corporate Objectives, as will be monitored by the Remuneration Committee.

Christina Cooper thanked Carol Potter for her update and noted this report has been presented to various Committees for discussion in this cycle. This is a very thorough paper and feedback has been generally that the objectives are clear and aligned.

In taking comments, it was noted that whilst it was helpful and useful report, it would be helpful if acronyms could be expanded at their first usage. It was noted also that individual Director's objectives are achieved through a formal mechanism, formally recorded and monitored by the Remuneration Committee.

In response to a query about the prioritisation of different organisation's objectives, it was noted there is no conflict of interest for the Director of the H&SCP, as the IJB direct the Council and Health Board, and the Director of the H&SCP as the Chief Officer represents the IJB. The Director of H&SCP's objectives are set jointly with both Carol Potter and Steve Grimmond. It is only the areas of responsibility for NHS Fife which features in the present document.

The Committee agreed the Corporate Objectives for 2021/22 and noted the outcome of the review of the previous year.

6.5 Revised Draft Annual Assurance Statement for the Clinical Governance Committee

Dr McKenna thanked Dr Gillian MacIntosh for providing this comprehensive report, which effectively summarised the governance activity of the Committee over the past year. This report is much more comprehensive than previous annual statements and provides an enhanced level of assurance. Carol Potter also commended and thanked Gillian MacIntosh for her approach in drafting the annual assurance statements for each of the committees, noting the helpful level of detail contained therein. Christina Cooper echoed these comments.

The Committee approved the revised Draft Assurance Statement for final sign off.

6.6 East Region Formulary

Bena Hannan advised that formularies are lists of drugs that are more preferred for prescribing, with each Board having their own formulary. Under direction from Scottish Government, there is a move to implement a new East Region Formulary in collaboration with NHS Borders and NHS Lothian, details of which are set out in the paper. This also has the approval of the Executive Directors Group.

There have been numerous discussions locally and regionally and the paper details the proposed governance structure, which includes the creation of an East Region

Formulary Committee (ERFC) replacing the Fife Formulary Committee. As set out in Figure 1, the ERFC will still report into each of the Board's Area Drugs and Therapeutics Committee, which in turn reports to the Clinical Governance Committee. There is an East Region Formulary Team, which is hosted by NHS Lothian, and they are co-ordinating this transformation.

The scope of the regional formulary will include:

- 14 adult chapters
- 11 paediatric chapters
- Minor ailments (Pharmacy First)

There is an expectation from Scottish Government that the East Region Formulary will be operational within the 2021-22 financial year. However, recognising the scale and complexity of the programme, the Interim Chief Pharmaceutical Officer has confirmed Scottish Government will be able to commit resources to this work for as long as necessary. The aim is to reduce variation between local Health Board formularies in the East Region and therefore unwarranted variation in the medicines prescribed. Patients will see increased consistency in the recommendations followed between neighbouring Health Boards within the region. The Committee was invited to note that some Fife patients receive treatment in other Health Board areas currently not part of the East Region Formulary, including patients that receive healthcare from NHS Tayside (approximately 20% of Fife population).

In taking comment it was noted there is currently broad uniformity between the Boards and any perceived variation will be sorted out. The areas of medicines efficiency which Fife has successfully delivered on are areas all boards in Scotland will have considered, and we would not wish to risk undermining the savings progress made thus far.

When the new formulary is in place, there will be scope for patients to stay on current medication, if it works well for them. This is not about changing existing medications for patients. The new formulary will bring uniformity of choice for clinicians to ensure there is consistency of practice across the region. There will also be Chapter Expert Working Groups to allow clinicians to take part in decisions.

The Committee noted that:

- NHS Fife will develop and implement a new East Region Formulary in collaboration with NHS Borders and NHS Lothian, which will replace the current Fife Formulary.
- The proposed governance structure for the East Region Formulary has been endorsed by NHS Fife.

Christina Cooper thanked Ben Hannan for the very detailed report, which gives the Committee a helpful background to the work carried out to date to implement this scheme.

6.7 National Screening Incident

Joy Tomlinson advised the Committee of an ongoing incident following a Parliamentary statement on 24 June 2021 relating to the National Cervical Screening

Programme. This identified a national problem with the system across Scotland, where some patients had been mis-coded, with the potential for harm. There is an investigation that is being nationally co-ordinated and Joy Tomlinson assured the Committee that Fife are taking forward the necessary steps in reviewing cases. We are presently halfway through the process. Once the process is complete, a final written report and findings will come to the Committee.

Christina Cooper thanked Joy Tomlinson for her verbal update and noted the Committee will be updated on the Fife and national position in due course.

6.8 Immunisation Governance & Assurance

Joy Tomlinson advised that an independent review was undertaken to consider the significant difficulties experienced in the delivery of the Seasonal Flu Programme in 2020-21, as previously reported to the Committee. In response to the recommendations of this review, the Director of Public Health and Director of Fife Health & Social Care Partnership (HSCP) jointly commissioned an independent external consultant to undertake a review of the immunisation resources and structures in order to make recommendations to NHS Fife to meet the increasing demands and expectations of all childhood and adult immunisation programmes in Fife.

The concluding findings have been pulled together and considered by a small group including the Director of Public Health, Director of H&SCP, Director of Pharmacy and the Immunisation Co-ordinator and Ben Hannan in his role as Director of Delivery. EDG have also been happy to approve the main recommendations.

The key points within the report set out:

- Key Roles and Responsibilities
- Management Structure
- Governance Structure
- Summary Remits of Governance Groups

These key points should give the Committee assurance that there has been a rounded review and scrutiny of the findings from the Independent Review. As a result, Fife are in a stronger position to take things forward in terms of clarity of the role and leadership of immunisation and the supporting governance structure.

Christina Cooper thanked Joy Tomlinson for her report, which set out the learning from last year, detailed the recommendations moving forward, the clearer alignment of roles and responsibilities, and the direction of travel.

In taking comment it was noted the risks around workforce were challenging and an ongoing live discussion. There has been steer from SGHD around a sustainable and longer-term workforce for immunisation, not just relying on a short-term workforce for Autumn / Winter. There will be further discussions with the SGHD and Directors of Finance to seek assurance around this. There is learning from Covid and how to use a different type of workforce across immunisation activities. This may require regulatory changes.

Carol Potter clarified that the roles and responsibility are complex but the SRO role has not moved from the Director of Public Health to Director of H&SCP. The Director of H&SCP has always been responsible for the delivery of immunisation, with the Director of Public Health accountable overall. The current Covid vaccine programme sits separately with Scott Garden and Ben Hannan in an SRO role, but it is important to note they both have substantive day jobs to which they need to return to. The directive from SGHD is about pooling the Covid booster programme into business-as-usual and this has to sit within the immunisation structure. The role of the Director of Public Health is being enhanced and is clarified within this paper.

Nicky Connor advised that the transition between herself and Scott Garden / Ben Hannan is important and they are working closely with everyone involved to be part of the Programme Board. All of the learning and expertise will be brought forward into the planning going forward. Modelling is underway on the system that has been put in place around how to plan and deliver, with an overarching Board and core group of key individuals who will work together to move things forward. There are three subgroups within this: one looking at logistics, which will promote accessibility within the community; one looking at scheduling; and another looking at workforce. One of the key pieces of work at the moment is awaiting confirmation about what is required in terms of delivery. This will then allow development of a sustainable workforce plan to deliver our models of care. The goal is to make this accessible as possible.

There is a lot of uncertainty in the received letter from SGHD around the next steps. The main planning scenario is that planning needs to begin for Autumn for seasonal flu vaccination and Covid boosters to start from September. At the moment there is no clarity from JCVI in terms of the final advice, so this might be subject to change.

It was clarified that Fife Council is not referenced in Appendix 3 as the clinical elements for the governance structure sits with Health.

In December 2020 / January 2021, NES prepared job descriptions for Band 3 Health Care Support Vaccinators and Fife used this to recruit to our sustainable workforce. As they were employed initially for Covid, the contracts were fixed term, but the majority are likely to become substantive roles. Legislation is also underway to allow Band 3 Health Care Support Workers to deliver more than just Covid vaccines. A new workforce nationally is being discussed, but a huge amount of work is required to achieve this.

It was agreed that when the guidance from the JCVI is issued, an extraordinary meeting of the Committee will be arranged for the end of August to discuss the way forward. The lessons learned from seasonal flu and Covid will be reflected upon and the governance arrangements will move forward to give assurance to the Committee of the effectiveness of the delivery model that is in place.

Christina Cooper thanked Joy Tomlinson for her report, which gives the Committee a good level of assurance of where we are at present. Further reports on the way forward will follow as and when required.

7 STRATEGY / PLANNING

7.1 Development of the Population Health & Wellbeing Strategy

Margo McGurk advised that there had been a very helpful session at the recent Board Development Session. Following the Board's input, work will begin on the next steps, which include the establishment of critical paths and the development of the strategy itself. Detailed structured reports will be prepared to ensure the strategy, the strategic frameworks and delivery plan all sit together in a consistent way. There will also be progress with the EQIA approach and engagement work.

Following feedback from the Development session, work will be undertaken looking at building personas around currently well individuals and those who are managing long-term conditions and staying well. The Communications Team will also be looking at overall branding.

It was noted that, when preparing the draft strategy, the risk profiles associated with it should be reflected in risk reporting through the governance structure.

Christina Cooper thanks Margo McGurk for her verbal update, which provides helpful further detail on the direction of travel. It is also good to note the risk profile reflection, as risk (and its mitigation) has to be at the centre of planning strategies.

7.2 Digital & Information Strategy Update

Alistair Graham advised that assurance had been sought around the Digital Strategy and further reports will follow to future meetings around the delivery plan, in September 2021 and March 2022.

Some of the changes over the last fifteen months include a revised Digital Strategy for Scotland. Learning over this period has drawn out the importance of the "No One Left Behind" elements that digital exclusion and inequalities may bring. This is something to be mindful of for the future. There has also been the introduction of an Artificial Intelligence (AI) Strategy. This is usually considered as an area of innovation, but operational examples are here and available for NHS Fife to adopt and consider.

During the pandemic there has been unprecedented change in the areas of digital adoption. There is a lot to learn, not just in terms of how to support our own staff but patients and the public. National capabilities have been covered as part of earlier discussions on the Covid campaign. The national vaccination system is dealing with 18,000 appointments a week for Fife on average. This is more appointments than we deal with in our other systems combined on a weekly basis.

A capability model has been introduced to better understand the delivery of the Strategy (Appendix 1). The clinical and care digital pathways elements recognise the existing systems in place that we need to maximise the use of. There is unprecedented demand for the continuation of the public-facing services and continuing the digital adoption between clinicians and the public / patients. 75% of patients who have used "Near Me" expect this to continue.

The key ambitions of the digital strategy remain strong and are under further scrutiny as we develop the Population Health and Wellbeing Strategy. These will be continue to be reprioritised in terms of the programmes and projects.

In taking comment it was noted that improved and enhanced governance structures are now in place, following recent internal audit reports and recommendations. It was also noted there was alignment to the Primary Care Strategy and partnership working with the independent and third sectors.

Christina Cooper thanked Alistair Graham for the report and update. It is reassuring to note the digital strategy is at the forefront as we move forward and very helpful to see the progress to date.

8 STRATEGY / PLANNING

8.1 Integrated Performance & Quality Report

Dr McKenna advised that, in terms of our position over the last year, quality performance around clinical governance has been good and consistent, apart from one particular area which Janette Owens will detail further later in the meeting. There is nothing particular to highlight to the Committee from this month's report. It is important to note the operational performance section within the report, as this shows impact on our waiting times and clinical prioritisation.

Christina Cooper thanked Dr McKenna for his update.

The Committee considered NHS Five performance, with particular reference to the Clinical Governance measures identified in Section 2.3 of the report.

8.2 Healthcare Associated Infection Report (HAIRT)

Janette Owens advised that there were no areas of concern within the report. There was an inspection within VHK in May 2021, the findings of which were positive, and the report from the inspection will come to the Committee in September 2021.

Action: JO

Christina Cooper thanked Janette Owens for her update.

9 DIGITAL AND INFORMATION

9.1 Information Governance and Security Steering Group Update

Alistair Graham advised that the assurances around Information Governance & Security (IG&S) had been flagged as a concern by Internal Audit and we have been committed to improve this. At the March 2021 meeting of the IG&S Steering Group, consideration was given to a set of performance measures, and these were supplemented at the June 2021 meeting by a workplan, with projects and deliverables associated across outcomes per quarter. This, in turn, brings assurance around the quality and framework. These are included in Appendix 1 and 2 of the report. This work will be evidenced to the IG&S over the year. A submission has been submitted

to Internal Audit around the report. By the end of this financial year, there should be evidence to support strong baseline and improvement against these controls, to better measure performance.

Margo McGurk chairs the IG&S Group and noted it has been a difficult job re-launching the Group. However, there has been a huge amount of progress in quite a short space of time. There is now a position statement from Internal Audit advising they are moving the level of risk associated with information governance down a level, which is testament to this work.

Christina Cooper thanked Alistair Graham for his update. It is good to see the progress and the alignment within the workplan about clear priorities and associated risk. It is vital to keep this investment moving forward. A further report will come back to the Committee in due course.

The Committee noted the progress being made with the governance and assurance activities within the newly revised IG&S Governance framework.

10 PERSON CENTRED CARE, PARTICIPATION AND ENGAGEMENT

10.1 People and Planning Guidance

Janette Owens advised that a verbal update had been given to the Committee at the last meeting. Going forward, Janette Owens and Nicky Connor are working closely with the Patient Relations team on the statutory duties set out within the Guidance for the IJB and Board.

Christina Cooper thanked Janette Owens for her report. The report sets out the context of the work and whole partnership working in greater detail. The Committee noted the contents of the report.

10.2 Complaints Report

Janette Owens advised that the complaints performance is reported on a monthly basis, with a target of 80% for Stage 1 and 65% for Stage 2 complaints closed within time. Concern was raised about the level of performance previously and a review is underway to improve the complaint handling performance in line with national standards. Part of this is to consider providing more meaningful data to the Committee.

Complaints response was paused during the Pandemic in 2020 and this has led to a backlog which is still being worked through. There is evidence emerging that there is a level of recovery. In April, Stage 2 complaints were at 22.9%. With the work being taken forward with Acute and Partnership, this is now 32.6%, which will hopefully be sustained and improved upon.

A letter had been received from the SPSO recognising the pressures boards have been under during the pandemic, but also advising the five working day and twenty working day timescales still stand. It was also highlighted the Model Complaints Handling Procedures (CHP) allows for flexibility for timescales to be extended under certain circumstances.

The CHP introduced nine key performance indicators, for which we are measured and reported on annually within the complaints annual report. A dashboard is being developed, which will give more detail around the key performance indicators.

A process mapping exercise has been carried out, which identified where some of the delays were, but a more in-depth process mapping is needed. Complexity of complaints is the main delay. In addition, the Patient Relations Team had a number of staff off sick but is now back to full strength.

Some of the work being taken forward around quality improvement includes working with Mental Health Services on a Plan, Do, Study, Act (PDSA) programme. There were eleven active complaints, eight of which were closed within twenty days. The remaining three complaints are subject to local or significant adverse event reviews.

Gemma Couser and her team will be taking forward work around an Organisational Learning Group in relation to learning from complaints. This work will be fed into the Clinical Governance Oversight Group.

Compliments and patient feedback are not usually routinely reported on but this has been included within the report. In relation to Care Opinion, 402 stories have been posted this year, 185 responders and 100% of stories responded to (87% within 5 days). This is set out further in Appendix 3 of the report.

Workforce Planning continues with the Patient Relations Team to ensure they are fully established. Education and training opportunities are also available and will be promoted going forward.

It is hoped the new dashboard will be available for the next meeting of the Committee.

Christina Cooper thanked Janette Owens for her report and update, which helpfully covers the wider context of complaints.

The Committee noted and supported the direction of travel indicated in the report, endorsing the intention:

- to continue with quality improvement work, streamlining and enhancing processes;
- to provide more meaningful data that considers patient feedback and experience;
- to provide analysis and learning from themes and trends, progressing with the Organisational Learning Group

11 ANNUAL REPORTS

11.1 Annual Immunisation Report

Esther Curnock highlighted that this report considers the wider programme in relation to the delivery of immunisation in 2020 within NHS Fife. This report does not focus on Covid.

The first part of the report highlights vaccine preventable disease and the second on vaccine uptake. In terms of vaccine preventable disease, 2020 has been an unusual

year. After Q1 of 2020 there has been very low levels of activity due to the measures put in place for the pandemic. This has raised issues for Winter 2021/2022 and is subject of discussion at national level.

In relation to vaccine uptake, the key in restarting the childhood programme is that NHS Fife are able to maintain the delivery through the impact of Covid. There is, however, lower uptake in the most deprived groups, consistent across vaccines, and this increases with age. This is also prevalent in the teenage programme.

As the HPV programme is delivered in schools, there was some disruption in 2020. There has been activity this year to mop up those missed and this is due for completion by end of August 2021. HPV is now being delivered to boys as well as girls and this will be monitored carefully.

There was also disruption to delivery of the adult programme through Covid. There was a formal pause by SGHD for shingles.

A lot of work has been undertaken in relation to the review of governance structures and this will be progressed along with the strategy document and action plan. Work will also need to focus on inequalities on the vaccination uptake data and the learning from the inclusivity work undertaken during Covid.

Christina Cooper thanked Esther Curnock for her very detailed and thorough report. To deliver and support Partnership working, it was noted support is provided by the third and independent sectors to reach communities where there has been a reduced uptake.

The Committee noted the content of this report, which was provided for information only.

11.2 Clinical Advisory Panel Annual Report

Dr McKenna advised that the Clinical Advisory Panel (CAP) has continued to meet over the past year and this report details the activity. The CAP covers overseas exceptional referrals outwith NHS Scotland or outwith the SLA arrangements NHS Fife may have with local Health Boards. This also includes the use of the Independent / Private Sector for various learning disability or mental health requirements, as is detailed within the financial section of the report.

Referrals have been received during the pandemic, but this is less than previous years, given that a lot of elective activity was stood down.

In taking comment it was noted that Ayr Clinic is a medical secure rehabilitation unit, for which there are not facilities in Fife or anywhere else in Scotland. This will be looked at further when considering the re-provision of mental health to try and develop a similar facility in Fife.

No patients are sent outwith Fife for rehab. There are very few inpatient rehab beds in Scotland. Dr McKenna agreed to bring a paper to the Committee highlighting the work that is being undertaken, as there is funding centrally to support this work.

The funding for the Harris Howard Psychology is for a specific patient whose treatment cannot be delivered within Fife. No other patients will be considered for privately funded psychology. Dr McKenna suggested it might be worth having a formal discussion on how the additional funding provided to Psychology Services can be used to reduce waiting times across Fife.

Christina Cooper thanked Dr McKenna for his helpful paper.

The Committee noted the report.

12 LINKED COMMITTEE MINUTES

All items under this section were taken without discussion and noted:

- 12.1 Acute Services Division Clinical Governance Committee (12.05.2021)
- 12.2 Area Clinical Forum (25.05.2021)
- 12.3 Fife Drugs & Therapeutics Committee (30.04.2021)
- 12.4 Fife HSCP Clinical & Care Governance (16.04.2021)
- 12.5 NHS Fife Clinical Governance Oversight Group (22.04.2021)
- 12.6 Infection Control Committee (14.02.2021 & 02.06.2021)
- 12.7 Public Health Assurance Group (08.04.2021)
- 12.8 Information Governance & Security Steering Group (23.03.2021)
- 12.9 Integrated Joint Board (IJB) (26.03.2021 & 23.04.2021)

13 ITEMS TO NOTE

13.1 Audit Report B12/21 Assurance Framework

The Committee noted the findings of the report.

14 ISSUES TO BE ESCALATED

It was agreed to highlight to the Board the Committee's positive comments around the Child Protection Assurance Report. Any further points of escalation will be considered by the Chair.

15 ANY OTHER BUSINESS

There was no other competent business.

Thanks were given by members to Catriona Dziech, who was stepping down as the Committee Secretary to the meeting, as she handed over that responsibility to the new Board Committee Support Officer.

16 DATE OF NEXT MEETING

Friday 17 September 2021 at 2pm via MS Teams (noting that an Extraordinary Meeting will be scheduled for August).

CONFIRMED

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 13 JULY 2021 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Ms A Lawrie, Non-Executive Director	Mrs M McGurk, Director of Finance & Strategy
Dr J Tomlinson, Director of Public Health	Mr A Morris, Non-Executive Director
Ms J Owens, Director of Nursing	Mrs C Potter, Chief Executive
Dr C McKenna, Medical Director	

In Attendance:

Mrs N Connor, Director of H&SCP
Mr S Garden, Director of Pharmacy & Medicines
Mr N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Assistant Director of Finance
Mr A Mackay, Deputy Chief Operating Officer
Ms M Michie, Deputy Director of Finance (observing)
Ms H Thomson, Board Committee Support Officer (observing)
Miss L Stewart, PA to the Director of Finance (minutes)

1. Welcome / Apologies for Absence

Maxine Michie was welcomed to her first meeting observing today's Committee, having recently taken up post as Deputy Director of Finance.

Mr Eugene Clarke was warmly thanked for his contribution and input on the Committee during his term as a Non-Executive Board Member.

Apologies for the meeting had been received from regular attendee Claire Dobson, Director of Acute Services (Andy MacKay, Deputy Chief Operating Officer, was representing Claire at the meeting).

2. Declaration of Members' Interests

The Chair declared an interest in Item 5.1, as she is presently a patient at Lochgelly Health Centre.

3. Minute of the last Meeting held on 11 May 2021

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

4. Action List

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

It was advised that, for Action 142 (Fife Elective Orthopaedic Centre regular updates), this action will be closed and this will be captured in the workplan as a quarterly update.

5. MATTERS ARISING

5.1 Kincardine & Lochgelly Community Health and Wellbeing Centres

Mrs Nicky Connor introduced the update on the Kincardine and Lochgelly Health and Wellbeing Centres. It was noted that these premises are no longer fit for purpose and a proposal has been agreed to reframe and refocus the centres on community wellbeing. The proposal for this initiative was originally agreed in 2019. This project is proceeding to the Outline Business Case stage, in terms of the design and consultation with key stakeholders. A process of scrutiny will be put in place to help ensure technical compliance of the buildings as they develop. Engagement from both the staff and services who will deliver within those areas will be sought. It was noted that at this time workforce and financial implications have not been addressed. Mitigation has been noted within the paper on the risks that have been identified at this stage.

Mr Neil McCormick highlighted that engagement is underway with the HubCo initiative to deliver this project and there is a full design team in place working to develop the proposals. It is key for the Board to secure funding at the Outline Business Case stage.

Dr Joy Tomlinson advised that a risk identified is based on communication. On Thursday 15 July, communication will be circulated to the local community to ensure they are kept up-to-date and involved in the ongoing work. This will help ensure that this project is viewed as something which will add value to each community.

Mr Eugene Clarke highlighted that a point raised within the project board was the idea of personas, in terms of making communication about the project's goals meaningful and accessible. There was reflection at the recent Board Development meeting that the personas drafted were good, but there was a place for creating personas with a more positive message on healthy lifestyles (i.e. those who are well and are seeking to stay healthy). It was agreed that this would be amended.

Mrs Margo McGurk advised that the extended persona described is also being established within the wider development of the Population Health and Wellbeing Strategy; this will also detail how individuals can keep themselves well.

Mrs Aileen Lawrie questioned whether there would be an opportunity for representation from the Area Clinical Form to ensure staff engagement in the scrutiny and development. It was agreed that this would be a very helpful approach.

The Committee **noted** the update and it was agreed that a further update will be provided at a later meeting, as the project develops.

5.2 Smoke-Free Environmental Strategy

Mrs Nicky Connor provided an update to the Committee. It was noted that there is a confirmed target date of 5 November for Mental Health and Learning Disability facilities to become a smoke-free environment. Within the assessment section of the report there is a plan detailing what work is under way and what are the next steps to ensure compliance. Champions are in place to support the transition and work is ongoing on to ensure both staff and patient needs are being met. This will be a cultural change within the service, therefore support to both staff and patients will be important.

The Committee were advised that the next steps and key challenges are detailed within the report. It will be important that staff have a strong understanding of the legislation and policy for adherence moving forward. Following conversations, it was advised that there is a high level of confidence within staff and stakeholders working towards the implementation date of 5 November.

Mr Eugene Clarke questioned if due consideration has been given to the possibility of litigation using Human Rights Legislation particularly around an individual's personal rights, and, if this is seen as a risk, should this be included in the risk framework. Mrs Nicky Connor agreed to review further. It was however advised that a discussion around human rights has taken place and this is understood as applying wider than the individual who was smoking, as it looked to consider the risks from second-hand smoke. Other areas in Scotland have used this approach and have been successful with implementation. It is important that the Board has Nicotine Replacement Therapy and other support readily available to support individuals in meeting the smoke-free environment legislation.

Mrs Aileen Lawrie highlighted that smoking is a concern in all areas of the hospital. It was questioned what support will be in place to enable staff to enforce the strategy and will there be clarity on what can be done when individuals do not comply with this? It was noted that there is a real issue at the front door regarding non-compliance from visitors and patients within current smoking prohibited zones. There is continued smoking at the entry to the Maternity service, for instance, which causes second-hand smoke to enter the unit.

Mrs Nicky Connor highlighted that, given the size of the Stratheden site, it would be very difficult to monitor all areas. However, staff will be given robust support. Assurance was provided that in areas where this policy has already been introduced, it has been positively accepted. The concern and challenge has been more focused on the variance of policy in different wards. As some sites did allow smoking in certain locations, and other areas did not, this variance has created pushback from patients. Consistency will hopefully help ensure buy in.

Mrs Rona Laing advised that the paper presented does not fully detail what support for staff and patients will be in place, and further information on this would be beneficial in order to provide assurance. Dr Joy Tomlinson noted that this is a complex context, and the legislative changes are not easy to work within the context of the staff role in advising visitors and patients of the rules. It was advised that environmental health officers can fine a citizen for non-compliance, but officers are limited in numbers, therefore they would only be able to do this if there was a particular problem area. It was advised that enforcement is really challenging and supporting staff will be key. A further conversation should be had to ensure signage and the message to the public and patients is very strong and clear. The champions, Estates team and security will all have key roles in supporting the aspiration.

Assurance was provided that a communication strategy has been developed to ensure the strong message is transferred and that training will be made available to staff members.

The Committee **noted** the update and it was advised that further conversation should be taken up with Staff Governance and Clinical Governance to determine a way forward in providing support to staff and measuring the effectiveness of the policy once implemented. It was agreed that this action will now be closed by Finance, Performance and Resources on their action list.

6. GOVERNANCE

6.1 Board Assurance Framework – Financial Sustainability

Mrs Margo McGurk presented the report to the Committee on Financial Sustainability. It was highlighted that there is no significant change on this iteration of the BAF from that previous presented in May 2021, where the risk level reverted to high.

For assurance, an update was provided to the committee that NHS Fife received within the July allocation £11.6m for Covid funding. However, it is not confirmed moving forward what the Board can expect in the remainder of the financial year.

There is an important review that is to be carried out for Quarter 1, which was requested from Scottish Government. Within this, each Board is required to submit a formal position on Q1 and additionally submit a forecast for the full financial year. This is to inform SG and the Board on the forecast position. From the IPQR, it was advised that, including the unachieved savings, the Month 2 position details a high overspend particularly from Acute but work is ongoing to investigate this.

NHS Fife have formally signalled to Scottish Government that the Board has a gap of between £5-8m in terms of NRAC parity, and this has been aligned to the discussion on achieving financial balance in 2021/22.

Mr Alistair Morris highlighted that he felt Brexit should no longer be seen as a continuing risk and queried whether this risk can now be closed. Mrs Margo McGurk advised that Brexit should still be considered a risk, as the cost of building supplies now appears to be increasing and, for example, she felt it would be necessary for this to remain on the agenda for another few months, given the potential impact to capital projects underway.

A question was raised on the funding of IJB and how discussions with Fife Council colleagues have progressed. It was highlighted that NHS Fife have made good progress alongside Fife Council on negotiating and delivering a proposal for the risk share agreement. A paper was presented to the Private Session at the May 2021 Committee and this should go forward to the Board in September. It was noted that the financial position of the IJB was more positive and closed with a reserve of c£30m. The IJB was allowed to carry forward any excess of Covid funding and late allocations into this financial year.

The Committee **approved** the Board Assurance Framework on Financial Sustainability.

6.2 Board Assurance Framework – Strategic Planning

Mrs Margo McGurk presented the report to the Committee on Strategic Planning. It was highlighted that there has not been any significant change from the last iteration, which was presented in May 2021, when the BAF was amended to reflect the current planning context whereby the Board is working under direction of the Scottish Government and driven by the Covid response. Over the past few years, NHS Fife has successfully implemented the Clinical Strategy and now the Board is engaged in the development of the Population Health and Wellbeing Strategy. There is a key governance risk around strategy, and it is important that the Board work effectively to develop the new strategy going forward.

A risk workshop will be held with the Executive Team in September and support has been enlisted from another health board to provide expert advice (in particular there is a focus on the use of a tool regarding Risk Maturity). This will look at how risk is assessed and objectives are identified, what arrangements are in place to create a risk strategy and how this is applied in practice. It will also look at how this information diffuses across the organisation and the extent in which the risk management arrangements can support and inform decision making.

Mrs Rona Laing highlighted that within the current controls of the risk the date of June against consideration of corporate objective should be updated to July for accuracy.

It was clarified that in the work undertaken in the last few months in developing the Population Health and Wellbeing Strategy will include the uncertainty of long Covid on health and care services and the population.

The Committee discussed the risk description and it was proposed that consideration should be given to review the description to ensure it is clear. The keyword and focus of this risk is on effective “governance”. It was agreed that a discussion will take place at EDG to determine a way forward.

The Committee **discussed and agreed** the change in the risk associated with the BAF for Strategic Planning, noting that further work was required on the description wording.

6.3 Board Assurance Framework – Environmental Sustainability

Mr Neil McCormack presented the report to the Committee on Environmental Sustainability. It was highlighted that there is no significant change from the last iteration of the BAF, which was presented at the May 2021 meeting.

The risks are long term and two relate to the tower block. These risks will be reduced when the Elective Orthopaedic Centre opens.

Work is underway in relation to the Flexible Hoses. The contractor has dealt with 35% and will deal with the remaining 65% as a lifecycle contract.

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

6.4 Labs Managed Service Contract Performance Report

Mr Andy Mackay introduced the report to the Committee. It was clarified that, following internal audit recommendations in 2019, an annual report is required to be presented to the Director of Finance and Finance, Performance and Resources Committee on the Roche Diagnostics Managed Service Contract.

The Committee were advised that a detailed report has been provided to EDG and a summarised version to the Committee which highlights the contract performance. Due to the reduced activity as a result of Covid, funding has been able to be released for Covid offset through the course of last financial year.

The report is to provide assurance of the work that goes on within the managed service contract. From Autumn 2021, the Board will begin to move into the regional managed service contract, which is being led by NHS Lothian, and this will be complete by April 2022. Assurance was provided that significant work has been undertaken to ensure a smooth transition.

The Committee **noted** the findings of the report.

6.5 Corporate Objectives 2021/22

Mrs Carol Potter introduced the report to the Committee. It was highlighted that this is presented later than it usually would in the workplan cycle.

The Planning and Performance team have sifted through significant detail to develop this set of corporate objectives. Appendix 2 identifies the objectives and notes which Directors are leading on each or have a supporting role. The objectives are framed under the context of four strategic priorities of the Board.

The Committee welcomed the detail of the update and endorsed the Corporate Objectives of 2021/22 for onward submission to the Board.

6.6 Draft Model Publication Scheme

Dr Gillian MacIntosh presented the report on the Draft Model Publication Scheme to the Committee on behalf of Alistair Graham, Associate Director, Digital & Information.

It was noted that Freedom of Information (FOI) legislation requires all public authorities to have a Model Publication Scheme, which outlines classes of information that the Board is expected to actively publish out on a proactive basis. The previous version was significantly out of date and when the Board moved to the new website last year a lot of links became inactive. This new Scheme provides links to information in one cohesive area of the website, which are easily accessible. Proactive publication has the opportunity to reduce FOI requests if information is readily available to the public.

It was noted this has been a large piece of work, which has required a lot of input from individuals across the organisation. Successfully completing this task has highlighted the benefit of having designated FOI support within the Information Governance & Security team.

It was also highlighted that the improved resource in this area has enabled our FOI performance as a whole to stabilise to around 90-95% of requests answered within the timeframe, which is a great achievement for a public authority. This improvement has been recognised by the Scottish Information Commissioner directly, which is a great achievement for the staff involved, and making sure the Model Publication Scheme is up to date is part of this overall improvement process.

It was advised that the information published does require to be managed directly by services and teams who generate the information, to ensure this is kept up to date on an ongoing basis. Staff members with the IG&S team check every six months or so for accuracy and ask colleagues to review the information published on this cycle.

A link is provided on the paper to the Model Publication Scheme for members' further information.

The Committee **noted** the update on the Model Publication Scheme, welcomed its availability on the website and commended the improvements in the area of FOI more generally.

6. PLANNING

6.1 Development of the Population Health & Wellbeing Strategy

Mrs Margo McGurk provided a verbal update to ensure the Committee was kept up to date following the Board Development discussion in June. The next steps are that the Executive Team are establishing the critical path, aiming to determine the key actions that need to happen and key milestone dates, to allow a final version of strategy to be submitted early in the next calendar year. The Executive Team will also have a discussion on the detail of reporting requirements and structure for the development of this strategy and how this will be compiled together. Work is underway to develop the delivery plan alongside the strategic framework. Good progress has been made to develop an engagement approach, which will allow the Board to reach out to communities and find out what matters to them. Further progress has also been made within Public Health to help understand how they will develop the population health

assessment, which will be the underpinning baseline of the strategy, identifying the key areas of focus. The Communications team are looking at ideas around branding. Work is also progressing on the EQIA.

A key piece of work requires to be undertaken in order to develop the risk profile associated with the delivery of the strategy and consider what would inhibit or detract against being able to achieve its aims. An open discussion should take place with the Board to determine what level of risk they would be willing to take, whilst closely considering patient safety and operational delivery. It was recognised this is an exciting piece of work in a time of huge challenge.

The Committee **noted** the update.

7.2 Property & Asset Management Strategy

Mr Neil McCormick presented the report to the Committee. It was highlighted that an interim report was brought to the Committee in March 2021. This iteration describes a work in progress at present, and the full strategy will be brought back to the Committee in November this year, which will detail direction of travel.

A full review is currently underway. One component is the State of the NHS Scotland Assets and Facilities Report (SAFR), which is driven by the estate of NHS Scotland. This looks at the whole of NHS Scotland and identifies what the common issues are. NHS Fife is required to complete a spreadsheet detailing statutory compliance, the state of the equipment and what backlog maintenance is required. The project plan advises that this should be complete by July; however, there may be a slight delay due to availability of the spreadsheet nationally.

A second component is that, as per one of the supporting frameworks, the Board need to ensure the estate is working for NHS Fife in terms of delivering strategy. As the Population Health and Wellbeing strategy develops over the next year, the PAMS document will be updated and this will highlight how the NHS Fife requires to respond to this.

The Committee **noted** the update.

7.3 Orthopaedic Elective Project Update

Mrs Janette Owens introduced the update to the Committee. It was noted that the project is progressing well and is in line with the programme timeline. However, there are some issues arising in respect of material availability and associated price increases. These issues are being mitigated and managed by the project team and programme board. NHS Fife are participating in the NSS Design Assurance to deliver on quality.

The project is engaging with Fife Health Charity to support a number of patient and staff enhancements, which will positively support the vision of creating a centre of orthopaedic excellence.

A workforce plan has been prepared, which has been shared nationally to support workforce planning and to ensure that the workforce in place ready for opening, with training also available.

A financial allocation of £33.2m has been granted by the Scottish Government and the project is being managed within that allocation. Key financial risks relating to Brexit and Covid have been transferred to Scottish Government. A more detailed financial report will come to the next Committee meeting in September 2021 as part of the regular quarterly report.

There are four risks outlined on the project: these are on Covid, Brexit, Ground Conditions, and Digital / eHealth. The eHealth initiatives have been identified and business cases have been developed. Funding has been requested from Scottish Government. However, Paperlite, for example, is an NHS Fife wide initiative and not specific to the Orthopaedic Centre.

A time-lapse calendar is now in place to allow updates and progress to be viewed and followed.

The Committee **noted** the status of the project and took reassurance from the current position. The Project Board will continue to provide governance as the project progresses through the construction stage and will escalate any significant matters arising to EDG.

7.4 Robotic-Assisted Surgery Business Case

Mr Andy Mackay was invited to present the Business Case to the group. It was noted that the Committee should be aware of the significant funding allocated that was agreed at the end of the previous financial year to procure a robot, this will enhance surgery in Fife and drive innovation forward. The robot is now in place within Phase 3 and staff training has now commenced. Following discussions, the financial projections have been updated to reflect recurring revenue costs. The paper details the rationale behind robotic surgery and highlights clinical benefits to patients, staff attraction and financial elements. The fluid situation of Covid will impact on the activity projected for this year and the revenue costs is slightly lower due to this for 2021/22. However, this will change going forward. Assurance was provided that Acute Services will continue to support potential offset savings within the directorate.

Dr Christopher McKenna emphasised the importance of this innovative technology. However, it was highlighted that the Committee need to be mindful that this is new technology, and this will have financial implications and staff implications. Whilst staff members participate in training, the number of procedures and level of activity in Fife will be reduced.

The Chair highlighted that Acute Services will require to reprioritise spend to deliver financial sustainability in terms of activity. The level of risk was queried in regard to this.

Mr Andy McKay advised that NHS Fife are currently outperforming on planned activity, which has attracted additional funding that helps raise the activity projections. It was felt the risk is fairly low, given the position on waiting times nationally. Acute will look to

identify efficiency savings within the core position. Length of stay should be improved once the service is up and running, which will also create a future benefit.

Mrs Margo McGurk noted that the in-year cost could be as high as £400k but this is unlikely due to potential stop/start of the service in the context of the pandemic. The current financial year focus should be cost offsetting.

The Committee agreed to **endorse** the final business case for the Robotic-Assisted Surgery.

7.5 Capital Formula Allocation 2021/22

Mrs Rose Robertson presented the report to the Committee on behalf of Fife Capital Investment Group, which provided the proposed budget distribution for 2021/22. In April 2021, Fife Capital Investment Group considered submissions from Capital Equipment Management Group, Minor Works and Backlog Maintenance, Digital and Information and individual business cases for capital projects. The core capital resource limit for 2021/22 is £7.4m. However, NHS Fife have agreed to commence payback over a 5-year period for the Infrastructure support received in 2019, which was related to capital sales, therefore, after payment has been made, the core allocation is £7.2m. The Committee were guided to the table in the paper, which highlights the proposed allocation across the main headings. Key points to note are NHS Fife are continuing discussions with Scottish Government colleagues in respect of HEPMA and they are also looking to consider whether there is potential for ADEL funding as part of Digital and information.

The Committee **endorsed** the report.

7.6 Transfer of Third-Party Leases

Mr Neil McCormick presented the report to the Committee. It was noted that this is a complicated issue. In 2017, a national Code of Practice for GP practices was published, which separates the GP service from ownership of their premises. The direction of travel is that the NHS will eventually become the owner or landlord for the GPs, either having their own buildings or leasing the buildings from third-party landlords. This seeks to make the practice more similar to a health centre. There have been ongoing discussions in NHS Fife to determine what requires to be done by the Board.

This process has been developed to ensure GP sustainability for services in the long term.

At present, two practices (Auchtermuchty and Primrose Lane) have flagged that they have third-party landlords and wish to move their lease to NHS Fife in order to be a sustainable practice. NHS Fife should consider this as it will help support the way forward.

NHS Fife are at the stage where they can take on these practices, as risks have been mitigated as much as possible and the requirements are well understood. The next step is that NHS Fife require to grant this lease, however, the BMA sublease is not yet ready. Practices are now in the position where they are relying on this happening. NHS Fife

can grant an interim one-year lease and once the BMA sublease is finalised this can be put in place retrospectively. The one-year lease is therefore a holding position.

It was highlighted that this process and the exciting projects ongoing within Kincardine and Lochgelly will require NHS Fife to develop a strategy for the estate as a whole and discuss the best way to develop primary care moving forward.

Mr Eugene Clarke questioned whether consideration is given to the physical condition of the properties and whether the location of these are suitable. Mr Neil McCormick advised that, going forward, NHS Fife will aim to look at the practices five years in advance to give due consideration of this. They will look to identify if the practice is in the right place and has the ability to support a multidisciplinary team. The understanding of the two practices to consider at present is that they are appropriate.

The Committee **endorsed** Option 1 in relation to the transfer of leases for the first premises and note the longer-term shift in direction for Primary Care Premises.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance & Quality Report

Mrs Rona Laing introduced the Integrated Performance & Quality Report to the Committee and highlighted the huge pressure that NHS Fife staff are facing at present due to staffing levels and capacity. The Committee emphasised and provided absolute support to all staff members, with recognition of the significant pressure that everyone is under at every level across the whole system.

Mrs Margo McGurk was invited to provide an update on Financial Performance. It was highlighted to the Committee that this is the report to the end of May 2021. In terms of revenue, a £7.2m overspend was reported. However, if you look at the detail of this, the highest share of the overspend relates to Covid costs and unachieved brought-forward savings. There is a concerning additional emerging pressure of £0.8m within Acute services. This is being looked at closely with Acute.

By way of update, £11.6m has been received since this report was published and £5.4 of this relates to general Covid. Should this have been received in advance of the report, there would have been a significantly reduced overspend. What is not yet known is what the £5.4m Covid funding represents against the totality of costs. Scottish

In relation to capital, it was noted that there is a significant capital allocation this year of £25.3m, £18m of this is for the Orthopaedic Centre. It is important that this capital project progresses as well as it has throughout the year. There is an anticipated £1.1m allocation for HEPMA, the business case for which was approved earlier in the year. £0.8m has been allocated to Lochgelly and Kincardine Health Centres, and this is an estimate on what the expected cost profile will be this year.

It was noted that there is good progress with the Integration Scheme discussions and this was flagged earlier in the meeting.

Mr Andy Mackay was invited to provide an update on Acute Services performance. It was noted that Acute and the whole system is under more pressure than ever before. The emergency admissions for May 2021 were 5% higher than for May 2019, and ED attendance is higher than pre-Covid level. For every measure across the hospital the demand within Acute is higher than it is expected to be at this point in the year. This is with the additional complication of Covid, including separation of patients, testing, physical distancing and Green/Amber/Red pathways. All staff are doing their best to manage this activity. Within the IPQR, there has been success within the elective activity. NHS Fife have managed to outperform on the previous activity projections. Activity is based on clinical prioritisation and those patients who require urgent treatment, many of those are cancer patients.

It was noted that in terms of remobilisation the position improved throughout June; however, at present Acute is under significant pressure and are looking closely at how they prioritise activity. It was expected that activity will have been impacted in July 2021.

Mrs Nicky Connor was invited to provide an update on Health and Social Care Performance. It was noted that the IPQR relates to April 2021 and this highlights a worsening position in terms of delay. This reflects the increased pressures, challenges of Covid and self-isolation and the impact this has had across the system. Assurance was provided that this is the main focus each day and staff are working closely with colleagues across the whole system. HSCP are looking at a preventative approach to reduce admissions and supporting delay discharges through hospitals. Some of the challenges faced are due to Guardianship issues and delays to processes within courts - this is a national issue which represents a third of the delay figures. Great work has been undertaken in relation to the strategic approach towards a Home First model. A test of change has been implemented to provide patients with information on their expected pathway on admission.

It was noted in terms of smoking cessation, as an effect from the impact of Covid, there has been a loss of staff due to redeployment, the stay at home message and the loss of staff due to taking up other positions. It is hoped this will begin to improve. There is learning throughout this period, which will shape the model going forward.

The Committee will receive an in-depth update on CAMHS and Psychological Therapies at their September meeting. A development to note since March 2021 is that additional funding has been allocated through the National Mental Health Recovery and Renewal Fund. Through this, the HSCP have substantiated some of the temporary staff which were put in place and additional staff have been recruited to support addressing the longest wait and the treatment access. A trajectory of improvement over the next year will be discussed in detail in September. The HSCP continue to monitor and ensure that all those patients at highest risk are prioritised and seen in a timely manner.

The Committee **noted and considered** the contents of the report, with particular reference to the measures identified in Section 2.3.

9 ITEMS FOR NOTING

9.1 Internal Audit Report B26/21 – Financial Process Compliance

Mrs Margo McGurk highlighted the positive internal audit report on Financial Processes and noted that there was no requirement to revise any internal controls across the Board during Covid. It also highlighted the work undertaken to redistribute our staff to ensure Procurement and PPE were prioritised within the early stages of the Pandemic. It also flags the work done on establishing Guiding Principles and recording the financial impact of Covid.

All staff within Finance and Procurement have worked really hard to enable this work and should be commended for their efforts.

The Committee **noted** the report and its positive rating.

9.2 Minute of IJB Finance & Performance Committee, dated 8 April 2021

The Committee **noted** the minutes of the meeting.

9.3 Minute of the Primary Medical Services Committee, dated 1 June 2021

The Committee **noted** the minutes of the meeting.

10. ISSUES TO BE HIGHLIGHTED

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

The Committee discussed the importance of ensuring that the development of the Population Health and Wellbeing Strategy includes an appropriate review and consideration of the risk profile which will be associated with its delivery over the medium to long-term. This will be an important consideration for the Board over this financial year.

11. Any Other Business

There was no other business.

Date of Next Meeting: 7 September 2021 at 9.30am in the Staff Club, Victoria Hospital, Kirkcaldy (location TBC).

(CONFIRMED) MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON 01 JULY 2021 AT 10AM VIA MS TEAMS

Margaret Wells

Chair

Present:

Margaret Wells, Non-Executive Director (Chair)	Christina Cooper, Non-Executive Director
Alistair Morris, Non-Executive Director	Carol Potter, Chief Executive
Wilma Brown, Employee Director	Janette Owens, Director of Nursing
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum	Andrew Verrecchia, Co-Chair, Acute Services Local Partnership Forum
Kirstie MacDonald, Whistleblowing Champion	

In Attendance:

Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Helen Denholm, Head of Payroll Services (Agenda Item 6.4 only)
Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Susan Fraser, Associate Director of Planning & Performance
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Sandra Raynor, Senior HR Manager
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Human Resources
Gillian Westbrook, PA to Linda Douglas (Minutes)

Observer:

Hazel Thomson, Board Committee Support Officer

01. Apologies for Absence

Apologies were received from Margo McGurk, Director of Finance & Strategy. Helen Denholm, Head of Payroll Services, deputised for the South East Payroll Services Consortium Update item only.

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

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

The Chair welcomed members and attendees to the meeting; along with Hazel Thomson who was observing in her new role as Board Committee Support Officer. The Chair formally welcomed Kirstie MacDonald, Whistleblowing Champion for NHS Fife, who was attending her first meeting as a member and requested an agenda item be added to the September 2021 Staff Governance Committee agenda to enable K MacDonald to speak to her role and provide an update.

Action: R Waugh

The Chair reminded members that the Echo pen will be used to record the meeting and acknowledged the Emergency Footing which continues across NHS Scotland until 30 September 2021

The Chair advised members that Helen Bailey, PA to Director of Workforce, has decided to return to her native Northern Ireland following her recent ill health. Helen leaves NHS Fife on 16 July 2021. The Chair thanked Helen for her contribution to the Staff Governance Committee over the years and offered the Committee's best wishes for her move and future in Northern Ireland. A collection is taking place for Helen and details will be circulated for those wishing to contribute.

The Chair also advised members that Gillian Westbrook, Interim PA to Director of Workforce, has secured a permanent role in the private sector. Gillian leaves on 23 July 2021. The Chair thanked Gillian for her contribution to the Staff Governance Committee over the last few months and wished her well in her new job.

03. Minutes of Previous Meeting held on 29 April 2021

The minutes of the meeting held on 29 April 2021 were formally approved as an accurate record.

04. Matters Arising / Action List

The Chair noted that all outstanding actions on the Action List are covered in the meeting's agenda items, except for Item 0.8, which the Chair invited Linda Douglas to provide a verbal update on.

Item 0.8: Linked Committee Minutes and Annual Reports and Escalation - L Douglas informed the Committee there is no formal connection of escalation from the LPFs to APF then APF to Staff Governance with regards to the Terms of Reference. The LPF Co-chairs on this Committee escalate appropriate items to either APF or Staff Governance Committee. The Secretariat of this Committee as a matter of course will ensure points of escalation, should there be any, are noted. There is also the opportunity via this Committee for Co-Chairs of LPF or APF to propose for consideration any items to be included routinely in the Staff Governance Committee Workplan. L Douglas confirmed to the Committee that there are therefore several different mechanisms which allow the assurance of the connection between other committees and the Staff Governance Committee.

This confirmation was **noted** by the Committee.

Item 6.2: S Fevre highlighted an error on this action item, it should read September 2021 not September 2001. This correction was noted.

4.1 Staff Governance Committee Annual Statement of Assurance 2020/2021

G MacIntosh confirmed there were no requests for additions or changes to the paper presented following the April 2021 meeting. The Staff Governance Committee Annual Statement of Assurance 2020/2021 will be signed by the Chair of the Staff Governance Committee and be presented to the Audit Committee and Board.

The Committee **noted** that these items are now complete and can therefore be closed on the Action List.

05. GOVERNANCE

5.1 Board Assurance Framework – Workforce Sustainability

L Douglas informed the Committee that there were no significant changes or additions to the content of the BAF or the appendices provided covering the linked operational risks. The development of the Workforce Strategy 2022-2025 will provide the opportunity for a thorough review of the BAF. Apart from an update from C Dobson on Community Paediatrics, the paper is presented for noting to the Committee.

C Dobson provided a staffing update on Community Paediatrics. A Consultant Paediatrician started in March 2021, replacement for a Consultant who retired in 2020. There are currently 1.7 WTE Consultants in post and a further 1.6 WTE Locum Consultants in post, with the aim to recruit a further two new Consultants in early 2022. At present there are 0.6 WTE Locum Consultant for Child Protection, 0.6 WTE Associate Specialist for Adoption, 2.6 WTE Specialty Doctors who work across the service and a further 1.0 WTE Specialty Doctor will join the service in August 2021. Recruitment for an Advanced Nurse Practitioner will also take place over the summer.

C Potter highlighted for awareness, within the context of these workforce risks, ongoing discussions which are taking place between Board Chief Executives and Scottish Government colleagues regarding the current workforce pressures and staff availability.

A Morris welcomed the plan for a thorough review of the BAF with staff recruitment and retention being critical and requested that further reports are brought to this Committee.

W Brown emphasised the delicate situation at present around nurse staffing, with vacancies across all areas. The pressures from much sicker patients presenting, not always in the correct location due to capacity, are causing concern amongst staff looking after patients outwith their specialities. These same staff have been through a pandemic and are struggling to take much needed annual leave due to filling gaps in rotas. W Brown has recently met with C Dobson and L Douglas for further discussions regarding staff wellbeing.

K MacDonald referred to A Morris's previous comment, noting the BAF doesn't necessarily give a complete overview of how staff are affected on the ground. With reference to Linked Operational Risk ID 90: Radiology, with such a long-term issue, could assurance be provided that this is being managed and how staff are impacted, requesting more hands-on reporting with a higher level of operational detail. The Chair highlighted that despite previous in-depth reports, these are ongoing issues and continue to appear on the BAF.

J Owens provided feedback in respect of nurse recruitment, noting approximately 200 students have been recruited and will be in post by September 2021, possibly earlier but is dependent on NMC registration. Students have been offered posts aligned to their final placements to provide continuity. There are currently 7.1% nursing vacancies in NHS Fife, which is a similar position to that within other Boards. Work is also progressing around International recruitment. A paper will be presented at EDG in early July 2021, highlighting the current staffing issues and proposed solutions.

A Verrecchia informed the Committee that the number of presentations to the Emergency Department is higher now than at any other time, the focus should be on why people are presenting and reducing this number, as solely increasing staffing will not resolve this issue. The Chair highlighted the link to the Clinical Governance Committee agenda and the critical issue of the routes individuals are having to take to access services due to waiting times, criteria and access to GPs.

C Cooper informed Committee that other Health Boards are now using recruitment platforms to recruit staff. Following an example provided by W Brown in respect of recent recruitment to a Band 6 nursing post, L Douglas advised that if a candidate was unsuccessful in a particular role due to their current skill set, alternative placements matching their experience would be considered. There is a fundamental supply issue and work will continue to recruit and develop staff. L Douglas will take on board the comments regarding additional reporting and review future reporting to provide the Committee with the assurance and oversight required.

Action: R Waugh

The Chair asked where the pressure is coming from and to what extent is the Remobilisation Plan adding to this? C Dobson advised that the Remobilisation Plan will be reviewed based on the current unprecedented pressures. Patients are presenting from a number of sources, including those who have been unwell for some time and are now acutely ill, resulting in increased hospital admissions and additional support at discharge. The number of patients now in delayed discharge is higher than during the pandemic. Staff may need to be remobilised into different areas to ease pressure, however, these are the same group of staff who have worked throughout the pandemic and to move staff again will be challenging.

N Connor advised that this is recognised as a whole system issue, with pressures in Primary Care and the Social Care system not unique to NHS Fife. It is essential that public messaging and communications, both locally and nationally, are informing public where to go for the correct support.

C Potter assured the Committee that everything possible is being done, however, there is no easy solution. This issue has been escalated through the Civil Service within the Scottish Government and highlighted to the Cabinet Secretary. Pressures are not solely due to the Remobilisation Plan, but also due to the current health of the population.

The Chair said it is not enough to depend on staff resilience and there is a requirement to look at solutions within the current resources, re-assessing the Remobilisation Plan and entry points to the system and requested a summary report should be presented to Board.

The Committee noted the report and approved the current risk ratings and Workforce Sustainability elements of the Board Assurance Framework. In addition, the Committee requested that the current staffing pressures, issues around recruitment and retention and steps being taken locally and nationally be addressed and taken to the Board, recognising this as a whole system issue across NHS Fife, the Health and Social Care Partnership and the Integrated Joint Board.

Action: L Douglas

5.2 Staff Governance Annual Monitoring Return 2020/2021

S Raynor provided an update on the Staff Governance Annual Monitoring Return for 2020/2021 (referred to as the Return). The Scottish Government wrote to all Boards on 28 May 2021, with a return date of 24 September 2021. The template differs this year as the Scottish Government have already reviewed the range of information already provided by NHS Fife and the template reflects receipt of the NHS Fife Interim Joint Workforce Plan for 2021/2022.

The Return has been shared with APF, Staff Side members and other key individuals. The Health and Social Care Partnership and Acute Services LPFs have shared the work around producing their annual reports for 2021; the information which sits within these will feed into the overall return to Scottish Government. SG colleagues have yet to indicate the revised timescales for feedback to Boards from later receipt of the Return, but a second stage

analysis will involve a review of Board Returns. Board feedback conversations which will replace the existing paper mechanism for providing feedback and receiving further information are expected in Quarter 3. Finally, later in 2021 an overview is likely to be presented to the Scottish Workforce & Staff Governance (SWAG) group, in the form of a thematic paper for discussion.

S Raynor highlighted that the Return focuses on the five individual strands of Staff Governance, as well as staff experience and culture. The return covers areas around appraisals during the pandemic, partnership working and remobilisation, pre-existing equality issues regarding the BAME group and the new Whistleblowing standards. The population of the template is underway and will be presented to APF in July, EDG in August and circulated to this Committee for comment, prior to formal submission to the Staff Governance Committee meeting on 2 September 2021.

W Brown welcomed the new layout of the Return compared to the previous Staff Governance Action Plan. W Brown advised the Committee that an Interim Partnership Group has been created predominantly looking at issues around Agenda for Change. Both S Fevre and A Verrecchia as Co-Chairs of LPF sit on this group, as well as W Brown, as Chair of APF and Employee Director. The group will also review the completed Return to ensure inclusion of all necessary information. S Fevre and A Verrecchia have discussed producing LPF Annual Reports which will assist with the completion of this Return.

K Reith highlighted that the process of SG colleagues analysing existing data before submitting their requests to Boards has been welcome. While similar information has been requested nationally with slight variations between Boards, requests have been specifically tailored to each Board.

The Committee **noted** the content of the paper and the Staff Governance Annual Monitoring Return for 2020/2021.

5.3 Corporate Objectives 2021/2022

C Potter presented the Corporate Objectives for 2021/2022, highlighting that these build on previous verbal updates given to the Committee and conversations within Board Development Sessions. The report will be presented to all Governance Committees in advance of going to Board. Slight changes have been made to the format of the 2021/2022 Corporate Objectives (Appendix 2), each objective is directly aligned to an Executive Director in terms of their leadership roles and also identifies Directors with a contributory or supportive role. C Potter advised that an exercise is taking place to ensure alignment of individual Directors personal objectives and all corporate objectives.

S Fevre raised concerns in respect of the objective “Ensure effective staff engagement and communication”, how is this measured given that issues have been raised by staff concerning StaffLink? W Brown highlighted that the quality and quantity of staff communications are excellent, however, the delivery platform via StaffLink means communications are lost if not seen within a few days of posting. Printing of comms for staff who don't have digital access has not been taking place on a regular basis. This was raised at the APF and there was a request for a workgroup to be set-up, however, this has yet to be established.

L Douglas highlighted to Committee that this was a review of a previous 2020/2021 corporate objective, but building on this work options for what can be measured to ensure effectiveness of communication can be explored. L Douglas took the opportunity to thank Kirsty MacGregor and her team for the delivery and development of these communications and will discuss the request for a working group with K MacGregor.

S Fevre advised the Committee that he has received feedback from staff that they don't find StaffLink effective and there is difficulty finding information, as there has been reinvestment in this system, it is important that the working group takes place to ensure it delivers what is required by staff.

C Potter emphasised the importance of the Staff Side and Communications Team meeting taking place and requested any comments or feedback be based around evidence and data. Given that there are no other system alternatives to StaffLink at present, the Committee needs the assurance from the proposed working group in respect of the effectiveness of all staff communication tools, if there are alternative approaches, these should be considered and implemented.

Action: L Douglas

The Committee **noted** the report and that the Corporate Objectives for 2021/2022 will be considered by the Board at their next meeting.

06 STRATEGY / PLANNING

6.1 Workforce Strategy 2019-2022 Update and 2022-2025 Strategy Development

K Reith advised the Committee that the extant Workforce Strategy is in its final year and the process of reviewing the delivery of strategy for the period 2022 onwards has begun. The work will be informed by the development of the Population Health & Wellbeing Strategy, which will build on the work of the Clinical Strategy 2016-2021. All Boards are required to develop and submit a 3 year Workforce Plan by 31 March 2022, which links in with the 3 year Financial Plan. In terms of the review of the existing strategy, the Operational Workforce Planning Group is reviewing the action plans, with oversight from the Strategic Workforce Planning Group. The 3 year Workforce Plan will be presented to Committee prior to publication in March 2022 and an overview of and update on 2019-22 actions will be provided at a future Staff Governance Committee meeting.

A Morris referenced the Workforce Strategies which are still extant and asked for confirmation of what percentage of existing action plans are still to be fulfilled, given the feedback on current workforce pressures and therefore the likelihood of there being capacity to fulfil the strategies? K Reith advised that extant action plans are currently being reviewed and will be used as the basis for a future report to the Committee. The strategies will direct attention to the longer term needs for workforce supply and demand and it is key to keep these at a high strategic delivery level. A Morris emphasised that it is essential staff don't perceive the senior management team as being remote, which is the danger with new strategies when staff are already feeling overwhelmed. K Reith agreed and recognised the balance needed to support staff.

L Douglas advised that the Workforce Strategy development will be led by the Organisational Population Health and Wellbeing Strategy, with engagement and participation by citizens and employees. Ensuring participation, engagement and communication will enable staff to recognise that it takes account of their experience. The Chair highlighted the importance of this point being considered in respect of the realities our staff are currently facing.

The Committee **noted** the content of this report.

6.2 Development of the Population Health and Wellbeing Strategy

S Fraser provided an update following discussions held at the recent 29 June 2021 Board Development Session, noting points made in respect of the previous agenda item, which are also relevant to the development of the Population Health and Wellbeing Strategy. A good discussion took place at the Board Development session on communication, engagement and participation, confirming the commitment to engage with staff during the development and delivery of the strategy, considering the current pressures staff are experiencing.

The Committee **noted** the Development of the Population Health and Wellbeing Strategy and that further updates will be provided to the Committee on its progress.

6.3 East Region Recruitment Transformation Shared Services Agreement

S Raynor provided an update on the progress of the recruitment transformation services for the East Programme Board and reminded the Committee that the preferred model is a single employer with multiple locations following an employer assessment process, with Lothian appointed as the host board. The model has been approved by the respective Boards, with delivery of the model structure still requiring approval. NHS Fife recruitment team TUPE transferred to NHS Lothian on 1 June 2021 and staff are currently working under a Memorandum of Understanding (attached to the paper). This covers the interim period from TUPE transfer through to the Shared Services Agreement taking effect, which will be subject to an agreed implementation plan. The Agreement was shared with EDG in June 2021 for awareness and will progress through each Board's local governance process during the summer period, with a conclusion by the end of July 2021.

A Morris asked if there had been any concerns raised by staff with regards to losing their NHS Fife identity? S Raynor confirmed this was a topic raised across all Boards involved and a Q&A was developed which covered the issue of identity. NHS Fife staff have been relatively comfortable with the transfer and recognise the service they want to improve and continue to deliver.

S Fevre requested clarification on item 2.3.2 around organisational changes taking place between June and August 2021, along with the content of item 2.3.7 requesting assurance that the Business Case was approved by APF Staff Side members? S Fevre also asked in relation to service users, what difference will they see in terms of the recruitment process and how will performance and accountability be measured within NHS Lothian?

L Douglas apologised for the error in wording on the paper as the APF has an endorsing and engagement role, rather than an approving role, which sits with EDG. All groups have been appropriately engaged within their remit in respect of the Business Case and Staff Side colleagues have been fully engaged on the Programme Board. In respect of service users, L Douglas is currently a recruiting manager and has experienced no change in the recruitment process, or services offered. Once the process is complete recruiting managers will have access to the same services with a wider staffing complement. Development of regional services also allows system updates to be completed in a single instance, rather than within individual Boards. Being part of a larger organisation will also benefit staff in respect of mentoring, coaching, development opportunities and promotion, not always available in a smaller team. Structural organisational changes may take place within the Regional Team, but there will be no detriment to the current post holders. S Raynor confirmed that staff will now participate in the process of organisational change in partnership with local Staff Side representatives.

A Verrecchia expressed concern regarding the TUPE transfer taking place prior to staff transferring having confirmation of any changes to their roles, saying this was raised by staff

members at their 1:1s. L Douglas confirmed that staff were aware that their current roles would continue within the new service and that opportunities for development and promotion would be generated through this process, which NHS Lothian will now progress.

The Chair requested clarification on how recruitment reporting will be brought to this Committee? L Douglas advised that any reporting required will continue to be available via NHS Lothian.

The Committee **noted** the progress in implementing the new model in relation to the East Region Recruitment Service.

6.4 South East Payroll Services Consortium Update

The Chair welcomed Helen Denholm to the Staff Governance Committee, representing Margo McGurk.

H Denholm reported that sustainability and resilience across the region continues to be problematic, due to recruitment and retention. The Regional Consortium has agreed the approach suggested by Directors of Finance with regards to a phased approach. NSS are mindful of staff concerns and have been engaging via workshops, this has been problematic due to current workload, but are ensuring staff are given time to attend and socialise with colleagues from other Boards.

S Fevre raised concerns regarding the loss of NHS Fife identity mentioned in previous papers. S Fevre asked about the workshops taking place, about the plans for these and are Staff Side able to attend alongside staff. H Denholm informed the Committee that the third workshop took place this week and Staff Side members of the Programme Board are attending. Managers are not attending to enable staff to have open discussions.

W Brown raised concerns regarding Payroll Services workload due to the recent AfC pay increase, back pay and staff vacancies, questioning why this model is being implemented when there is currently no capacity for support from other Boards due to workload? S Fevre pointed out that this highlights the staffing issues and pressures in other areas, not only clinical. C Potter requested that we defer a decision on this matter and refer back to M McGurk for further consideration with EDG and Regional colleagues.

Action: M McGurk

The Committee agreed to **defer** this matter for further consideration by M McGurk, EDG and Regional colleagues. In addition, the Committee asked H Denholm to express their thanks to the Payroll Team for their continued hard work.

07. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

L Douglas reported sickness absence levels within NHS Fife covering the period to the end of April 2021. The Board rate is 5.07% and all improvement actions are ongoing. A Morris expressed his disappointment in seeing the change in trend which has been encouraging over the previous months and would be interested to know the contributing factors to this. In terms of the HSCP position, N Connor advised that the top three causes for absence remain the same, including stress with an ongoing focus on what more can be done around staff wellbeing, tiredness and low resilience. Bitesize drop-in sessions have been taking place to ensure direct discussions with staff. C Dobson advised of a similar position within the Acute Service Division, work is taking place with colleagues within the LPF to ensure reviews and

improvement panels are in place. Discussions have also taken place around supporting Managers to ensure they are having positive conversations with colleagues who are experiencing difficulties.

The Chair commented on the absence of COVID-19 related absence figures, and with the sickness absence target never being achieved, why the sickness absence trajectory has been reduced? L Douglas advised the Committee that the COVID related absence data will be contained within the Health and Wellbeing Report which is scheduled for the September 2021 Committee meeting. It was noted that COVID-19 related absence affected approximately 1.52% of the NHS Fife workforce in March, 1.22% in April and 0.62% in May 2021. The trajectory for sickness absence targets was established nationally pre-pandemic in 2018, these figures do not consider the pandemic impact on staff health and wellbeing and absence figures. These will be subject to review, but no national feedback has yet been provided.

The Committee **noted** the IPQR and considered the NHS Fife performance, with reference to the levels of Sickness Absence and the continued caveats around this.

7.2 NHS Fife Workforce Information Overview

K Reith informed the Committee that the NHS Fife Workforce Overview is an improvement journey developing and extending the availability of workforce information for all levels of management decision making. This is the first iteration of a proposed regular report to the Committee looking at the broader workforce issues, working alongside colleagues in other Boards using the Tableau visualisation tool, drawing information out of existing workforce and financial systems to provide the overview within this paper.

S Fevre requested that information around Equality and Diversity is included in future reports, as the Staff Side representative on the newly formed BAME network, part of his role is to raise the profile around Equality and Diversity issues. K Reith confirmed that this information can be extracted from our systems and will look at the possibility of including this in future reports.

The Committee **noted** the content of the NHS Fife Workforce Information Overview report.

8.1 Minute of the Area Partnership Forum dated 19 May 2021 (unconfirmed).

The Committee **noted** the minutes.

8.2 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 12 May 2021 (unconfirmed)

The Committee **noted** the minutes.

8.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 6 May 2021 (unconfirmed)

The Committee **noted** the minutes.

8.4 Minutes of the NHS Fife Strategic Workforce Planning Group Meeting dated 18 May 2021 (unconfirmed)

The Committee **noted** the minutes.

09. ISSUES/ ITEMS TO BE ESCALATED TO THE BOARD

The Chair highlighted items to be escalated:

1. Staffing Pressures

- To highlight concerns about the daily pressures staff are currently experiencing, noting the increased demands in terms of service delivery, arising from clinical activity including front door and remobilisation of services and also about staffing levels, including recruitment and retention, and the impact of the requirement for staff to self-isolate.

Noting that this is a very delicate situation at present and that these concerns were highlighted to the Committee by the Executive Team for awareness and are being raised within a number of fora including with SG colleagues, but requesting that an overview paper is provided to the Board, describing the challenges being experienced by staff and within services and the measures available to mitigate these, including those already in place.

- To commend staff for their continued efforts in respect of the pandemic and maintaining services during these challenging times, particularly, but not exclusively, nursing staff.

2. Sickness Absence

- The deterioration of the position in relation to sickness absence from the March 2021% rate of 4.43%, with a rate of 5.07% in April and 5.31% in May 2021.

The average rate for the rolling year to date is 5.11%. This is an improvement of 0.34% from the same period within the previous financial year.

- It was noted that COVID-19 related absence affected approximately 1.52% of the NHS Fife workforce in March 2021, 1.22% in April and 0.62% in May 2021.

10. ANY OTHER BUSINESS

The Chair informed the Committee that this was her final Staff Governance Committee meeting as Chair and thanked members for their support. L Douglas thanked the Chair on behalf of C Potter and all members of the Committee for her contribution to this Committee. W Brown also thanked the Chair on behalf of Staff Side for her support.

11. DATE OF NEXT MEETING

The next meeting will be held on Thursday 2 September 2021 at 10.00am via MS Teams.

Fife Integrated Performance & Quality Report

Produced in July 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. Remobilisation Summary
- e. 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.

Health Boards are planning the recovery of services following the first and second waves of the COVID-19 Pandemic. NHS Fife has agreed its Joint Remobilisation (RMP3) for 2021/22, and this effectively replaces the previous 1-year or 3-year Annual Operational Plans. It includes forecasts for activity across key outpatient and inpatient services, and progress against these forecasts is included in this document by two methods:

- Update of monthly activity (Remobilisation Summary)
- Enhancement of drill-downs to illustrate actual v forecast activity

The RMP provides a detailed, strategic view of how NHS Fife will approach the recovery, while the IPQR drills down to a level where specific Improvement Actions are identified and tracked. In order to provide continuity between the IPQR from version to version (year to year), Improvement Actions carry a '20', '21' or '22' prefix, to identify their year of origin. 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 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **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:

- Patient TTG and New Outpatients – although remaining considerably below the National Standard for each, the % of patients waiting less than 12 weeks for treatment/appointment were at their highest levels since the start of the pandemic
- Diagnostics – performance (the % of patients waiting no more than 6 weeks for a test) was above 90% for the first time in 2021
- Cancer 31-day DTT – continued to exceed the 95% Standard, for the 10th month in succession

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 10 (34%) within upper quartile, 15 (50%) in mid-range and 4 (16%) in lower quartile.

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

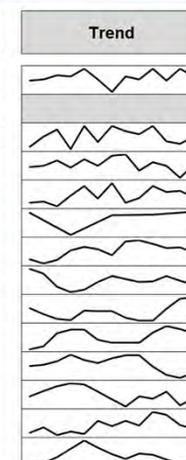
c. Indicator Summary

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	

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22
Clinical Governance	Major & Extreme Adverse Events	N/A
	HSMR	N/A
	Inpatient Falls	7.68
	Inpatient Falls with Harm	1.65
	Pressure Ulcers	0.42
	Caesarean Section SSI	2.5%
	SAB - HAI/HCAI	18.8
	SAB - Community	N/A
	C Diff - HAI/HCAI	6.5
	C Diff - Community	N/A
	ECB - HAI/HCAI	33.0
	ECB - Community	N/A
	Complaints (Stage 1 Closure Rate)	80%
Complaints (Stage 2 Closure Rate)	65%	

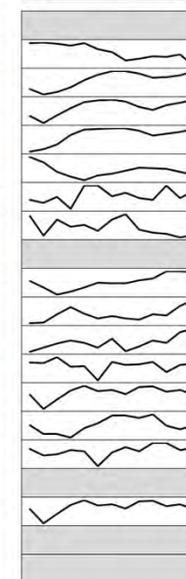
Reporting Period	Year Previous	Previous	Current	Trend
Month	May-20	Apr-21	May-21	
Year Ending	Dec-19	Sep-20	Dec-20	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Quarter Ending	Dec-19	Sep-20	Dec-20	
Quarter Ending	May-20	Apr-21	May-21	
Quarter Ending	May-20	Apr-21	May-21	
Quarter Ending	May-20	Apr-21	May-21	
Quarter Ending	May-20	Apr-21	May-21	
Quarter Ending	May-20	Apr-21	May-21	
Quarter Ending	May-20	Apr-21	May-21	
Quarter Ending	May-20	Apr-21	May-21	
Quarter Ending	May-20	Apr-21	May-21	



Reporting Period	Fife	Scotland
N/A		
YE Dec-20	1.01	1.00
N/A		
N/A		
N/A		
QE Dec-19	2.3%	0.9%
QE Mar-21	17.8	18.4
QE Mar-21	14.1	10.4
QE Mar-21	14.0	15.6
QE Mar-21	5.4	3.8
QE Mar-21	21.6	34.7
QE Mar-21	34.7	36.6
2019/20	71.5%	79.9%
2019/20	35.7%	51.8%

Section	Measure	Target 2021/22
Operational Performance	IVF Treatment Waiting Times	90%
	4-Hour Emergency Access	95%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%
	18 Weeks RTT	90%
	Cancer 31-Day DTT	95%
	Cancer 62-Day RTT	95%
	Detect Cancer Early	29%
	Freedom of Information Requests	85%
	Delayed Discharge (% Bed Days Lost)	5%
	Delayed Discharge (# Standard Delays)	N/A
	Antenatal Access	80%
	Smoking Cessation	473
	CAMHS Waiting Times	90%
	Psychological Therapies Waiting Times	90%
	Alcohol Brief Interventions (Priority Settings)	80%
	Drugs & Alcohol Treatment Waiting Times	90%
	Dementia Post-Diagnostic Support	N/A
	Dementia Referrals	N/A

Reporting Period	Year Previous	Previous	Current	Trend
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Year Ending	Jun-19	Mar-20	Jun-20	
Quarter Ending	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
Month	Apr-20	Mar-21	Apr-21	
YTD	Mar-20	Feb-21	Mar-21	
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	
YTD	Mar-19	Dec-19	Mar-20	
Month	Mar-20	Feb-21	Mar-21	
Annual	2018/19	2019/20	2021/21	
Annual	2018/19	2019/20	2020/21	



Reporting Period	Fife	Scotland
N/A		
May-21	87.2%	87.1%
Mar-21	51.7%	34.7%
Mar-21	52.6%	48.1%
Mar-21	80.7%	61.4%
QE Mar-21	73.2%	75.9%
QE Mar-21	98.9%	97.7%
QE Mar-21	81.4%	83.0%
2018, 2019	26.1%	25.6%
N/A		
QE Dec-20	5.5%	4.8%
May-21	23.56	14.48
FY 2019/20	89.0%	88.3%
FY 2019/20	92.8%	97.2%
QE Mar-21	76.0%	65.1%
QE Mar-21	82.0%	80.4%
FY 2019/20	79.2%	83.2%
QE Mar-21	94.5%	95.6%
2018/19	93.7%	75.1%
2018/19	60.9%	43.4%

Section	Measure	Target 2021/22
Finance	Revenue Expenditure	(£13.822m)
	Capital Expenditure	£25.319m

Reporting Period	Year Previous	Previous	Current	Trend
Month	May-20	Apr-21	May-21	
Month	May-20	Apr-21	May-21	



Reporting Period	Fife	Scotland
N/A		
N/A		

Section	Measure	Target 2021/22
Staff Governance	Sickness Absence	3.89%

Reporting Period	Year Previous	Previous	Current	Trend
Month	May-20	Apr-21	May-21	



Reporting Period	Fife	Scotland
YE Mar-21	4.77%	4.67%

d. NHS Fife Remobilisation Summary – Position at end of June 2021

Better than Projected | Worse than Projected

(NOTE: Better/Worse may be higher or lower, depending on context)

	Projected
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Actual
	Variance
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected
	Actual
	Variance
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected
	Actual
	Variance
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected
	Actual
	Variance
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected
	Actual
	Variance
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected
	Actual
	Variance
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected
	Actual
	Variance
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected
	Actual
	Variance
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected
	Actual
	Variance
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected
	Actual
	Variance
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected
	Actual
	Variance

Month End			Quarter End	Quarter End	Quarter End	
Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
862	950	989	2,801	2,828	3,033	3,355
955	1,140	1,030	3,125			
93	190	41	324			
4,537	4,946	5,133	14,616	15,804	19,003	20,361
5,945	6,475	6,126	18,546			
1,408	1,529	993	3,930			
579	611	611	1,801	1,833	1,833	1,833
436	498	466	1,400			
-143	-113	-145	-401			
3,450	3,650	3,750	10,850	11,250	11,250	11,250
4,216	4,303	4,452	12,971			
766	653	702	2,121			
5,350	5,780	5,980	17,110	19,110	18,370	18,490
6,209	7,039	7,479	20,727			
859	1,259	1,499	3,617			
2,790	2,650	2,600	8,040	8,320	8,680	8,830
3,217	3,498	3,405	10,120			
427	848	805	2,080			
			5.82	5.85	5.63	5.73
			5.50			
			-0.32			
780	820	850	2,450	2,610	2,610	2,610
965	946	971	2,882			
185	126	121	432			
130	140	145	415	435	435	435
93	107		200			
-37	-33					
91	131	84	306	291	346	298
136	143		279			
45	12					
465	477	427	1,369	1,422	1,905	1,780
578	555		1,133			
113	78					

	Projected
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Actual
	Variance

Month End			Month End	Month End	Month End	
Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
43	41	37	37	36	42	43
78	88	77	77			
35	47	40	40			

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

e. Assessment – Clinical Governance

		Target	Current
HSMR		1.00	1.01
<p>The HSMR for NHS Fife for the year ending December 2020 was unchanged from that for the year ending September 2020 and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.</p>			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.75
<p>As services continue to remobilise, the steering group have updated their annual workplan which includes a focus on care approaches in the context of the current environment to support a reduction in falls with harm. This provides the overarching focus and in addition, local improvement work is underway in focussed in-patient areas where the number of falls has been higher.</p> <p>Work being led by the National Falls Group has representation from NHS Fife and at present this group are updating/redeveloping the National Improvement Driver Diagram. This will be supported by a new measurement plan and audit tool and will closely align with the Excellence in Care programme.</p>			
Pressure Ulcers	<i>50% reduction by December 2020</i>	TBC	1.03
<p>Two clinical areas with Acute 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.</p> <p>The pressure ulcer rate in the community inpatient setting was 0.31 in April 2021. This has shown a consecutive reduction in the rate of pressure ulcers – developed on ward, since February 2021. The last recorded grade 3 pressure ulcer – developed on ward, was in February 2021 and no further pressure ulcers – on ward, graded major or extreme.</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.4%

All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. However, Maternity Services have continued to monitor their Caesarean Section SSI cases and, where necessary (i.e deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.

SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	13.7
Surveillance of SABs has continued throughout the COVID-19 pandemic. For April, NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no further ventilator associated pneumonias, PVC or CVC SABs since March 2021.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	14.9
NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022 due to a raised incidence of 9 CDI in March. Two CDIs were recurrences and one case was a Fife resident being treated in another Health Board. Reducing the incidence of recurrence of infection continues to be addressed, to assist with reducing the rates further.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	24.9
ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For April, NHS Fife is below the trajectory line and in line to achieve this target. Reducing CAUTI ECBs is the focus for quality improvement.			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	24.0%
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.			

e. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	87.2%
<p>Attendances continue to rise, averaging around 200 per day at the ED, a 35% increase since January, with most attendees being self-presenters. Despite the increased demand, performance against the National Standard improved in April. Several improvements are being tested to improve flow to our onward assessment areas and reduce waits for beds. The Redesign of Urgent Care (RUC) has supported improvements for minor flow and will be scaled up by the addition of a sustainable staffing model. Redirections to MIUs have increased across Fife and referral pathways are being developed with primary care to enable the Flow and Navigation Hub (FNH) and ED to access support for patients.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	62.7%
<p>Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 and cancelled non-urgent elective surgery. At the end of April, the waiting list was 20% lower than at the end of May 2020 and performance had begun to recover with 54% waiting greater than 12 weeks for treatment compared to 26.8% in May 2020 as theatres were remobilised. Particular attention continues to be focused on clinical priorities whilst routine activity recommenced in March. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	60.3%
<p>Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 which resulted in the suspension of routine activity. At the end of April, the waiting list was 71% higher than at the end of May 2020 and performance had begun to recover, with 56.4% waiting less than 12 weeks compared to 40.9% waiting less than 12 weeks in May 2020. Particular attention continues to be focused on urgent referrals whilst routine activity recommenced in March. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	93.5%
<p>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. At the end of April performance had begun to recover with 85.3% of patients waiting less than 6 weeks compared to 31% in May 2020. Urgent (including urgent cancer) diagnostic tests continue to be prioritised. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	79.4%
<p>April continued to see performance challenges. An increase in referrals and a consultant vacancy impacted on the Breast service, while there were delays to Oncology appointments in Colorectal due to annual leave and in Urology due to lack of capacity. Full staging requirements contributed to the Cervical breach. Initial referral to another specialty and delay to referral to tertiary Board resulted in the breaches for Lymphoma and Lung respectively. Lack of resources and routine staging and investigations contributed to the remaining breaches. The range of breaches were 4 to 70 days, with an average breach time of 20 days.</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	94.9%
<p>Since the implementation of AXLR8 in NHS Fife, 349 requests have been responded to. Of those, 316 (90.5%) have been responded to on time and 33 (9.5%) have been late. 45 requests are currently active, of which 7 (16%) are already late.</p>			

FOISA training for NHS and IJB personnel has been completed and the delivery of a new Publication Scheme for NHS Fife is underway, with EDG review and sign off to be completed in July.

Delayed Discharges

The % of Bed Days 'lost' due to Patients in Delay is to reduce

5% 9.7%

The number of bed days lost due to patients in delay rose sharply in April and is again above the target 5%. This is in part due to a rise in the number of unplanned attendances at the emergency department, which has resulted in an increase in hospital admissions.

Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas

473 247

Although the non-pharmacy service was available throughout the pandemic, only a limited number of clients looked for support in the early days of lockdown although we have seen this increase over time. It has been much more difficult to factor in 40% most deprived clients as we do not know who will be contacting us seeking support (therefore supporting all who request help due to limited provision elsewhere). Initially there was client hesitancy to seek support due to limited understanding of the pandemic and the messaging of 'stay at home' (quitting maybe not seen as a priority during lockdown). The last 12 months has highlighted that service visibility and ease of access is key and being sited in GP practices/ Health Centre/community venues and the hospital setting means we can have wider reach and engagement.

CAMHS Waiting Times

90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral

90% 73.4%

Fife CAMHS RTT % figure has begun to drop against the national standard as work gets underway to address the longest waits. Whilst the focus of the majority of the workforce remains on those requiring urgent and priority interventions, the recruitment of staff to specifically address the longest waits has resulted in increased overall activity but a drop in RTT%. This pattern will continue as work progresses on the longest waits and new staff are recruited to meet ongoing demands.

Psychological Therapies

90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral

90% 80.0%

The reduced performance on the PT target in April was due to a larger proportion of the activity comprising people who have waited over 18 weeks. This impacted the target % within the psychology service tiers offering highly specialist therapy and within CAMHS. This reduction in performance was anticipated and had already been highlighted in CAMHS and PT recovery papers as an unavoidable consequence of tackling the backlog on waiting lists.

e. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£13.822m)	(£7.263m)

Month 2 financial position

The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises; a core overspend of £0.780m; Covid-19 spend of £4.386m; and £2.276m underlying unachieved 'long Covid' savings.

The total capital resource limit for 2021/22 is £25.319m. The capital position for the 2 months to May shows spend of £1.251m.

Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£25.319m	£1.251m
----------------------------	--	-----------------	----------------

The overall capital budget including the Elective Orthopaedic Centre for 2021/22 is £25.319m. The capital position for the year to May records spend of £1.251m. Therefore, 4.94% of the anticipated total capital allocation has been spent to M2.

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	5.31%

The sickness absence rate in May was 5.31%, an increase of 0.27% from the April. COVID-19 related absence affected 0.63% of the NHS Fife workforce.

II. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	10
HSMR	11
Inpatient Falls (With Harm)	12
Pressure Ulcers	13
Caesarean Section SSI	14
SAB (HAI/HCAI)	15
C Diff (HAI/HCAI)	16
ECB (HAI/HCAI)	17
Complaints (Stage 2)	18

Finance, Performance & Resources: Operational Performance

4-Hour Emergency Access	19
Patient Treatment Time Guarantee (TTG)	20
New Outpatients	21
Diagnostics	22
Cancer 62-day Referral to Treatment	23
Freedom of Information (FOI) Requests	24
Delayed Discharges	25
Smoking Cessation	26
CAMHS 18 Weeks Referral to Treatment	27
Psychological Therapies 18 Weeks Referral to Treatment	28

Finance, Performance & Resources: Finance

Revenue Expenditure	29
Capital Expenditure	39

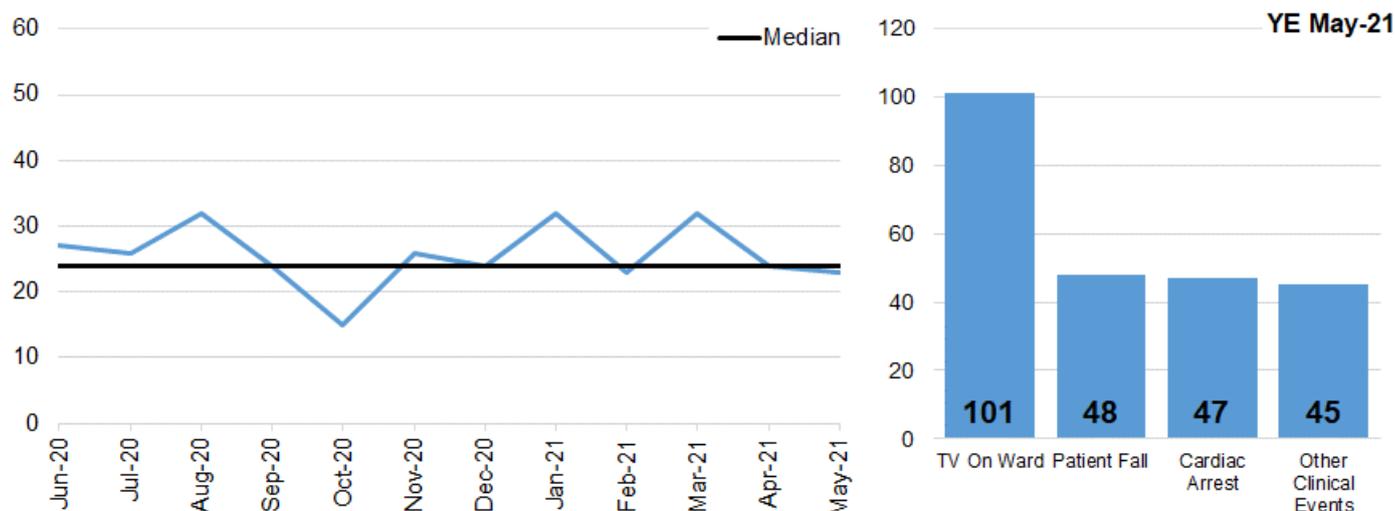
Staff Governance

Sickness Absence	42
------------------	----

CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21											
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
ALL	NHS Fife	1123	1329	1243	1287	1339	1304	1248	1286	1209	1364	1343	1336
	Acute Services	463	561	506	607	557	638	600	571	531	631	589	623
	HSCP	627	730	695	638	748	635	621	694	652	706	715	673
	Corporate	33	38	42	42	34	31	27	21	26	27	39	40
CLINICAL	NHS Fife	740	909	837	924	901	952	927	902	853	953	922	977
	Acute Services	421	515	469	559	508	594	557	532	495	589	542	574
	HSCP	299	373	352	347	377	341	360	359	344	351	362	380
	Corporate	20	21	16	18	16	17	10	11	14	13	18	23

Commentary

Local and significant adverse event reviews are progressing in accordance with a prioritised schedule.

A SLWG to review the Adverse Event Policy and associated processes has been set up, and its work is outlined below:

- June 2021 - map the current process
- June/July 2021- SLWG to map future state and develop an implementation plan
- Aug 2021- look to pilot any new ways of working
- Sep 2021- update the Adverse Events policy
- Nov 2021- submit new policy through governance structures

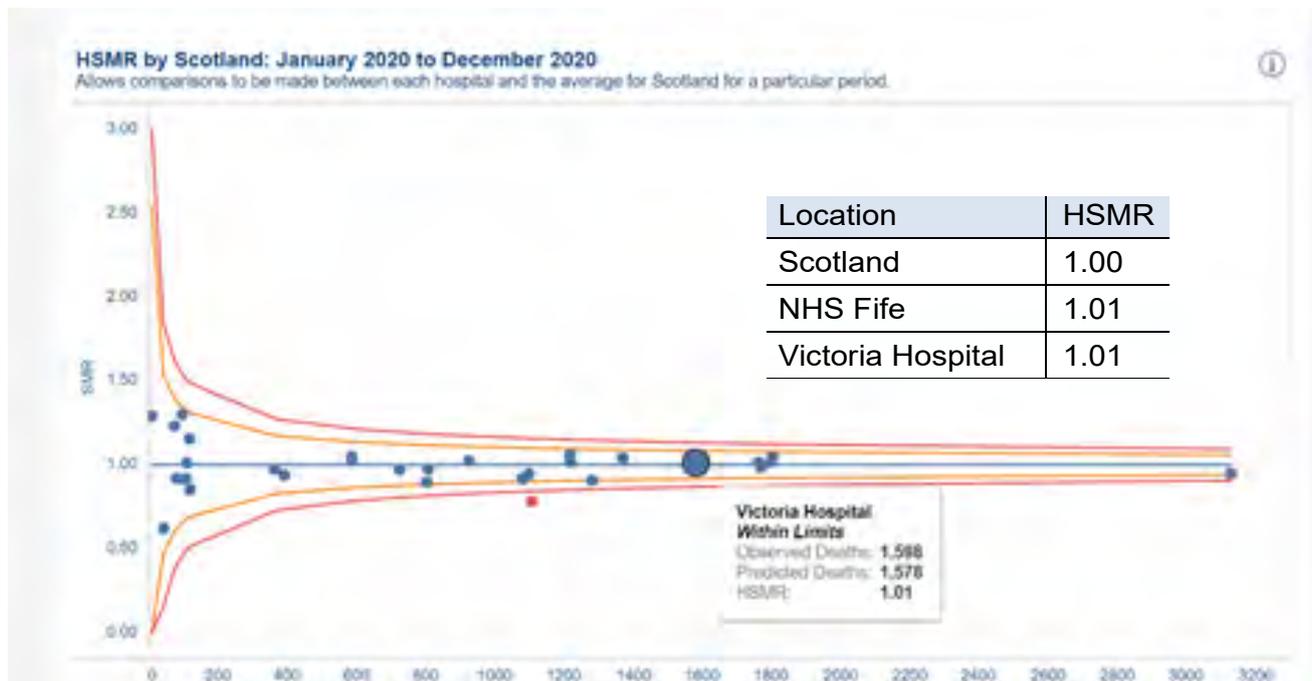
HSMR

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; January 2020 to December 2020^P

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

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



Commentary

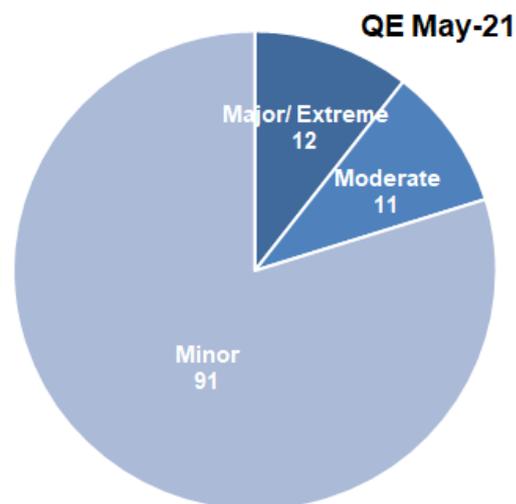
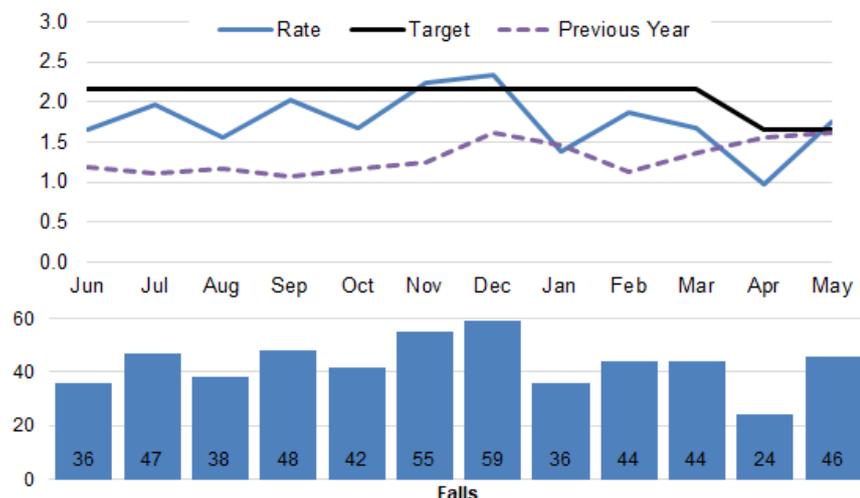
The annual HSMR for NHS Fife remained unchanged from Q3 to Q4 of 2020, with the difference between actual and predicted number of deaths producing a ratio just over 1. This should be seen as normal variation, but we will continue to monitor this closely.

Inpatient Falls with Harm

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

Target Rate (by end March 2022) = 1.65 per 1,000 OBD

Local Performance



Performance by Service Area

		2020/21										2021/22	
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
With Harm	NHS Fife	1.66	1.98	1.56	2.03	1.68	2.24	2.35	1.39	1.87	1.68	0.98	1.75
	Acute Services	1.18	1.18	1.08	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.35	0.96
	HSCP	2.08	2.67	1.96	2.62	2.17	2.88	2.96	1.53	2.47	2.29	1.54	2.48
	Target	2.16	2.16	2.16	2.16	2.16	2.16	2.16	2.16	2.16	2.16	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

IMPROVEMENT ACTIONS

20.3 Falls Audit	By Jul-21
A new national driver diagram and measurement package are about to be finalised and are being tested in four boards across Scotland in May and June. On completion, NHS Fife documentation will be reviewed (July 21) and an audit will then follow (August 21).	
20.5 Improve effectiveness of Falls Champion Network	By Jul-21
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.	
21.2 Falls Reduction Initiative	By Jul-21
A Falls Reduction Initiative has commenced in three Mental Health Inpatient wards with the aim of reducing all falls by 25% by July	
21.3 Integrated Improvement Collaborative	By Jun-21
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, with results assessed in June.	

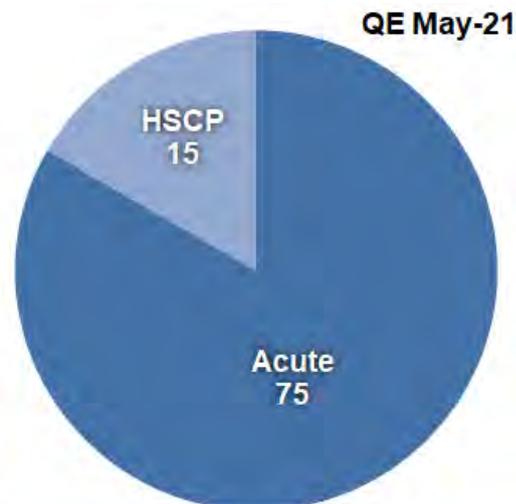
Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2022) = TBD per 1,000 OBD

NOTE: CURRENTLY USING THE PREVIOUS TARGET TO CALCULATE RAG STATUS

Local Performance



Performance by Service Area

		2020/21										2021/22	
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Grade 2 to 4	NHS Fife	0.88	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.26	1.03
	Acute Services	1.57	1.18	1.98	2.73	1.20	2.39	1.17	2.06	2.18	2.12	2.42	1.68
	HSCP	0.26	0.31	0.38	0.32	0.82	0.78	0.53	0.07	0.80	0.43	0.23	0.44

KEY CHALLENGE(S) IN 2021/22

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

21.2 Integrated Improvement Collaborative

Action Complete June 2021

21.3 Implementation of robust audit programme for audit of documentation

Action Complete June 2021

22.1 Improvement Collaboratives

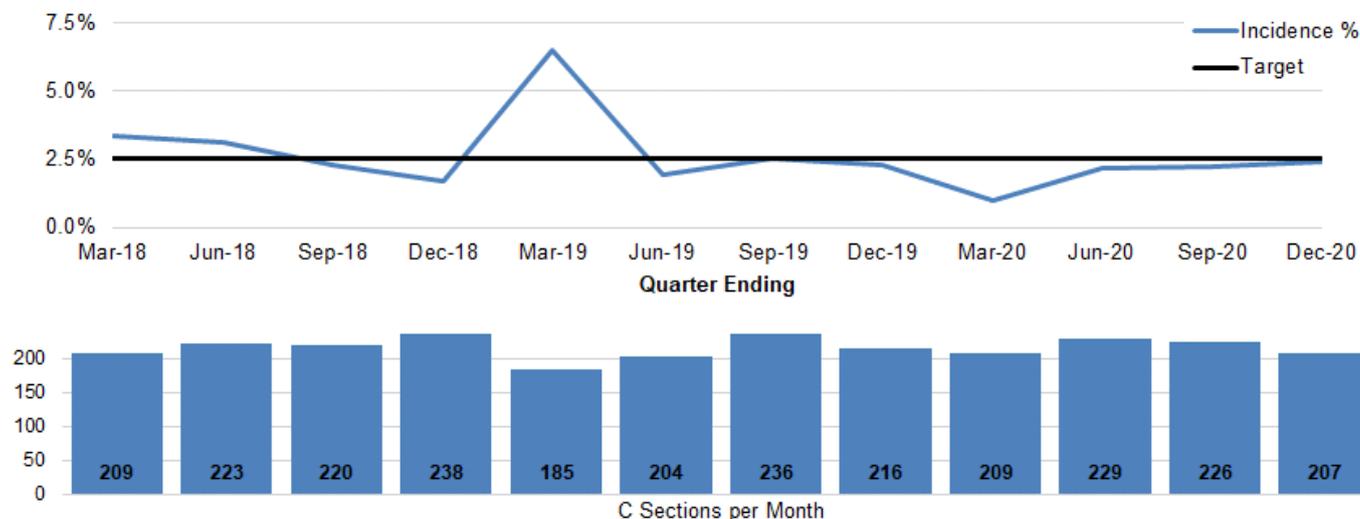
Sep-21

Community inpatients wards within HSCP are undertaking self-assessment against the Prevention & Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement, aligned to the current improvement collaborative work ongoing across a number of wards in East and West Divisions.

Caesarean Section SSI

Sustain C-Section SSI incidence for inpatients and post discharge surveillance (day 10) below 2.5% during FY 2021/22

Local Performance



National Benchmarking

Quarter Ending	2017/18		2018/19				2019/20				2020/21			
	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20	
NHS Fife	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	1.0%	2.2%	2.2%	2.4%	
Scotland	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%					

KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

IMPROVEMENT ACTIONS

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan

By Mar-22

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 (LAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology (which was established in Q4 2019) to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the methodology remains the most effective means of capturing SSI cases.

The IPCT will resume staff training on the surveillance methodology and SSI case definitions.

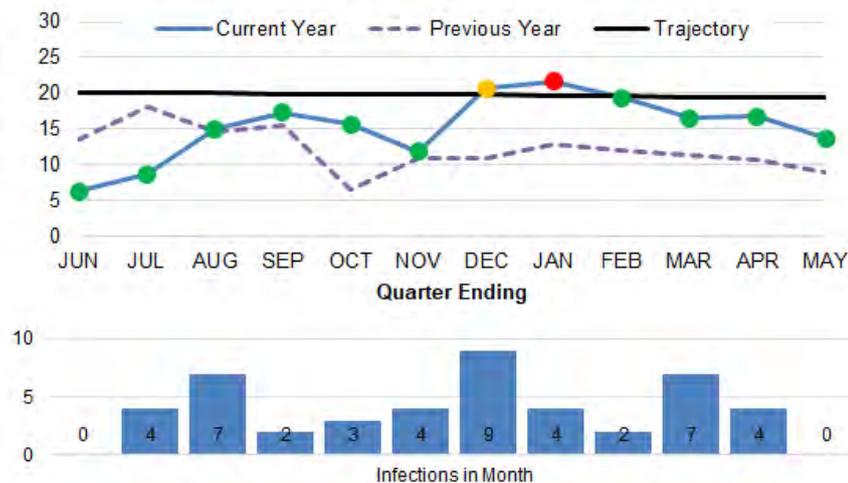
Action paused due to COVID-19

CLINICAL GOVERNANCE

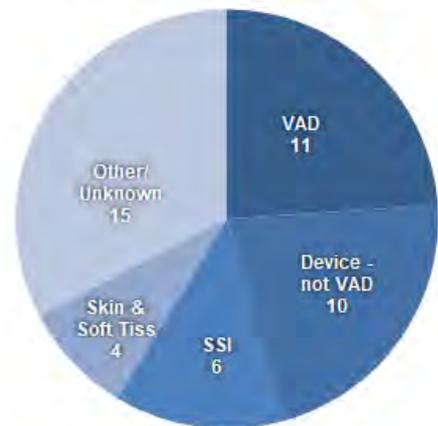
SAB (HAI/HCAI)

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 May-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	15.5	10.9	12.5	6.3	18.7	20.6	17.8
Scotland	17.5	15.2	16.3	20.3	17.3	18.9	18.4

KEY CHALLENGE(S) IN 2021/22

Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

IMPROVEMENT ACTIONS

20.1 Reduce the number of SAB in PWIDs	By Mar-22
<p>There has been ongoing improvements in the incidence of SAB in PWIDs, with only 2 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting May.</p> <p>The Addiction outreach team "We are With You" is available to support PWID.</p> <p>The rollout of PGDs for non-medical prescribing of antibiotics by ANPs is planned for July, while the IPCT is to provide updated wound care training for ANPs.</p>	
20.2 Ongoing surveillance of all VAD-related infections	By Mar-22
<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>	
20.3 Ongoing surveillance of all CAUTI	By Mar-22
<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 May.</p> <p>This Quality Improvement group is contributed to by the ECB data.</p>	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	By Mar-22
<p>Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. The Ward Dashboard is continuously updated, for clinical staff to access and also displayed for public assurance.</p>	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	By Mar-22
<p>Electronic insertion and maintenance bundles for PVCs available on patienttrack to support best practice. All areas with patienttrack generate an ePVC weekly report, which is highlighted to Senior Charge Nurses and Senior Teams if their ward has failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters to promote and support best practice, reduce avoidable harm and improve quality of care. Then aim to develop similar electronic bundles for CVCs.</p>	

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 May-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	8.9	13.1	8.0	7.9	9.3	7.7	14.0
Scotland	13.7	15.1	13.6	15.4	17.4	16.4	15.6

KEY CHALLENGE(S) IN 2021/22

Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

IMPROVEMENT ACTIONS

20.1 Reducing recurrence of CDI

By Mar-22

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 for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter is can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.

20.2 Reduce overall prescribing of antibiotics

By Mar-22

NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.

Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.

20.3 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.

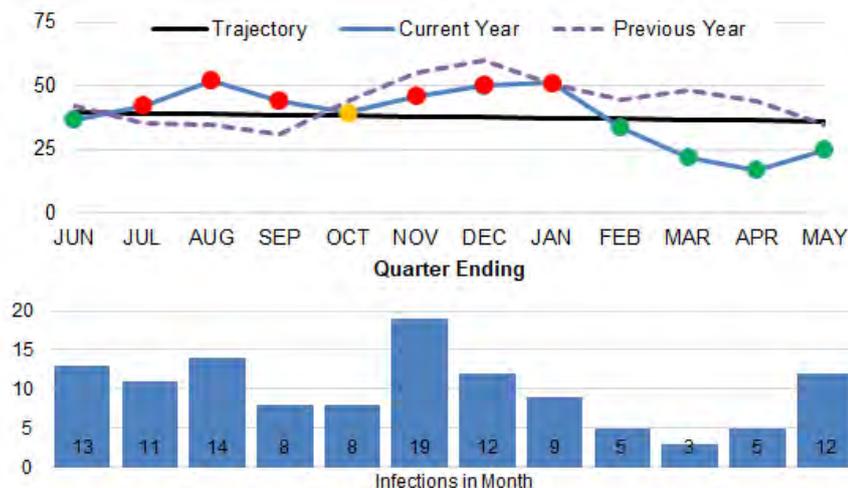
ICN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also displayed for public assurance.

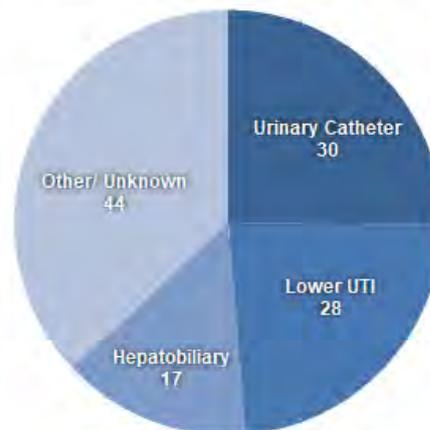
ECB (HAI/HCAI)

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 May-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	31.0	60.0	47.9	36.4	45.3	50.3	21.6
Scotland	40.3	40.8	36.4	39.7	42.0	40.9	34.7

KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

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 to assist understanding & learning.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

By Mar-22

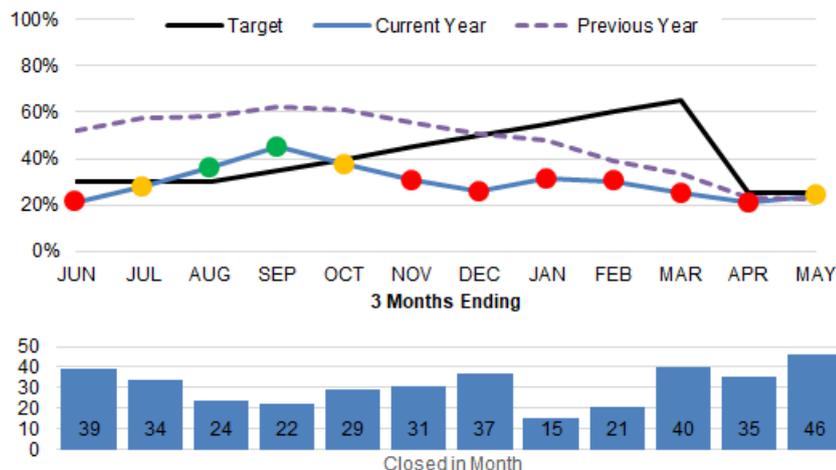
The UCIG meeting last met in May to review the following topics:

- A CAUTI project has commenced in Kelty MP (a Cowdenbeath GP practice QI programme is currently paused)
- E-documentation for urinary catheter insertion and maintenance bundles is in place for district nurses on Morse, with plans for Patientrack documentation for the acute and community hospitals in development.
- Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration. Continence/hydration folders are in use at all care and residential homes.
- Education 'Top Tips' videos and newsletters published on BLINK
- Catheter passports in use across the whole of Fife for patient education and information and for documentation of care
- Plans for a continence champions competency framework in development
- Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed
- New representation for private and NHS care homes at UCIGs to help promote work within care home settings

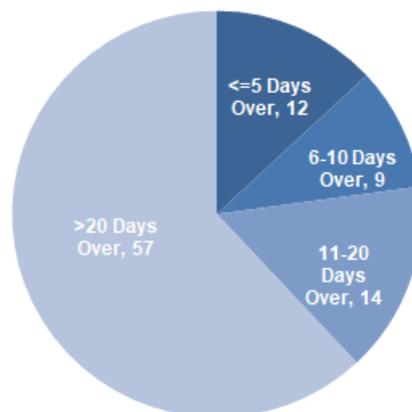
Complaints | Stage 2

At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)

Local Performance



Closure Breaches; QE May-21



Performance by Service Area

3-Month Ending	2020/21										2021/22	
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	21.3%	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	25.0%	20.8%	24.0%
Ack <= 3 Days (Monthly)	87.2%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	93.3%	95.2%	95.0%	100.0%	97.8%
ASD	22.8%	35.9%	44.1%	52.8%	39.6%	34.0%	30.5%	36.5%	34.0%	17.5%	14.5%	15.5%
HSCP	16.7%	14.3%	20.6%	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%

KEY CHALLENGE(S) IN 2021/22

- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality

By Dec-21

Patient Relations are completing in-house QA checks on draft final responses. There is a review of the current complaint handling process being undertaken by Clinical Governance and Patient Relations and regular review meetings take place with Clinical Services and Senior Management.

This work is underway with the aim of driving improvement in the quality of complaint handling, identify learning from complaints within the Patient Relations team and wider Clinical Services and ensure a streamline process for all that cuts out waste.

22.2 Improve education of complaint handling

By Dec-21

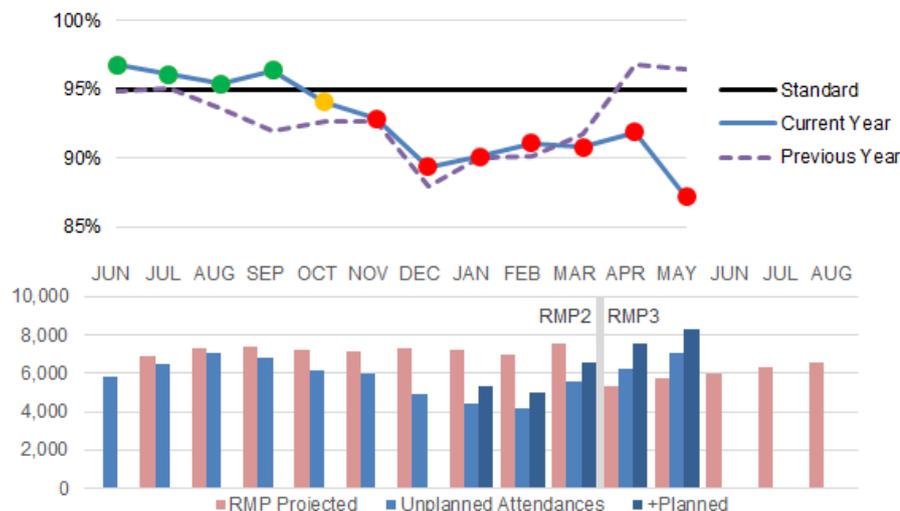
This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services.

This action aims 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. Bespoke training sessions with Fife Wide & Fife East have been scheduled for May and June, and the aim is that this will continue throughout the remainder of 2021.

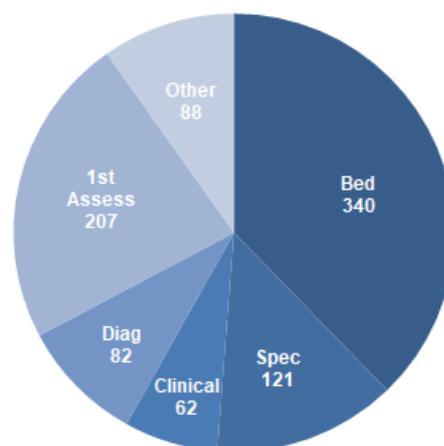
4-Hour Emergency Access

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

Local Performance



Breach Reason; May-21



National Benchmarking

Month	2020/21						2021/22					
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
NHS Fife	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%
Scotland	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.1%
Previous Year	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%	96.5%

KEY CHALLENGE(S) IN 2021/22

- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

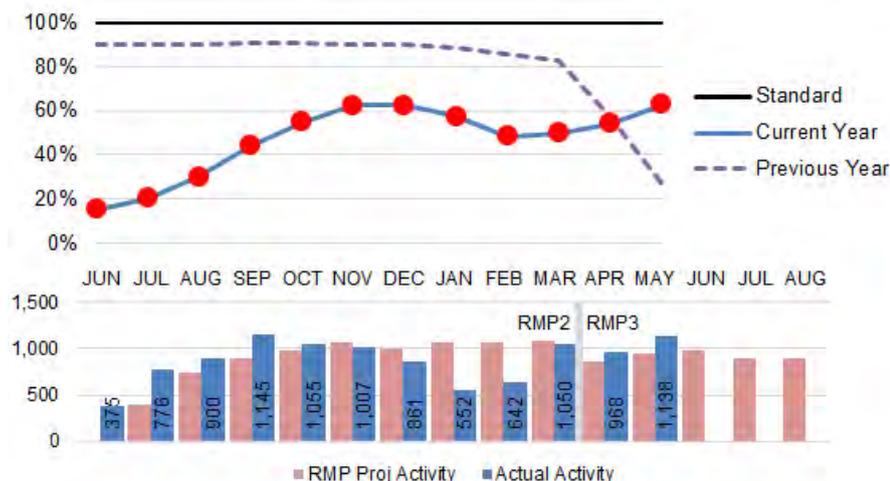
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	By Mar-22
Local Boards have been asked to implement a Flow Navigation Centre (Hub) that will directly receive clinical referrals from NHS24 and offer rapid access for patients to urgent care. Lessons from an ED Test of Change is being scaled up which demonstrates an increasing number of patients are being re directed and appointed. Approval being sought for full model roll out to accommodate phase 2 work including GP admissions and primary care pathway developments.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	By Aug-21
Access to ED will be available through a national Single Point of Access though NHS24/111. Through safe space conversations and feedback, NHS 24 and NHS Fife will co-produce criteria for VHK ED and MIUs across Fife.	
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	By Aug-21
Improved handover procedures are being tested and duplication in the system reduced. Improvement actions focussing on reductions in LoS in our medical admission unit, implementation of criteria led discharge and a review of speciality pathways will further reduce breach numbers.	

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 May-21



National Benchmarking

	2020/21											2021/22	
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	
NHS Fife	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	
Scotland	17.3%	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%			

KEY CHALLENGE(S) IN 2021/22

- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

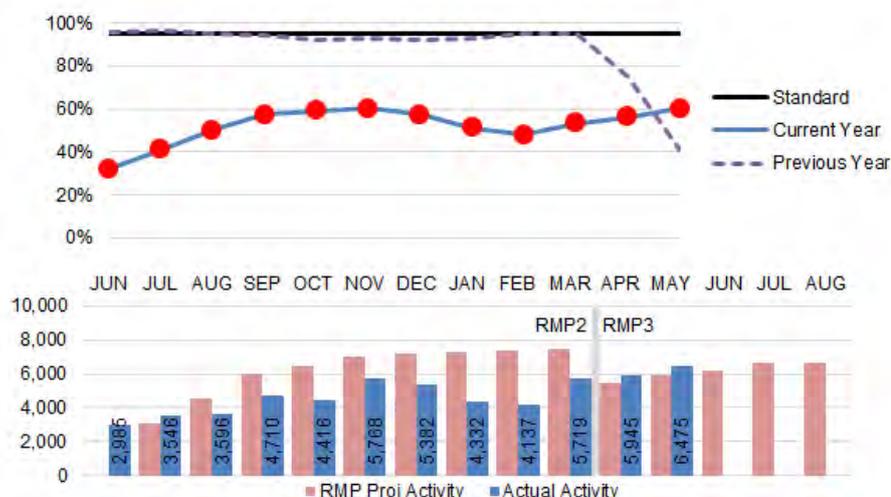
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Not yet started	
22.3 Undertake waiting list validation against agreed criteria	By Sep-21
Clinical teams review lists and prioritise patients, Clinical Prioritisation Group meet regularly	

New Outpatients

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

Local Performance



Breaches Breakdown May-21



National Benchmarking

	2020/21						2021/22					
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
NHS Fife	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%
Scotland	28.5%			46.5%			47.8%			48.1%		

KEY CHALLENGE(S) IN 2021/22

- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

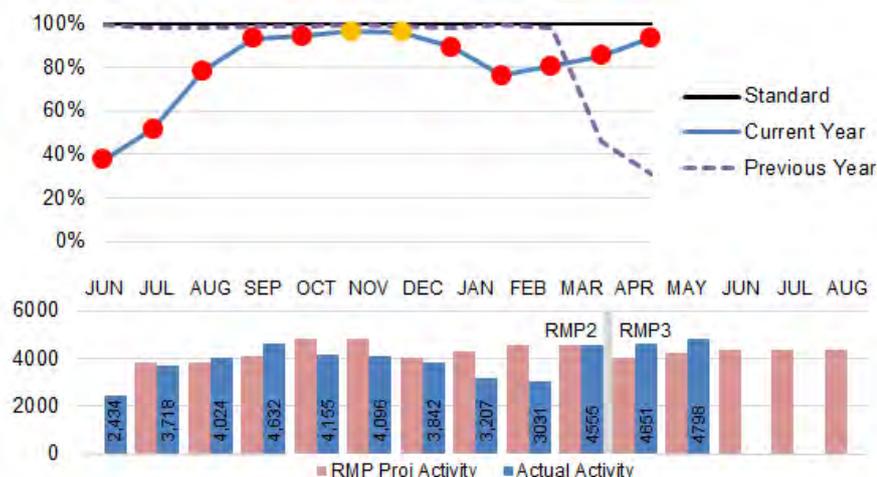
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
Unscheduled care project underway, ACRT and PIR being progressed in Directorates and waiting list validation continues	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

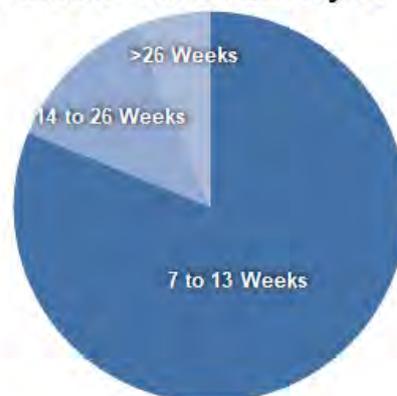
Diagnostics Waiting Times

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

Local Performance



Breach Breakdown May-21



National Benchmarking

	2020/21											2021/22	
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	
NHS Fife	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	
Scotland	35.4%	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%			

KEY CHALLENGE(S) IN 2021/22

- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

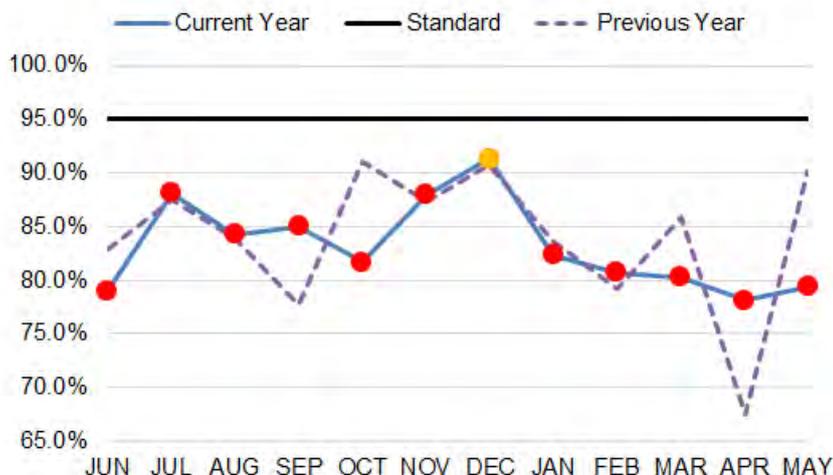
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Discussion initiated and options being scoped	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

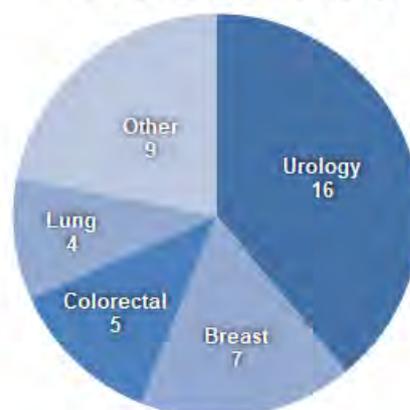
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: Mar to May 21



National Benchmarking

Month	2020/21							2021/22				
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
NHS Fife	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%
Scotland	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%

KEY CHALLENGE(S) IN 2021/22

- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Social distancing will (impact on the number of patients that can be seen and treated within hospitals)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

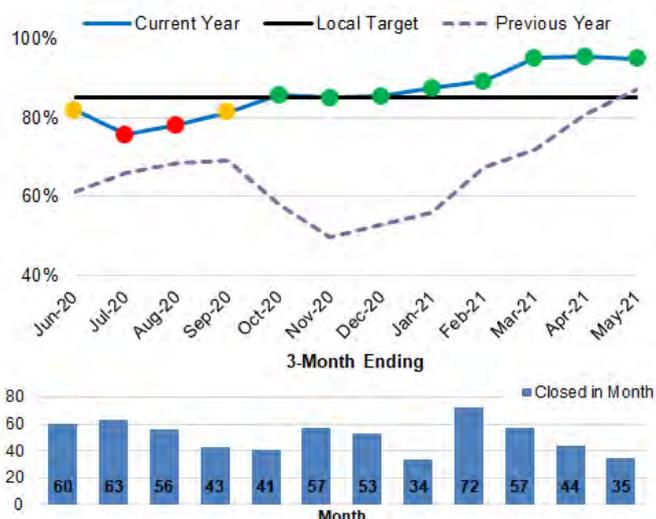
IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Sep-21
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. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Sep-21
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By Sep-21
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process.	

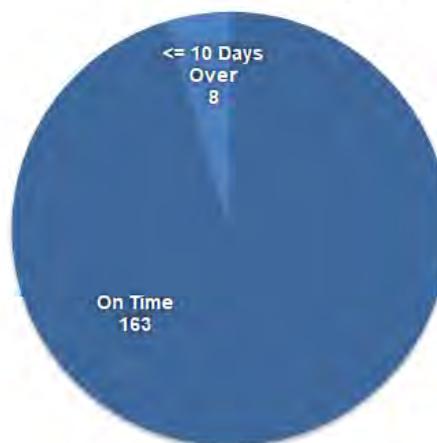
Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE May-21



Performance by Service Area

Monthly	2020/21										2021/22		
	Feb	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Health Board	0.0%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%	100.0%	94.7%	84.4%
IJB	0.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%	100.0%

KEY CHALLENGE(S) IN 2021/22

Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and a replacement is now in place. The route to a permanent post is still going through Human Resources and it is hoped that this will be ready for advertisement soon.

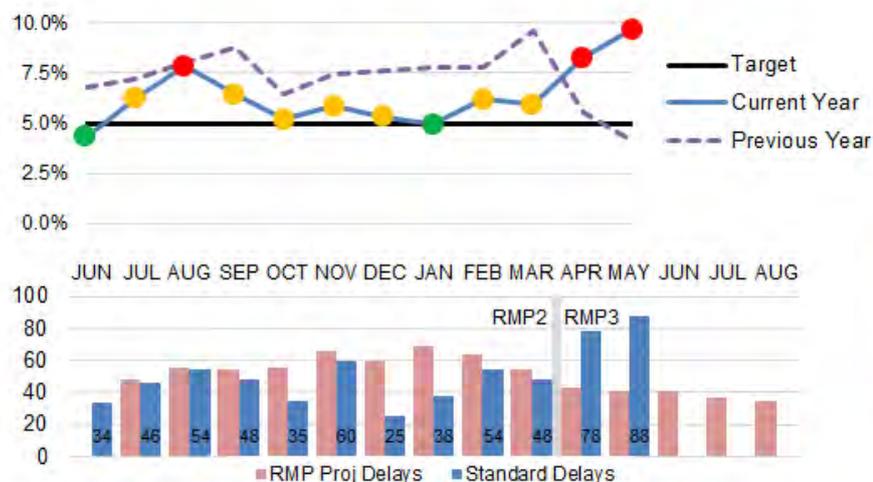
IMPROVEMENT ACTIONS

21.1 Organisation-wide Publication Scheme to be introduced	By Jul-21
The Model Publications Scheme is near completion and work is ongoing with Communications and the FOI Officer. The document will be ready for EDG Review in July. 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	By Dec-21
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.	
FOI Training in both AXLR8 and legislation was undertaken by the FOI Officer which can be evidenced in the overall compliance within the organisation.	

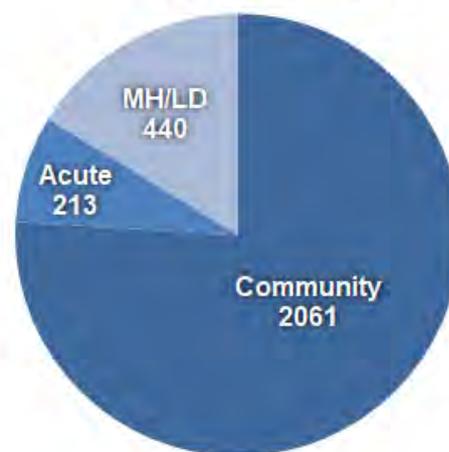
Delayed Discharges (Bed Days Lost)

We will limit 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 | May-21



National Benchmarking

	Quarter Ending	2018/19		2019/20				2020/21		
		Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
% Bed Days Lost	NHS Fife	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%
% Bed Days Lost	Scotland	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%

KEY CHALLENGE(S) IN 2021/22

- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

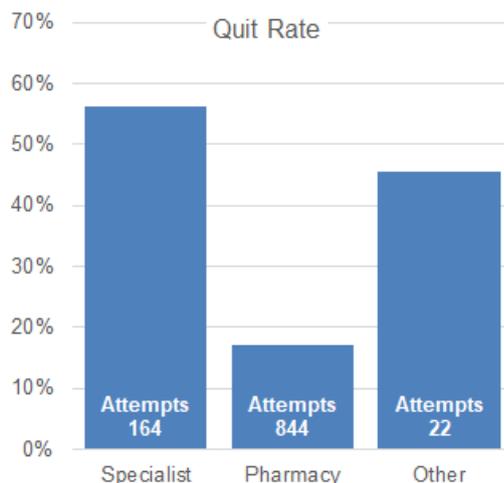
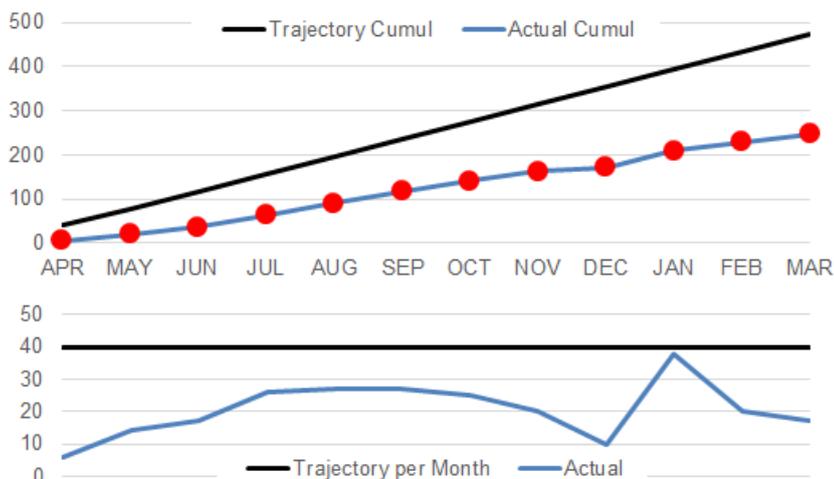
IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Jul-21
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the "Home First" strategy for Fife. A further meeting has been scheduled for 30 June.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	By Jul-21
A test of change is currently underway in VHK Ward 41. The Moving On policy will be circulated to VHK and Community Hospitals, with a 'go live' date of 5 July.	
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Nov-21
An SBAR will be submitted to the Senior leadership Team in July and the TOC will start in August, lasting 3 months.	

Smoking Cessation

In 2020/21, 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	26	27	27	25	20	10	38	20	17
	Actual Cumul	6	20	37	63	90	117	142	162	172	210	230	247
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	15.0%	25.3%	31.4%	39.9%	45.7%	49.6%	51.4%	51.4%	48.6%	53.3%	53.0%	52.2%
Scotland	Achieved												

KEY CHALLENGE(S) IN 2021/22

- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

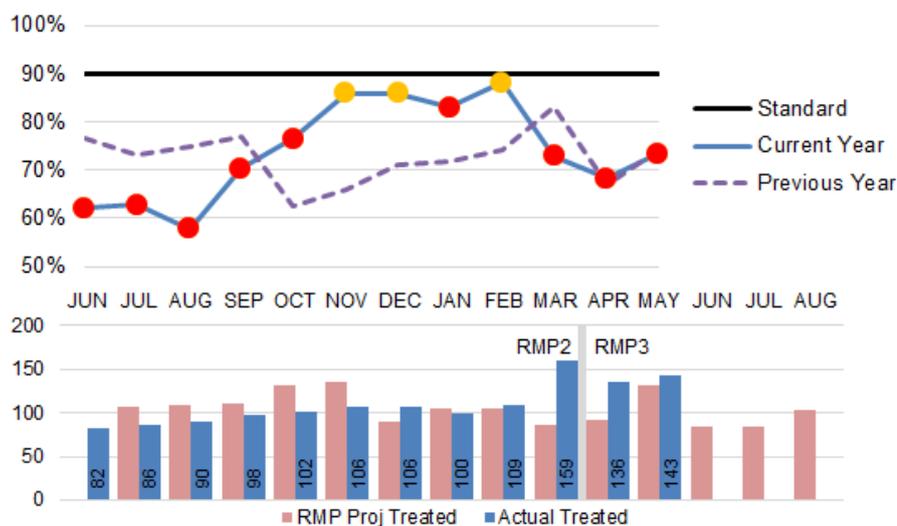
IMPROVEMENT ACTIONS

20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	By TBD
Action paused due to COVID-19	
20.3 'Better Beginnings' class for pregnant women	By TBD
Action paused due to COVID-19	
20.4 Enable staff access to medication whilst at work	By TBD
Action paused due to COVID-19	
21.1 Assess use of Near Me to train staff	By Jul-21
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	By Jul-21
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 has been made available from April; to date, five prehabilitation patients have engaged with the service.	

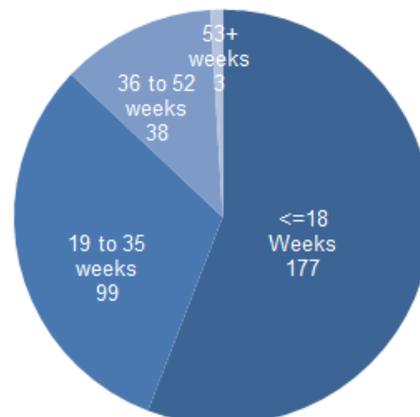
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (317) May-21



National Benchmarking

Month	2020/21										2020/21	
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
NHS Fife	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%
Scotland	50.5%	57.9%	57.2%	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%		

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand
- Development of workforce to meet National CAMHS Service Specification
- Impact of COVID-19 relaxation on referrals
- Change to delivery 'models' to reflect social distancing

IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme

By Jul-21

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.

21.3 Build CAMHS Urgent Response Team

By Jul-21

The plan to develop a CAMHS URT was postponed due to the absence of key staff. The existing Self Harm Service has been supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self-harming behaviour, through the urgent referral process and within acute hospital settings. Redesign of the service was reviewed again in March, however the ongoing COVID-19 position and the pending increase of the CAMHS staffing compliment has resulted in any change being postponed until normal service delivery is resumed and new staff are in post. Position will be reviewed again in July.

22.1 Recruitment of Additional Workforce

By Sep-21

Investment from Fife HSCP has resulted in resources being made available to recruit an additional 8 permanent and 3 temporary staff to achieve the National Referral to Treatment standard. Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand.

22.2 Workforce Development

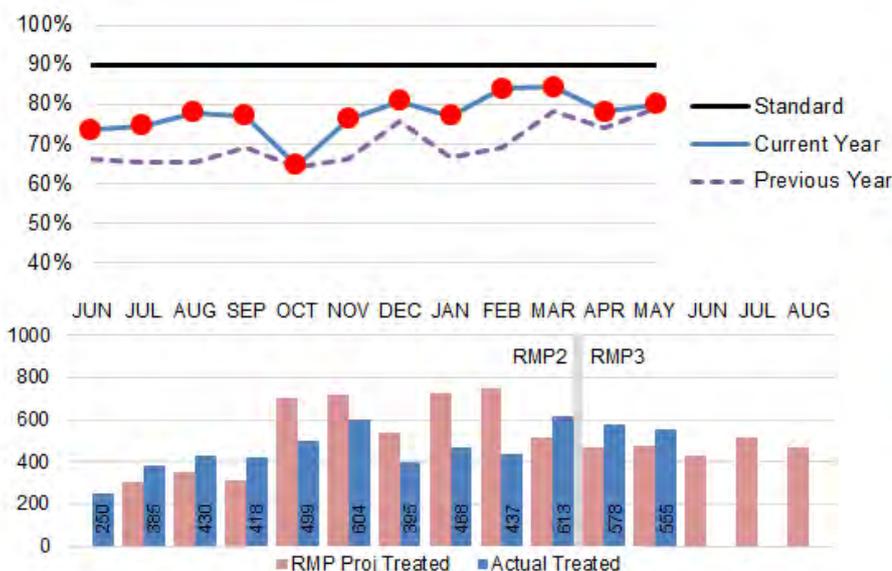
By Dec-21

Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the Scottish Governments CAMHS National Service Specification. Training programme for new and existing staff is under development which combines NES Essential CAMHS Training Programme, NES Funded certified therapy training and Fife CAMHS skills development programme. Training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS and targeted at staff where gaps are identified.

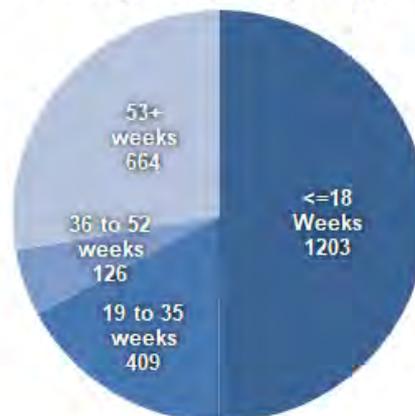
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2402) May-21



National Benchmarking

Month	2020/21										2021/22	
	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
NHS Fife	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%
Scotland	72.7%	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%		

KEY CHALLENGE(S) IN 2021/22

- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

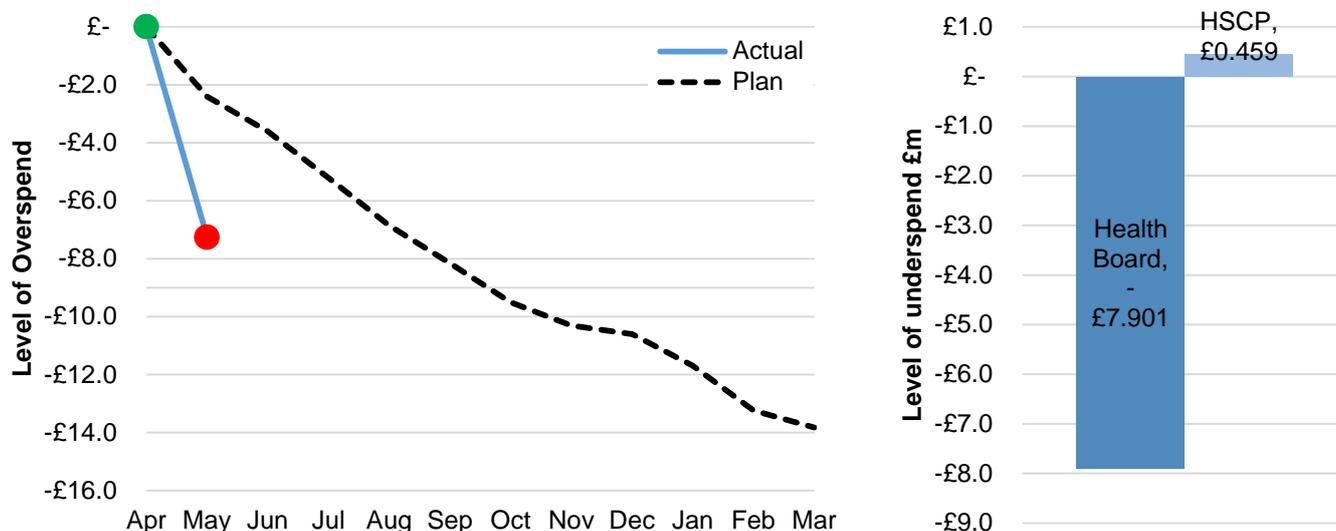
IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	By Oct-21
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID. Due to start in September.	
22.1 Increase access via Guided self-help service	By Jul-21
Roll out of Guided Self-Help tier of PT service across Fife through recruitment of 2.0 wte Band 5 staff (via change in skills mix and new funding)	
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	By Nov-21
A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes is being evaluated.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Dec-21
Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion.	

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			Actual £'000	Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000		Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,053
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	790,567	805,934	134,252	141,694	-7,442	-5.54%	-4,389	-3,053

Assessment

Our 2021/22 financial plan shows an unmet savings target of £21.7m and assumes £4m will be met on a recurring basis. There continues to be significant uncertainty about the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans. Progress against the plan will be assessed through the Scottish Government formal Quarter 1 review process.

Key challenges in 2021/22

Availability of Covid-19 funding to match our net additional costs; and our underlying unachieved savings are significant risks to the financial position.

Informing a reliable and robust forecast position to the year-end given the complexities of establishing (i) SG funding; and (ii) the respective: core; Covid-19; recovery, remobilisation, and redesign positions.

NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward. Good progress has been made and plans are in place to propose a final position on this matter to both NHS Fife Board and Fife Council in September 2021.

Recruiting to the Corporate PMO the required capacity and capability to support the development of plans to deliver the pre-Covid efficiency savings on a recurring basis.

Improvement Actions

Progress

<p>22.1 RMP4</p>	<p>Partnering with the services to:</p> <ul style="list-style-type: none"> Identify additional spend relating to Covid-19 Identify offsets against core positions Understand and quantify the financial implications of recovery and 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.
<p>22.2 Savings</p>	<p>The total NHS Fife efficiency requirement for 2021/22 including legacy unmet savings is £21.7m. As part of the RMP financial plan submission, we have requested Scottish Government support for £13.7m underlying unachieved savings.</p>

1. RMP3 Joint Fife Mobilisation Plan

1.1 The Remobilisation Plan (RMP) process commenced last financial year. Our third iteration (RMP3) was submitted in February 2021 with formal feedback from Scottish Government received in April 2021. The RMP3 sets out a proposal which requests support from Scottish Government in 2021/22 in respect of the underlying unachieved savings funded as part of Covid-19 in 2020/21, with a commitment to deliver the recurring saving requirement across the medium-term financial planning period. This will be reviewed through the formal Quarter 1 review process. In parallel, Scottish Government aim to return to three-year financial planning over the coming months.

2. Financial Allocations

2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the May core revenue amount on 8 June. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £712.534m; and anticipated allocations total £82.874m. The anticipated allocations include Primary Medical Services and Waiting List funding.

2.2 Non-Core Revenue Resource Limit

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 anticipated funding totals £10.526m.

2.3 Total RRL

The total current year budget at 31 May is therefore £805.934m detailed in Appendix 1a.

2.4 Anticipated Funding from Health Delegated earmarked reserve

The earmarked health delegated reserve created last year and carried forward by the Local Authority Partner on behalf of the Integration Joint Board was clearly itemised and earmarked for specific purposes in this financial year. Whilst discussions continue IJB CFO, the earmarked reserve and agreed anticipated funding is detailed per Appendix 1b.

3. Summary Position

3.1 The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises a core overspend of £0.780m (£0.003m run rate overspend, and £0.777m unmet savings); and Covid-19 costs of £6.662m (£4.386m Covid spend, and £2.276m underlying unachieved 'long Covid' savings).

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 the Covid-19 financial positions. An overspend of £7.901m is attributable to Health Board retained budgets; and an underspend of £0.459m is attributable to the health budgets delegated to the IJB.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Table 1: Summary Combined Financial Position for the period ended May 2021

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,053
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	790,567	805,934	134,252	141,694	-7,442	-5.54%	-4,389	-3,053

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,612	211,221	35,759	40,352	-4,593	-12.84%	-2,041	-2,552
IJB Non-Delegated	8,829	8,830	1,467	1,441	26	1.77%	32	-6
Estates & Facilities	75,939	75,966	12,407	12,448	-41	-0.33%	108	-149
Board Admin & Other Services	65,914	69,851	12,779	15,582	-2,803	-21.93%	-2,707	-96
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
Health Board	460,784	478,427	77,714	85,611	-7,897	-10.16%	-4,844	-3,053
Integration Joint Board - Core	377,533	408,994	68,766	68,307	459	0.67%	459	0
HSCP offsets	0	115	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	394,396	413,400	68,766	68,307	459	0.67%	459	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	394,396	413,400	68,766	68,307	459	0.67%	459	0
Total Expenditure	855,180	891,827	146,480	153,918	-7,438	-5.08%	-4,385	-3,053
IJB - Health	-38,717	-59,101	-7,765	-7,765	0	0.00%	0	0
Health Board	-25,896	-26,792	-4,463	-4,459	-4	0.09%	-4	0
Miscellaneous Income	-64,613	-85,893	-12,228	-12,224	-4	0.03%	-4	0
Net Position Including Income	790,567	805,934	134,252	141,694	-7,442	-5.54%	-4,389	-3,053

3.3 The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below.

Table 2: Summary Core Financial Position for the period ended May 2021

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,612	211,221	35,759	37,170	-1,411	-3.94%	-986	-425
IJB Non-Delegated	8,829	8,830	1,467	1,435	32	2.18%	32	0
Estates & Facilities	75,939	75,966	12,407	12,190	217	1.75%	280	-63
Board Admin & Other Services	65,914	69,194	12,122	11,931	191	1.58%	230	-39
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
Health Board	460,784	477,770	77,057	78,514	-1,457	-1.89%	-680	-777
Integration Joint Board - Core	377,533	408,994	68,766	68,085	681	0.99%	681	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	394,396	413,285	68,766	68,085	681	0.99%	681	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	394,396	413,285	68,766	68,085	681	0.99%	681	0
Total Expenditure	855,180	891,055	145,823	146,599	-776	-0.53%	1	-777
IJB - Health	-38,717	-59,101	-7,765	-7,765	0	0.00%	0	0
Health Board	-25,896	-26,792	-4,463	-4,459	-4	0.09%	-4	0
Miscellaneous Income	-64,613	-85,893	-12,228	-12,224	-4	0.03%	-4	0
Net Position Including Income	790,567	805,162	133,595	134,375	-780	-0.58%	-3	-777

Table 3: Summary Covid-19 Financial Position for the period ended May 2021

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	0	0	3,182	-3,182		-1,055	-2,127
IJB Non-Delegated	0	0	0	6	-6		0	-6
Estates & Facilities	0	0	0	258	-258		-172	-86
Board Admin & Other Services	0	657	657	3,651	-2,994		-2,937	-57
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	0	657	657	7,097	-6,440		-4,164	-2,276
Integration Joint Board - Core	0	0	0	222	-222		-222	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	0	0	222	-222		-222	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	0	0	222	-222		-222	0
IJB - Health	0	0	0	0	0		0	0
Health Board	0	0	0	0	0		0	0
Miscellaneous Income	0	0	0	0	0		0	0
Total Expenditure	0	657	657	7,319	-6,662		-4,386	-2,276

4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)

4.1 Acute Services

The Acute Services Division reports a **net overspend of £1.411m for the year**. This reflects an overspend in core run rate performance of £0.986m, and unachieved savings of £0.425m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £0.465m, Junior Medical and Dental £0.310m and Senior Medical £0.060m. Nursing overspend is prominent across Care of the Elderly, Obs and Gynae and Colorectal due to unfunded cost pressures and safer staffing. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Elderly medicine consultant costs are partially offset by Acute vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Non pay cost pressures total £0.146m, with medicines overspend of £0.640m, partially offset by underspend on surgical sundries £0.221m, and diagnostic supplies £0.135m in Planned Care.

Table 4: Acute Division Financial Position for the year ended May 2021

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	71,546	74,211	12,381	12,295	86	0.69%	35	51
Emergency Care & Medicine	75,905	77,967	13,648	14,826	-1,178	-8.63%	-1,029	-149
Women, Children & Clinical Services	55,591	56,469	9,374	9,788	-414	-4.42%	-87	-327
Acute Nursing	866	866	142	126	16	11.27%	16	0
Other	1,704	1,708	214	135	79	37.12%	79	0
Total	205,612	211,221	35,759	37,170	-1,411	-3.94%	-986	-425

4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.032m**. Daleview Regional Unit are reporting an underspend of £0.018m against nursing vacancies and AHP's, which partially offset overspend in medical and other therapeutic staffing. Acute Outpatients report an underspend of £0.015m comprising of non-pay expenditure £0.007m against drugs and £0.008m on medical supplies.

4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.217m**. This is predominantly attributable to pay underspend of £0.145m across several services including catering, laundry, transport and domestics, with non-pay underspend of £0.084m on PPP and £0.064m on rates. This position is offset by £0.063m of year to date unachieved savings.

4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.191m**. Further analysis of the Corporate Directorates core position is detailed per Appendix 2. The main driver for this underspend is the level of vacancies across Finance (£0.061m), Workforce (£0.036m) and Nursing (£0.102m) directorates. Areas of overspend include interpreting services and E- job plan. As highlighted through the SPRA process, and in turn our financial planning process, investment has been made in additional governance posts and Project Management Office (PMO) capability. The development of the PMO capacity and capability will further support and drive service transformation.

Digital and Information are overspent by £0.076m attributable to unmet core savings and an overspend in pay budgets. Further analytical work will be carried out in this area.

The Pharmacy professional service has transferred to Health Board retained from Health Delegated wef 1 April 2021. Pharmacy Services have incurred a small underspend of £0.014m to month 2.

4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £0.681** per Appendix 3. The main driver of this position is savings yet to be delivered of £0.250m. The figures include the assumption NHS Fife will commence financial contributions in respect of the Royal Hospital for Sick Children in Edinburgh (annual cost £1.4m) this year. There are increased costs in cancer drugs (annual cost £0.250m) and cystic fibrosis (annual cost £0.700m) and an increase in Tayside unplanned activity (UNPACS) in respect of a particular patient (annual cost £0.350m in paediatrics).

4.6 Financial Plan Reserves & Allocations

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 £0.195m** has been released at month 2, full detail is shown in Appendix 4.

4.7 Integration Services

A restructure within the Health & Social Care Partnership (HSCP) has been implemented with effect from 7 June 2021. Its purpose is to realign the healthcare service portfolios to ensure a streamlined approach to healthcare delivery, which is more aligned to patient pathways.

The directorates previously known as East, West, Fife-Wide and Prescribing will no longer exist. The services within these directorates have been redistributed to one of four new Directorates: Primary and Preventative Care Services; Complex and Critical Services; Community Care Services; and Professional and Business Enabling.

The health budgets delegated to the Integration Joint Board shows an **underspend of £0.681m**. 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. In Community, underspends are, nursing vacancies across various Teams and the changes within Randolph Wemyss. The impact of lockdown on areas such as the childhood vaccination programme are still being worked through. Within the Primary Care there are increasing pressures relating to 2c Practices (these are Practices no longer managed by the GPs) and potential issues around back scanning of documents to free up physical space within Practices.

4.8 Income

A small over recovery in income of £0.004m 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 5 below.

Table 5: Subjective Analysis for the year ended May 2021

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	401,980	68,202	71,131	-2,929
GP Prescribing	74,688	12,573	12,575	-2
Drugs	31,359	5,648	6,151	-503
Other Non Pay	375,978	62,914	64,061	-1,146
Efficiency Savings	-18,318	-3,053	0	-3,053
Commitments	26,141	195	0	195
Income	-85,893	-12,228	-12,224	-4
Net overspend	805,934	134,252	141,693	-7,442

5.2 Pay

The overall pay budget reflects an overspend of £2.929m. The main areas of overspend are within nursing covid expenditure £1.565m, junior medical and dental £0.397m, domestics covid expenditure £0.218m and senior medical staff across both Complex and Critical Care £0.379m and WCCS £0.137m.

Against a total funded establishment of 8,153 wte across all staff groups, there was an average 8,508 wte staff in post in May (based on permanent staff plus additional hours worked and bank staff).

5.3 Drugs & Prescribing

Across the system there is a net overspend of £0.498m on medicines. Prescribing data and ISD phasing recommendations for 21/22 are not yet available. Based on e-prescribing data and previous reporting trends the GP prescribing position to May 21 is predicted to be breakeven. It is anticipated that influencing factors reported last year will be ongoing but contained with financial planning resources. Significantly higher drug prices will be experienced ongoing, likely exacerbated by the impact of Covid-19 on supply and demand, raw material availability, transportation and production. Opportunity to release planned saving schemes will remain diminished as workforce focus on Covid-19 services and patient care. Implementation of Freestyle Libre continues to exceed original forecast and funding provided. Over the year the ongoing impact and appropriate recharges of Covid-19 costs will be monitored based on national guidance and local analysis. Previous year recharges were implemented based on price impact, drug switch requirements (primarily to minimise healthcare contacts) and increased usage.

Acute medicines reflect an overspend of £0.640m. The main overspend is in Haematology which is over budget by £0.391m partly due to changes to chemotherapy during Covid-19 based on national guidance, and partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Neurology is overspent at £0.109m, where a high-cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. As a continuation from 20/21, Dermatology, GI, Neurology and Respiratory all present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare. The Ophthalmology overspend of £0.120m reflects a return to normal activity, as this service had an overspend pre-covid.

There is a separate New Medicines Fund/Horizon Scanning fund of £5m which has been in place for a number of years. This budget has been protected at £5m for the 2021/22 financial year and is expected to be committed in full on qualifying drug spend. Scottish Government has indicated that funding for New Medicines will be reduced by £2.0m this financial year. This has been factored into the financial planning for this year.

5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £1.146m. A significant element of overspend was on equipment for covid expenditure £0.444m and complex and critical services £0.104m. Overspend of £0.375m was reported against out of area UNPACS, with the remaining balance due to professional fees £0.272m.

5.5 Efficiency Savings

The unmet efficiency savings of £3.053m comprise unmet core savings of £0.777m and unachieved legacy savings for which we seek funding support of £2.276m.

6 Other Funding Allocations

6.1 Covid-19 funding allocation

Whilst, as part of our financial planning process, we have signalled our potential requirement for Covid-19 support (based on broad Scottish Government informed assumptions), funding will be informed following the Scottish Government formal quarter one review process. As part of our financial monitoring process it is reasonable to assume the spend to month 2 of £4.386m will be funded. The long Covid unmet savings to month 2 of £2.276m remains as a gap until the formal quarter one process is concluded. Separately Test and Protect costs incurred by HB retained of £0.657m to M2 will be match funded following receipt of a firm funding letter.

Covid offset budget continues to be identified where services are not fully operational at pre-covid levels. Remobilisation continues to be monitored to identify services which may have an opportunity to contribute further budget towards covid expenditure.

6.2 Waiting List Funding

We anticipate waiting list funding based on our RMP3 submission however further clarification will follow over the coming weeks and months.

6.3 Redesign of Urgent Care Funding

A funding letter has been received from SG which we are treating as an interim letter pending further clarity. Work continues on the Redesign of Urgent Care agenda.

7 Financial Sustainability

7.1 The overall financial planning process and corporate position was approved by the NHS Fife Board at its meeting on 31 March 2021. The Financial Plan highlighted the requirement for £21.837m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8.181m of the target (£4.015m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.656m for which we have requested funding support.

7.2 As part of the financial planning process, agreement was reached to reduce budgets to allocate shares of the vacancy factor of £3.1m to devolved budgets. As such budget holders need to operate within this reduced pay budget.

7.3 Table 6 summaries the position for the 2021/22 financial year.

Table 6: Savings 21/22

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to May £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	3,519	0	3,519	4,662
					0		0
Total Savings	21,837	8,181	13,656	3,519	0	3,519	4,662

8 Recommendation

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

- **Note** the reported core overspend of £0.780m for the 2 months to date
- **Note** the Covid-19 additional spend of £4.386m; and the £2.276m underlying unachieved 'long Covid' savings, to month 2
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £7.442m

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1 a: Revenue Resource Limit

		Baseline	Earmarked	Non-	Total
		Recurring	Recurring	Recurring	
		£'000	£'000	£'000	£'000
May-21	Initial Baseline Allocation	712,534			712,534
					0
	Total Core RRL Allocations	712,534	0	0	712,534
Anticipated	Primary Medical Services		56,994		56,994
Anticipated	Outcomes Framework		4,166		4,166
Anticipated	Mental Health Bundle		1,363		1,363
Anticipated	Salaried Dental		2,091		2,091
Anticipated	Distinction Awards		193		193
Anticipated	Research & development		822		822
Anticipated	Community Pharmacy Champions		20		20
Anticipated	NSS Discovery		-39		-39
Anticipated	Pharmacy Global Sum Calculation		-204		-204
Anticipated	NDC Contribution		-842		-842
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159
Anticipated	Patient Advice & Support Service		-39		-39
Anticipated	FNP		1,276		1,276
Anticipated	New Medicine Fund		3,415		3,415
Anticipated	Golden Jubilee SLA		-24		-24
Anticipated	PCIF		5,440		5,440
Anticipated	Action 15 Mental Health strategy		884		884
Anticipated	ADP:seek & treat		1,159		1,159
Anticipated	Veterans First Point Transisition Funding		116		116
Anticipated	£20m 18-19 tariff reduction to global sum		-4,245		-4,245
Anticipated	District Nurses		152		152
Anticipated	Waiting List		6,700	7,100	13,800
Anticipated	Infant Mental Health		785		785
Anticipated	Public Health		755		755
Anticipated	NSD Adjustments		-5,005		-5,005
		0	75,774	7,100	82,874
Anticipated	IFRS			9,352	9,352
Anticipated	Donated Asset Depreciation			174	174
Anticipated	Impairment			500	500
Anticipated	AME Provisions			500	500
	Total Anticipated Non-Core RRL Allocations	0	0	10,526	10,526
	Grand Total	712,534	75,774	17,626	805,934

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total £000's	To M2 £000's	Anticipated £000's	Balance £000's
Vaccine	740		740	0
Care homes	526			526
Urgent Care Redesign	935			935
Flu	203			203
Primary Care Improvement Fund	2,524	1,011	1,513	0
Action 15	1,315			1,315
RT Funding	1,500			1,500
FSL	500		500	0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767			1,767
Core (covid offsets)	1,250			1,250
Total	11,308	1,011	2,753	7,544

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	10,794	2,057	2,133	-76
Nhs Fife Chief Executive	215	36	34	2
Nhs Fife Finance Director	6,287	1,052	991	61
Nhs Fife Medical Director	6,176	1,141	1,170	-29
Nhs Fife Nurse Director	4,072	704	602	102
Legal Liabilities	4,137	699	631	68
Early Retirements & Injury Benefits	822	137	112	25
Regional Funding	179	37	37	0
Depreciation	19,283	3,170	3,170	0
Nhs Fife Public Health	2,202	478	488	-10
Nhs Fife Workforce Directorate	3,156	709	673	36
Pharmacy Services	11,871	1,904	1,890	14
Total	69,194	12,122	11,931	191

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	17	16	1
Borders	45	8	9	-1
Dumfries & Galloway	25	4	9	-5
Forth Valley	3,227	538	628	-90
Grampian	365	61	46	15
Greater Glasgow & Clyde	1,680	280	274	6
Highland	137	23	16	7
Lanarkshire	117	19	42	-23
Lothian	31,991	5,332	5,215	117
Scottish Ambulance Service	103	17	16	1
Tayside	41,584	6,930	6,927	3
Savings	-1,500	-250		-250
	77,873	12,979	13,198	-219
UNPACS				
Health Boards	10,801	1,800	2,212	-412
Private Sector	1,249	208	261	-53
	12,050	2,008	2,473	-465
OATS				
	721	120	118	2
Grants				
	65			0
Total	90,709	15,107	15,788	-681

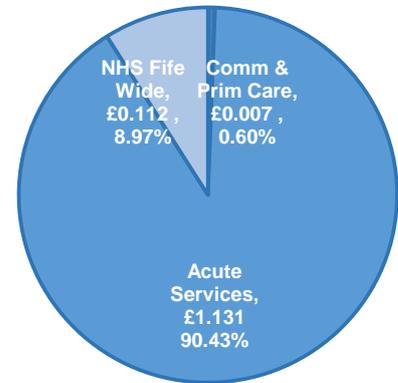
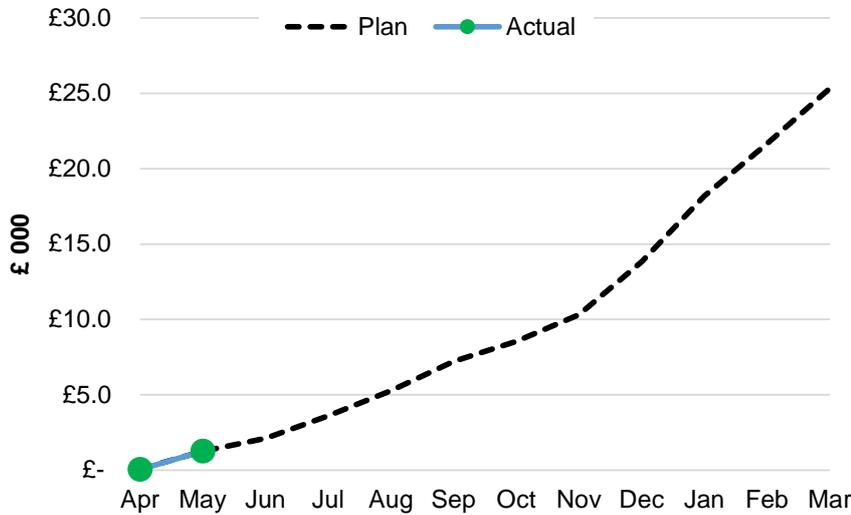
Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to May-21 £'000
Financial Plan		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	42	0
Discretionary Points	162	0
Consultant Increments	368	0
Cost Pressures	4,317	195
Developments	2,198	0
Sub Total Financial Plan	11,281	195
Allocations		
Waiting List	9,414	0
AME: Impairment	500	0
AME: Provisions	540	0
Insulin Pumps	96	0
Community Pharmacy Champion	19	0
Sub Total Allocations	10,569	0
Total	21,850	195

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



1. Annual Operational Plan

The capital plan for 2021/22 is pending approval by the FP&R Committee in July and the NHS Fife Board thereafter. NHS Fife has assumed a programme of £25.319m being the normal routine capital allocation less £0.200m payback and the Elective Orthopaedic funding of £18.125m. NHS Fife is also anticipating allocations of HEPMA £1.1m, Mental Health Review £0.076m, Lochgelly Health Centre £0.517m and Kincardine Health Centre £0.323m.

2. Capital Receipts

2.1 Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – offer has been accepted subject to conditions.

3. Expenditure / Major Scheme Progress

3.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £1.251m this equates to 4.94% of the total capital allocation, as illustrated in the spend profile graph above.

3.2 The main areas of spend to date include:

Statutory Compliance	£0.223m
Equipment	£0.169m
E-health	£0.102m
Elective Orthopaedic Centre	£0.758m

4. Recommendation

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

note the capital expenditure position to 31 May 2021 of £1.251m and the year end spend of the total anticipated capital resource allocation of £25.319m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	0	0	0
Statutory Compliance	310	0	310
Capital Equipment	72	7	72
Condemned Equipment	0	0	0
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
Total Community & Primary Care	382	7	382
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	18,125	758	18,125
Statutory Compliance	2,925	212	2,925
Capital Equipment	1,252	162	1,252
Clinical Prioritisation	0	0	0
Condemned Equipment	9	0	9
Total Acute Services Division	22,311	1,131	22,311
NHS FIFE WIDE SCHEMES			
Equipment Balance	481	0	481
Information Technology	1,000	102	1,000
Clinical Prioritisation	500	0	500
Statutory Compliance	95	0	95
General Reserve - Equipment	94	0	94
Pharmacy Equipment	205	0	205
Condemned Equipment	81	0	81
Fire Safety	60	11	60
Vehicles	60	0	60
Wash Hand Basin Replacement	50	0	50
Total NHS Fife Wide Schemes	2,626	112	2,626
TOTAL ANTICIPATED CAPITAL RESOURCE FOR 2021/22			
	25,319	1,251	25,319
ANTICIPATED ALLOCATIONS 2021/22			
HEPMA	1,100	0	1,100
Mental Health Review	76	0	76
Lochgelly Health Centre	517	0	517
Kincardine Health Centre	323	0	323
Anticipated Allocations for 2021/22	2,016	0	2,016
Total Anticipated Allocation for 2021/22			
	27,335	1,251	27,335

FINANCE, PERFORMANCE & RESOURCES: FINANCE

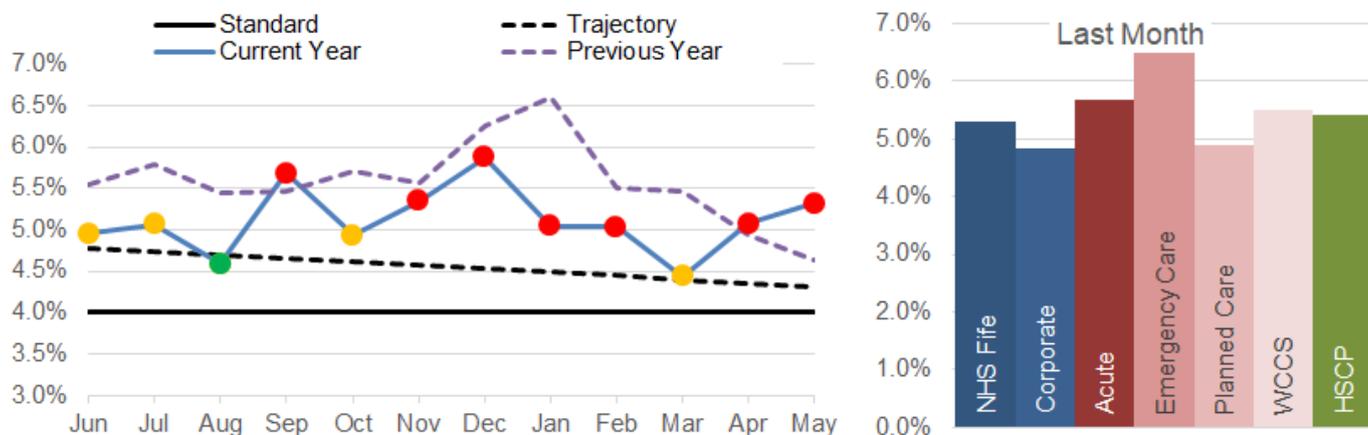
Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to April	May Adjustment	Total May
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	0	72	72
Condemned Equipment	0	0	0	0
Minor Capital	0	0	0	0
Covid Equipment	0	0	0	0
Statutory Compliance	0	0	310	310
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
Total Community & Primary Care	0	0	382	382
Acute Services Division				
Capital Equipment	0	36	1,216	1,252
Condemned Equipment	0	0	9	9
Cancer Waiting Times Equipment	0	0	0	0
Minor Capital	0	0	0	0
Statutory Compliance	0	0	2,925	2,925
Elective Orthopaedic Centre	18,125	0	0	18,125
	18,125	36	4,150	22,311
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,500	0	-3,405	95
Fife Wide Equipment	1,805	-37	-1,288	480
Information Technology	1,000	0	0	1,000
Clinical Prioritisation	500	0	0	500
Condemned Equipment	90	0	-9	81
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	0	60	60
General Reserve Equipment	94	0	0	94
Pharmacy Equipment	205	0	0	205
Fife Wide Vehicles	0	0	60	60
Wash Hand Basin Replacement	0	0	50	50
Total Fife Wide	7,194	-37	-4,532	2,625
Total Anticipated Capital Resource 2021/22	25,319	0	0	25,319
ANTICIPATED ALLOCATIONS 2021/22				
HEPMA	1,100	0	0	1,100
Mental Health Review	76	0	0	76
Lochgelly Health Centre	517	0	0	517
Kincardine Health Centre	323	0	0	323
Anticipated Allocations for 2021/22	2,016	0	0	2,016
Total Planned Expenditure for 2021/22	27,335	0	0	27,335

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2021/22 = **3.89%**

Local Performance



National Benchmarking

Month	2020/21							2021/22				
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
NHS Fife	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%
Scotland	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	4.59%	

KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

IMPROVEMENT ACTIONS

22.1 Work towards an improvement in long term sickness absence relating to mental health, using our Occupational Health service and other support services and interventions	By Mar-22
There is ongoing case work with Occupational Health, local managers and HR Officers and Advisors in support of this action, with input from specialist Occupational Health Mental Health Nurse.	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence. The means of achieving this include continuation of Promoting Attendance Review and Improvement Panels, Promoting Attendance Groups, training for managers and continued application of the Once for Scotland Attendance Management Policy and scrutiny of "hot spots" / priority areas through analysis of management information and effective reporting systems.	By Mar-22
All actions above are progressing, with Promoting Attendance Review and Improvement Panels meeting regularly to review cases and actions, on-going monthly and bespoke training sessions, alongside use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting.	

MARGO MCGURK

Director of Finance and Performance
20th July 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Fife Integrated Performance & Quality Report

Produced in August 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. Remobilisation Summary
- e. 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.

Health Boards are planning the recovery of services following the first and second waves of the COVID-19 Pandemic. NHS Fife has agreed its Joint Remobilisation (RMP3) for 2021/22, and this effectively replaces the previous 1-year or 3-year Annual Operational Plans. It includes forecasts for activity across key outpatient and inpatient services, and progress against these forecasts is included in this document by two methods:

- Update of monthly activity (Remobilisation Summary)
- Enhancement of drill-downs to illustrate actual v forecast activity

The RMP provides a detailed, strategic view of how NHS Fife will approach the recovery, while the IPQR drills down to a level where specific Improvement Actions are identified and tracked. In order to provide continuity between the IPQR from version to version (year to year), Improvement Actions carry a '20', '21' or '22' prefix, to identify their year of origin. 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 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **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:

- Rate of Patient Falls With Harm fell to its lowest level for over 2 years
- Patient TTG – although remaining considerably below the National Standard, the % of patients waiting less than 12 weeks for treatment continued to increase, and the size of the overall waiting list remained stable
- Cancer 31-day DTT – 100% achievement in June, with this being the 14th successive month in which the 95% Standard has been exceeded

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 8 (28%) within upper quartile, 14 (48%) in mid-range and 7 (24%) in lower quartile.

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

c. Indicator Summary

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	

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22
Clinical Governance	Major & Extreme Adverse Events	N/A
	HSMR	N/A
	Inpatient Falls	7.68
	Inpatient Falls with Harm	1.65
	Pressure Ulcers	0.42
	Caesarean Section SSI	2.5%
	SAB - HAI/HCAI	18.8
	SAB - Community	N/A
	C Diff - HAI/HCAI	6.5
	C Diff - Community	N/A
	ECB - HAI/HCAI	33.0
	ECB - Community	N/A
	Complaints (Stage 1 Closure Rate)	80%
	Complaints (Stage 2 Closure Rate)	65%
Operational Performance	IVF Treatment Waiting Times	90%
	4-Hour Emergency Access	95%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%
	18 Weeks RTT	90%
	Cancer 31-Day DTT	95%
	Cancer 62-Day RTT	95%
	Detect Cancer Early	29%
	Freedom of Information Requests	85%
	Delayed Discharge (% Bed Days Lost)	5%
	Delayed Discharge (# Standard Delays)	N/A
	Antenatal Access	80%
	Smoking Cessation	473
	CAMHS Waiting Times	90%
	Psychological Therapies Waiting Times	90%
	Alcohol Brief Interventions (Priority Settings)	80%
	Drugs & Alcohol Treatment Waiting Times	90%
	Dementia Post-Diagnostic Support	N/A
	Dementia Referrals	N/A
Finance	Revenue Expenditure	(£13.822m)
	Capital Expenditure	£27.335m
Staff Governance	Sickness Absence	3.89%

Reporting Period	Year Previous	Previous	Current	Trend
Month	Jun-20	May-21	Jun-21	
Year Ending	Mar-20	Dec-20	Mar-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Quarter Ending	Mar-20	Dec-20	Mar-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Quarter Ending	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Year Ending	Jun-19	Mar-20	Jun-20	
Quarter Ending	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Apr-20	Mar-21	Apr-21	
YTD	Apr-20	Mar-21	Apr-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
YTD	Mar-19	Dec-19	Mar-20	
Month	Apr-20	Mar-21	Apr-21	
Annual	2018/19	2019/20	2021/21	
Annual	2018/19	2019/20	2020/21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	
Month	Jun-20	May-21	Jun-21	

Reporting Period	Fife	Scotland
N/A		
YE Mar-21	1.02	1.00
N/A		
N/A		
N/A		
QE Dec-19	2.3%	0.9%
QE Mar-21	17.8	18.4
QE Mar-21	14.1	10.4
QE Mar-21	14.0	15.6
QE Mar-21	5.4	3.8
QE Mar-21	21.6	34.7
QE Mar-21	34.7	36.6
2019/20	71.5%	79.9%
2019/20	35.7%	51.8%
N/A		
Jun-21	88.2%	85.0%
Mar-21	51.7%	34.7%
Mar-21	52.6%	48.1%
Mar-21	80.7%	61.4%
QE Mar-21	73.2%	75.9%
QE Mar-21	98.9%	97.7%
QE Mar-21	81.4%	83.0%
2018, 2019	26.1%	25.6%
N/A		
QE Dec-20	5.5%	4.8%
Jun-21	21.65	16.76
FY 2019/20	89.0%	88.3%
FY 2019/20	92.8%	97.2%
QE Mar-21	76.0%	65.1%
QE Mar-21	82.0%	80.4%
FY 2019/20	79.2%	83.2%
QE Mar-21	94.5%	95.6%
2018/19	93.7%	75.1%
2018/19	60.9%	43.4%
N/A		
N/A		
YE Mar-21	4.77%	4.67%

d. NHS Fife Remobilisation Summary – Position at end of July 2021

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
Better than Projected Worse than Projected (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	1,000	1,000	1,120	3,120		
	Actual	3,260	985				3,394	3,716
	Variance	279	-15					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	6,227	6,259	6,639	19,125	22,925	24,441
	Actual	19,488	6,140					
	Variance	2,388	-87					
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	611	611	611	1,833	1,833	1,833
	Actual	1,406	483					
	Variance	-395	-128					
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	3,750	3,750	3,750	11,250	11,250	11,250
	Actual	12,971	4,324					
	Variance	2,121	574					
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	6,280	6,590	6,240	19,110	18,370	18,490
	Actual	20,728	7,052					
	Variance	3,618	772					
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	2,830	2,800	2,690	8,320	8,680	8,830
	Actual	10,088	3,375					
	Variance	2,048	545					
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82				5.85	5.63	5.73
	Actual	5.50						
	Variance	-0.32						
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	870	870	870	2,610	2,610	2,610
	Actual	2,884	996					
	Variance	434	126					
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	415	145	145	145	435	435	435
	Actual	305						
	Variance	-110						
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	306	84	103	104	291	346	298
	Actual	411	110					
	Variance	105	26					
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	1,369	514	471	437	1,422	1,905	1,780
	Actual	1,816						
	Variance	447						

		Month End	Month End			Month End	Month End	Month End
		Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	65	64	66	63	63	70	70
	Actual	128	109					
	Variance	63	45					
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	28	29	30	27	27	28	27
	Actual	47	46					
	Variance	19	17					
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	35	36	36	36	42	43
	Actual	81	63					
	Variance	44	28					

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

e. Assessment – Clinical Governance

		Target	Current
HSMR		1.00	1.02
The HSMR for NHS Fife for the year ending March 2021 rose slightly in comparison to the rate for the year ending December 2020, and was above the Scotland average. The rate for VHK alone was 1.03.			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.75
As with most areas in Scotland the activity within hospital settings is extremely high and workforce challenges are also reflected nationally, increasing the usage of supplementary staffing. Work continues within this difficult context to focus improvement on areas where falls with harm has increased. As already noted, process, documentation and audit work will align with the national developments in Falls and Excellence in Care.			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	0.86
Acute: Two clinical areas have been identified to participate in the next pressure ulcer improvement project. There was a 4-6 week preparatory study before the project period began, and regular meetings are scheduled throughout the project.			
HSCP: The rate of pressure ulcers has reduced during the last quarter. At the end of June, it has been 147 days since the last hospital acquired pressure ulcer grade 3 developed, and 8 days since the last grade 3 developed in the community. Within community inpatients wards, there have been no developed/developing grade 4 pressure ulcers since January 2020 (523 days).			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.7%
All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the SG. However, Maternity Services have continued to monitor their Caesarean Section SSI cases and, where necessary (i.e deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	6.3
NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no ventilator associated pneumonias, PVC or CVC SABs since March.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	10.0
NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022, although the incidence rate has markedly improved for June. There has been no recurrence of infection since March, and a total of 6 recurrences in the last year. Reducing the incidence of CDI recurrence is pivotal to achieve the HCAI reduction target, and continues to be addressed.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	37.6
The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For June, NHS Fife is sat on the trajectory line and on track to achieve this target. However, reducing CAUTI ECBs is essential to achieve the target reduction and there were 7 such infections in June. Reducing CAUTI incidence remains the quality improvement focus.			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	28.0%
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. It is noted that there is an increase in the complexity of complaints received. Although reduced slightly, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid-19 vaccination appointments. We are also starting to receive enquiries relating to Covid-19 vaccine status, as international travel opens up.			

e. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	88.2%
<p>Attendances continue to rise, averaging around 200 per day at the ED, which equates to a 45% increase since January. The majority of these are self-presenters. Despite the increased demand, performance against the National Standard improved in June. Several front door initiatives to improve flow, including a new assessment area within AU1, have been implemented and are being tested. The Redesign of Urgent Care (RUC) has supported improvements for GP admissions into AU1 and we are testing this model. Redirections to MIUs have increased across Fife and referral pathways are being developed with primary care to enable the Flow and Navigation Hub (FNH) and ED to access support for patients.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	67.9%
<p>Performance in June has continued to recover with 69.7% waiting less than 12 weeks compared to 20.2% in July 2020. NHS Fife continues to be the best performing Board in Scotland for TTG. Theatres are now fully remobilised however an increase in unscheduled care activity is impacting on our ability to undertake elective inpatient surgical activity as planned. At the end of June, the waiting list was 11% lower than in July 2020 and has remained stable since February of this year. We continue to focus on clinical priorities whilst reviewing patients who have been waiting greater than 52 weeks. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	62.4%
<p>Performance in June has continued to recover with 62.4% waiting less than 12 weeks compared to 41.1% in July 2020. At the end of June, the waiting list was 56% higher than at the end of June 2020, but similar to that in April of this year. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those who have been waiting more than 52 weeks. Activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	90.6%
<p>Performance improved in May with 93.5% waiting less than 6 weeks but was under pressure again in June decreasing to 90.6% although this compares favourably to 51.4% in July 2020. At the end of June, the waiting list was 11% higher than at the end of July 2020 with the most significant increase being in waits for imaging. There has been a significant increase in referrals for CT and Ultrasound and particular pressures from unscheduled care activity which along with staffing difficulties have caused routine waits for these modalities to increase in the last month. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	82.1%
<p>June continued to see challenges in the 62-day performance. An increase in referrals along with consultant annual leave impacted on the Breast service, while delay to referral to CNS and routine staging and investigations resulted in a number of other breaches. Prostate breaches continue to be seen but overall, the pathway has significantly shortened. The range of breaches were 2 to 37 days, with an average breach time of 13 days.</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	91.2%
<p>There were 35 FOI requests closed in June, 4 of which were late, so compliance remained above target. There are currently 76 active FOI Requests.</p>			

EDG review and sign off of the new Publication Scheme is complete.

Due to staff turnover in the FOI Role, the Information Governance and Security Advisors have been made aware of some data quality issues which are being investigated.

Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	5%	9.7%
---------------------------	---	-----------	-------------

The number of bed days lost due to patients in delay rose sharply in April and has remained well above the target 5%. The latest data indicates that there is a continued disruptive impact on NHS Fife and the H&SCP due to the pandemic. Increased hospital activity over the recent months has resulted in people requiring care and support before being safely discharged. There are also compounding factors such as staff absences/annual leave resulting in people waiting longer than normal for health & social care services. Bed days occupied by Code 9 (51X) patients, while not counted in the IPQR measure, accounts for approximately 35-40% of beds days lost.

Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	25
--------------------------	--	------------	-----------

Service provision has continued to be delivered remotely by phone and Near Me appointments. Staffing levels are improving, 6 new staff members recruited, with 5 in post and undergoing local training (due to lack of availability of usual national training). Midwife led service staff have returned from deployment/long term absence and are back to full capacity. Plans to remobilise face to face provision have started, but this is in early planning and development and requires an assessment of available venues which initially had been positive but due to increasing COVID cases has been paused. A current challenge and potential risk to LDP Target is that we have received an alert from Pfizer UK warning of a supply shortage of Champix (varenicline tartrate) across all doses and presentations which looks set to continue for several weeks. Until supplies of Champix can resume, we are using alternative treatment options for new patients. We are working with community pharmacies to assess available stock to manage those currently on a course of Champix treatment.

CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	79.5%
----------------------------	---	------------	--------------

Due to the majority of the workforce continuing to target those requiring urgent and priority interventions, RTT has remained in the high 70%. Failure to recruit additional staffing to address capacity alongside the resignation of those recently recruited for longest wait work has meant that the trajectory to achieve the RTT and reduction of longest waits over 18 weeks will not be achieved within the time period specified (June 2022). Recalculation, dependent on recruitment by end of September 2021, projects that the target will be achieved by October 2022. Contingencies have been put in place to deploy specific professional groups (Psychology) to work on the longest waits to ensure progress to date is maintained and vacant posts continue to be re-advertised.

Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	82.6%
--------------------------------	--	------------	--------------

Referrals continue to rise but despite the increase in activity levels, there has been little change in overall numbers waiting since April. There has however been a reduction in the longest waits, with 155 fewer people waiting over 53 weeks in June compared to April. Recruitment to new posts (and current vacancies) is underway but it is too early as yet to see the impact of this increased resource. Some group work also remains suspended (awaiting a return to in-person delivery) which continues to negatively impact capacity.

e. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£13.822m)	(£6.109m)

Month 3 financial position

The revenue position for the 3 months to 30 June reflects an overspend of £6.109m. This comprises a run rate overspend position of £1.790m; unmet core savings of £0.905m (to be delivered over the remaining months of the year); and underlying unachieved 'long Covid' savings of £3.414m.

The total capital resource limit for 2021/22 is £27.335m. The capital position for the 3 months to June shows spend of £3.022m.

Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£27.335m	£3.022m
----------------------------	--	-----------------	----------------

The overall anticipated capital budget for 2021/22 is £27.335m. The capital position for the period to June records spend of £3.022m. Therefore, 11.06% of the anticipated total capital allocation has been spent to M3.

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	6.17%

The sickness absence rate in June was 6.17%, an increase of 0.86% from May. The aggregated rate for COVID-19 related special leave, as a percentage of available contracted hours, was 1.1%.

II. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	10
HSMR	11
Inpatient Falls (With Harm)	12
Pressure Ulcers	13
Caesarean Section SSI	14
SAB (HAI/HCAI)	15
C Diff (HAI/HCAI)	16
ECB (HAI/HCAI)	17
Complaints (Stage 2)	18

Finance, Performance & Resources: Operational Performance

4-Hour Emergency Access	19
Patient Treatment Time Guarantee (TTG)	20
New Outpatients	21
Diagnostics	22
Cancer 62-day Referral to Treatment	23
Freedom of Information (FOI) Requests	24
Delayed Discharges	25
Smoking Cessation	26
CAMHS 18 Weeks Referral to Treatment	27
Psychological Therapies 18 Weeks Referral to Treatment	28

Finance, Performance & Resources: Finance

Revenue Expenditure	29
Capital Expenditure	41

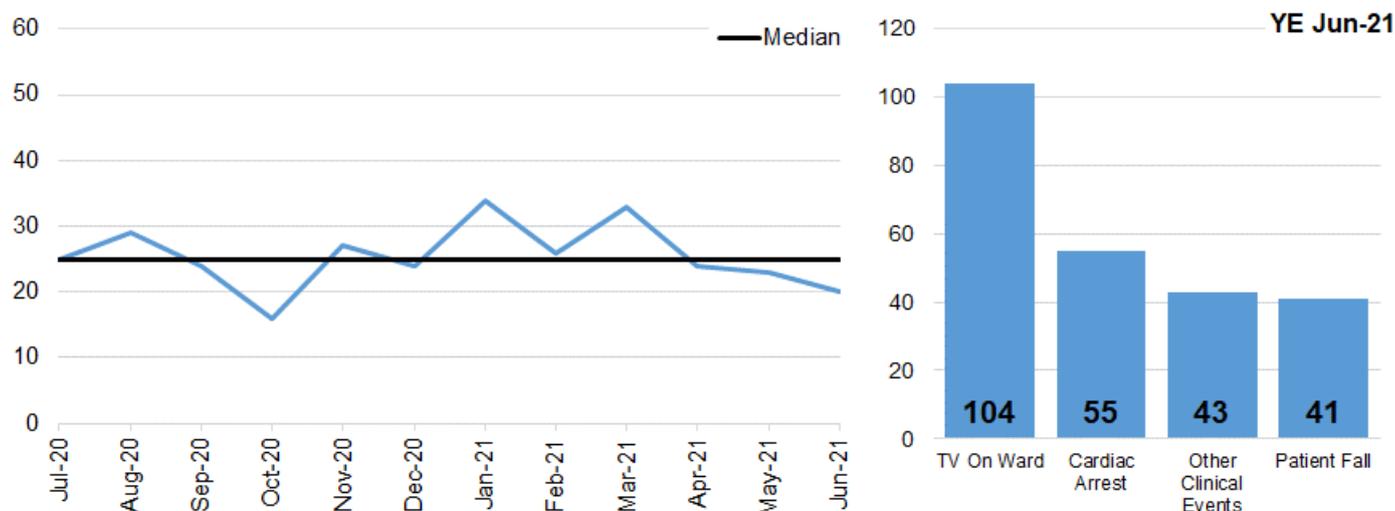
Staff Governance

Sickness Absence	44
------------------	----

CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21						2020/21					
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ALL	NHS Fife	1329	1240	1288	1340	1305	1249	1288	1210	1363	1349	1366	1318
	Acute Services	562	503	607	558	639	603	573	531	630	590	643	588
	HSCP	729	695	639	748	635	619	694	653	706	720	681	684
	Corporate	38	42	42	34	31	27	21	26	27	39	42	46
CLINICAL	NHS Fife	909	834	925	903	953	928	904	855	952	928	1006	907
	Acute Services	516	466	559	509	595	560	534	495	588	543	594	530
	HSCP	372	352	348	378	341	358	359	346	351	367	388	357
	Corporate	21	16	18	16	17	10	11	14	13	18	24	20

Commentary

Levels of reporting remain consistent across the organisation, with normal variation.

There has been a sustained reduction in reported major or extreme events in the last quarter, and the number of reported cardiac arrest events is at its lowest since August 2020.

The reported number of tissue viability events (pressure ulcers developing on ward) has increased, and there are systems in place to monitor, review and respond appropriately.

Specific activities are as follows:

- Baseline mapping of the current Adverse Events process is complete
- A Short Life Working Group (SLWG) will start work in September, the aim being to agree future state, capture in a refreshed policy and process, and develop plans for education, training and communication by October
- New policy will be submitted through governance structures in November
- Support from Professor Paul Bowie, NHS Education for Scotland has been secured to support and review the work outlined above
- Funding for 12 months has been agreed to support a secondment for a Lead for Adverse Events which will provide the leadership and focus to take this work forward; interviews are scheduled for mid-August

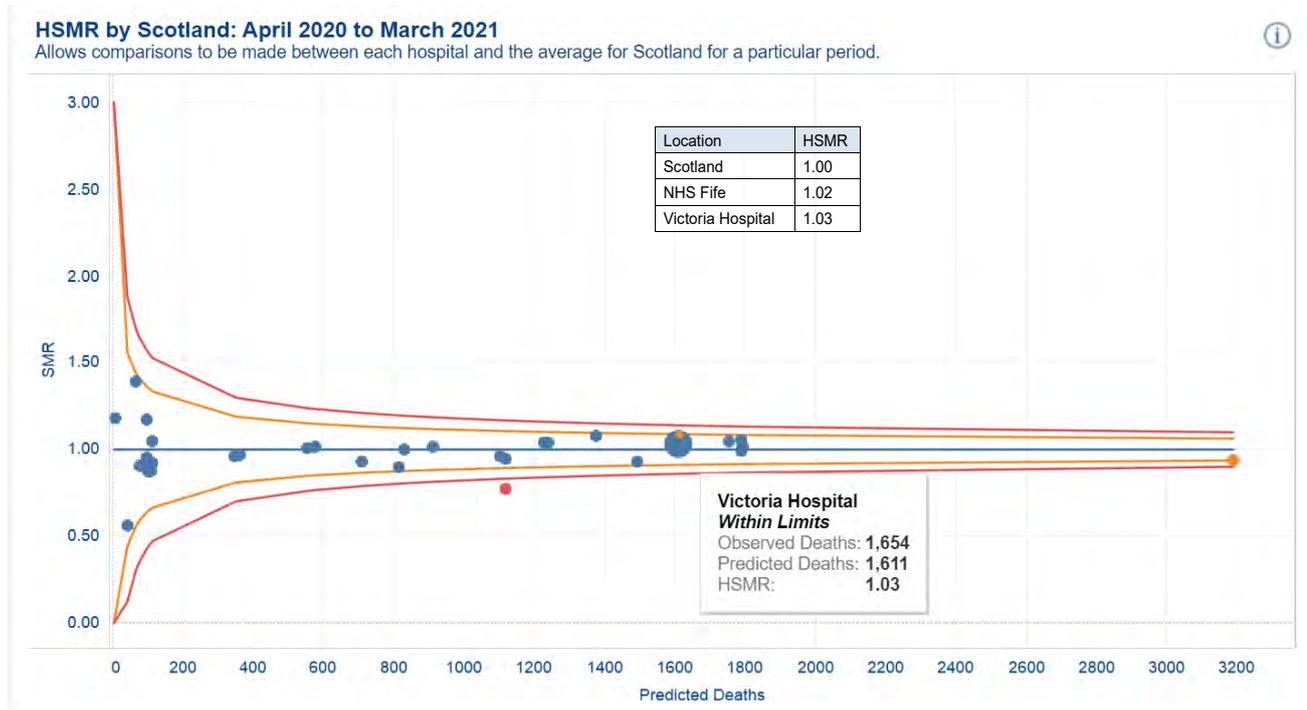
HSMR

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; April 2020 to March 2021^P

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

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



Commentary

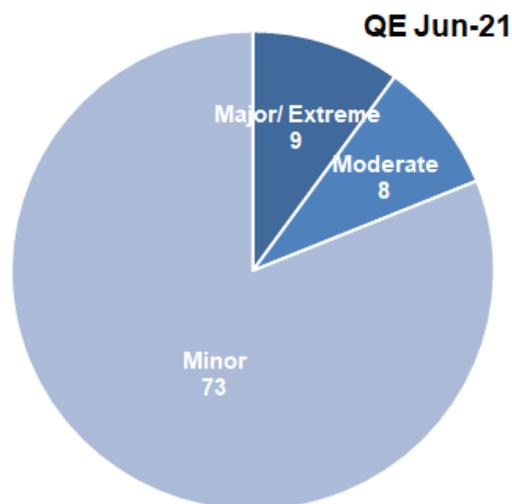
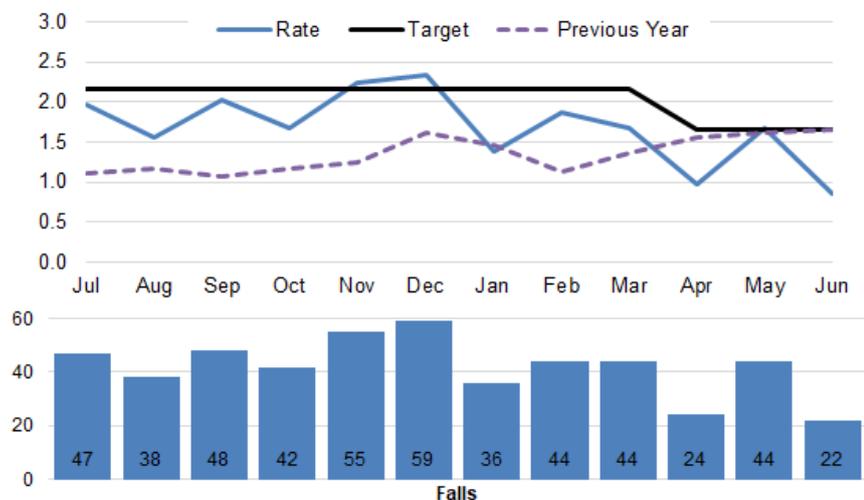
The HSMR for NHS Fife has remained slightly above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending March 2021 produced a ratio of 1.02 (VHK alone being 1.03).

Inpatient Falls with Harm

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

Target Rate (by end March 2022) = 1.65 per 1,000 OBD

Local Performance



Performance by Service Area

		2020/21						2021/22					
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
With Harm	NHS Fife	1.98	1.56	2.03	1.68	2.24	2.35	1.39	1.87	1.68	0.98	1.68	0.86
	Acute Services	1.18	1.08	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.35	0.88	0.41
	HSCP	2.67	1.96	2.62	2.17	2.88	2.96	1.53	2.47	2.29	1.54	2.40	1.27

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

IMPROVEMENT ACTIONS

20.3 Falls Audit	By Nov-21
A new national driver diagram and measurement package are about to be finalised and have been tested in four boards across Scotland in May and June. This has not been concluded as yet and is now expected in the autumn. On completion, NHS Fife documentation will be reviewed (October) and an audit will then follow (October/November).	
20.5 Improve effectiveness of Falls Champion Network	By Oct-21
This work has been significantly delayed and opportunities to refresh are further hampered with workforce challenges. This will continue to be an area of focus for the group	
21.2 Falls Reduction Initiative	By Sep-21
A Falls Reduction Initiative has taken place in three Mental Health Inpatient wards. QI work commenced in early March with support from CCGT and ongoing tests of change were implemented. Early indication has highlighted that falls have decreased and work will now take place to ensure improved sustainability. The improvement team meet fortnightly to review ongoing tests of change and we continue to evaluate and review the weekly quality data to inform decisions and strategy. A review of outcomes will take place in September.	
21.3 Integrated Improvement Collaborative	By Jan-22 (interim report Nov-21)
A Collaborative involving three community inpatient wards was introduced last September but was paused as a result of COVID. The work will now continue until January 2022. A further two wards are participating in the collaborative with the main focus being on reducing patient falls, and identifying further improvement interventions for reducing medication incidents and hospital acquired pressure ulcers.	

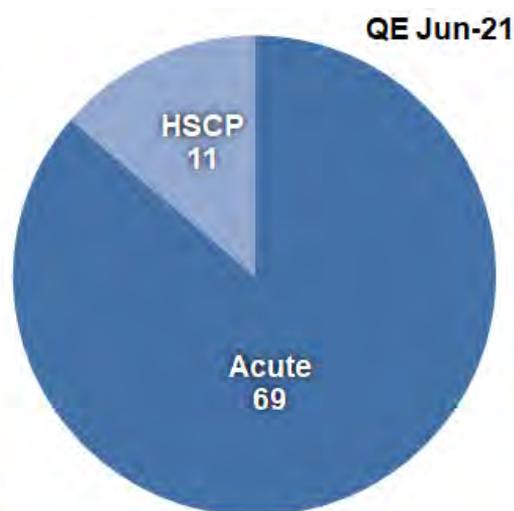
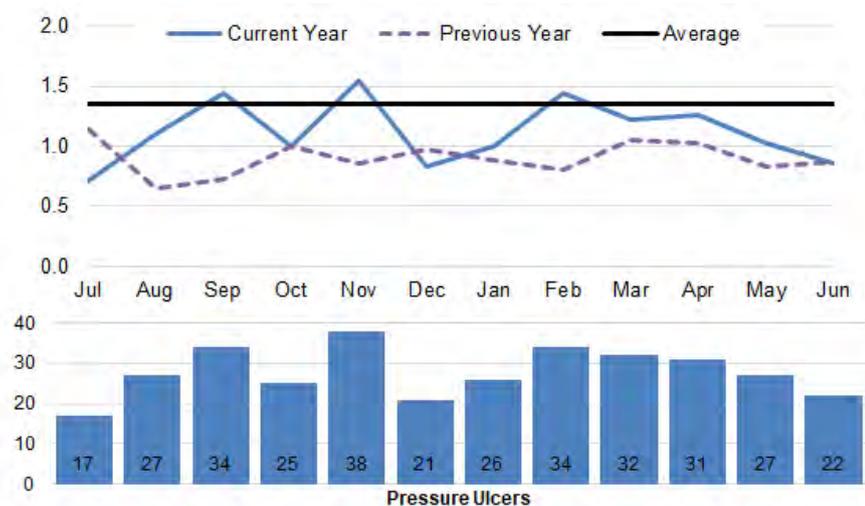
Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2022) = TBD per 1,000 OBD

NOTE: CURRENTLY USING THE PREVIOUS TARGET TO CALCULATE RAG STATUS

Local Performance



Performance by Service Area

		2020/21										2021/22		
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Grade 2 to 4	NHS Fife	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.26	1.03	0.86	
	Acute Services	1.18	1.98	2.73	1.20	2.39	1.17	2.06	2.18	2.12	2.42	1.68	1.66	
	HSCP	0.31	0.38	0.32	0.82	0.78	0.53	0.07	0.80	0.43	0.23	0.44	0.15	

KEY CHALLENGE(S) IN 2021/22

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

21.2 Integrated Improvement Collaborative

Action Complete June 2021

21.3 Implementation of robust audit programme for audit of documentation

Action Complete June 2021

22.1 Improvement Collaboratives

By Jan-22

Community inpatients wards within HSCP are undertaking self-assessment against the Prevention & Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement. This work is also aligned to the current Improvement Collaborative across five community inpatient wards. The Improvement Collaborative work is currently under review with the aim of reflecting and establishing SMART objectives for the near future to ensure improvement targets are met.

22.2 Community Nursing QI Work

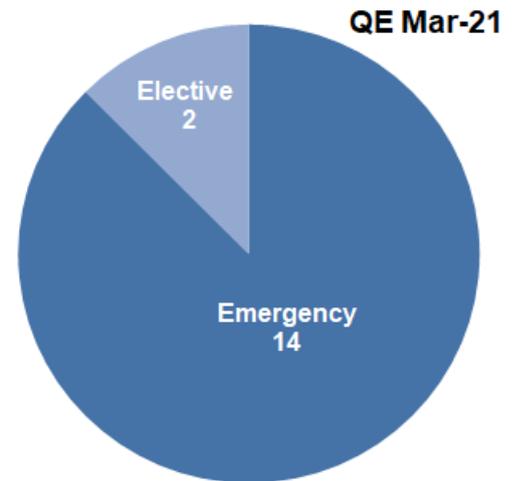
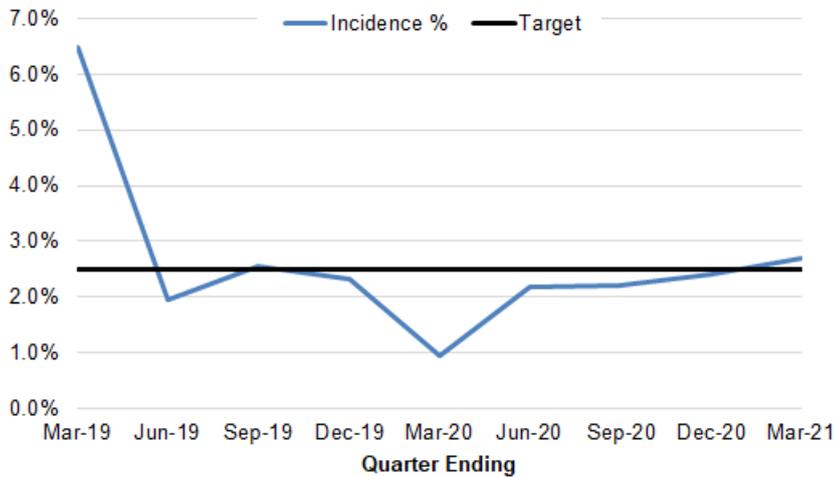
By Sep-21

In response to rising community acquired pressure ulcers, one area within Fife HSCP community nursing teams has implemented a focused piece of work involving a number of improvement initiatives including monthly documentation audit of the MORSE records, targeted education and training for registered staff, group work and revitalising the daily safety huddle to highlight patients at risk. To complement this work, the team have adopted a "back to basics" approach, in order to ensure that all relevant skin and risk assessments are completed, and this is having a positive impact on patient outcomes. Patients at risk or with existing pressure ulcers are discussed at handovers and locality safety huddles and all patients admitted to the service will receive information about prevention and management of pressure ulcers – timescale for implementation is September.

Caesarean Section SSI

Sustain C-Section SSI incidence for inpatients and post discharge surveillance (day 10) below 2.5% during FY 2021/22

Local Performance



National Benchmarking

Quarter Ending	2017/18			2018/19			2019/20			2020/21			
	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20
NHS Fife	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	1.0%	2.2%	2.2%	2.4%
Scotland	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%				

KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when instructed/agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

IMPROVEMENT ACTIONS

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan

By Mar-22

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 (LAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

Recent national discussions have been held with ARHAI Scotland, due to the third wave of COVID-19, but there is still no date for resuming the national SSI surveillance programme.

On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most effective means of capturing SSI cases.

The IPCT have updated the C-section SSI training presentation, and maternity induction training on the surveillance methodology and SSI case definitions was delivered by Dr Hadoura in August.

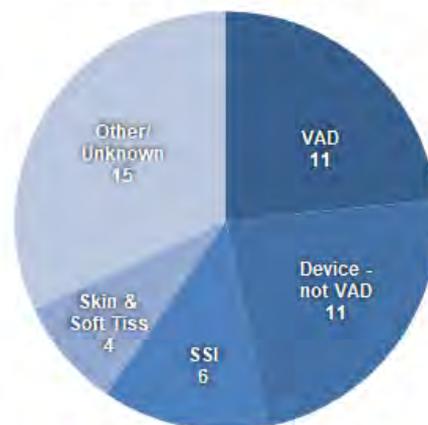
SAB (HAI/HCAI)

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 Jun-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	15.5	10.9	12.5	6.3	18.7	20.6	17.8
Scotland	17.5	15.2	16.3	20.3	17.3	18.9	18.4

KEY CHALLENGE(S) IN 2021/22

Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

IMPROVEMENT ACTIONS

20.1 Reduce the number of SAB in PWIDs	By Mar-22
<p>There has been ongoing improvements in the incidence of SAB in PWIDs, with only 2 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in May. The Addiction outreach team "We are With You" is available to support PWID.</p> <p>The rollout of PGDs for non-medical prescribing of antibiotics by ANPs was planned for July, while the IPCT are providing updated wound care training for ANPs.</p>	
20.2 Ongoing surveillance of all VAD-related infections	By Mar-22
<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>	
20.3 Ongoing surveillance of all CAUTI	By Mar-22
<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 July.</p> <p>This Quality Improvement group is contributed to by the ECB data.</p>	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	By Mar-22
<p>Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. The Ward Dashboard is continuously updated, for clinical staff to access and also displayed for public assurance.</p>	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	By Mar-22
<p>Electronic insertion and maintenance bundles for PVCs available on patientrack to support best practice. All areas with patientrack generate an ePVC weekly report, which is highlighted to Senior Charge Nurses and Senior Teams if their ward has failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters to promote and support best practice, reduce avoidable harm and improve quality of care. Then aim to develop similar electronic bundles for CVCs.</p>	

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 Jun-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	8.9	13.1	8.0	7.9	9.3	7.7	14.0
Scotland	13.7	15.1	13.6	15.4	17.4	16.4	15.6

KEY CHALLENGE(S) IN 2021/22

Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

IMPROVEMENT ACTIONS

20.1 Reducing recurrence of CDI

By Mar-22

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 for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter is can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.

20.2 Reduce overall prescribing of antibiotics

By Mar-22

NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.

Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.

20.3 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.

ICN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

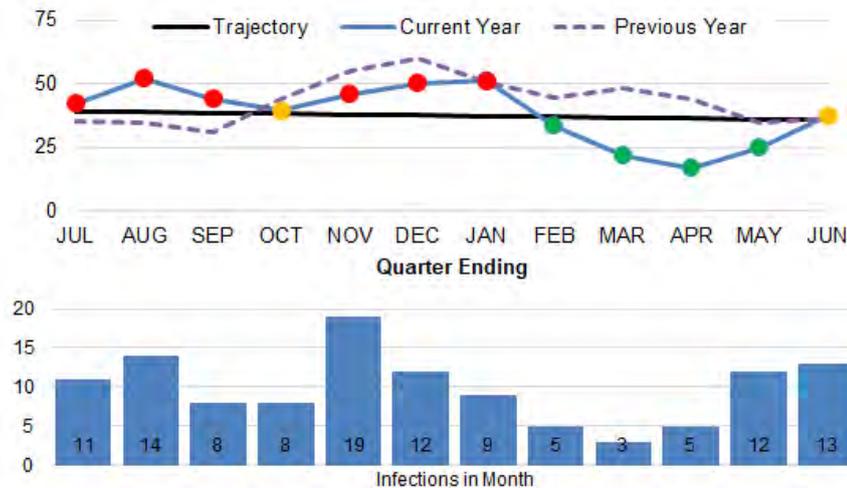
The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also displayed for public assurance.

CLINICAL GOVERNANCE

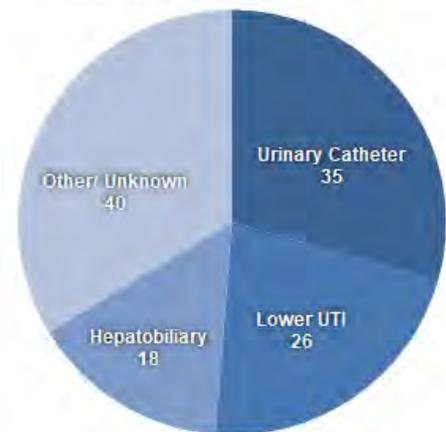
ECB (HAI/HCAI)

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 Jun-21



National Benchmarking

Quarter Ending	2019/20				2020/21		
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	31.0	60.0	47.9	36.4	45.3	50.3	21.6
Scotland	40.3	40.8	36.4	39.7	42.0	40.9	34.7

KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding & learning. Consideration has been proposed to the ICC for all catheter associated ECB (including without trauma) to be DATIX'd for a LAER to be undertaken by the patients clinical team.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

By Mar-22

The UCIG meeting last met in July. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves a GP practice, the district nursing service and staff in both private and NHS care homes.

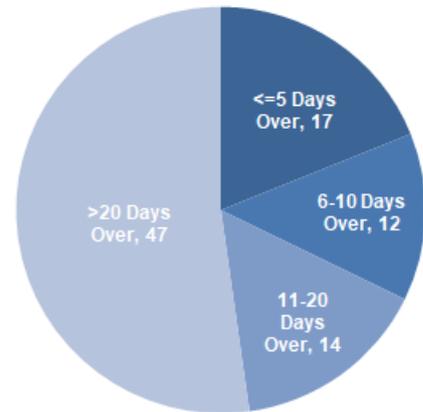
Complaints | Stage 2

At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)

Local Performance



Closure Breaches; QE Jun-21



Performance by Service Area

3-Month Ending	2020/21						2021/22					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	25.0%	20.8%	24.0%	28.0%
Ack <= 3 Days (Monthly)	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	93.3%	95.2%	95.0%	100.0%	93.5%	100.0%
ASD	35.9%	44.1%	52.8%	39.6%	34.0%	30.5%	36.5%	34.0%	17.5%	14.5%	15.5%	22.5%
HSCP	14.3%	20.6%	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%

KEY CHALLENGE(S) IN 2021/22

- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality

By Dec-21

Patient Relations are completing in-house QA checks on draft final responses. There is a review of the current complaint handling process being undertaken by Clinical Governance and Patient Relations and regular review meetings take place with Clinical Services and Senior Management.

This work is underway with the aim of driving improvement in the quality of complaint handling, identify learning from complaints within the Patient Relations team and wider Clinical Services and ensure a streamline process for all that cuts out waste.

22.2 Improve education of complaint handling

By Dec-21

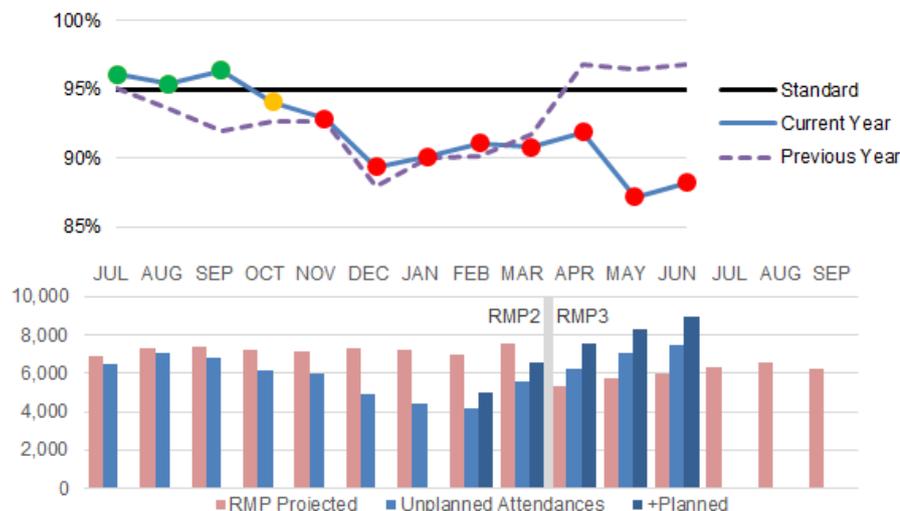
This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services.

This action aims 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. Bespoke training sessions with Fife Wide & Fife East took place in May and June, and the aim is that this will continue throughout the remainder of 2021.

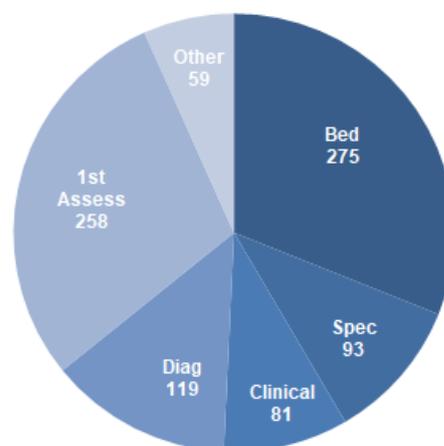
4-Hour Emergency Access

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

Local Performance



Breach Reason; Jun-21



National Benchmarking

Month	2020/21						2021/22					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%
Scotland	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%

KEY CHALLENGE(S) IN 2021/22

- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

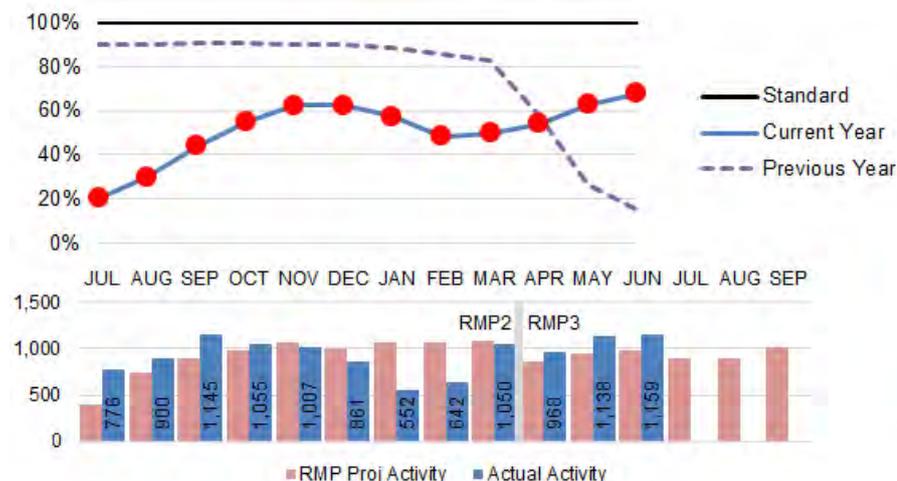
IMPROVEMENT ACTIONS

Action	By
21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	By Mar-22
Local Boards have been asked to implement a Flow Navigation Centre (Hub) that will directly receive clinical referrals from NHS24 and offer rapid access for patients to urgent care. Lessons from an ED Test of Change is being scaled up which demonstrates an increasing number of patients are being re directed and appointed. Approval being sought for full model roll out to accommodate phase 2 work including GP admissions and primary care pathway developments.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	By Aug-21
Access to ED will be available through a national Single Point of Access through NHS24/111. Through safe space conversations and feedback, NHS 24 and NHS Fife will co-produce criteria for VHK ED and MIUs across Fife.	
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	By Aug-21
Improved handover procedures are being tested and duplication in the system reduced. Improvement actions focussing on reductions in LoS in our medical admission unit, implementation of criteria led discharge and a review of speciality pathways will further reduce breach numbers.	

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 Jun-21



National Benchmarking

	2020/21						2021/22					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%
Scotland	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%			

KEY CHALLENGE(S) IN 2021/22

- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

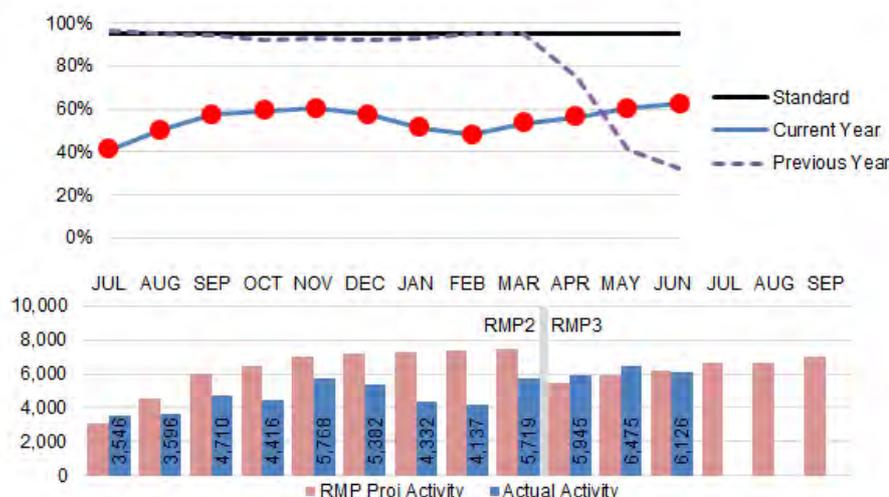
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	By Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway	
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Options appraisal to support a digital solution is being finalised prior to publication	
22.3 Undertake waiting list validation against agreed criteria	By Sep-21
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly	

New Outpatients

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

Local Performance



Breaches Breakdown Jun-21



National Benchmarking

	2020/21						2021/22					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%
Scotland			46.5%			47.8%			48.1%			

KEY CHALLENGE(S) IN 2021/22

- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

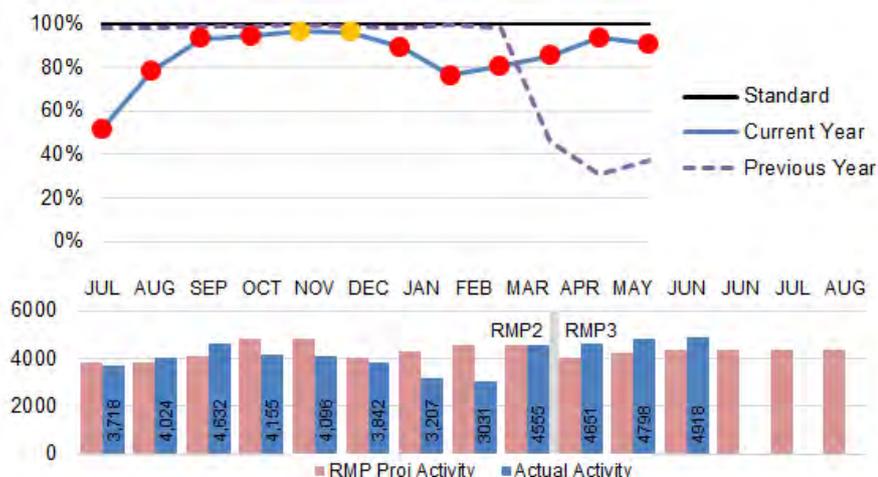
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	By Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway	
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
ACRT and PIR being progressed in Directorates and waiting list validation continues	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	By Sep-21
Remodelling work complete and shared with clinic staff, awaiting further guidance to be issued	

Diagnostics Waiting Times

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

Local Performance



Breach Breakdown Jun-21



National Benchmarking

	2020/21						2021/22					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%
Scotland	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%			

KEY CHALLENGE(S) IN 2021/22

- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

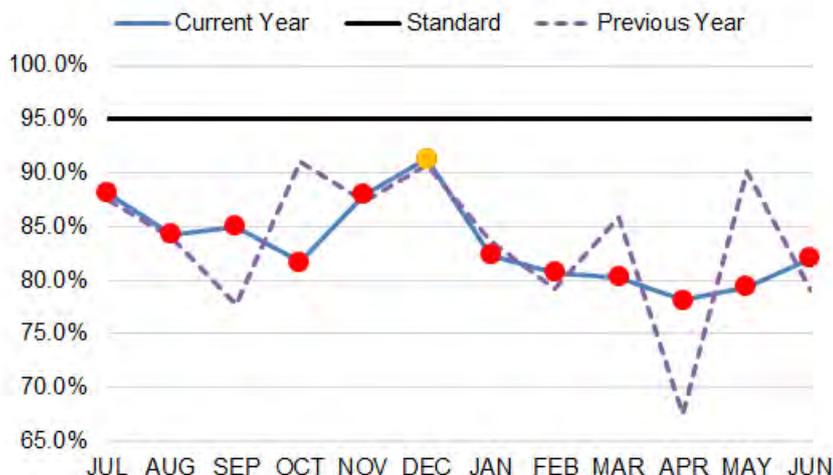
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	By Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway	
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Testing platform chosen, governance processes to support implementation underway	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

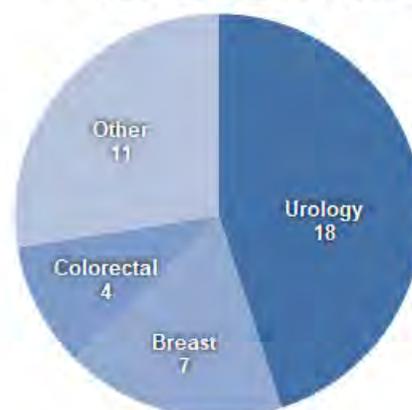
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: Apr to Jun 21



National Benchmarking

Month	2020/21						2021/22					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%
Scotland	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%

KEY CHALLENGE(S) IN 2021/22

- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Social distancing will (impact on the number of patients that can be seen and treated within hospitals)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Mar-22
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. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Sep-21
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By Oct-21
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance will be completed by September. The recommendations from the review will be addressed as part of the improvement process.	

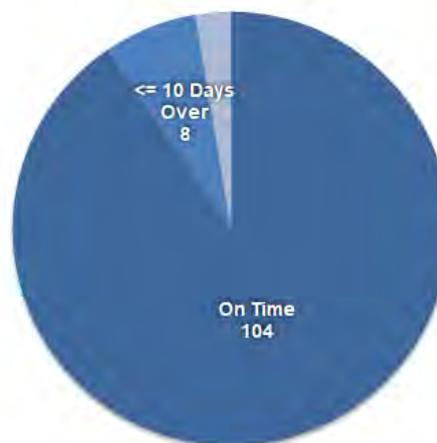
Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Jun-21



Performance by Service Area

Monthly	2020/21									2021/22		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Health Board	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%	100.0%	94.7%	84.4%	90.3%
IJB	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%

KEY CHALLENGE(S) IN 2021/22

Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and a replacement is now in place. The route to a permanent post is still going through Human Resources and it is hoped that this will be ready for advertisement soon.

IMPROVEMENT ACTIONS

21.1 Organisation-wide Publication Scheme to be introduced	Complete
The revised Model Publications Scheme has been signed off after review by EDG	
21.2 Improve communications relating to FOISA work	By Dec-21

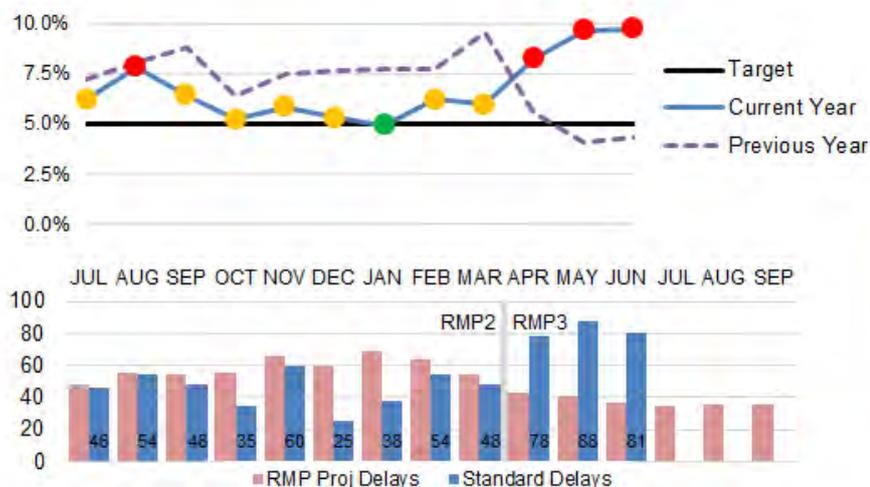
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

FOI Training in both AXLR8 and legislation was undertaken by the FOI Officer which can be evidenced in the overall compliance within the organisation.

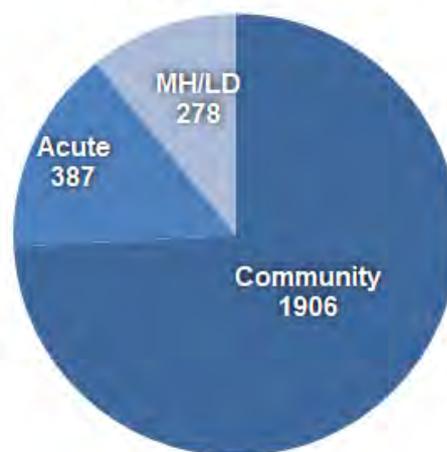
Delayed Discharges (Bed Days Lost)

We will limit 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 | Jun-21



National Benchmarking

	Quarter Ending	2018/19		2019/20			2020/21			
		Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
% Bed Days Lost	NHS Fife	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%
% Bed Days Lost	Scotland	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%

KEY CHALLENGE(S) IN 2021/22

- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

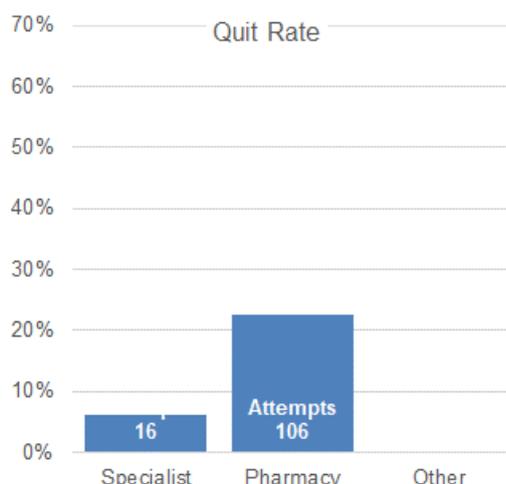
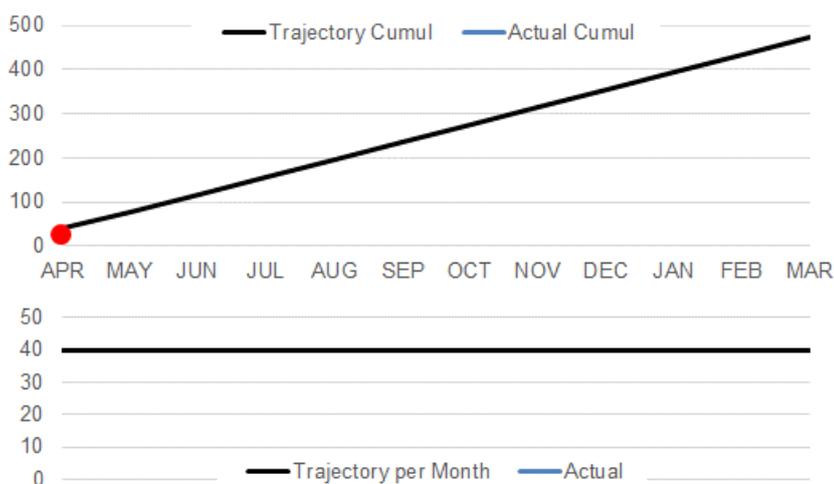
IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Dec-21
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the "Home First" strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and sub groups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	Complete
The Moving On Leaflet has been circulated to Clinical Nurse Managers (VHK) for onward distribution	
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Dec-21
An SBAR was submitted to the Senior leadership Team in August, amendments have been requested and the TOC will start in September, running for 3 months	

Smoking Cessation

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

Local Performance



National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25											
	Actual Cumul	25											
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%											
Scotland	Achieved												

KEY CHALLENGE(S) IN 2021/22

- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

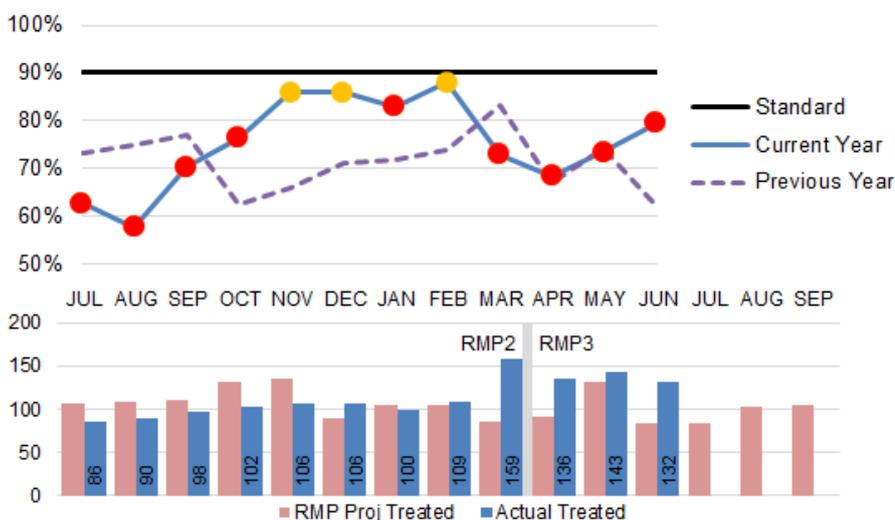
IMPROVEMENT ACTIONS

20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	By TBD
Action paused due to COVID-19	
20.3 'Better Beginnings' class for pregnant women	By TBD
Action paused due to COVID-19	
20.4 Enable staff access to medication whilst at work	By TBD
Action paused due to COVID-19	
21.1 Assess use of Near Me to train staff	Complete
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. At point of contact all clients are being asked about Near Me appointments, with a slight increase in uptake.	
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	By Sep-21
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 has been made available from April; to date, five rehabilitation patients have engaged with the service.	

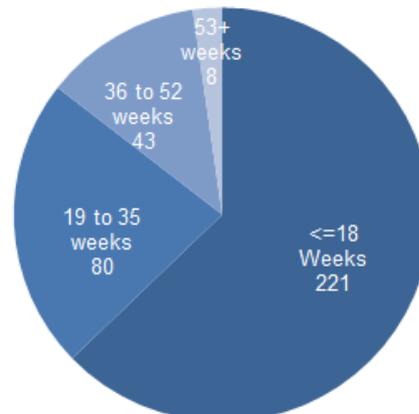
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (317) Jun-21



National Benchmarking

Month	2020/21							2020/21				
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%
Scotland	57.9%	57.2%	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%			

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand
- Development of workforce to meet National CAMHS Service Specification
- Impact of COVID-19 relaxation on referrals
- Change to delivery 'models' to reflect social distancing

IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme

Complete

Alternative delivery models of group therapy have been designed with Decider Skills Training 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 has resulted in phased roll-out across Fife CAMHS dependent on staffing availability and suitable environments.

21.3 Build CAMHS Urgent Response Team

By Oct-21

The plan to develop a CURT in 2020 was postponed due to the COVID-19 position. Redesign has been incrementally introduced since March 2021 and a model has been implemented that prioritises responsiveness, increases the clinical remit and extends the age range of the previous Self Harm Service. An increase in staffing compliment seeks to allow the consolidation of the CURT model through ensuring adequate staffing capacity to meet increasing demand.

22.1 Recruitment of Additional Workforce

By Dec-21

Investment from Fife HSCP has resulted in resources being made available to recruit additional permanent (8) and temporary (3) staff. To date, 4 permanent staff and 2 temporary staff have been appointed, with the permanent staff starting incrementally from 23/08/21. Vacant posts continue to be advertised and review of banding is underway. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and Phase 2 recruitment will follow the completion of a Gap analysis against the national specification. Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand.

22.2 Workforce Development

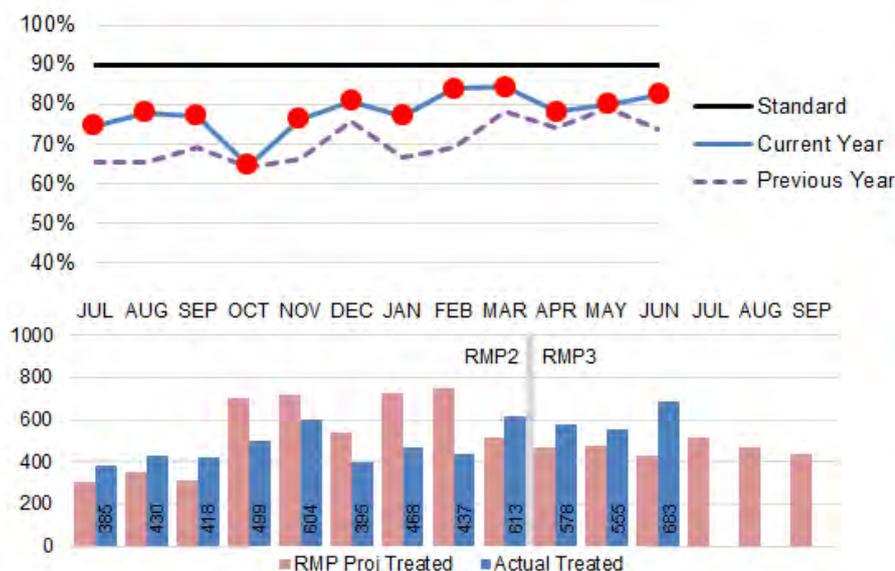
By Dec-21

Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the SG CAMHS National Service Specification. A Training programme for new and existing staff is being developed, and a training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS.

Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2382) Jun-21



National Benchmarking

Month	2020/21						2021/22					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%
Scotland	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%			

KEY CHALLENGE(S) IN 2021/22

- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

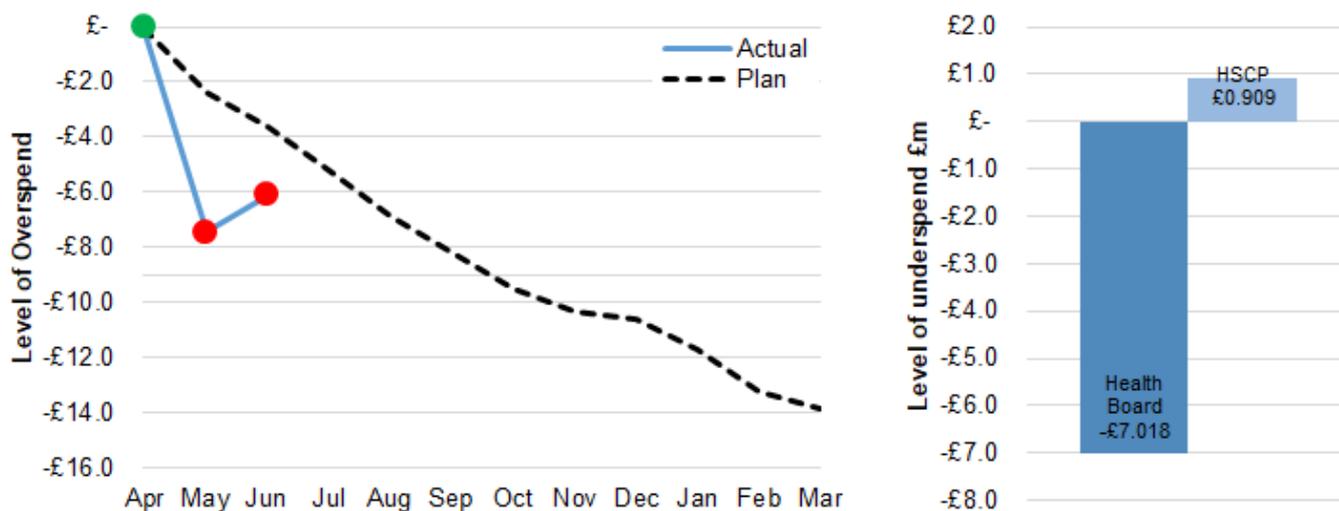
IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	By Oct-21
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID. Due to start in September.	
22.1 Increase access via Guided self-help service	By Oct-21
Recruitment of staff complete. Roll out of service across Fife, in progress.	
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	By Nov-21
A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes is being evaluated.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Dec-21
Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion.	

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	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	444,385	471,356	116,688	-7,018	-6.01%	-2,699	-4,319
Integration Joint Board (Health)	357,655	358,014	88,019	909	1.03%	909	0
Risk Share	0	0	0	0	0.00%	0	0
Total	802,040	829,370	204,707	-6,109	-2.98%	-1,790	-4,319

Assessment

The financial position for 2021/22 has a number of significant areas of challenge. A formal Quarter 1 Review of the year to date and forecast position has been completed. This will be assessed through the Scottish Government formal Quarter 1 review process. A full report on the Quarter 1 Review and the outcome of discussions with Scottish Government will be prepared for internal review and scrutiny.

Key challenges in 2021/22

The 2021/22 financial plan reflects an overall savings target of £21.7m and assumes £8m is achievable in-year, £4m on a recurring basis; and a further £4m on a non-recurring basis. Discussions are underway with the Scottish Government in relation to supporting the remaining £13.7m this financial year.

Continuing uncertainty in relation to the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans.

Managing the underlying Acute Services core cost overspend; and emerging pressures including cross boundary flow uplift proposed arrangements.

Recruiting to the Corporate PMO the required capacity and capability to support the development of plans to deliver the pre-Covid efficiency savings on a recurring basis.

Improvement Actions

Progress

22.1 RMP4

Partnering with the services to:

- Identify additional spend relating to Covid-19
- Identify offsets against core positions
- Understand and quantify the financial implications of recovery and 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.

22.2 Savings

Working closely with the services to ensure delivery of the £8m target as detailed above. Ensuring however that this focus extends to develop the agreed plans required to deliver the legacy £13.7m target over the next 2 financial years.

1. RMP3 Joint Fife Mobilisation Plan

1.1 The Remobilisation Plan (RMP) process commenced last financial year. Our third iteration (RMP3) was submitted in February 2021 with formal feedback from Scottish Government received in April 2021. The RMP3 sets out a proposal which requests support from Scottish Government in 2021/22 in respect of the underlying unachieved savings funded as part of Covid-19 in 2020/21, with a commitment to deliver the recurring saving requirement across the medium-term financial planning period. This will be reviewed through the formal Quarter 1 review process. In parallel, Scottish Government aim to return to three year financial planning over the coming months.

2. Financial Allocations

2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the June core revenue amount on 2 July. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £755.006m; and anticipated allocations total £63.838m. Funding this month included £9.264m for the increase in the Agenda for Change pay award, first tranche of RMP3 Elective Care Activity £5.450m and quarter 1 Covid 19 funding £5.409m. The anticipated allocations include Primary Medical Services and New Medicine Fund.

2.2 Non-Core Revenue Resource Limit

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 anticipated funding totals £10.526m.

2.3 Total RRL

The total current year budget at 30 June is therefore £829.370m detailed in Appendix 1a.

2.4 Anticipated Funding from Health Delegated earmarked reserve

The earmarked health delegated reserve created last year and carried forward by the Local Authority Partner on behalf of the Integration Joint Board was clearly itemised and earmarked for specific purposes in this financial year. Whilst discussions continue with the IJB Chief Finance Officer, the earmarked reserve and agreed anticipated funding is detailed per Appendix 1b.

3. Summary Position

3.1 The revenue position for the 3 months to 30 June reflects an overspend of £6.109m; which comprises a core overspend of £2.695m (£1.790m run rate overspend, and £0.905m unmet savings); and 'long Covid' savings of £3.414m.

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 the Covid-19 financial positions. An overspend of £7.018m is attributable to Health Board retained budgets; and an underspend of £0.909m is attributable to the health budgets delegated to the IJB.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Table 1: Summary Combined Financial Position for the period ended June 2021

Memorandum	Budget			Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	444,385	471,356	116,688	-7,018	-6.01%	-2,699	-4,319
Integration Joint Board (Health)	357,655	358,014	88,019	909	1.03%	909	0
Risk Share	0	0	0	0	0.00%	0	0
Total	802,040	829,370	204,707	-6,109	-2.98%	-1,790	-4,319

Combined Position	Budget			Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,655	213,937	56,559	-5,602	-9.90%	-1,958	-3,644
IJB Non-Delegated	9,094	9,096	2,268	27	1.19%	36	-9
Estates & Facilities	75,939	76,201	18,794	-3	-0.02%	144	-147
Board Admin & Other Services	65,948	74,742	23,046	161	0.70%	305	-144
Non-Fife & Other Healthcare Providers	90,837	90,611	22,637	-1,918	-8.47%	-1,543	-375
Financial Flexibility & Allocations	22,893	34,056	312	312	100.00%	312	0
HB retained offsets	0	60	0	0	#DIV/0!	0	0
Health Board	470,366	498,703	123,616	-7,023	-5.68%	-2,704	-4,319
Integration Joint Board - Core	377,268	409,174	103,484	905	0.87%	905	0
HSCP offsets	0	175	0	0	0.00%	0	0
Integration Fund & Other Allocations	19,104	8,747	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	396,372	418,096	103,484	905	0.87%	905	0
IJB Risk Share Arrangement	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	396,372	418,096	103,484	905	0.87%	905	0
Total Expenditure	866,738	916,799	227,100	-6,118	-2.69%	-1,799	-4,319
IJB - Health	-38,717	-60,082	-15,465	4	-0.03%	4	0
Health Board	-25,981	-27,347	-6,928	5	-0.07%	5	0
Miscellaneous Income	-64,698	-87,429	-22,393	9	-0.04%	9	0
Net Position Including Income	802,040	829,370	204,707	-6,109	-2.98%	-1,790	-4,319

3.3 The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below.

Table 2: Summary Core Financial Position for the period ended June 2021

Core Position	Budget			Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,655	212,126	54,808	-2,412	-4.40%	-1,958	-454
IJB Non-Delegated	9,094	9,096	2,268	35	1.54%	36	-1
Estates & Facilities	75,939	75,966	18,559	127	0.68%	144	-17
Board Admin & Other Services	65,948	69,763	18,067	247	1.37%	305	-58
Non-Fife & Other Healthcare Providers	90,837	90,611	22,637	-1,918	-8.47%	-1,543	-375
Financial Flexibility & Allocations	22,893	34,056	312	312	100.00%	312	0
HB retained offsets	0	0	0	0	#DIV/0!	0	0
Health Board	470,366	491,618	116,651	-3,609	-3.09%	-2,704	-905
Integration Joint Board - Core	377,268	408,842	103,152	905	0.88%	905	0
HSCP offsets	0	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	19,104	8,747	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	396,372	417,589	103,152	905	0.88%	905	0
IJB Risk Share Arrangement	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	396,372	417,589	103,152	905	0.88%	905	0
Total Expenditure	866,738	909,207	219,803	-2,704	-1.23%	-1,799	-905
IJB - Health	-38,717	-60,082	-15,465	4	-0.03%	4	0
Health Board	-25,981	-27,347	-6,928	5	-0.07%	5	0
Miscellaneous Income	-64,698	-87,429	-22,393	9	-0.04%	9	0
Net Position Including Income	802,040	821,778	197,410	-2,695	-1.37%	-1,790	-905

Table 3: Summary Covid-19 Financial Position for the period ended June 2021

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	1,811	1,751	4,941	-3,190		0	-3,190
IJB Non-Delegated	0	0	0	8	-8		0	-8
Estates & Facilities	0	235	235	365	-130		0	-130
Board Admin & Other Services	0	4,979	4,979	5,065	-86		0	-86
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
HB retained offsets	0	60	0	0	0		0	0
Health Board	0	7,085	6,965	10,379	-3,414		0	-3,414
Integration Joint Board - Core	0	332	332	332	0		0	0
HSCP offsets	0	175	0	0	0		0	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	507	332	332	0		0	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	507	332	332	0		0	0
IJB - Health	0	0	0	0	0		0	0
Health Board	0	0	0	0	0		0	0
Miscellaneous Income	0	0	0	0	0		0	0
Total Expenditure	0	7,592	7,297	10,711	-3,414		0	-3,414

4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)

4.1 Acute Services

The Acute Services Division reports a **net overspend of £2.412m**. Whilst the 20/21 financial planning process approved the following uplifts for ASD: £1.5m safe staffing; £0.620m drugs; and £0.769m paediatric staffing; there remains an overspend in core run rate performance of £1.958m, and unachieved savings of £0.454m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £1.076m, Junior Medical and Dental £0.474m and Senior Medical £0.131m. Nursing overspend is prominent across Care of the Elderly, Obstetrics and Gynaecology, and Colorectal due to unfunded cost pressures, incremental progression and safer staffing. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Elderly medicine consultant costs are partially offset by Acute vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Recruitment is in progress to recruit to some consultant posts which are currently being covered by locums.

Non pay cost pressures total £0.790m, with medicines overspend of £1.120m, partially offset by underspend on surgical sundries £0.080m, and diagnostic supplies £0.214m. There is an expectation that this will be utilised later in the year to accommodate increased levels of activity.

Robotic assisted surgery is due to become operational in August. The core position currently carries the cost of unfunded instruments at £0.065m year to date offset by opportunistic underspend. Redesign of Urgent Care will be fully funded this year through a combination of government funding £0.681m and earmarked IJB reserves of £0.935m carried forward from 20/21. Due to patient settings being fully operational there have been no further opportunities to identify budget that can be used towards offsetting cost reductions. This will continue to be reviewed on an ongoing basis. Government funding is expected to cover the cost of elective and unscheduled care and there should be no related costs in the core position.

Table 4: Acute Division Financial Position for the year ended June 2021

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	71,549	74,648	19,073	19,150	-77	-0.40%	-152	75
Emergency Care & Medicine	75,891	78,017	20,603	22,691	-2,088	-10.13%	-1,923	-165
Women, Children & Clinical Services	55,645	56,887	14,602	14,872	-270	-1.85%	97	-367
Acute Nursing	866	866	213	212	1	0.47%	1	0
Other	1,704	1,708	317	295	22	6.94%	19	3
Total	205,655	212,126	54,808	57,220	-2,412	-4.40%	-1,958	-454

4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.035m**. Daleview Regional Unit are reporting an underspend of £0.018m against nursing vacancies and AHP's, which partially offset overspend in medical and other therapeutic staffing. Acute Outpatients report an underspend of £0.017m comprising of non pay expenditure £0.009m against drugs and £0.008m on medical supplies.

4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.127m**. This is predominantly attributable to pay underspend of £0.199m across several services including catering, laundry and transport, with non pay underspend of £0.057m on PPP and £0.155m on rates. This position is offset by £0.147m of year to date unachieved savings and an overspend on property maintenance £0.110m.

4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.247m**. Further analysis of the Corporate Directorates core position is detailed per Appendix 2. The main driver for this underspend is the level of vacancies across Finance (£0.120m), Workforce (£0.011m) and Nursing (£0.118m) directorates. Areas of overspend include interpreting services and E- job plan. As highlighted through the SPRA process, and in turn our financial planning process, investment has been made in additional governance posts and Project Management Office (PMO) capability. The development of the PMO capacity and capability will further support and drive service transformation.

Digital and Information are overspent by £0.095m attributable to unmet core savings and an overspend in pay budgets. Further analytical work will be carried out in this area.

The Pharmacy professional service transferred to Health Board retained from Health Delegated wef 1 April 2021. Pharmacy Services have incurred a small underspend of £0.060m to month 3.

Public Health are proceeding with permanent recruitment based on the 'Covid-19: Test and Protect Programme and Public Health Teams' Funding letter on 13 November 2020. This commits recurring spend however 2022/23 and future funding is not yet known.

4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £1.918** per Appendix 3. The main driver this month is the increase in the expected annual value of the service agreement with NHS Lothian. The costing model used by Lothian is showing an increase in value of £1.932m, additional Independent Sector activity arranged through Lothian of approximately £0.500m and the proposed annual increase in Service agreement from 1.5% to 3.36% for Lothian is £0.500m. Savings yet to be delivered amount to £0.375m.

4.6 Financial Plan Reserves & Allocations

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 £0.312m** has been released at month 3, and further detail is shown in Appendix 4.

4.7 Integration Services

A restructure within the Health & Social Care Partnership (HSCP) has been implemented with effect from 7 June 2021. Its purpose is to realign the healthcare service portfolios to ensure a streamlined approach to healthcare delivery, which is more aligned to patient pathways.

The directorates previously known as East, West, Fife-Wide and Prescribing will no longer exist. The services within these directorates have been redistributed to one of four new Directorates: Primary and Preventative Care Services; Complex and Critical Services; Community Care Services; and Professional and Business Enabling.

The health budgets delegated to the Integration Joint Board shows an **underspend of £0.905m**. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, learning disabilities, health visiting, health promotion and general dental services. In Sexual Health the number of patients has more than doubled from 55 patients last year to 115 patients this year which will impact on costs. Mental health has worsened this month due to an increase in addictions costs and lab costs increasing.

Following the IJB financial planning process, supported by detailed analysis, the IJB CFO has indicated the underspend will be used to inform a non-recurring budget realignment this financial year.

NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward. Good progress has been made and plans are in place to propose a final position on this matter to both NHS Fife Board and Fife Council in September 2021.

4.8 Income

A small over recovery in income of £0.009m is shown for the period to June.

5 Pan Fife Analysis

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below.

Table 5: Subjective Analysis for the year ended June 2021

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	407,167	107,474	107,626	-153
GP Prescribing	74,688	18,785	18,783	3
Drugs	31,552	8,771	9,729	-958
Other Non Pay	378,635	96,078	97,081	-1,003
Efficiency Savings	-18,046	-4,319	0	-4,319
Commitments	42,803	312	0	312
Income	-87,429	-22,393	-22,402	9
Net overspend	829,370	204,707	210,816	-6,109

5.2 Pay

The overall pay budget reflects an overspend of £0.153m. Predominately Acute Services are £1.169m overspent on pay with the majority of this relating to nursing staff for unfunded incremental progression, supervision policies and safer staffing. This is offset against underspend across multiple directorates including corporate £0.206m, primary and preventative services £0.264m, facilities £0.149m and community care services £0.231m where vacancies are having an impact.

Against a total funded establishment of 8,160 wte across all staff groups, there was an average 8,547 wte staff in post in June (based on permanent staff plus additional hours worked and bank staff). Work has commenced to capture our Covid staffing increase by staff group; the financial implications of temporary, fixed term and permanent staff cohorts; and a risk assessed exit plan/strategy.

5.3 Drugs & Prescribing

Across the system there is a net overspend of £0.989m on medicines. Due to PSD timetables, only 1 month prescribing data for 21/22 is available. Using that, other available indicators, and previous reporting trends the GP prescribing position to June 21 is estimated to be breakeven. It is anticipated that influencing factors reported last year will be ongoing but contained with financial planning resources. Implementation of Freestyle Libre continues to exceed original forecast and funding provided (a further £0.5m has been funded through the financial planning process). Over the year the ongoing impact and appropriate recharges of Covid-19 costs will be monitored based on national guidance and local analysis. Previous year recharges were implemented based on price impact, drug switch requirements (primarily to minimise healthcare contacts) and increased usage.

Acute medicines reflect an overspend of £1.120m. The main overspend is in Haematology which is over budget by £0.840m partly due to changes to chemotherapy during Covid-19 based on national guidance, and partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Neurology is overspent at £0.165m, where a high-cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. As a continuation from 20/21, Dermatology, GI, Neurology and Respiratory all present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare.

5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £1.003m. A significant element of overspend is attributable to Non Fife and Other Healthcare Providers for SLA's £0.931 and UNPACS £0.722m. There is an overspend of £0.444m attributable to purchase of equipment. These overspends are offset by underspends within travel and subsistence £0.297m; other supplies £0.243m and CSSD/diagnostic supplies £0.170m.

5.5 Efficiency Savings

The unmet efficiency savings of £4.319m comprise unmet core savings of £0.905m and unachieved legacy savings for which we seek funding support of £3.414m.

6 Other Funding Allocations

6.1 Covid-19 funding allocation

We received initial Covid-19 funding of £11.580m in our June allocation. The initial funding tranche is to support current and ongoing Covid costs and encompasses; Test and protect (£3.293m); vaccination funding to cover the Covid-19 and extended flu vaccination programmes (£2.878m); and a general Covid funding allocation (£5.409m). This initial allocation is based on c50% of the retained Health Board's forecast costs per the financial planning process. No funding was received in this tranche for Health delegated/Integration Authority given the carry forward of reserves from the 2020/21 financial year. As part of our financial monitoring process spend to month 3 of £6.965m has been funded from this allocation; and health delegated spend of £0.332m is funded from the earmarked Covid-19 reserve. The long Covid unmet savings to month 3 of £3.414m remains as a gap until the formal quarter one process is concluded.

Covid offset budget continues to be identified where services are not fully operational at pre-covid levels. Remobilisation continues to be monitored to identify services which may have an opportunity to contribute further budget towards covid expenditure. Acute services have identified £0.060m and IJB have identified £0.175m.

6.2 Waiting List Funding

We have received funding of £5.450m based our RMP3 submission and work is ongoing to ensure delivery of activity as laid out in our submission and separated correspondence with SG however further clarification will follow over the coming weeks and months.

6.3 Redesign of Urgent Care Funding

Funding has been received from SG in June of £0.681m which we are treating as an interim and are seeking further clarity. In addition there is £0.935m in the IJB earmarked reserve for RUC. To that end funding appears sufficient for the 21/22 financial year however there is risk exposure for future financial years where funding is uncertain. Work continues on the Redesign of Urgent Care agenda.

7 Financial Sustainability

7.1 The overall financial planning process and corporate position was approved by the NHS Fife Board at its meeting on 31 March 2021. The Financial Plan highlighted the requirement for £21.7m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8m of the target (£4m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.7m for which we have requested funding support.

7.2 As part of the financial planning process, agreement was reached to reduce budgets to allocate shares of the vacancy factor of £3.1m to devolved budgets. As such budget holders require to operate within this reduced pay budget.

7.3 Tables 6a and 6b summarise the savings position for the 2021/22 financial year. Work continues in earnest to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.

Table 6a: Savings 21/22

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to June £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	257	3,791	4,390
				0		0
Total Savings	21,837	8,181	13,656	257	3,791	4,390

Table 6b: Savings RAG status

NHS Five Potential Savings Summary	£000's	Risk level	Identified CY	Outstanding Balance	Identified FY	Outstanding Balance
Workforce Capacity and Utilisation Review	1,000	High	-109	891	-41	959
Pay Vacancy Factor (1%)	3,015	Medium	-3015	0	-3015	0
Repatriation of Services	500	Low	0	500	0	500
External Commissioning Cost Review	1,000	Medium	0	1,000	0	1,000
Medicine Utilisation	500	Medium	-59	441	0	500
Contracts	1,500	Low	-75	1,425	0	1,500
Procurement - Non pay	500	Medium	0	500	0	500
Other	166	Low	-533	-367	-478	-312
	8,181		-3,791	4,390	-3,534	4,647

8 Forecast Q1

8.1 For the purposes of reporting to Scottish Government in our FPR to inform Q1, we are currently forecasting a potential overspend of £19.656m. This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings (for which we have requested Scottish Government support) and a core potential additional overspend of £6m. The pressures contributing to the £6m overspend are: £3m cost pressure in respect of our Service Level Agreement with NHS Lothian; £2m Acute drugs cost pressures; Microsoft 365 licence cost pressures of £0.6m (an emerging increase to the cost model adopted at the financial planning stage); and £0.4m other cost pressures.

9 Recommendation

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

- **Note** the reported core overspend of £2.695m for the 3 months to date
- **Note** the £3.414m underlying unachieved 'long Covid' savings, to month 3;
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £6.109m
- **Note** the potential total overspend outturn position of £19.656m; of which we seek SG funding support for unachieved full year 'long Covid' savings of £13.656m; and, the potential core overspend of £6m which we have highlighted in our Quarter 1 financial return to Scottish Government.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1a: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
May-21	Initial Baseline Allocation	712,534			712,534	
					0	
Jun-21	Mental Health Recovery and Renewal Fund			2,223	2,223	As per funding letter
	6 Essential Actions			456	456	As per funding letter
	Redesign of Urgent Care			681	681	As per funding letter
	ICU Baseline			485	485	As per funding letter
	District Nurse Posts		333		333	Continuation of funding
	RMP3 Elective Care Activity			5,450	5,450	First 6 months funding
	Auchtermuchty Medical Practice Dilapidation Costs			48	48	As per submission
	Test & Protect			3,293	3,293	
	Mental Health Action 15		1,090		1,090	Continuation of funding first tranche
	Covid & Extended Flu Vaccinations			2,878	2,878	
	Outcomes Framework		4,520		4,520	Annual Funding
	Primary Care Improvement Fund		4,758		4,758	Continuation of funding first tranche
	PASS Contract		-39		-39	Annual Contribution
	Top Slice Quarriers Unit			-97	-97	New agreed contribution 21/22
	Maternity & Neonatal Psychological Interventions			138	138	As per funding letter
	Perinatal & Infant Mental Health Service		663		663	As per funding letter
	Agenda for Change	9,264			9,264	Funding for agreed pay award
	Covid Funding			5,409	5,409	Quarte 1 funding
	Alcohol & Drug Partnership		919		919	Increase in line with policy announcement
	Total Core RRL Allocations	721,798	12,244	20,964	755,006	
Anticipated	Primary Medical Services		56,909		56,909	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Salaried Dental		2,091		2,091	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & development		822		822	
Anticipated	Community Pharmacy Champions		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Calculation		-204		-204	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159	
Anticipated	FNP		1,276		1,276	
Anticipated	New Medicine Fund		3,415		3,415	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PCIF		682		682	
Anticipated	Action 15 Mental Health strategy				0	
Anticipated	ADP:seek & treat		1,159		1,159	
Anticipated	Veterans First Point Transisition Funding		116		116	
Anticipated	£20m 18-19 tariff reduction to global sum		-4,245		-4,245	
Anticipated	Waiting List		5,667		5,667	
Anticipated	Winter		661		661	
Anticipated	NSD Adjustments		-5,023		-5,023	
		0	63,838	0	63,838	
Anticipated	IFRS			9,352	9,352	
Anticipated	Donated Asset Depreciation			174	174	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	10,526	10,526	
	Grand Total	721,798	76,082	31,490	829,370	

Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total £000's	To M3 £000's	Anticipated £000's	Balance £000's
Vaccine	740	740		0
Care homes	526		332	194
Urgent Care Redesign	935		935	0
Flu	203		203	0
Primary Care Improvement Fund	2,524	1,011	1,513	0
Action 15	1,315			1,315
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767			1,767
Core (covid offsets)	1,250			1,250
Total	11,308	2,251	2,983	6,074

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital and Information	11,078	3,113	3,208	-95
Nhs Fife Chief Executive	215	53	56	-3
Nhs Fife Finance Director	6,385	1,604	1,484	120
Nhs Fife Medical Director	6,337	1,855	1,847	8
Nhs Fife Nurse Director	4,084	1,051	933	118
Legal Liabilities	4,094	995	1,001	-7
Early Retirements & Injury Benefits	650	33	-5	38
Regional Funding	201	71	67	4
Depreciation	19,283	4,750	4,750	0
Nhs Fife Public Health	2,365	812	819	-7
Nhs Fife Workforce Directorate	3,156	806	796	11
Pharmacy Services	11,915	2,923	2,864	59
Total	69,763	18,067	17,820	247

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	25	24	1
Borders	45	11	14	-3
Dumfries & Galloway	25	6	14	-8
Forth Valley	3,227	807	959	-152
Grampian	365	91	71	20
Greater Glasgow & Clyde	1,680	420	419	1
Highland	137	34	33	1
Lanarkshire	117	29	64	-35
Lothian	31,991	7,998	8,581	-583
Scottish Ambulance Service	103	26	25	1
Tayside	41,584	10,397	10,571	-174
Savings	-1,500	-375		-375
	77,873	19,469	20,775	-1,306
UNPACS				
Health Boards	10,801	2,700	3,326	-626
Private Sector	1,151	288	393	-105
	11,952	2,988	3,719	-731
OATS				
	721	180	62	118
Grants				
	65			0
Total	90,611	22,637	24,555	-1,918

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to June-21 £'000
Financial Plan		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	40	0
Discretionary Points	239	0
Consultant Increments	368	0
Cost Pressures	4,020	293
Developments	2,164	19
Sub Total Financial Plan	11,025	312
Allocations		
Waiting List	5,708	0
AME: Impairment	500	0
AME: Provisions	790	0
Insulin Pumps	99	0
Community Pharmacy Champion	19	0
Pay Award:AfC	9,264	
6 Essential Action	456	
ICU	485	
Test & Protect	2,188	
Covid 19	2,712	
Winter	661	
Covid Vaccination & Extended Flu	149	
Sub Total Allocations	23,031	0
Total	34,056	312

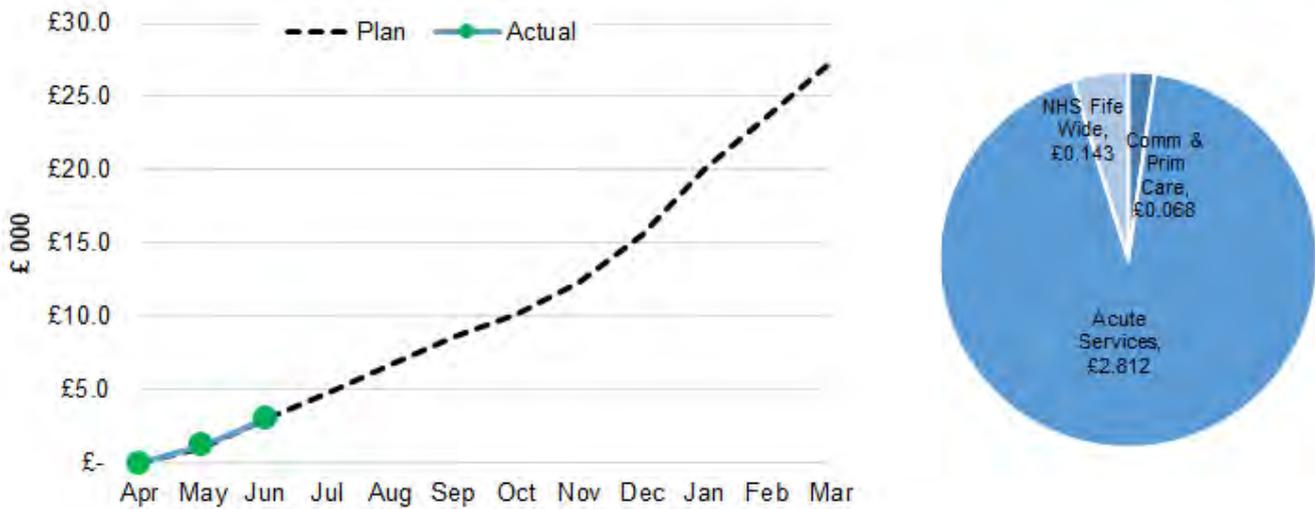
Appendix 5 – Initial Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
HSCP ear marked reserve		1,275		1,275	
Anticipated allocation				0	
Total funding	8,702	4,153	0	12,855	0
Allocations made for Apr to June					
Planned Care & Surgery	254			254	
Emergency Care & Medicine	1,062			1,062	
Women, Children & Clinical Services	495			495	
Acute Nursing	0			0	
Estates & Facilities	235			235	
Board Admin & Other Services	651			651	
Public Health Scale Up	246			246	
Test and Protect	859			859	
Primary Care & Prevention Serv		30		30	
Community Care Services		149		149	
Complex & Critical Care Serv		97		97	
Professional/Business Enabling		56		56	
Covid Vaccine/Flu		3,469		3,469	
Social Care					
Total allocations made to M3	3,802	3,801	0	7,603	0
Balance In Reserves	4,900	352	0	5,252	0

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



1. Annual Operational Plan

The capital plan for 2021/22 was approved by the FP&R Committee in July and will be tabled at the NHS Fife Board thereafter. NHS Fife has assumed a programme of £27.335m. NHS Fife has received £7.394m as a capital allocation in June. NHS Fife is also anticipating capital allocations for the Elective Orthopaedic Centre of £18.125m: A reduction of (£0.200m) due to a previous years over-allocation: HEPMA £1.1m: Mental Health Review £0.076m: Lochgelly Health Centre £0.517m and Kincardine Health Centre £0.323m.

2. Capital Receipts

2.1 Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – an offer has been accepted subject to conditions for planning and access.

3. Expenditure / Major Scheme Progress

3.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £3.022m this equates to 11.06% of the total capital allocation, as illustrated in the spend profile graph above.

3.2 The main areas of spend to date include:

Statutory Compliance	£1.232m
Equipment	£0.254m
E-health	£0.140m
Elective Orthopaedic Centre	£1.371m

4. Recommendation

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

note the capital expenditure position to 30 June 2021 of £3.022m and the year end spend of the total anticipated capital resource allocation of £27.335m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	83	21	83
Statutory Compliance	343	28	343
Capital Equipment	78	13	78
Condemned Equipment	0	0	0
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
Total Community & Primary Care	504	63	504
ACUTE SERVICES DIVISION			
Statutory Compliance	2,955	1,201	2,955
Capital Equipment	1,317	240	1,317
Clinical Prioritisation	9	0	9
Condemned Equipment	16	0	16
Total Acute Services Division	4,296	1,441	4,296
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	410	0	410
Information Technology	1,000	140	1,000
Clinical Prioritisation	409	0	409
Statutory Compliance	82	0	82
General Reserve - Equipment	99	0	99
Pharmacy Equipment	200	0	200
Condemned Equipment	74	0	74
Fire Safety	60	3	60
Vehicles	60	0	60
Wash Hand Basin Replacement	0	0	0
Total NHS Fife Wide Schemes	2,593	143	2,593
TOTAL CAPITAL ALLOCATION FOR 2021/22	7,394	1,647	7,394
ANTICIPATED ALLOCATIONS 2021/22			
Elective Orthopaedic Centre	18,125	1,371	18,125
HEPMA	1,100	0	1,100
Kincardine Health Centre	323	2	323
Lochgelly Health Centre	517	2	517
Mental Health Review	76	0	76
SG Payback	-200	0	-200
Anticipated Allocations for 2021/22	19,941	1,375	19,941
Total Anticipated Allocation for 2021/22	27,335	3,022	27,335

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to May	June Adjustment	Total June
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	72	6	78
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	0	83	83
Covid Equipment	0	0	0	0
Statutory Compliance	0	310	33	343
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
Total Community & Primary Care	0	382	122	504
Acute Services Division				
Capital Equipment	0	1,252	65	1,317
Condemned Equipment	0	9	7	16
Cancer Waiting Times Equipment	0	0	0	0
Clinical Prioritisation	0	0	9	9
Statutory Compliance	0	2,925	30	2,955
	0	4,186	110	4,296
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,405	-13	82
Fife Wide Equipment	1,805	-1,325	-71	409
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	0	-91	409
Condemned Equipment	90	-9	-7	74
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	0	5	99
Pharmacy Equipment	205	0	-5	200
Fife Wide Vehicles	0	60	0	60
Wash Hand Basin Replacement	0	50	-50	0
Total Fife Wide	7,394	-4,569	-232	2,593
Total Capital Resource 2021/22	7,394	0	0	7,394

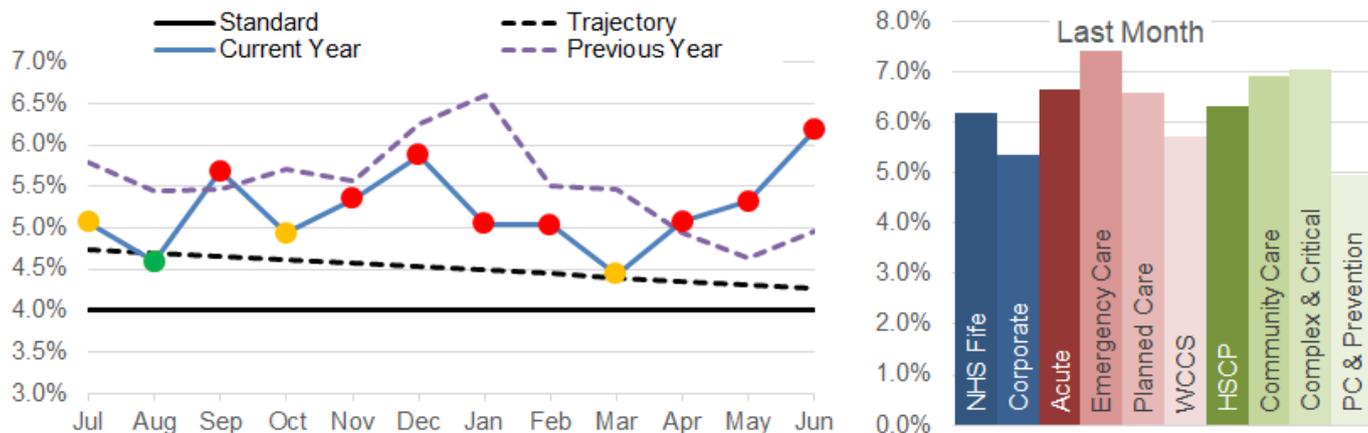
ANTICIPATED ALLOCATIONS 2021/22				
Elective Orthopaedic Centre	18,125	0	0	18,125
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	323	0	0	323
Lochgelly Health Centre	517	0	0	517
Mental Health Review	76	0	0	76
SG Payback	-200	0	0	-200
Anticipated Allocations for 2021/22	19,941	0	0	19,941

Total Planned Expenditure for 2021/22	27,335	0	0	27,335
--	---------------	----------	----------	---------------

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2021/22 = 3.89%

Local Performance



National Benchmarking

Month	2020/21						2021/22					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%
Scotland	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%

KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

IMPROVEMENT ACTIONS

22.1 Work towards an improvement in long term sickness absence relating to mental health, using our Occupational Health service and other support services and interventions	By Mar-22
There is ongoing case work with Occupational Health, local managers and HR Officers and Advisors in support of this action, with input from specialist Occupational Health Mental Health Nurse.	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence. The means of achieving this include continuation of Promoting Attendance Review and Improvement Panels, Promoting Attendance Groups, training for managers and continued application of the Once for Scotland Attendance Management Policy and scrutiny of "hot spots" / priority areas through analysis of management information and effective reporting systems.	By Mar-22
All actions above are progressing, with Promoting Attendance Review and Improvement Panels meeting regularly to review cases and actions, on-going monthly and bespoke training sessions, alongside use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting.	
22.3 Consider refinements to COVID-19 absence reporting, including short term manual data capture from SSTS and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to develop MI reporting	By Sep-21
Work is ongoing with Digital & Information colleagues to assess what may be possible	

MARGO MCGURK

Director of Finance and Performance
24th August 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Meeting:	NHS Fife Board
Meeting date:	28 September 2021
Title:	Corporate Calendar - Board and Committee Dates to March 2023
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

Members are asked to note the planned dates of meetings of Fife NHS Board and its Committees from April 2022 to the end of March 2023. Dates for the Board are published on the NHS Fife website to alert staff and members of the public to the meeting dates and meeting papers.

2.2 Background

In accordance with the Code of Corporate Governance, the Board is required to meet at least six times in the year and will annually approve a forward schedule of meeting dates.

2.3 Assessment

The NHS Board dates have been set in relation to the publication/availability of performance and finance information, allowing sufficient information for the production of the Integrated Performance & Quality Report (IPQR), the circulation and consideration by the appropriate sub-committees of the Board and the collation of the Executive Summary of the IPQR for the NHS Board.

The use of the electronic Outlook calendar will continue, enabling diary 'invitations' to be sent to Members for the Board and Committee meetings they participate in. Invitations will be circulated by email for the respective dates and will be kept updated on an ongoing basis, to aid Members' diary management. Where appropriate, these invitations will contain the MS Teams link for joining the meeting, as the Board and its committees continues to meet remotely.

Members should note that, at that time of writing, dates for the newly established Public Health & Wellbeing Committee are still being finalised and those included should be taken as indicative only at this stage. Please also see note in 2.3.7 below on IJB dates.

2.3.1 Quality / Patient Care

There are no quality or patient care implications arising from this paper.

2.3.2 Workforce

There are no workforce implications arising from this paper.

2.3.3 Financial

There are no financial implications arising from this paper.

2.3.4 Risk Assessment/Management

There are no risk management implications arising from this paper.

2.3.5 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

Liaison has taken place with the Fife Health & Social Care Partnership on the NHS Fife corporate calendar, but no feedback has yet been received. NHS Fife dates have, however, been set to take account of current IJB meeting cycles, though firm dates for the IJB for the period covered have not yet been communicated to us. An updated calendar will be shared when we receive notification of the IJB dates for its meetings and committees.

2.3.8 Route to the Meeting

Content within this paper has been considered by the Board Secretary and reviewed by EDG at its meeting on 9 September 2021. Each individual Standing Committee has considered their individual planned dates at the September cycle of meetings.

2.4 Recommendation

The paper is presented for information. The Board is asked to **note** the proposed 2022-23 meeting dates for the Board and its committees (Appendix 1). The previously agreed dates for October 2021 to March 2022 (Appendix 2) are also included for information.

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

DRAFT Fife NHS Board and Committee Dates 2022/23 - 06.09.21

		Month Committee Meeting Dates																																								
Board/Board Committees in Month		APF	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday										
Board Development/ BoT FHC Sub CG	26/04/22 06/04/22 29/04/22						1 PH	2	3	4 PH	5	6 Fife Health Charity (10:00)	7 EDG	8	9	10	11	12	13	14 April IPQR	15	16	17	18	19	20	21 Apr IPQR to EDG	22	23	24	25	26 (10:00)	27	28	29 CG (10:00)	30						
Board FP&R PH&W SG Remuneration AR	31/05/22 10/05/22 11/05/22 12/05/22 17/05/22 18/05/22	25/05/22						1	2 PH	3	4	5 EDG	6	7	8	9	10 FP&R (09:30)	11 PH&W (10:00)	12 SG (10:00)	13	14	15	16	17 Remuneration (10:00)	18 A&R (2:00)	19 May IPQR to EDG	20	21	22	23	24	25 APF (1:30)	26	27	28	29	30	31 Board (10:00)				
Board/Development/ BoT FHC Sub AR	28/06/22 07/06/22 16/06/22				1	2 EDG	3	4	5	6	7 Fife Health Charity Sub (10:00)	8	9 June IPQR	10	11	12	13	14	15	16 June IPQR to EDG	17	18	19	20	21	22	23	24	25	26	27	28 Ann A/cs (10:00)	29	30								
Board CG Remuneration FP&R PH&W SG	26/07/22 01/07/22 06/07/22 12/07/22 13/07/22 14/07/22	20/07/22					1 CG (10:00)	2	3	4	5	6 Remuneration (10:00)	7 EDG	8	9	10	11	12 FP&R (09:30)	13 PH&W (10:00)	14 SG (10:00)	15	16	17	18	19	20 APF (1:30)	21 Jul IPQR to EDG	22	23	24	25	26 Board (10:00)	27	28	29	30	31					
Board Development/ BoT FHC Sub	30/08/22 09/08/22		1	2	3	4 EDG	5	6	7	8	9 Fife Health Charity Sub (10:00)	10	11 August IPQR	12	13	14	15	16	17	18 August IPQR to EDG	19	20	21	22	23	24	25	26	27	28	29	30 (10:00)	31									
Board SG CG PH&W FP&R AR	27/09/22 01/09/22 02/09/22 07/09/22 13/09/22 15/09/22	21/09/22				1 SG (10:00)	2	3	4	5	6	7 PH&W (10:00)	8 EDG	9	10	11	12	13 FP&R (09:30)	14	15 A&R (2:00)	16	17	18	19	20	21 APF (1:30)	22 Sept IPQR to EDG	23	24	25	26	27 Board (10:00)	28	29	30							
Board Development/ BoT FHC Sub	25/10/22 05/10/22							1	2	3	4	5 Fife Health Charity Sub (10:00)	6 EDG	7	8	9	10	11	12	13 Oct IPQR	14	15	16	17	18	19	20 Oct IPQR to EDG	21	22	23	24	25 (10:00)	26	27	28	29	30	31				
Board CG PH&W SG FP&R Remuneration FHC	29/11/22 04/11/22 09/11/22 10/11/22 15/11/22 16/11/22 30/11/22	23/11/22		1	2	3 EDG	4 CG (10:00)	5	6	7	8	9 PH&W (10:00)	10 SG (10:00)	11	12	13	14	15 FP&R (09:30)	16 Remuneration (10:00)	17 Nov IPQR to EDG	18	19	20	21	22	23 APF (1:30)	24	25	26	27	28	29 Board (10:00)	30 Fife Health Charity Sub (10:00)									
Board Development/ BoT AR	20/12/22 08/12/22					1 EDG	2	3	4	5	6	7	8 A&R (2:00)	9	10	11	12	13	14	15 Dec IPQR to EDG	16	17	18	19	20 (10:00)	21	22	23	24	25	26 PH	27 PH	28	29	30	31						
Board SG CG FP&R PH&W	31/01/23 12/01/23 13/01/23 17/01/23 18/01/23	25/01/23							1	2 PH	3 PH	4	5	6	7	8	9	10	11	12 SG (10:00)	13 CG (10:00)	14	15	16	17 FP&R (09:30)	18 PH&W (10:00)	19 Jan IPQR to EDG	20	21	22	23	24	25 APF (1:30)	26	27	28	29	30	31 Board (10:00)			
Board Development/ BoT FHC Sub	28/02/23 07/02/23				1	2	3	4	5	6	7 Fife Health Charity (10:00)	8	9 Feb IPQR	10	11	12	13	14	15	16 Feb IPQR to EDG	17	18	19	20	21	22	23	24	25	26	27	28 (10:00)										
Board CG SG PH&W FP&R Remuneration AR	28/03/23 03/03/23 09/03/23 10/03/23 14/03/23 15/03/23 16/03/23	22/03/23			1	2	3 CG (10:00)	4	5	6	7	8	9 SG (10:00)	10 PH&W (10:00)	11	12	13	14 FP&R (09:30) or 7.09?	15 Remuneration (10:00)	16 A&R (2:00)	17	18	19	20	21	22 APF (1:30)	23 Mar IPQR to EDG	24	25	26	27	28 Board (10:00)	29	30	31							

KEY: EDG ET Board Board Development/ Board of Trustees Committees IJB Committees APF IPR

Fife NHS Board and Committee Dates 2021/22 - 09.09.21

		Month Committee Meeting Dates																																										
Board/Board Committees in Month		APF	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday												
Board of Trustees Endowment Sub PH&W SG	26/10/21 06/10/21 15/10/21 28/10/21						1 IJB CCGC (am)	2	3	4	5	6 Fife Health Charity Sub (10:00)	7 EDG	8 IJB DS (am)	9	10	11	12	13	14 Oct IPQR	15 PH&W (11:00)	16	17	18	19	20	21 Oct IPQR to EDG	22 IJB (am)	23	24	25	26 BoT (10:00)	27	28 SG (10:00)	29	30	31							
Board Board Development CG FP&R PH&W Remuneration Endowment Sub	30/11/21 02/11/21 03/11/21 09/11/21 15/11/21 16/11/21 23/11/21	17/11/21	1	2 Away Day	3 CG (2:00)	4 EDG	5	6	7	8	9 FP&R (09:30)	10 IJB F&P (am)	11 Nov IPQR	12 IJB CCGC (am)	13	14	15 PH&W (14:00)	16 Remuner ation (10:00)	17 APF (1:30)	18 Nov IPQR to EDG	19 IJB A&R (am)	20	21	22	23 Fife Health Charity Sub (10:00)	24	25	26 IJB DS (am)	27	28	29	30 BOARD (10:00)												
Board Development AR	21/12/21 09/12/21				1	2 EDG	3	4	5	6	7	8	9 AR (2:00)	10 IJB (am)	11	12	13	14	15	16 Dec IPQR to EDG	17	18	19	20	21 (10:00)	22	23	24	25	26	27 PH	28 PH	29	30	31									
Board PH&W FP&R SG CG	25/01/22 10/01/22 11/01/22 12/01/22 13/01/22	19/01/22						1	2	3 PH	4 PH	5	6	7	8	9	10 PH&W (14:00)	11 FPR (09:30)	12 SG (10:00)	13 Jan IPQR	14	15	16	17	18	19 APF (1:30)	20 Jan IPQR to EDG	21	22	23	24	25	26	27	28	29 BOARD (10:00)	30	31						
Board Development Endowment Sub Remuneration	22/02/22 01/02/22 15/02/22			1 Fife Health Charity Sub (10:00)	2	3	4	5	6	7	8	9	10 Feb IPQR	11	12	13	14	15 Remuner ation- (10:00)	16	17 Feb IPQR to EDG	18	19	20	21	22 (10:00)	23	24	25	26	27	28													
Board SG CG FP&R Remuneration AR	29/03/22 03/03/22 10/03/22 15/03/22 16/03/22 17/03/22	23/03/22		1	2	3 SG (10:00)	4	5	6	7	8	9	10 CG (2:00)	11	12	13	14	15 FP&R (09:30)	16 Remuner ation (10:00)	17 AR (2:00)	18	19	20	21	22	23 APF (1:30)	24 Mar IPQR to EDG	25	26	27	28	29 BOARD (10:00)	30	31										

KEY:

EDG	ET	Board	Board Development/ Board of Trustees	Committees	IJB Committees	APF	IPR
-----	----	-------	--------------------------------------	------------	----------------	-----	-----