Finance, Performance & Resources Committee

Tue 07 September 2021, 09:00 - 12:00

via MS Teams

Agenda

09:00 - 09:00
0 min

1. Apologies for Absence

09:00 - 09:00
0 min

2. Declaration of Members' Interests

09:00 - 09:00
0 min

3. Minutes of the last Meeting held on 13 July 2021

Rona Laing

Item 3 - Unconfirmed FPR Minutes July 2021.pdf (13 pages)

09:00 - 09:00
0 min

4. Action List / Matters Arising

Rona Laing

Item 4 - Action List - FPR.pdf (2 pages)

09:00 - 09:00
0 min

5. GOVERNANCE / ASSURANCE

5.1. Board Assurance Framework – Financial Sustainability

Margo Mcgurk

Item 5.1 - BAF Financial Sustainability - SBAR 20210802.pdf (4 pages)
Item 5.1 - 1. NHS Fife Board Assurance Framework (BAF) v30.0 020821 - Financial sustainability.pdf (1 pages)
Item 5.1 - BAF Risks - Financial Sustainability - Linked operational risks as at 020821.pdf (1 pages)

5.2. Board Assurance Framework – Strategic Planning

Margo Mcgurk

Item 5.2 - SBAR EDG BAF 5 170921.pdf (3 pages)
Item 5.2 - 5. NHS Fife Board Assurance Framework (BAF) V30.0 020821 - Strategic Planning.pdf (2 pages)

5.3. Board Assurance Framework – Environmental Sustainability

Neil McCormick

Item 5.3 - SBAR (BAF) Environmental Sustainability FP&R September 2021.pdf (3 pages)
Item 5.3 - NHS Fife Board Assurance Framework (BAF) V30.0 250721 - Environmental sustainability.pdf (2 pages)
Item 5.3 - BAF Risks - Environmental sustainability - linked operational risks as at 250721.pdf (1 pages)

09:00 - 09:00
0 min

6. STRATEGY / PLANNING

6.1. Joint Remobilisation Plan 2021/22 (RMP3/RMP4) / Annual (enc)Operational Plan

Margo Mcgurk

- Item 6.1 - SBAR RMP3_RMP4 020921.pdf (4 pages)

6.2. Quarter 1 Financial Review 2021/22 – Capital and Revenue

Margo Mcgurk

- Item 6.2 - Q1 Review SBAR EDG v2.pdf (13 pages)

6.3. Fife Capital Investment Group Reports 2021/22

Margo Mcgurk & Neil McCormick

- Item 6.3 FP&R SBAR Cap Prog Risks.pdf (3 pages)
- Item 6.3 - Appendix 1.pdf (1 pages)

6.4. NHS Fife Population Health and Wellbeing Strategy Progress

Margo Mcgurk

- Item 6.4 - NHS Fife Population Health and Wellbeing Strategy Progress.pdf (4 pages)

6.5. HSCP Integration Scheme Review

Nicky Connor

- Item 6.5 - NHS FP&R Cttee Report Integration Scheme Approval 7 September 2021.pdf (4 pages)
- Item 6.5 - Appendix 1 Draft Amended Scheme of Integration.pdf (31 pages)
- Item 6.5 - Appendix 2 IJB Int Scheme Review Consultation.pdf (8 pages)
- Item 6.5 - Appendix 3 IJB Int Sch Review Consultation Anaylsis.pdf (6 pages)
- Item 6.5 - Appendix 4 Int Schem Review - List of Those Consulted.pdf (2 pages)

6.6. Primary Care Premises Review

Neil McCormick

- Item 6.6 FP&R Primary Care Premesis Review.pdf (5 pages)
- Item 6.6 - Appendix 1 Fife Primary Care Scoping v120210526.pdf (9 pages)
- Item 6.6 - Appendix 2 SSS 000 NHS Fife Primary Care Strategy 210621.pdf (1 pages)

09:00 - 09:00
0 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Claire Dobson & Nicky Connor & Margo McGurk

- Item 7.1 - SBAR FPR Committee.pdf (4 pages)
- Item 7.1 - IPQR Aug 2021.pdf (45 pages)

7.2. Delayed Discharge

Claire Dobson

- Item 7.2 - Final Delayed Discharge SBAR 31 August 2021.pdf (12 pages)

09:00 - 09:00
0 min

8. ITEMS FOR NOTING

8.1. Minute of IJB Finance & Performance Committee, dated 11 June 2021

- Item 8.1 - Confirmed Minute F&P 110621.pdf (6 pages)

8.2. Corporate Calendar – Committee Dates for 2022/23

Gillian MacIntosh

Item 8.2 - FPR Committee Schedule of Future Meeting Dates 2022 - 23.pdf (1 pages)

09:00 - 09:00
0 min

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

09:00 - 09:00
0 min

10. ANY OTHER BUSINESS

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)
Ms A Lawrie, Non-Executive Director
Dr J Tomlinson, Director of Public Health
Ms J Owens, Director of Nursing
Dr C McKenna, Medical Director
Mr E Clarke, Non-Executive Director
Mrs M McGurk, Director of Finance & Strategy
Mr A Morris, Non-Executive Director
Mrs C Potter, Chief Executive

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 Heath 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 Practise 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).

KEY:	Deadline passed / urgent
	In progress / on hold
	Closed

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST

Meeting Date: Tuesday 7 September 2021

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	10/09/19	**Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements**	Include in the Outline Business Cases information on how technology and digitisation would be utilised.	**JT**	TBC – see comments	The OBC will incorporate information on IT and digital elements of the project. The project team are progressing discussions with IT and are seeking clarification on funding steams as well as preparing a full technical brief for the project. The digital initiatives under consideration at this stage are listed below: •A patient appointment system •A consultant room with near me facilities •A GP text messaging system • A self check-in facility •Subject to security considerations, public access to IT equipment to combat digital poverty	In progress
2.	08/09/20	**Mental Health Strategy**	Present a paper to the Committee at appropriate time around the implementation of the Mental Health Strategy.	**NC**	November 2021	In view of the significant national focus and investment in mental health including learning throughout the covid pandemic and increase demand on services, the mental health strategy will be reviewed and refreshed to ensure it is in line with current and future requirements.	Deadline not reached
3.	10/11/20	**CAMHS**	Provide an update to the Committee on which recommendations made by the Scottish Government can be actioned, once agreed by HSCP Senior Leadership.	**NC**	November 2021	Margo has agreed with Nicky that this update on CAMHS will be presented to the November F&P committee.	Deadline not reached

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
4.	08/09/20	**Smoke Free Environment Strategy**	Present an update to inform the Committee on the proposed strategy for a Smoke Free Environment.	**NC**	July 2021	Closed. Update provided at July 2021 meeting.	Closed

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**7 September 2021**
Title:	**BAF – Financial Sustainability**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Rose Robertson, Assistant Director of Finance**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

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

2.2 Background

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

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

The Committee is invited to consider the following:

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

2.3 Assessment

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

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

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

The attached schedule reflects the position at 31 July 2021. Since the last update (at 31 May 2020) the BAF current score has been updated and is held at High.

The update reflects the current position where Scottish Government has indicated that: Covid-19 funding; treatment of offsetting cost reductions; and any potential funding of 'long covid' unachieved efficiency savings will be considered following a formal Quarter 1 review of Boards' financial performance. To that end, Scottish Government support for our financial

gap is at this point uncertain and our BAF risk reverts to high risk rating level. Linked operational risks are also attached for information.

Further detail on the financial position is set out in the Integrated Performance & Quality Report.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Please refer to the full report at Annex 1.

2.3.4 Risk Assessment/Management

Please refer to the full report at Annex 1.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the NHS Fife financial planning, allocation of resources and in-year management of costs processes.

2.3.8 Route to the Meeting

This paper is presented to Committee in advance of discussion at other groups.

2.4 Recommendation

The Committee is invited to:

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

3 List of appendices

The following appendices are included with this report:

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

Report Contact

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

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Financial Sustainability																											
1671	Sustainable	15/07/2021	31 August 2021	There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the COVID 19 pandemic, will not match costs incurred. There is a risk that the organisation may not fully identify the level of savings required to achieve recurring financial balance. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High Risk	4 - Likely - Strong possibility this could occur	4 - Major	16	High Risk	2021/22 Covid-19 funding will be assessed post formal Quarter 1 review of Boards' financial performance. Hence this uncertainty impacts the risk rating and moves it to high risk.	Margo McGurk Director of Finance	Finance, Performance & Resources (F,P&R) Rona Laing	*Ongoing actions designed to mitigate the risk including:* SG has indicated that: Covid-19 funding; treatment of offsetting cost reductions; and any potential funding of 'long covid' unachieved efficiency savings will be considered following a formal Quarter 1 review of Boards' financial performance. The financial gap for 21/22 is £21.7m. We have plans in place to deliver £8m on a recurring basis; and whilst we continue to develop further plans, we have signalled to SG the requirement for support for our long Covid unachieved savings of £13.8m. To that end, SG support for our financial gap is at this point uncertain and our BAF risk reverts to high risk rating level.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value. Responsible Person: Director of Finance / Director of Acute Services / Director of Health & Social Care Timescale: Ongoing 2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations. 3. Continue to scrutinise and review any potential financial flexibility. 4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB prior to the application of the risk share arrangement Responsible Person: Director of Finance Timescale: Ongoing	1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery. 2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.	1. Internal audit reviews on controls and process; including Departmental reviews. 2. External audit review of year end accounts and governance framework.	1. Enhanced reporting on various metrics in relation to supplementary staffing. 2. Confirmation via the Director of Health & Social Care on the the social care forecasts and the likely outturn at year end.	Whilst full Covid-19 funding was received for 2020/21 and we delivered a small underspend £0.340m subject to external audit review; funding for 2021/22 will be determined post formal quarter 1 review of Boards' financial performance.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate Risk	Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1513	Financial and Economic impact of Brexit	Active Risk	High Risk	20	McGurk, Margo
1363	Health and Social Care Integration	Active Risk	High Risk	16	McGurk, Margo
522	Prescribing and Medicines Management - Prescribing Budget	Active Risk	High Risk	15	McKenna, Christopher

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1357	Financial Planning, Management and Performance	Active Risk	Moderate	12	McGurk, Margo
1846	Test and Protect/Covid Vaccination	Active Risk	Moderate	12	Connor, Nicky
1364	Efficiency Savings	Closed Risk	High Risk	16	McGurk, Margo
1784	Finance (Short Term/Immediate)	Closed Risk	Moderate	8	Connor, Nicky

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1513	NHSFBD - Brexit Risk Register	04/10/2018	Financial and Economic impact of Brexit	The impact of the exit from the EU, and uncertainty over the final withdrawal agreement, had the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk was escalated to the Finance, Performance and Resources Committee.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	The Director of Property and Asset Management closely monitors any ongoing impact associated with the exit from the EU. There re no issues to escalate at this time.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	1 - Remote - Can't believe this event would happen	1 - Negligible	Very Low Risk	1	McGurk, Margo	Stewart, Laura	27/04/2021	05/08/2021
1363	NHSFBD - Finance Directorate Risk Register	13/06/2017	Health and Social Care Integration	There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	The Integration Scheme Review has been escalated to the CEs NHS Fife and Fife Council for discussion. The 2020/21 financial year closed with a HSCP earmarked reserve of £30m (£11m Health; and £19m SC). It is likely this earmarked reserve will assist the 2021/22 financial position and a IJB overspend may not occur. Notwithstanding the Integration Scheme review remains extant.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	McGurk, Margo	Robertson, Rose	04/06/2021	31/08/2021
522	CORPORATE RISK REGISTER, NHSFBD - Prescribing & Medicines Management Risk Register	30/03/2006	Prescribing and Medicines Management - Prescribing Budget	Prescribing and Medicines Management - Prescribing Budget: There is a risk that NHS Fife will be unable to control the prescribing budget.	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	30/4/21 - The GP prescribing position for 20/21 is an underspend of £24k (0.03%), on an annual budget of £70.7m. £1.891m recharged to COVID costs, based on final national guidance and local analysis. The analysis and basis of recharge to COVID funding focused on price impact, drug switch requirements (primarily to minimise healthcare contacts)and increased usage, full analysis is available. Hospital prescribing budget is overspent by £1.26m (3.7%), on a budget of £33.77m Medicines efficiency target for 21/22 is £500k for both HSCP and Acute Services (combined £1m). The first meeting of the Fife Prescribing Forum took place on 23 April.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	McKenna, Christopher	Reid, Euan	29/07/2021	13//10/2021

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**7 September 2021**
Title:	**NHS Fife Board Assurance Framework (BAF) Strategic Planning**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to a:

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

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

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

This report provides the Committee with the next version of the NHS Fife BAF 5 on 17.9.21.

2.2 Background

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

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

2.3 Assessment

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

Following discussion at previous committees, previous risks have remained on the BAF until the new Strategy is produced. The BAF and risk also describes how

- the now agreed Corporate Objectives have been derived from the Strategic Planning and Resource Allocation (SPRA) process
- the Strategic Priorities form part of the strategic planning direction going forward for NHS Fife.
- Work is progressing in the development of the Population Health and Wellbeing Strategy

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

No change.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

n/a

2.3.7 Route to the Meeting

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

2.4 Recommendation

The Committee is invited to:

- **Discuss** the current position in relation to the Strategic Planning risk.

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

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Strategic Planning																											
1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	14/06/2021	30 September 2021	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. Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy. 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales 2. Governance of the transformation programmes remains between IJB and NHS Fife. 3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams 4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.	4 - Likely - Strong possibility this could occur	4 - Major	16	High Risk	4 - Likely - Strong possibility this could occur	4 - Major	16	High Risk	Integrated Transformation Board now in place after the review of transformation in 2019. Following period of COVID-19, transformation planning is being revised and new structure being put in place following transformation workshop planned for 3 September 2020. Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.	Margo McGurk Director of Finance	Clinical Governance. Christina Cooper.	*Ongoing actions designed to mitigate the risk including:* 27/7/21 In addition to 16/6/21 1. Encouraging discussion at the Board Development session in May 2021 about the planning for development of the strategy. 2. Corporate Objectives for 2021/22 now agreed by the Board in July 2021.	EDG Strategy meetings will provide the required leadership and executive support to enable strategy development.	EDG will engage in monthly sessions to ensure the ongoing development of the new strategy. The NHS Fife Board and Governance Committees will be fully engaged in this process throughout 2021/22 and will be responsbile for approval of the emerging strategy. Work is ongoing to develop clarity on the system-wide governance arrangements in terms of the developing strategy. Joint session planned with NHS Fife and Fife Council Executive Teams for May 2021. Responsible Person: Director of Finance Timescale: 31/03/2022	1. Minutes of meetings record attendance, agenda and outcomes. 2. Reporting of key priorities to governance groups from the SPRA process. .	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. Governance committee scrutiny and reporting. .	Governance of new arrangements will be agreed to deliver the required assurance. .	Work is ongoing to agree the corporate objectives through SPRA process and the development of the Population Health and Wellbeing Strategy. This will be supported by the corporate PMO.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate Risk	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce. WILL BE REVIEWED AFTER COVID19 PERIOD .

Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil currently identified				

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil applicable				

NHS Fife

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**7 September 2021**
Title:	**BAF – Environmental Sustainability**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Jimmy Ramsay, Estates Manager - Compliance**

1 Purpose

This is presented to FP&R for:

- Assurance

This report relates to a:

- Board Governance & Strategic Objectives

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

- Safe
- Effective

2 Report Summary

2.1 Situation

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

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

This report provides the Committee with an update on NHS Fife BAF in relation to BAF risks.

2.2 Background

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

2.3 Assessment

Assessment of FHB's current position -

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

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

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Please see attached risks and BAF.

2.3.5 Equality and Diversity, including health inequalities

N/A.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

External stakeholders are consulted where appropriate.

2.3.8 Route to the Meeting

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

- EDG 5 August 2021

2.4 Recommendation

The Committee is invited to:

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

3 List of Appendices

The following appendices are included with this report:

- BAF Environmental Sustainability
- BAF Environmental Sustainability linked operational risks

Report Contact
Neil McCormick
Director of Property & Asset Management
neil.mccormick@nhs.scot

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Environmental Sustainability																											
1672	Clinically Excellent, Sustainable	22/07/2021	30 September 2021	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	Likely	Extreme	20	High risk	Likely	Extreme	20	High risk	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Neil McCormick Director of Property & Asset Management	Finance, Performance & Resources (F,P&R). Rona Laing.	*Ongoing actions designed to mitigate the risk including:* 1. Operational Planned Preventative Maintenance (PPM) systems in place 2. Systems in place to comply with NHS Estates 3. Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding. 4. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. 5. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. 6. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on.	Nil	1. Capital funding is allocated depending on the E&F risks rating Responsible person: Director of Estates, Facilities & Capital Services Timescale: Ongoing as limited funding available 2. Increase number of site audits Responsible person: Estates Compliance Manager Timescale: Ongoing	1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS. 5. Adverse Event reports..	1. Internal audits 2. External audits by Authorising Engineers 3. Peer reviews.	None.	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	Remote	Extreme	5	Low risk	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5..

Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

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

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

ID	1296	1252	1007
Position of Risk (Risk Register)	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Corporate Directorate - Estates Risk Register	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register
Opened	22/08/2016	02/06/2016	11/02/2015
Title	Emergency Evacuation, VHK Phase 2 Tower Block	Flexible PEX hoses in PHASE 3 VHK	Theatre Phase 2 Remedial work
Description	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.	Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.
Likelihood (initial)	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (initial)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (initial)	High Risk	High Risk	High Risk
Rating (initial)	20	15	15
Current Management Actions	JR - 22/06/2021 - Current management actions still apply. The fire safety advisors have visited ward 10 and all staff have completed recent fire training. An exercise to upgrade/repair all the compartment doors is underway and a survey to check for any breaches in compartmentation is also underway.	JR - 03/06/2021 - Info from ENGIE (JN)We have started a programme to remove all the Flexible hoses in Phase 3 VHK Phase 1 was completed in May with 67 sinks and 14 showers changed out and a full survey of sinks and showers in the areas covered. This is 35% of the works completed Phase 2 will be starting this month I will keep you and the Water Safety Group up to date on the progress.	13/4/20 Risk remains unchanged and plans are being taken forward as outlined on 30/4/2019 M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward are and out-patient area. This will not be complete until 2022 Executive team reviewing options of undertaking surgery in alternative theatres.
Likelihood (current)	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (current)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (current)	High Risk	High Risk	High Risk
Rating (current)	20	15	15
Likelihood (Target)	1 - Remote - Can't believe this event would happen	2 - Unlikely - Not expected to happen - potential exists	1 - Remote - Can't believe this event would happen
Consequence (Target)	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (Target)	Low Risk	Moderate Risk	Low Risk
Rating (Target)	5	10	5
Risk Owner	McCormick, Neil	McCormick, Neil	Cross, Murray
Handler	Ramsay, Jimmy	Bishop, Paul	Lowe, David
Previous Review Date	22/07/2021	03/06/2021	09/04/2021
Next Review	30/09/2021	29/10/2021	10/01/2022

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**7 September 2021**
Title:	**Joint Remobilisation Plan 2021/22 (RMP3/RMP4)**
Responsible Executive:	**Margo McGurk, Director of Finance and Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to the:

- Joint Remobilisation Plan 2021/22 (RMP3/RMP4)

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The third Joint Remobilisation Plan (RMP3) for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for the period 2021/22 was submitted and approved by the Scottish Government (SG). An update, known as RMP4, was requested on 20th July 2021 to reflect on progress to date and set out what is expected to be delivered over the remainder of 2020/21.

2.2 Background

The Scottish Government letter dated 20th July 2021 titled *Remobilisation Plans 2021/22: Mid-Year Update (RMP4)* commissioned an update to plans set out in RMP3. RMP4 offers an opportunity to reflect on the impact of the pandemic on the delivery of services, specifically where this might have changed since the RMP3 was submitted including opportunity to revise activity templates.

SG have acknowledged that planning is an ongoing activity throughout the year, therefore a Delivery Planning Template is now required to be completed. This will form the basis of annual plans going forward and will include information on risks (and mitigation) and outcomes. This will include key deliverables identified within RMP3, as well as any additional key actions that have been identified since RMP3 was submitted, such as national projects/programmes that have launched or substantially developments in the last 6 months. Template will also include any actions relating to winter, as SG are not requesting a separate Winter Plan.

2.3 Assessment

RMP3 Action Tracker

An Action Tracker was created following approval from SG of RMP3 with regular 2-monthly updates being provided by services. The Fife Remobilisation Plan Forum was re-established to review and ensure the document is updated regularly. Reports to EDG, Committees and Board was by exception only.

New Templates

The RMP4 documentation included Delivery Planning Templates to be used in the submission of RMP4. Information already collated in the RMP3 Action Tracker has been transferred to Delivery Planning Template with service through the RMP Forum being asked to review, amend and provide additional content in accordance with the RMP4 guidance.

Progress

From previous updates, diagnostic pathway for Children and Young People within Primary/Community Care has been reinstated and activity in Adult Mental Health Day Hospitals has resumed. All other actions from RMP3 are currently in progress, on track or complete so there are no actions to be reported by exception.

Winter Actions

In relation to winter planning, during 2020/21 due to the COVD-19 emergency planning measures being in place, one meeting took place to review winter 2019/20 and plan for winter 2020/21. In 2021, a Winter Review event was held in April 2021. Learning from this event was considered in terms of performance, what went well, what went less well and the key planning priorities for the Winter of 2021/22.

These will be formalised into Winter Actions following the Winter Planning Event on 25th August and will be included in the Winter Planning/Whole System Actions within the RMP4 Delivery Planning Template.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Risk Assessment is contained within the Remobilisation Plan.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- Remobilisation Plan Forum on 11th August.
- Integrated Capacity and Flow meeting on 11th August.
- EDG Strategy meeting, 19 August 2021
- All Board Committee meetings during September 2021

2.4 Recommendation

- **Assurance –** The Joint Remobilisation Plan 2021/22 RMP3 and process in place for production of the RMP4

3 List of appendices

The following appendices are included with this report:

Report Contact

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

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**7 September 2021**
Title:	**2021/22 Quarter 1 Review**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Rose Robertson, Assistant Director of Finance**

1 Purpose

This is presented to the Committee for:

- Assurance

2 Report Summary

2.1 Situation

This paper is presented to the Committee to provide an update on the NHS Fife Quarter 1 Financial Performance Return (FPR).

2.2 Background

In support of streamlined reporting the Financial Performance Return is inclusive of the Covid-19 and Remobilisation cost templates and will be submitted quarterly this financial year.

A formal Quarter 1 Review: in-year position at 30 June; year end forecast position; and Covid-19 return has been completed and submitted to Scottish Government on the template due date of 30 July. Scottish Government colleagues, as part of their review process, will meet with boards individually to review and discuss their Q1 submissions which is scheduled for September 6th for NHS Fife.

2.3 Assessment

Context setting

The risks associated with our financial planning and forecasting are attached at **Appendix 1**.

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.

In-year position at 30 June

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.

Forecast Outturn to the Year End – Assessment at 30 June 2021

For the purposes of reporting to Scottish Government in our FPR to inform Q1, we are currently forecasting a potential overspend of £19.656m. The table per Appendix 1 highlights £5m cost pressure which we seek to manage within our existing resource. It further signposts 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.

Other Funding Allocations:

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% (SG's approach nationally to first funding tranche) of the retained Health Board's forecast costs per the financial planning process. No funding was received in this tranche for Health delegated/Integration Joint Board 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. To 30 June (M3) Acute services have identified £0.060m and IJB have identified £0.175m.

Our assessment of our Covid-19 funding requirements is summarised in the table below and highlights the respective funding requirements between Health Board retained; Health Delegated; and Social Care.

Assessment at Q1	Health Board Retained £'000	Health Delegated £'000	Health Total £'000	Social Care £'000	Overall Total £'000
Covid-19 expenditure	19,842	16,531	**36,373**	13,027	**49,400**
Unachievable 'long Covid' savings	13,656	0	**13,656**	2,460	**16,116**
Remobilisation costs	730	5	**735**	0	**735**
Total revenue submission for 2021/22	**34,228**	**16,536**	**50,764**	**15,487**	**66,251**
Total capital submission for 2021/22	**1,878**	**0**	**0**	**0**	**1,878**

Full detail is attached at Appendix 2 for Health Board retained; and Health delegated and Social Care at Appendix 3.

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.

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.

2.4 Recommendation

The paper is provided for: **Assurance**

The Committee is invited to:

- **Discuss and note** the formal Q1 Financial Reporting Return submission made to Scottish Government.

Report Contact
Rose Robertson
Assistant Director of Finance
rose.robertson1@nhs.scot

Key Assumptions / Risks	£ Value Revenue Risk (to be managed)	£ Value Revenue Risk (potential overspend)	£ Value Capital	Impact / Description	Risk rating
AFC pay award (fourth year of 3 year pay deal)	£2.99m			Unfunded fourth year of 3 year AFC pay deal. Known unfunded cost pressure.	High
Medical & Dental pay award		£0.5m		Medical & Dental pay award assumed at public sector pay award issued in February 2021 (£800>£80k; and 1% > £25k per FP assumptions in (date). If the pay settlement for this cohort exceeds this; and in line with AFC scaling; the potential cost pressure is in the region of £0.5m.	High
Acute Drugs		£2m		Signaling as high risk rating - emerging from general pressure in acute services at this time with investigative work underway.	High
Acute Services Division pressures	£2m			Core run rate overspend to M3 driven mainly by pay within: Nursing; Junior medical and dental; and Senior medical. Further detail in narrative report section 4.1. This will be kept under continuous review.	High

Covid-19 unfunded savings	£13.656m			Availability of Covid-19 funding support in respect of our underlying unachieved savings is a significant risk to the NHSF financial position. The total NHSF efficiency requirement for 2021/22 is £21.7m. As part of the RMP FP submission we have requested SG funding support for £13.7m unachieved savings. Plans in development to deliver these savings across 2022/23 and 2023/24.	High
COVID-19 additional costs	£14.693m			Availability of Covid-19 funding to match our net additional costs. Use of earmarked reserve for Health delegated; and Social Care in first instance.	Medium
Flu vaccination/ Covid vaccination programme	£8.562m			Our Covid-19 vaccination programme is undergoing transition from Health Board retained; to Health Delegated; and the programme is being extended to a wider Flu vaccine/Covid vaccine (FVCV) programme. To that end our FVCV forecast cost will be reviewed and updated over the	Medium

				coming weeks and months; and will be included in our LMP quarterly returns. The earmarked IJB reserve of £0.9m and Q1 vaccine allocation of £2.9m have been used in the first instance. However, it is assumed the balance of funding will be forthcoming and it is the delivery of programme which forms the basis of this medium risk. (Additional funding requirement is £8.562m – full FVCV programme cost is £12.383m).	
ADEL funding	£2m			We make a submission request for non core Additional Departmental Expenditure Limit (ADEL) funding over and above our RRL funding. Our qualifying expenditure includes: replacement of obsolete software; stock adjustments / write offs; replacement of obsolete equipment; review of Balance Sheet items; losses on equipment; losses on disposal of assets. We have identified pressures across Digital and Information	Medium

				equipment replacement in particular; and have assumed £2m ADEL funding in that regard.	
Redesign of Urgent Care funding	£tbc			Whilst an initial funding tranche of £0.681m has been received for RUC; this funding source is insufficient and is being treated as an initial funding amount. Additional funding is sought for the 2021/22 financial year. (There is an earmarked IJB reserve b/fwd from 2020/21 of £0.935m which will be used in 2021/22). Financials will be reviewed for Q2.	High
SLA's		£3m		There are significant increases in the expected value of the service level agreement with NHS Lothian which were not anticipated/factored into the FP. This is currently being assessed and discussed with NHS Lothian.	High
Waiting Times	Delivery risk			Whilst the first tranche funding has been received, there is potential risk around the delivery of elective activity depending on availability of staffing and	High

				physical space, as the response to the Covid-19 pandemic continues to evolve.	
Prescribing	n/a			Spend will continue to be monitored to examine changes in prescribing patterns. At this point the risk exposure is deemed low but will remain under continuous review.	Low
Pharmaceutical Price Regulation Scheme (PPRS)	n/a			National funding reduced significantly in 2021/22. Available funding is insufficient to meet the increase in demand for NMF. Work ongoing to identify pressure.	High
Primary Care Improvement Fund	n/a			For 20/21 there is no financial risk associated with the PCIF. However, the group within Fife are currently re-examining their terms of reference. Once this review is done this help inform the use of funds in future financial years.	Low
Mental Health	n/a			Additional funding received this year for this important area in health. Key issues being assessed by the H&SCP include availability of appropriately trained workforce.	Medium

Transformational Change Fund	n/a				
eHealth (Digital & Information)		£0.6m		Delivery of the Digital agenda. Schemes brought forward in response to the pandemic have been included in our financial reporting and form a pressure. Availability of Digital equipment and impact on pricing is an issue across the sector. Microsoft 365 charging model is an ongoing issue across the sector.	High
Capital Programme: HEPMA			£0.173m for 21/22; £0.771m for 21/24	£0.173m SG additional capital funding is sought in 21/22 re HEPMA programme.	Medium
Capital Programme: Steam decentralisation			£2.5m for 21/22; and £0.750m for 22/23	Steam decentralisation: Previously the steam for both VHK & QMH has been funded from our own capital programme. There is significant pressure this year on the capital programme which has resulted in some areas receiving lower than anticipated allocations due to competing priorities. This year costs will be £2.5m between VHK & QMH and a final £750k next year to complete the	Medium

				steam decentralisation conversion. Fife has funded £4m previously for these programmes.	
Capital Programme: National equipping			£0.7m	We are seeking additional funding for radiology CT at £700k through the National Equipping Group – the CT needs to be replaced earlier than previously planned and a commitment is required to book a slot for the production of the CT which can take 5months or more to manufacture.	High
Capital Programme: Elective Orthopaedic Centre			£18.125m	SG have confirmed £18.125m funding for the EOC for 21/22. The cashflows are being monitored as there is some slippage forecast due to the lack of availability of some materials which is having an impact on the programme. We will keep SG advised if there are any significant changes to the forecast spend for 21/22.	High
Capital: Covid Capital requirement			£1.878m	Covid Equipment £0.063m/D & I £1.276m and works £0.539m – included in the Q1 LMP return.	High

				The depreciation impact of the Covid-19 capital costs in the current year is £48k.	
Total additional potential core overspend		**£6.1m**			
Total revenue to be managed from existing resource	**£4.99m**				
Total Covid additional funding support	**£23.255m**				
Total Covid savings funding support	**£13.656m**				
Total ADEL funding support	**£2m**				
Total Capital			**£24.897m**		

NHS Board- Quarterly Covid/Remobilisation Cost Analysis		input cells														
2021-22																
Covid-19 Costs																
£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring	Description
Additional PPE	9	9	12	10	10	10	10	10	10	10	10	10	**120**	**120**		
Contact Tracing	247	247	247	322	322	322	322	322	322	322	322	322	**3,639**	**3,639**		
Testing	147	147	166	695	695	695	695	695	695	695	695	695	**6,715**	**6,715**		
Covid-19 Vaccination													**0**	**0**		
Flu Vaccination													**0**	**0**		
Scale up of Public Health Measures	82	82	82	77	77	77	77	77	77	77	77	77	**939**	**939**		
Additional Bed Capacity/Change in Usage	222	222	222	572	572	612	491	491	518	518	518	518	**5,476**	**5,476**		Forecast based on Jul-Aug 17 Gen beds, Sep-Nov 20, Dec-Mar 22 and 1 ITU bed Jul-Sep; additional drug spend
Additional Infection Prevention and Control Costs	42	42	42	30	30	30	30	20	20	20	20	20	**346**	**346**		Bedding & Linen and other Estates and Facilities costs
Additional Equipment and Maintenance	38	54	63	50	50	50	50	50	50	50	50	50	**605**	**605**		
Other Additional Staff Costs	324	324	324	50	80	80	80	80	80	80	80	80	**1,663**	**1,302**	361	Forecast relates to additional Domestic & Transport Services - other staffing picked up in Bed Capacity
Staff Wellbeing	2	2	2	30	30	30	30	30	30	30	30	30	**276**	**276**		Chaplaincy Costs and staff wellbeing costs
Payments to Third Parties													**0**	**0**		
Loss of Income													**0**	**0**		
Other	4	4	10	5	5	5	5	5	5	5	5	5	**63**	**63**		
Sub-Total Covid-19 Costs - NHS Board	**1,117**	**1,133**	**1,170**	**1,841**	**1,871**	**1,911**	**1,790**	**1,780**	**1,807**	**1,807**	**1,807**	**1,807**	**19,842**	**19,481**	**361**	- **0**
Unachievable Savings	1,138	1,138	1,138	1,138	1,138	1,138	1,138	1,138	1,138	1,138	1,138	1,138	**13,656**	**13,656**		
Offsetting Cost Reductions													**0**	**0**		
Total Covid-19 Costs - NHS Board	**2,255**	**2,271**	**2,308**	**2,979**	**3,009**	**3,049**	**2,928**	**2,918**	**2,945**	**2,945**	**2,945**	**2,945**	**33,498**	**33,137**	**361**	**0**
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Remobilisation Costs																
£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring	Description
Digital & IT costs	166	166	24	20	18	32	32	32	18	18	18	18	**560**	**328**	232	Recurring costs relate to 5Yr Patientrack Bundle (£182k per year) and Netcall Patient Hub Service 5 Year Term Support maintenance services (£50k per year)
Primary Care													**0**	**0**		
Other			34	15	15	15	15	15	15	15	15	15	**170**	**170**		
Total Remobilisation Costs- NHS Board	**166**	**166**	**58**	**35**	**33**	**47**	**47**	**47**	**33**	**33**	**33**	**33**	**730**	**498**	**232**	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total NHS Board Costs	**2,421**	**2,437**	**2,366**	**3,014**	**3,042**	**3,096**	**2,975**	**2,965**	**2,978**	**2,978**	**2,978**	**2,978**	**34,228**	**33,634**	**593**	

Capital		
Expenditure Description	Value £000s	Further Narrative
Point of Care Testing Capital Costs	10	Non-recurring capital expenditure - provide an area for Point of Care Testing in paediatrics
Digital and Information - WiFi Access Points/Controllers	656	Non-recurring capital expenditure - The scale of network utilisation, following the COVID response and need for the rapid and widescale adoption of MS TEAMS and Near Me, has resulted in an earlier requirement to replace components of the network. Within this area, there is additional complexity to ensure the make/models and firmware applied on the devices remain compliant with the whole network. As well as providing access to systems these components also provide a defence to cyber attack, attempted penetration and security threats. The ongoing management of capacity is a key consideration in this area, given the scale of digital activity currently in operation.
Digital and Information - Core Network Switches	620	Non-recurring capital expenditure - Identified as a priority COVID pandemic item last year, however supply chain prevented this from progressing in time
Portable echocardiogram scanner	33	
2 ECG Machines - Ward 51 and A&E	20	Ward 51 is Red Zone therefore cannot borrow / share equipment. A&E requirement due to need to have different pathways for red/amber patients
Air con units - Fife Community Dental Centre	14	3 air con units required due to enhanced PPE - heat intolerable and several DATIX issues raised due to heat
New fixed walls in red resus areas	25	Walls to be installed inbetween the different bays within ED Resus to provide additional infection control measures to allow for a red/amber area
Infrastructure	500	Changes to clinic spaces
Capital total	**1,878**	

Quarterly Covid/Remobilisation Cost Analysis	Fife HSCP	HSCP-1					input cells								

Covid-19 Costs- HSCP- NHS

£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring	Description
Additional PPE													0	0		
Contact Tracing													0	0		
Testing													0	0		
Covid-19 Vaccination	1,138	1,138	1,194	716	867	567							5,619	933	4,686	£740k funding from ear-marked carry forward reserve
Flu Vaccination				38	110	257	1,228	1,222	1,076	944	944	944	6,764	1,156	5,607	£203k still in ear-marked reserve to be claimed
Scale up of Public Health Measures													0	0		
Additional Community Hospital Bed Capacity				571	371	371	371	371	371	371	371	371	3,539	3,539		
Community Hubs	4	4	2										10	10		
Additional Infection Prevention and Control Costs	6	2	1										9	9		
Additional Equipment and Maintenance	12	4	5										21	21		
Additional Staff Costs	63	101	104		35	35	35	35	35	35	35	35	550	127	424	
Staff Wellbeing													0	0		
Additional FHS Prescribing													0	0		
Additional FHS Contractor Costs	8	5	5										18	18		
Payments to Third Parties													0	0		
Loss of Income													0	0		
Other	0	1	0										1	1		
Sub-Total Covid-19 Costs - HSCP - NHS	**1,231**	**1,255**	**1,311**	**1,325**	**1,383**	**1,230**	**1,634**	**1,628**	**1,482**	**1,351**	**1,351**	**1,351**	**16,531**	**5,814**	**10,717**	-
Unachievable Savings													0	0		
Offsetting Cost Reductions													0	0		
Total Covid-19 Costs - HSCP - NHS	**1,231**	**1,255**	**1,311**	**1,325**	**1,383**	**1,230**	**1,634**	**1,628**	**1,482**	**1,351**	**1,351**	**1,351**	**16,531**	**5,814**	**10,717**	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Covid-19 Costs- HSCP- Local Authority

£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring	Description
Additional PPE	78	(1)	0	32	32	32	32	32	32	32	32	32	365	365		
Contact Tracing													0	0		
Testing													0	0		
Covid-19 Vaccination													0	0		
Additional Care Home Placements	174	39	59	496	321	151	367	367	367	367	367	367	3,442	3,442		
Additional Capacity in Community	35	5	97	555	700	700	700	700	700	555	555	555	5,857	5,857		
Additional Infection Prevention and Control Costs	3	2	3	129	3	3	36	3	3	36	3	36	260	260		
Additional Equipment and Maintenance	3	1	3	2	2	2	2	2	27	27	2	2	75	75		
Additional Staff Costs	0	0	0	5	1	1	1	1	1	1	1	1	13	13		
Staff Wellbeing	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Social Care Provider Sustainability Payments	(105)	933	638	488	488	488	0	0	0	0	0	0	2,930	2,930		
Social Care Support Fund Claims							0	0	0	0	0	0	0	0		
Homelessness and Criminal Justice Services													0	0		
Children and Family Services													0	0		
Loss of Income	0	0	0	29	7	7	7	7	7	7	7	7	85	85		
Other													0	0		
Total Covid-19 Costs- HSCP - LA	**188**	**979**	**800**	**1,736**	**1,554**	**1,384**	**1,145**	**1,112**	**1,137**	**1,025**	**967**	**1,000**	**13,027**	**13,027**	**0**	
Unachievable Savings	205	205	205	205	205	205	205	205	205	205	205	205	2,460	2,460		
Offsetting Cost Reductions													0	0		
Total Covid-19 Costs - HSCP - LA	**393**	**1,184**	**1,005**	**1,941**	**1,759**	**1,589**	**1,350**	**1,317**	**1,342**	**1,230**	**1,172**	**1,205**	**15,487**	**15,487**	**0**	
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

Remobilisation Costs - HSCP NHS

£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring	Description
Reducing Delayed Discharge													0	0		
Digital & IT costs	2	2	1										5	5		
Primary Care													0	0		
Other													0	0		
Total Remobilisation Costs- HSCP - NHS	**2**	**2**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**5**	**0**	-

Remobilisation Costs- NHS LA

£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring	Description
Adult Social Care													0	0		
Reducing Delayed Discharge													0	0		
Digital & IT costs													0	0		
Other													0	0		
Total Remobilisation Costs- HSCP - LA	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	-

Total HSCP costs

Total Covid-19 Costs

£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring	Description
Additional PPE	78	(1)	0	32	32	32	32	32	32	32	32	32	365	365	0	
Contact Tracing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Testing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Covid-19 Vaccination	1,138	1,138	1,194	716	867	567	0	0	0	0	0	0	5,619	933	4,686	
Flu Vaccination	0	0	0	38	110	257	1,228	1,222	1,076	944	944	944	6,764	1,156	5,607	
Scale up of Public Health Measures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Additional Community Hospital Bed Capacity	0	0	0	571	371	371	371	371	371	371	371	371	3,539	3,539	0	
Community Hubs	4	4	2	0	0	0	0	0	0	0	0	0	10	10	0	
Additional Care Home Placements	174	39	59	496	321	151	367	367	367	367	367	367	3,442	3,442	0	
Additional Capacity in Community	35	5	97	555	700	700	700	700	700	555	555	555	5,857	5,857	0	
Additional Infection Prevention and Control Costs	9	4	4	129	3	3	36	3	3	36	3	36	269	269	0	
Additional Equipment and Maintenance	15	5	8	2	2	2	2	2	27	27	2	2	96	96	0	
Additional Staff Costs	63	101	104	5	36	36	36	36	36	36	36	36	563	140	424	
Staff Wellbeing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Additional FHS Prescribing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Additional FHS Contractor Costs	8	5	5	0	0	0	0	0	0	0	0	0	18	18	0	
Social Care Provider Sustainability Payments	(105)	933	638	488	488	488	0	0	0	0	0	0	2,930	2,930	0	
Social Care Support Fund Claims	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Payments to Third Parties	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Homelessness and Criminal Justice Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Children and Family Services	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Loss of Income	0	0	0	29	7	7	7	7	7	7	7	7	85	85	0	
Other	0	1	0	0	0	0	0	0	0	0	0	0	1	1	0	
Total Covid-19 Costs	**1,419**	**2,234**	**2,111**	**3,061**	**2,937**	**2,614**	**2,779**	**2,740**	**2,619**	**2,376**	**2,318**	**2,351**	**29,558**	**18,841**	**10,717**	-
Unachievable Savings	205	205	205	205	205	205	205	205	205	205	205	205	2,460	2,460	0	
Offsetting Cost Reductions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Covid-19 Costs - HSCP - NHS	**1,624**	**2,439**	**2,316**	**3,266**	**3,142**	**2,819**	**2,984**	**2,945**	**2,824**	**2,581**	**2,523**	**2,556**	**32,018**	**21,301**	**10,717**	-
	-	0	0	-	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-	

Total Remobilisation Costs

£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring	Description
Adult Social Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Reducing Delayed Discharge	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Digital & IT costs	2	2	1	0	0	0	0	0	0	0	0	0	5	5	0	
Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Remobilisation Costs	**2**	**2**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**5**	**0**	-
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total HSCP Costs	**1,626**	**2,441**	**2,317**	**3,266**	**3,142**	**2,819**	**2,984**	**2,945**	**2,824**	**2,581**	**2,523**	**2,556**	**32,023**	**21,306**	**10,717**	-

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**7 September 2021**
Title:	**Fife Capital Investment Group Reports 2021/22**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Tracy Gardiner, Capital Projects Accountant**

1 Purpose

This is presented for:

- Information

This report relates to:

- Potential Emerging issues

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The current forecast spend for NHS Fife's capital programme for 21/22 is approximately £30m. There are however risks around a programme of this size especially in the current global climate (Covid) and nationally (Brexit). Price increases and lack of supply of building materials are already being identified early in the financial year.

Although the major project schemes in the programme carry their own risk register, it is key that the capital programme is monitored and reported on.

Key areas:

Elective Orthopaedic Centre - £18.125m budget anticipated.
Capital Equipment - £2.194m
D & I - £1.0m

2.3 Assessment

Our building projects all face the same challenges regardless of value – availability of materials, price increases, delays to construction programme, slippage on spend during the financial year, lack of resources internally, key staff changing jobs and adverse weather. There is an impact already on the EOC programme of 13 days but the PSCP are confident they can pull this back. Building materials are being purchased and stored on site to help mitigate the issue and purchase orders are being placed as early as possible.

Last year we experienced how Brexit and related customs issues caused issues with equipment deliveries at the financial year-end and there continues to be risks around ordering and lead times for equipment in this financial year.

Fluctuations in exchange rates could also have an impact on potential equipment costs depending on the currency used to purchase.

Long lead times have already been identified for D & I equipment.

2.3.1 Quality/ Patient Care

There are potential risks to patient care if there are delays in upgrading buildings and late delivery of equipment

2.3.2 Workforce

Not applicable

2.3.3 Financial

Failure to spend the anticipated capital programme would result in a shortfall spend against our Capital Resource Limit which in turn would have an impact on the agreed spend with Scottish Government. This would mean we had failed to achieve our agreed target with SG and we would not be delivering our capital programme.

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

Not applicable

2.3.8 Route to the Meeting

FCIG, 26 August 2021

2.4 Recommendation

The following actions will be monitored by FCIG and escalated where appropriate: -

- To take immediate corrective action when schemes are showing potential problems which will be picked up at the monthly banking meetings.
- Develop a fall-back list of schemes that can be achieved within the year-end.
- Look forward – engage with contractors as early as possible to allow maximum time for ordering of materials pre the start date.
- Monitor the equipment spend closely – highlight outstanding order and lead times and report at CEMG routinely. Ensure equipment is ordered timeously to avoid lead times slipping into the next year. Have stand by list of deliverable equipment – especially if last minute capital allocations become available.
- Time must be built into to procurement to accommodate the ordering process itself through PECOS especially toward year end. Some equipment requires more information/approval than others i.e. Single supplier. Delays in areas such as code set up within PECOS could impact on the deliverability of equipment as the ordering process cannot commence until they are set up.

3 List of appendices

- Appendix 1, July Capital Report

Report Contact

Tracy Gardiner
Capital Projects Accountant
Tracy.Gardiner @nhs.scot

NHS FIFE - CAPITAL BUDGET 2021/22

CAPITAL PROGRAMME EXPENDITURE REPORT - JULY 2021

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000	Projected Variance £'000
COMMUNITY & PRIMARY CARE				
Capital Equipment	78,541	59,235	78,541	
Clinical Prioritisation	122,672	29,072	122,672	
Condemned Equipment	24,000		24,000	
Kincardine Health Centre	71,601	71,601	71,601	
Lochgelly Health Centre	98,710	98,710	98,710	
Statutory Compliance	343,333	31,242	343,333	
Total Community & Primary Care	**738,857**	**289,860**	**738,857**	
ACUTE SERVICES DIVISION				
Capital Equipment	1,323,362	281,639	1,323,362	
Condemned Equipment	16,056		16,056	
Elective Orthopaedic Centre	1,894,632	1,894,632	1,894,632	
Clinical Prioritisation	85,100		85,100	
Statutory Compliance	2,957,793	1,735,954	2,957,793	
Total Acute Services Division	**6,276,943**	**3,912,224**	**6,276,943**	
NHS FIFE WIDE SCHEMES				
Condemned Equipment Balance	49,944		49,944	
Equipment Balance	403,097		403,097	
Fire Safety (Fife Wide)	60,000	2,847	60,000	
General Reserve - Equipment	99,000		99,000	
Digital & Information	1,000,000	84,954	1,000,000	
Pharmacy Equipment	200,000		200,000	
Vehicles (Fife Wide)	60,000		60,000	
Wash Hand Basin Replacement (Fife Wide)				
Clinical Prioritisation Balance	292,228		292,228	
Statutory Compliance Balance	78,873		78,873	
Total NHS Fife Wide	**2,243,143**	**87,801**	**2,243,143**	
TOTAL ALLOCATION FOR 2021/22	**9,258,942**	**4,289,885**	**9,258,942**	

NHS Fife

Meeting: Finance, Performance & Resources Committee

Meeting date: 7 September 2021

Title: NHS Fife Population Health & Wellbeing Strategy Progress

Responsible Executive: Margo McGurk, Director of Finance and Strategy

Report Author: Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the committee for

- Assurance

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This is a progress paper regarding the initial work to support the NHS Fife Population Health and Wellbeing Strategy and Portfolio (PHWP) Board. This will cover both Portfolio work together with the co-ordination of the emerging 5 year strategy.

2.2 Background

NHS Fife is a complex organisation operating in a complex environment with many programme and project-related activities. A portfolio approach will facilitate an efficient, centralised management of the organisation's resources and investment whilst ensuring consistent Fife-wide governance and control standards.

A PHWP Board is being established to deliver the strategic co-ordination of the emerging strategy. It will also enable senior leadership to successfully deliver the entire range of programmes, projects and other related activities across Fife on an ongoing basis.

2.3 Assessment

The following gives a brief overview of the current work being undertaken.

Portfolio Approach to Population Health and Wellbeing
This approach will align existing programmes of work alongside the development of the Population Health and Wellbeing Strategy as well as providing leadership to new prioritised programmes of work.

A PHWP Board is being established to provide leadership and oversight of the programmes across health. The Terms of Reference are being agreed after discussion at the Executive Directors' Group. The first meeting of this Board is planned for September.

Alignment of Strategy and Portfolio to Care Programmes
The PHWP will align the existing key programmes and projects to the 4 national Care Programmes: Integrated Unscheduled Care, Integrated Planned Care, Place and Wellbeing and Preventative and Proactive Care.

In addition, the Fife PHW Strategic Framework will be designed using the 4 national care and wellbeing programmes and strategic direction will focus on these areas. Existing programmes in Fife will be aligned to these 4 programmes.

Proposal for Strategy Development
A detailed Programme Plan is currently being drafted for the development and delivery of the 5 year Strategy.

Given the current COVID restrictions, it is proposed to engage with staff virtually to develop the strategic framework initially to gather the current service position. Once the information is gathered, analysed and themed, the group will convene to agree gaps and recommendations.

EQIA
The EQIA Stage 1 form has been completed and signed off with the agreement to move to Stage 2 of the EQIA. NHS Fife's Equality and Human Rights Lead will lead stage 2 with input from staff, patients and the public engagement network.

Communications and Engagement Proposal to aid strategy development.
To start and maintain the NHS Fife strategy development "conversation" with our internal and external stakeholders, the following communications support is proposed. This work would also underpin and complement the EQIA Stage 2.

Branding for strategic plan and associated engagement campaign
To provide a visual identity for the project, which creates an instantly recognisable visual reference for the programme. This branding would be used across all communications material and across all channels.

Citizens Survey or Poll
NHS Fife is committed to engage with as many citizens living in Fife as we can to help direct and shape our strategic planning.

Given the limitations presented by COVID and the tight timescales we are working to, an online survey or poll might be the most effective way of reaching out to as many citizens across Fife via individuals, community groups and our partners to gain their thoughts and feedback.

There are 3 key strands the survey / poll could explore, which are:

1. What matters to the people in Fife in terms of accessing health care?
2. Capturing their current (including pre-COVID) experience of using our services
3. Building on the lessons learned from COVID and the unique opportunity to capitalise on some of the new ways of working we introduced - e.g. Near Me video consultations, how do they see the future of health care delivery across the kingdom of Fife.

In tandem with this we would look to run an equivalent internal staff survey to complement our citizens survey.

2.3.1 Quality/ Patient Care

PHW Portfolio Board and Strategy are aligned with providing high quality and good patient care.

2.3.2 Workforce

PHW Portfolio Board and Strategy are aligned with workforce development and support

2.3.3 Financial

PHW Portfolio Board and Strategy are aligned with financial implications

2.3.4 Risk Assessment/Management

PHW Portfolio Board and Strategy are aligned to risk management.

2.3.5 Equality and Diversity, including health inequalities

PHW Portfolio Board and Strategy are aligned with equality and diversity. An EQIA is being developed, as detailed above.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

PHW Portfolio Board and Strategy are aligned with engagement and consultation. Further information on the proposed communications strategy is given above.

2.3.8 Route to the Meeting

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

- EDG Gold Command, 9 August 2021
- EDG Strategy meeting, 19 August 2021
- All Board Committee meetings during September 2021

2.4 Recommendation

- **Assurance–** Members are asked to note the establishment of the Population Health and Wellbeing Portfolio Board and progress of the development of the strategy.

Report Contact
Susan Fraser
Associate Director of Planning and Performance
25 August 2021

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**7 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 Committee 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.

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 thought 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 to 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 tis 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 Committee is asked to recommend 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.

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
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Fife Health and Social Care Integration Scheme

between

Fife Council and NHS Fife

July 2021

CONTENTS

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 as 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 honestly. 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.

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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.

<u>Allocations to the IJB for delegated functions</u>

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.

<u>Process for Resolving Budget Variances in Year - Underspend</u>

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 over-arching 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.

ANNEX 1

PART 1

Functions Delegated by NHS Fife to the IJB

Column A	**Column B**
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	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 payment0: 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.

ANNEX 2

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

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

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 adaptions
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

APPENDIX 1

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 & Social Care Partnership

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.

APPENDIX 3

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:

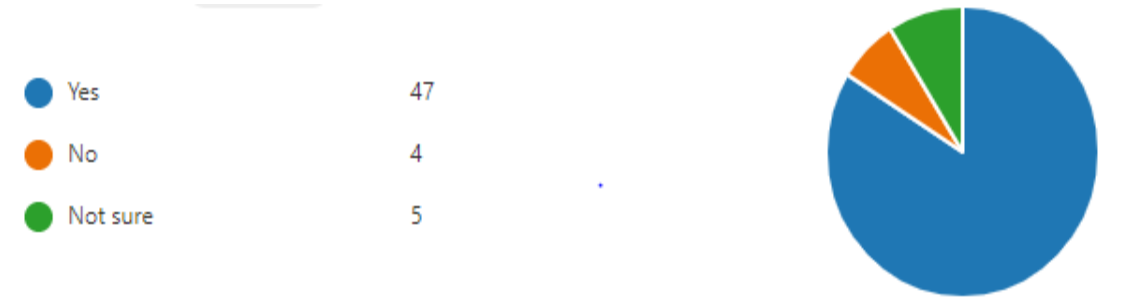
- IJB Members
- Elected Members
- Care Home Providers
- Care at home providers
- Other third sector organisations.

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 expend 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."*

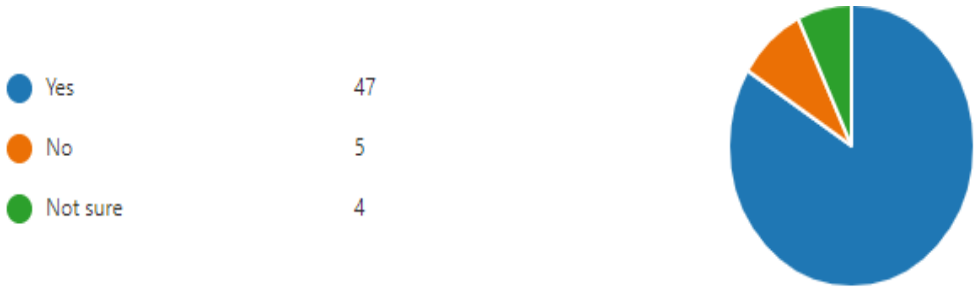
- *"Clinical and Care Governance within this document is out with my professional scope."*

- *"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 the 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".*

APPENDIX 4

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; Bennochy 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 Surviors 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.

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**7 September 2021**
Title:	**Primary Care Premises Review**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Neil McCormick, Director of Property & Asset Management**

1 Purpose

This is presented to FP&R for:

- Awareness
- Discussion

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

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

- Effective

2 Report summary

2.1 Situation

A proposal has been developed to take forward a primary care premises review which would allow us to consider the following: -

- Identify the appropriateness of current primary care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate
- Assess estate requirements to implement primary care transformation programme
- Establish investment priorities to inform updated Property & Asset Management Strategy
- Inform discussions with Fife Council in a more proactive way in terms of future housing development and population changes

2.3 Assessment

An initial assessment has been carried out to identify potential outputs for the primary care premises review to include: -

- Understanding of the overall capacity within primary care and where there are shortfalls in accommodation needs
- An identified list of investment requirements across all primary care premises
- Any potential Areas for disinvestment
- Develop a list of key investment priorities to include within the Property and Asset Management Review
- Inform/be informed by the development of the Health & Wellbeing Strategy

This in turn would allow: -

- Primary care premises with the potential capacity to deliver full range of services outlined within Transforming Primary Care Programme
- Improved access to functionally suitable primary (& social) care premises

Similar exercises have been carried out by Karen Pirrie (Buchan Associates) for NHS Borders and NHS Forth Valley and hub East Central Scotland has supported NHS Fife in obtaining a proposal through an approved procurement process that we are already using to deliver the 2 new health and care hubs in Lochgelly and Kincardine

A presentation outlining the proposal (Appendix 1) together with a costed proposal (appendix 2) including project management support have been appended to this report.

2.3.1 Quality/ Patient Care

The improvement of primary care premises could bring improvements to the quality and sustainability of patient care and access to services.

2.3.2 Workforce

The delivery of a Primary Care Premises review will require input from a wide range of stakeholders. The resource required will become more apparent as the proposed review moves through its phases of development.

This is part of an NHS Fife wide corporate objective to deliver a coherent Property & Asset Management Strategy and can only be delivered in a collective manner.

Leadership from Property & Asset Management, Pharmacy, Medical (Primary Care settings), Nursing, and Allied Health Professionals will all be required to deliver the review.

A working group is being set up with the following members with the support of the Director of Health & Social Care: -

- Neil McCormick, Director of Property & Asset Management
- Bryan Davies, Head of Primary Care and Preventative Services
- Helen Hellewell, Associate Medical Director
- John Kennedy, GP and Clinical Director
- Lynn Barker, Associate Director of Nursing
- Chris Conroy, Clinical Services Manager
- Jim Rotherham, Head of Facilities
- Ben Johnston, Head of Capital Planning

The expectation is that directors be kept updated and engaged by their representatives and through updates to EDG. This approach will encourage collective ownership and system leadership and will enhance discussions and decision making.

Executive Director	Exec Input to Objective	Role (to be further developed)
Director of Property & Asset Management	Lead	To provide the link to east Central hub, the GMS premises Group, EDG, FCIG and provide updates to the Board as required
Medical Director	Contributor	To provide medical sponsorship and advice and provide support from an Associate Director.
Director of Nursing	Contributor	To provide nursing sponsorship and advice and provide support from an Associate Director
Director of Public Health	Contributor	To ensure that the review takes cognisance of the changing health and demographics of the population of Fife
Director of Health & Social Care Services	Contributor	To provide sponsorship through the IJB and H&SCP and to provide a point of escalation as required. To provide resources to support the working group.
Director of Acute Services	Contributor	To identify where there are areas of opportunity and synergy in the delivery of planned and unplanned care
Director of Pharmacy & Medicines	Contributor	To identify where there are areas of opportunity and synergy in the delivery of Pharmacy and Medicines Services
Director of Finance & Strategy	Contributor	To support and challenge the review by ensuring that it considers the wider requirements of the Health & Wellbeing Strategy and remains relevant. To support the development and review of any capital or revenue requirements or savings that are identified by the review. To provide support from the PMO as required.
Director of Workforce	Contributor	To ensure that the review takes cognisance of the challenge of attracting a high quality workforce

2.3.3 Financial

Hub East central Scotland have provided a cost proposal of £77k to support us in carrying out the work which will take approximately 6 months. The hub Board considered a proposal on the 17th August to foot 50% of the cost through their Strategic Support fund. The Chief Executive of hubco noted that this is likely to be approved due to the extensive work being carried out by them for the new learning campus in Dunfermline. hubco has now confirmed that they have approved 50% of the cost

The resultant estimated cost to NHS Fife would be in the region of £40k

2.3.4 Risk Assessment/Management

The key risks to NHS Fife are currently: -

- Cost overrun of project which would be mitigated by the appropriate project management/ governance arrangements and support from the Head of Capital Planning
- Availability of stakeholders to provide timely practice activity information and locality population information.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed

2.3.6 Other impact

None Identified

2.3.7 Communication, involvement, engagement and consultation

A communication plan will be developed to include internal and external stakeholders including Fife Council.

2.3.8 Route to the Meeting

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

- EDG, 5 August 2021
- GMS Premises Group, 19 August 2021
- FCIG, 26 August 2021

- FP&R, 7 September

2.4 Recommendation

The paper is circulated for Members Awareness and discussion to support the formulation of a plan to develop a primary care premises review.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Buchan Associates Outline proposal
- Appendix 2, hub East central Scotland Strategic Support Services Fee Proposal

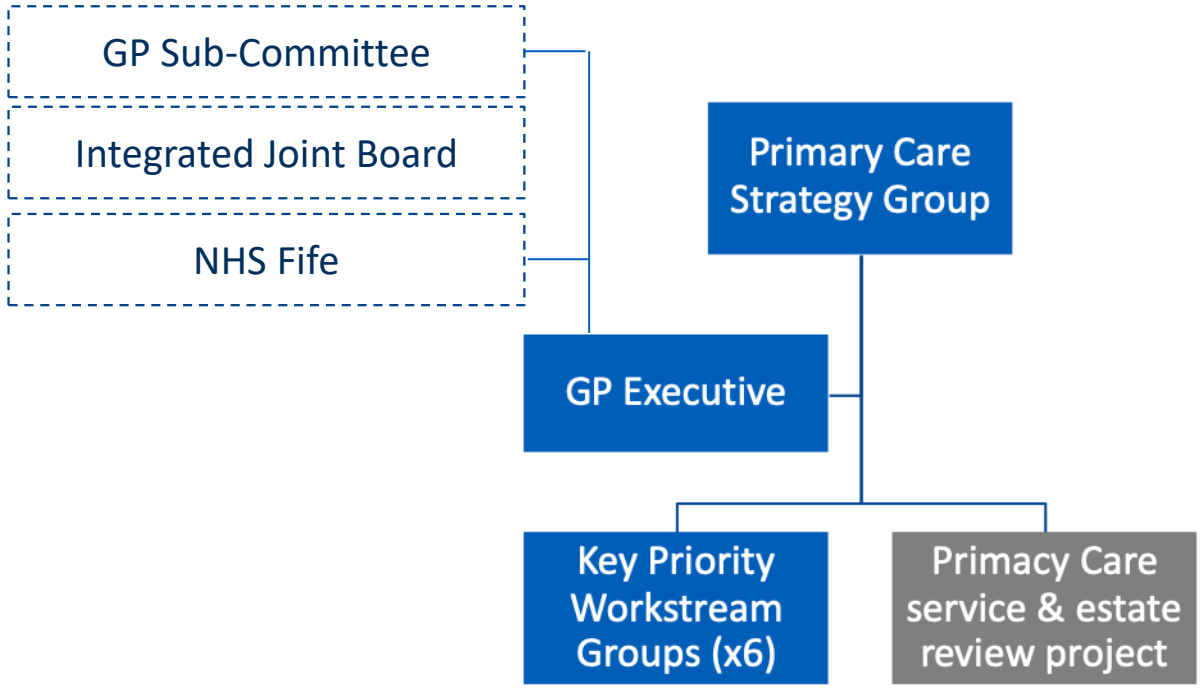
Report Contact
Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

NHS Fife
Primary Care Service & Premises Review

02 August 2021

Aims, objectives & governance

- Identify the appropriateness of current primary care premises including technical assessment of condition, functional suitability, utilisation and quality of estate
- Assess estate requirements to implement primary care transformation programme
- Establish investment priorities to inform updated Property & Asset Management Strategy



Scope of project – Initial Thoughts

- All NHS Fife primary care practices
- To support all existing primary care practices and premises taking into account key areas including:
  - Impact of new GP contract and additional primary care roles;
  - Role of wider cluster / hub services;
  - Locality planning across the health and social care partnership;
  - Shift the balance of care from acute care;
  - Potential changes in practice populations;
- Capacity for community teams based in premises and resultant admin/desk requirements
- Consideration of capacity for colocation / integration of wider health & social care teams within hub sized practices; key “place” principles including community hospital provision.
- Assessment of physical condition of each practice against each area within the Property & Asset Management Strategy
- Strategic Assessment for programme of primary care investment identified

Approach

1. Data gathering

- National & Local Strategic direction.
- Practice level data collection: clinics, staff, rooms
- Technical information: condition, suitability, utilisation & quality
- Building suitability

2. Establish Trends

- New models of care – community, acute, health & social care
- Information Technology/ digital health
- Demographics;
- National & Regional drivers – National Code of Practice for GP Premises

3. Future Capacity

- Quantifying impact of the trends to assess the level of service provision in primary care.
- Define and establish what is required at different sizes of practices – branch, core, hub and cluster level.

4. Prioritised Investments

- Gap analysis to identify where long list of investments identified.
- Prioritisation exercise to determine order of priority of investments

Outputs & Outcomes

Outputs

- Understanding of the overall capacity within primary care and where there are shortfalls in accommodation needs
- An identified list of investment requirements across all primary care premises
- Through undertaking a prioritisation exercise, based on best practice option appraisal, develop a list of key investment priorities to include within the Property and Asset Management Strategy
- Strategic Assessment

Outcomes

- Primary care premises with the potential capacity to deliver full range of services outlined within Transforming Primary Care Programme
- Improved access to functionally suitable primary (& social) care premises

Proposed Stakeholders

Core Team

- Associate Medical Director – Primary Care
- GP Locality leads
- Locality managers
- Primary Care Contracts
- Primary Care Transformation
- Estates
- Finance
- Planning
- General Manager – community services
- Practice manager representative
- Partnership

Wider engagement

- Health & Social care
- Wider practice services – AHPs, visiting services (Women & Children)
- Acute services

Draft Programme

Task	Jul -21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22
Agree scope, submit and agree strategic support proposal							
Stage 0: Mobilisation							
Stage 1: Information gathering							
Stage 2: Establish trend							
Stage 3: Future capacity							
Interim Progress Report							
Stage 4: Identify investment priorities							
Present findings & develop Strategic Assessment							

Next steps

- Hub PMs engage with NHS Fife to agree project scope
- Hub respond to scope by submitting costed Strategic Support Proposal
- NHS Fife accept Strategic Support Proposal (amended as necessary)
- Agree governance arrangements, stakeholders, timeline
- Schedule mobilisation meeting
- Develop and share data collection proforma
- Plan workshops - when, who, purpose
- Engagement with wider stakeholder group(s)

Case study- Forth Valley

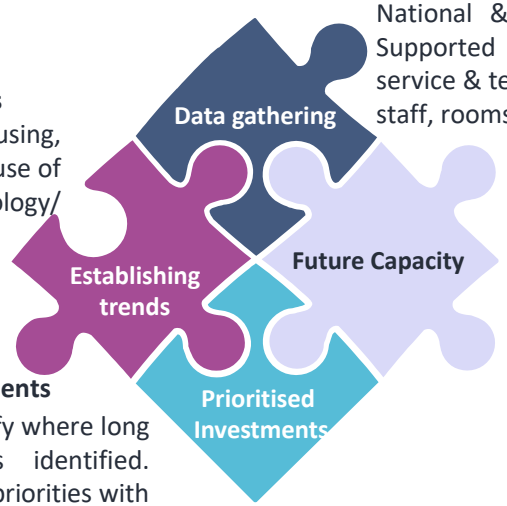
Transforming Primary Care: Assessing the Service & Estate Implications

The Challenge:

Buchan + Associates (B+A) have been working with East Central Hub-Co and NHS Forth Valley over the last year to understand the service and estate implications arising from a number of drivers for change impacting on primary care. We developed an extensive stakeholder engagement approach to: assess the impact; quantify the capacity and seek to identify the investment priorities.

Our Approach:

Our standardised approach ensures successful outcomes.



1. Data gathering
National & Local Strategic direction. Supported by detailed practice level service & technical information: clinics, staff, rooms, building suitability.

2. Establishing trends
Demographics, housing, new models of care, use of Information Technology/ digital health

3. Future Capacity
Quantifying impact of the trends to assess the level of service provision in primary care. Define and establish what is required at different sizes of practices – branch, core, hub and cluster level.

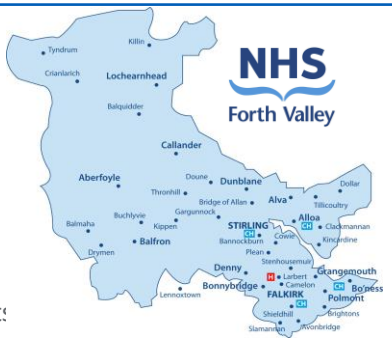
4. Prioritised Investments
Gap analysis to identify where long list of investments identified. Establish investment priorities with rationale – immediate, 5, 8 years

Driver for Change	Quantifcation	Impact
•2018 General Medical Services contract in Scotland •Population change •New housing plans - Housing Land Audits, Local Delivery Plans •National Code of Practice for GP Premises •"Place" - one public sector approach	•New multi-disciplinary team in primary care circa additional 200wtes •>80% growth in over 75s in next 25 years •> 7,000 committed new homes with potential for further 10,000 •Circa 1/3 premises owned by GPs/practices	•Additional capacity •Increased patient complexity, longer more frequent attendances •Additional capacity in new locations •Significant proportion of primary care estate to move to Board ownership in long-term •Opportunity to share space / co-locate

The Outputs produced:

Outputs produced include:

1. Detailed practice level summary of workforce, estate and facility requirements
2. Assessment of new housing "hot-spots"
3. Directory of typical services for small, medium & large premises
4. Identified a prioritised list of major investment requirements
5. Identified list of minor modifications
6. Standard schedule of Accommodation" to assess spatial requirements



The Outcomes achieved...

The outputs have given NHS Forth Valley an understanding of the specific investments required over the short, medium and long term. An objective, metric-driven approach was developed for prioritisation which ensured a robust, auditable process. The work was very well received by NHS Forth Valley.

*"The quality and capacity of our primary care infrastructure and estate provides us, as an organisation, with significant challenge and risk. Buchan and Associates have provided **excellent support** and a detailed analysis of the situation to enable us to **develop an effective business plan** to deliver sustainable community based and GP services in the future. **I have been impressed** by the detail provided, the **expert knowledge** and the **consideration of our needs**. At all times the progress and findings have been **clearly communicated**. This has provided the NHS Board with insight and raised awareness while **usefully identifying what resources, premises and work requires to be prioritised** within a suggested timeline and a stratified development programme".*

Dr Stuart Cumming, Associate Medical Director – Primary Care & *GP*

Strategic Support Services - Fee Proforma

Job Number:	***
Job Title:	NHS Fife Primary Care Service & Estates Review
Participant:	NHS Fife
Project Manager:	Jim Allan

BUDGET INFORMATION

which should be approved by the hub Board or direct from the Participant. Approval by hibco and by the Participant should be reacjed prior to appointment of Consultants. The job number and budget should be issued to Alison Bonner at hubco along with confirmation of how fees will be paid.

Enabling Funds or Direct Payment by Participant:	Enabling Funds/Client Funds
Approved Budget:	

Notes: Fees will be tendered for the various consultants where required. Fee's below are detailed on a fee proposal from Buchan Associates which has not been tendered but checked by hubco against similar appointments and has been approved as VFM.

Fee Breakdown			
	Est Hours	**Rate**	**Fee Total**
Hub PM Support	20 days	£ 600.00	£ 12,000.00
Red Skye Cost Support			£ 5,000.00
Health Planner			£ 55,770.00
Architect			
C+S Engineer			£ -
M+E Consultant			£ -
Planning Consultant			£ -
Contingency			£ 5,000.00
Grand Total			£ 77,770.00

Approved by hub Board:	
Approved by Participant:	
Date:	

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**7 September 2021**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Performance**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1 Purpose

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

- Assurance

This report relates to the:

- Joint Fife Remobilisation Plan for 2021/22 (RMP3)

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

2.2 Background

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

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

2.3 Assessment

The IPQR has been refreshed in appearance for FY 2021/22. While the content is unchanged in terms of measures covered, the presentation of information has undergone a number of cosmetic changes in order to provide clearer information, particularly in the drill-down section. Some measures have revised targets for FY 2021/22, reflecting performance and challenges in the previous year.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife is now working according to the Joint Fife Remobilisation Plan for 2021/22 (RMP3), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly as the year progresses, and forecasts have changed to reflect the additional funding available from the Scottish Government. A further iteration of the plan (RMP4) is to be submitted to the SG by the end of September.

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

WT = Waiting Times
RTT = Referral-to-Treatment
TTG = Treatment Time Guarantee (measured on Patient Waiting, not Patients Treated)
DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early [1]	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving

[1] Local data collection has been paused since late 2020, but is expected to resume soon – the IPQR is only reporting up to year-ending June 2020

Operational Performance – H&SCP

Measure	Update	Target	Current Status
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving

Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving

Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	-£13.8m	Not achieving
Capital Expenditure	Monthly	£25.3m	Achieving

2.3.1 Quality/ Patient Care

Not applicable.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

Financial aspects are covered by the appropriate section of the 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 NHS Fife Board Members are aware of the approach to the production of the IPQR since April 2020.

The August IPQR will be available for discussion at the round of September Standing Committee meetings.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and reviewed by EDG members on 19 August. The report was authorised for release to Board Members and Standing Committees at EDG.

2.4 Recommendation

The FPR Committee is requested to:

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

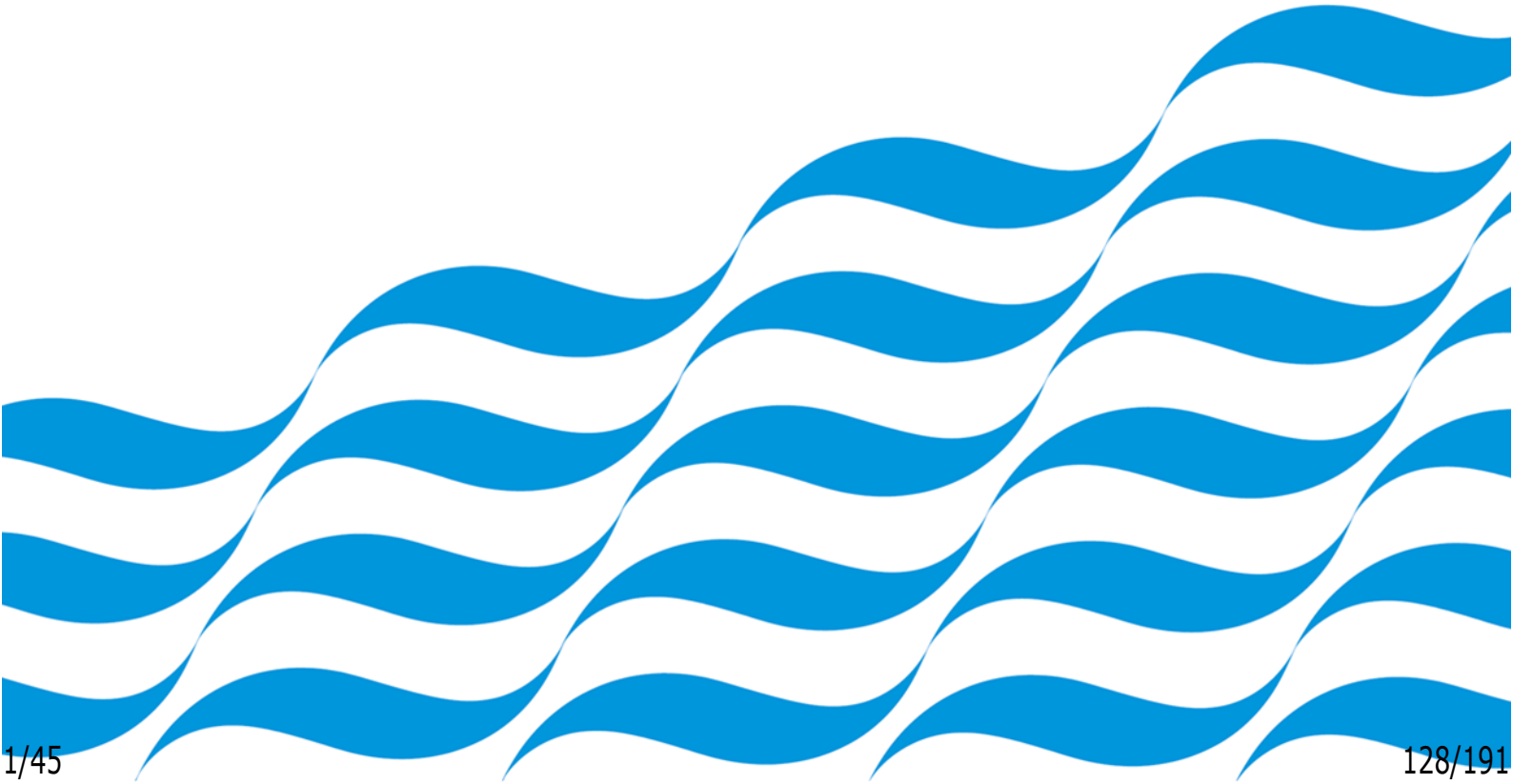
3 List of appendices

None

Report Contact
Bryan Archibald
Head of Performance
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Produced in 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	Reporting Period	Year Previous		Previous		Current			Trend	Reporting Period	Fife		Scotland
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Jun-20	27	May-21	23	Jun-21	20	↑		N/A			
	HSMR	N/A	Year Ending	Mar-20	1.01	Dec-20	1.01	Mar-21	1.02	↓		YE Mar-21	1.02	●	1.00
	Inpatient Falls	7.68	Month	Jun-20	8.43	May-21	8.49	Jun-21	6.36	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Jun-20	1.66	May-21	1.68	Jun-21	0.86	↑		N/A			
	Pressure Ulcers	0.42	Month	Jun-20	0.88	May-21	1.03	Jun-21	0.86	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Mar-20	1.0%	Dec-20	2.4%	Mar-21	2.7%	↓		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Jun-20	6.3	May-21	13.7	Jun-21	6.3	↑		QE Mar-21	17.8	●	18.4
	SAB - Community	N/A	Quarter Ending	Jun-20	13.9	May-21	9.5	Jun-21	7.5	↑		QE Mar-21	14.1	●	10.4
	C Diff - HAI/HCAI	6.5	Quarter Ending	Jun-20	7.9	May-21	14.9	Jun-21	10.0	↑		QE Mar-21	14.0	●	15.6
	C Diff - Community	N/A	Quarter Ending	Jun-20	1.1	May-21	5.3	Jun-21	5.4	↓		QE Mar-21	5.4	●	3.8
	ECB - HAI/HCAI	33.0	Quarter Ending	Jun-20	36.4	May-21	24.9	Jun-21	37.6	↓		QE Mar-21	21.6	●	34.7
	ECB - Community	N/A	Quarter Ending	Jun-20	34.3	May-21	29.7	Jun-21	27.9	↑		QE Mar-21	34.7	●	36.6
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Jun-20	78.0%	May-21	75.7%	Jun-21	74.8%	↓		2019/20	71.5%	●	79.9%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Jun-20	21.3%	May-21	24.0%	Jun-21	28.0%	↑		2019/20	35.7%	●	51.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-20	N/A	May-21	100.0%	Jun-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Jun-20	96.8%	May-21	87.2%	Jun-21	88.2%	↑		Jun-21	88.2%	●	85.0%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Jun-20	15.4%	May-21	62.7%	Jun-21	67.9%	↑		Mar-21	51.7%	●	34.7%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Jun-20	32.0%	May-21	60.3%	Jun-21	62.4%	↑		Mar-21	52.6%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Jun-20	37.4%	May-21	93.5%	Jun-21	90.6%	↓		Mar-21	80.7%	●	61.4%
	18 Weeks RTT	90%	Month	Jun-20	80.1%	May-21	65.9%	Jun-21	68.7%	↑		QE Mar-21	73.2%	●	75.9%
	Cancer 31-Day DTT	95%	Month	Jun-20	97.1%	May-21	99.1%	Jun-21	100.0%	↑		QE Mar-21	98.9%	●	97.7%
	Cancer 62-Day RTT	95%	Month	Jun-20	79.0%	May-21	79.4%	Jun-21	82.1%	↑		QE Mar-21	81.4%	●	83.0%
	Detect Cancer Early	29%	Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓		2018, 2019	26.1%	●	25.6%
	Freedom of Information Requests	85%	Quarter Ending	Jun-20	81.9%	May-21	94.9%	Jun-21	91.2%	↓		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Jun-20	4.3%	May-21	9.7%	Jun-21	9.7%	↔		QE Dec-20	5.5%	●	4.8%
	Delayed Discharge (# Standard Delays)	N/A	Month	Jun-20	34	May-21	88	Jun-21	81	↑		Jun-21	21.65	●	16.76
	Antenatal Access	80%	Month	Apr-20	86.7%	Mar-21	84.9%	Apr-21	86.0%	↑		FY 2019/20	89.0%	●	88.3%
	Smoking Cessation	473	YTD	Apr-20	15.0%	Mar-21	52.2%	Apr-21	62.5%	N/A		FY 2019/20	92.8%	●	97.2%
	CAMHS Waiting Times	90%	Month	Jun-20	62.2%	May-21	73.4%	Jun-21	79.5%	↑		QE Mar-21	76.0%	●	65.1%
	Psychological Therapies Waiting Times	90%	Month	Jun-20	73.6%	May-21	80.0%	Jun-21	82.6%	↑		QE Mar-21	82.0%	●	80.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Apr-20	79.7%	Mar-21	90.1%	Apr-21	91.0%	↑		QE Mar-21	94.5%	●	95.6%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.7%	2021/21	98.4%	↑		2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.2%	2020/21	48.9%	↓		2018/19	60.9%	●	43.4%
Finance	Revenue Expenditure	(£13.822m)	Month	Jun-20	N/A	May-21	(£7.442m)	Jun-21	(£6.109m)	↑		N/A			
	Capital Expenditure	£27.335m	Month	Jun-20	N/A	May-21	£1.251m	Jun-21	£3.022m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Jun-20	4.96%	May-21	5.31%	Jun-21	6.17%	↓		YE Mar-21	4.77%	●	4.67%

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

Better than Projected | Worse than Projected

(NOTE: Better/Worse may be higher or lower, depending on context)

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	1,000	1,000	1,120	3,120	3,394	3,716
	Actual	3,260	985					
	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)	*Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21*	**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	*50% reduction by December 2020, continued for FY 2021/22*	**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	*We will reduce the % of post-operation surgical site infections to 2.5%*	**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)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**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	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**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	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022*	**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	*At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)*	**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	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**88.2%**

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.

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**67.9%**

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.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**62.4%**

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.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**90.6%**

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.

Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**82.1%**

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.

FOI Requests	*At least 85% of Freedom of Information Requests are completed within 20 working days*	**85%**	**91.2%**

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.

		Target	Current
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	*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 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	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**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	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**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	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**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	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£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	*Work within the capital resource limits set by the SG Health & Social Care Directorates*	**£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	*To achieve a sickness absence rate of 4% or less*	**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

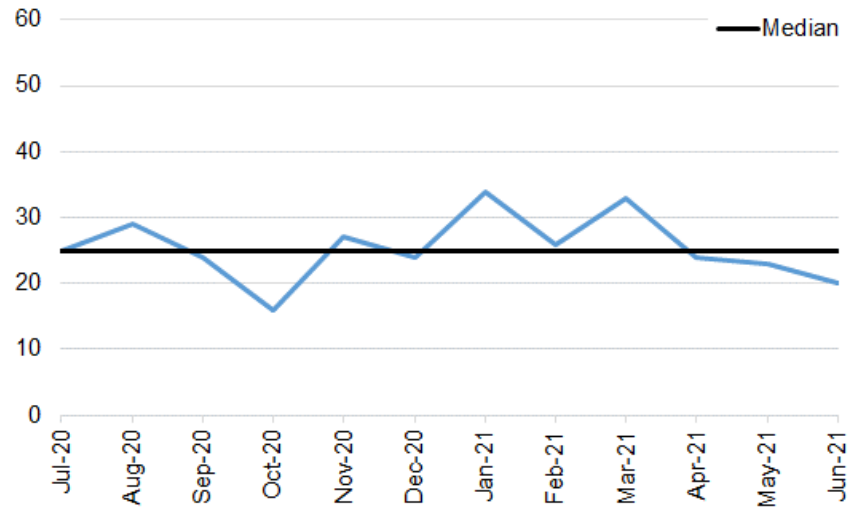
Finance, Performance & Resources: Operational Performance

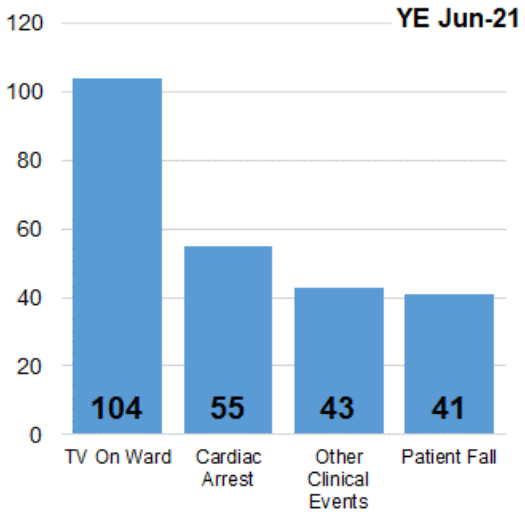
Finance, Performance & Resources: Finance

Staff 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

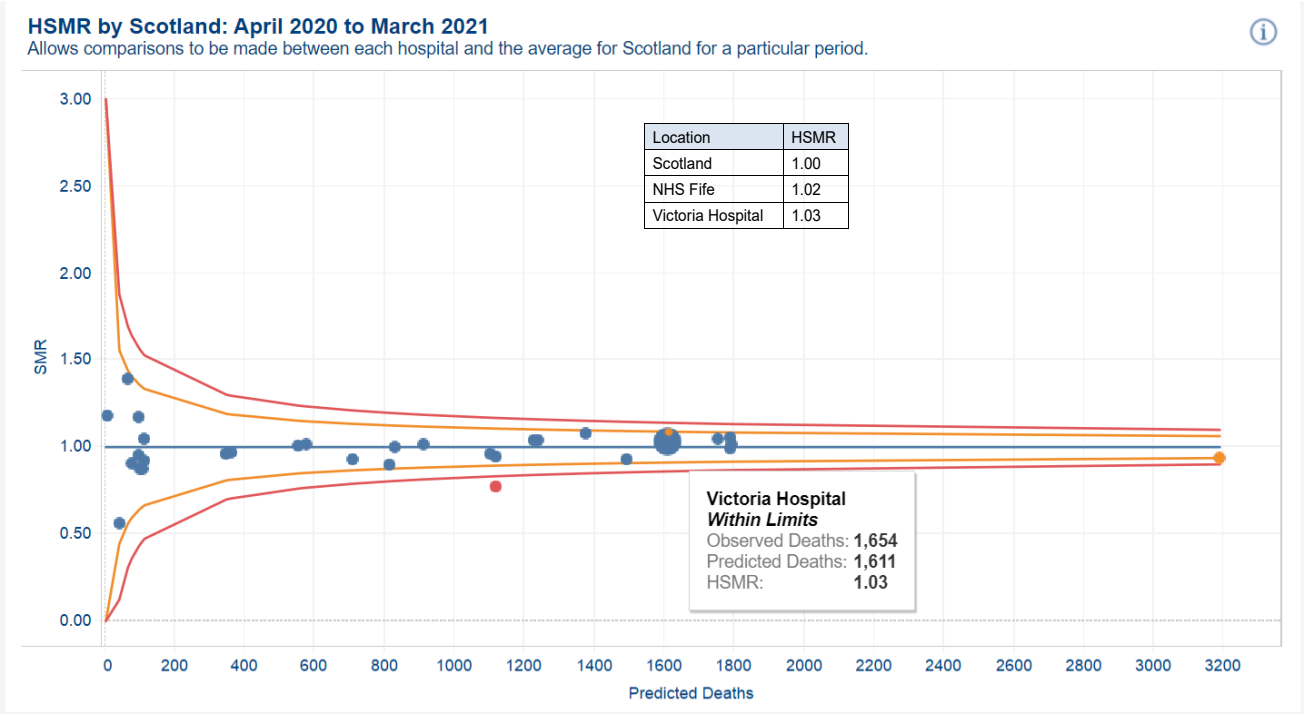
HSMR

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.



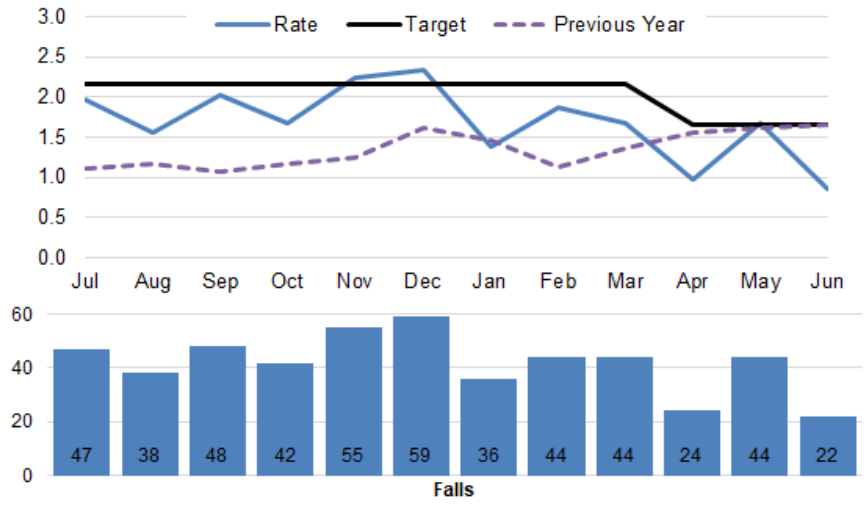
Commentary

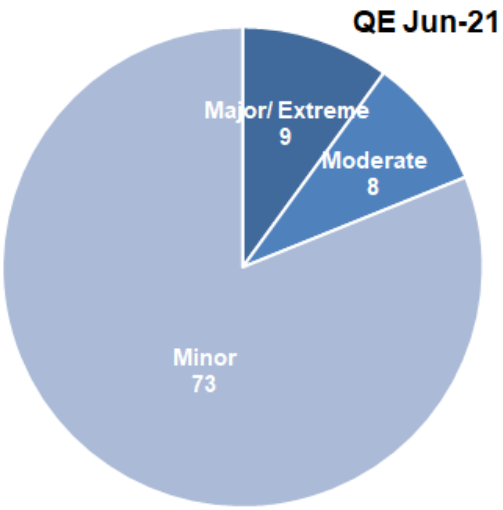
The HSMR for NHS Fife has remained slightly above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending March 2021 produced a ratio of 1.02 9wht 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

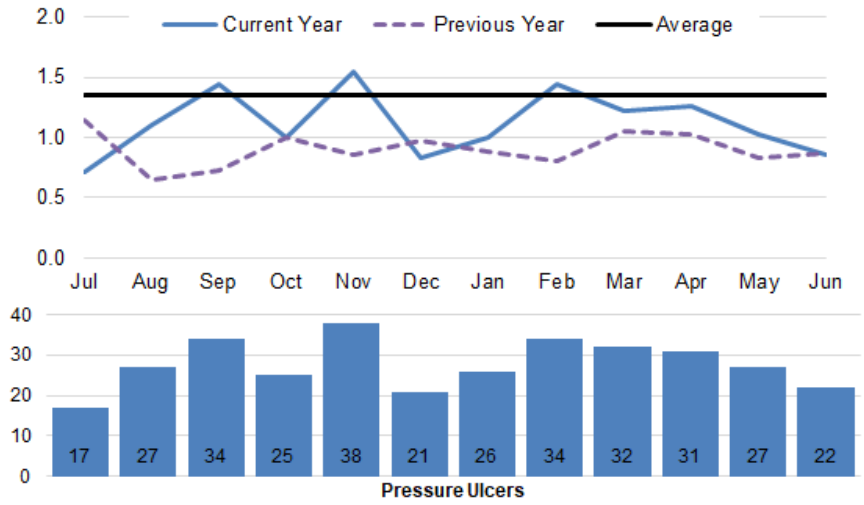
IMPROVEMENT ACTIONS

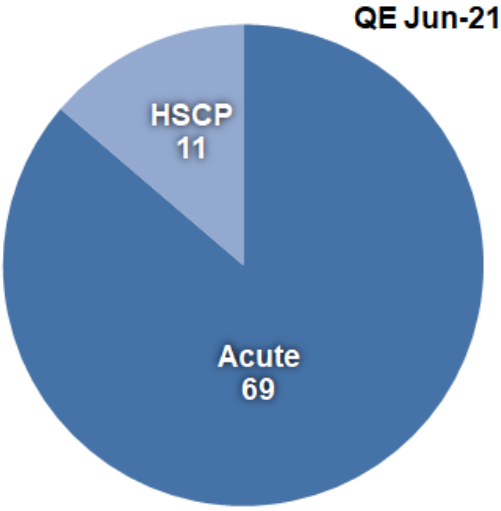
20.3 Falls Audit	***By Nov-21***
A new national driver diagram and measurement package are about to be finalised and have been tested in four boards across Scotland in May and June. This has not been concluded as yet and is now expected in the autumn. On completion, NHS Fife documentation will be reviewed (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

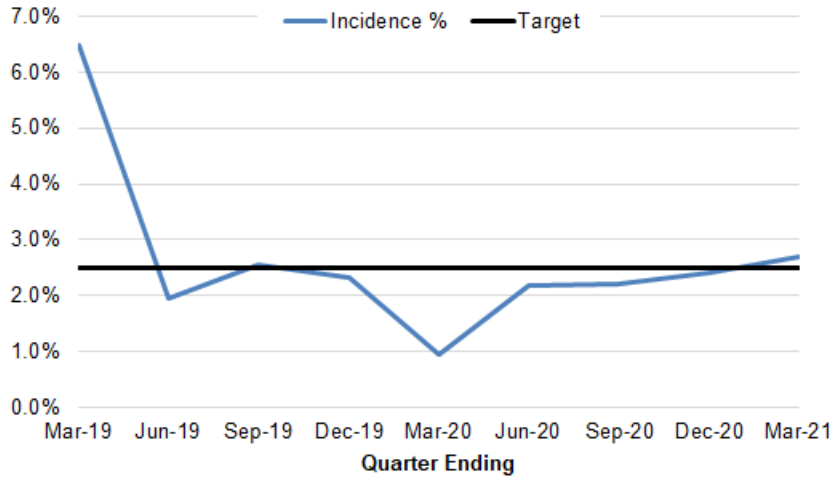
Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

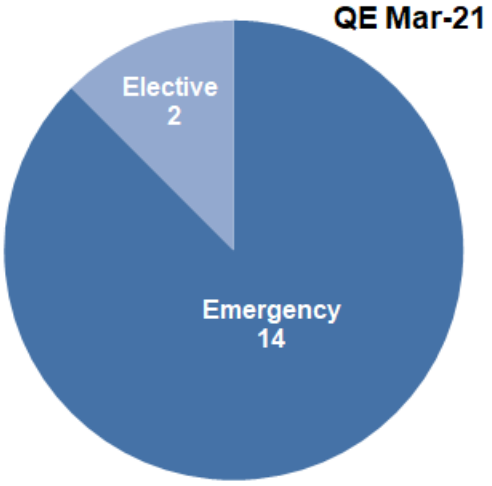
IMPROVEMENT ACTIONS	
21.2 Integrated Improvement Collaborative	
Action Complete June 2021	
21.3 Implementation of robust audit programme for audit of documentation	
Action Complete June 2021	
22.1 Improvement Collaboratives	**By Jan-22**
Community inpatients wards within HSCP are undertaking self-assessment 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	2017/18		2018/19				2019/20				2020/21		
Ending	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.

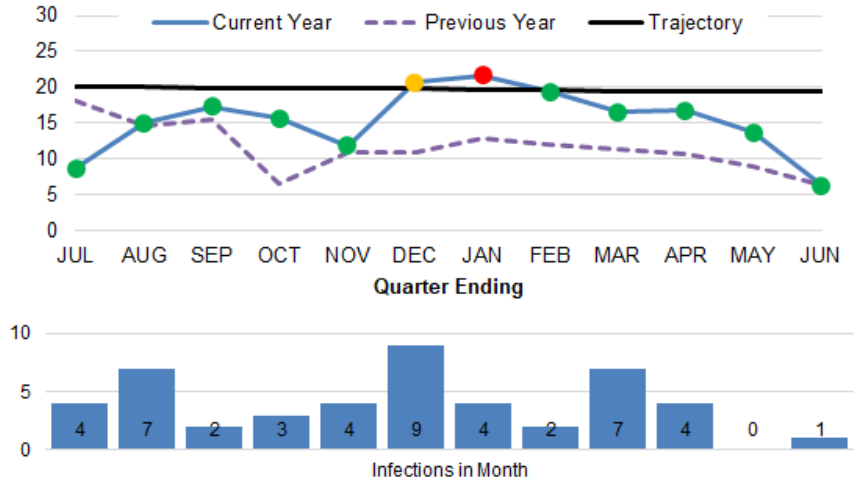
On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most effective means of capturing SSI cases.

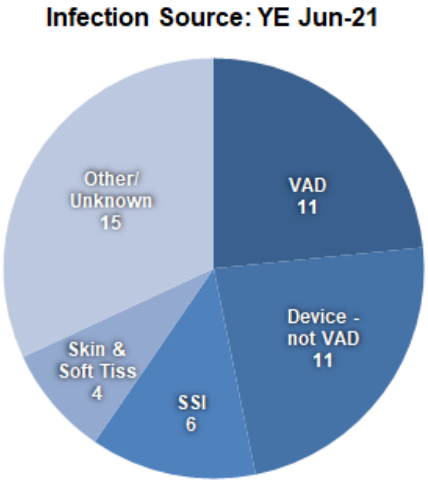
The IPCT have updated the C-section SSI training presentation, and maternity induction training on the surveillance methodology and SSI case definitions was delivered by Dr Hadoura in August.

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





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

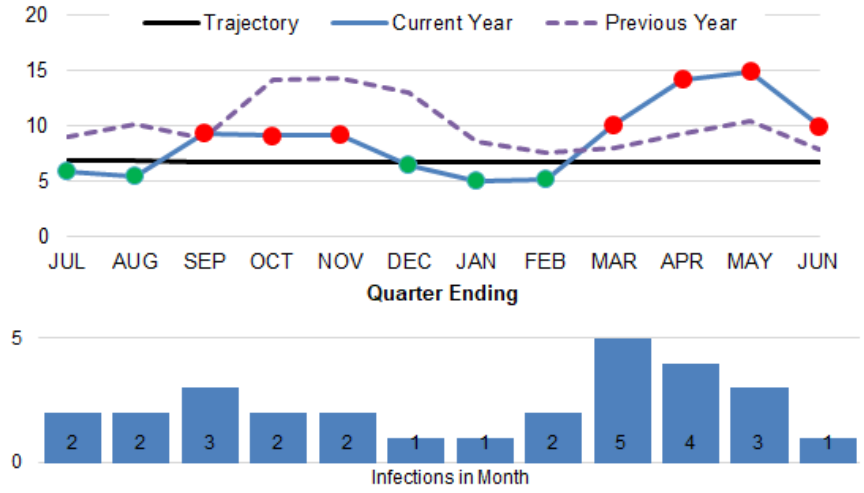
Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

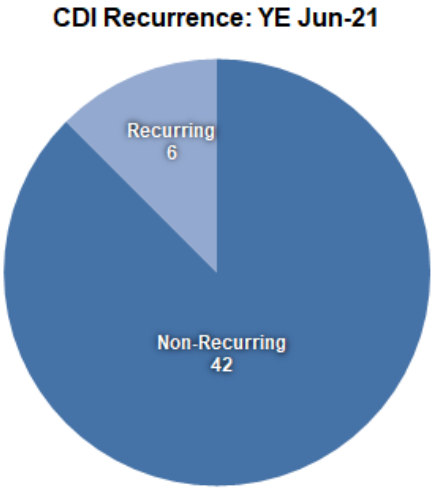
IMPROVEMENT ACTIONS	
20.1 Reduce the number of SAB in PWIDs	***By Mar-22***
There has been ongoing improvements in the incidence of SAB in PWIDs, with only 2 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in May. The Addiction outreach team "We are With You" is available to support PWID. 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.	
20.2 Ongoing surveillance of all VAD-related infections	***By Mar-22***
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.	
20.3 Ongoing surveillance of all CAUTI	***By Mar-22***
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. This Quality Improvement group is contributed to by the ECB data.	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	***By Mar-22***
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.	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	***By Mar-22***
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.	

C Diff (HAI/HCAI)

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

Local Performance





National Benchmarking

Quarter Ending	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

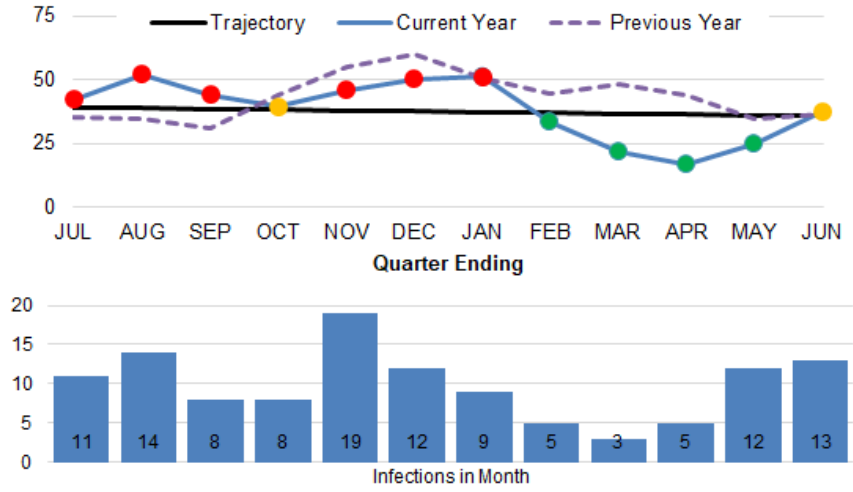
IMPROVEMENT ACTIONS

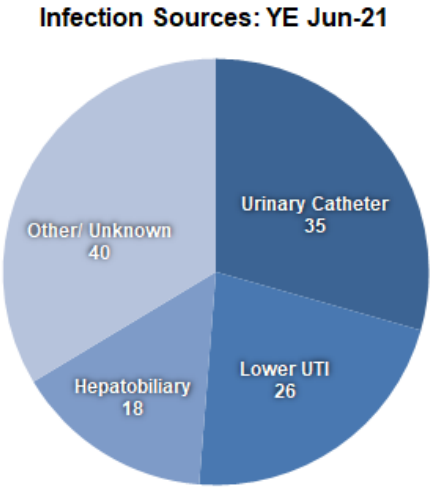
20.1 Reducing recurrence of CDI	***By Mar-22***
Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection for patients 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





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 inflection ECB rate

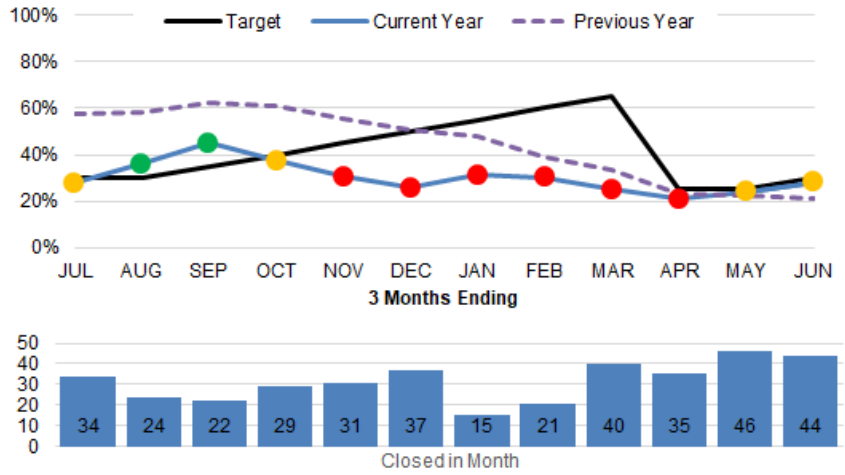
IMPROVEMENT ACTIONS

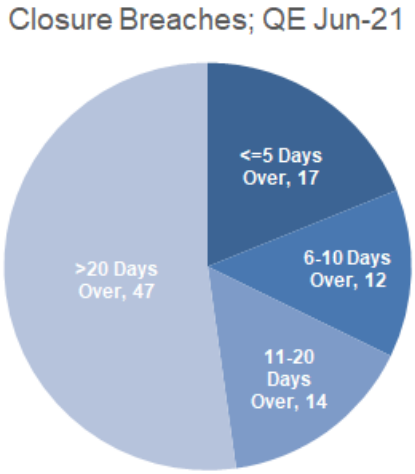
20.1 Optimise communications with all clinical teams in ASD & the HSCP	***By Mar-22***
Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, 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





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

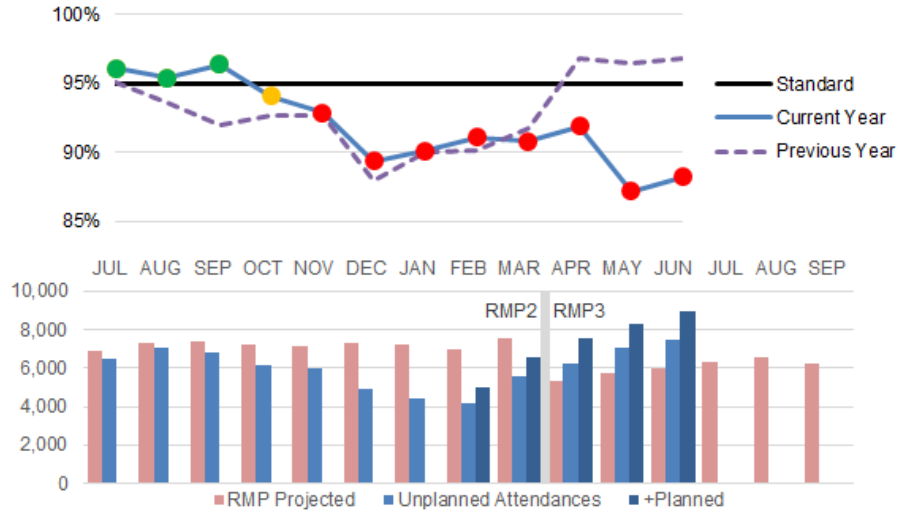
This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services.

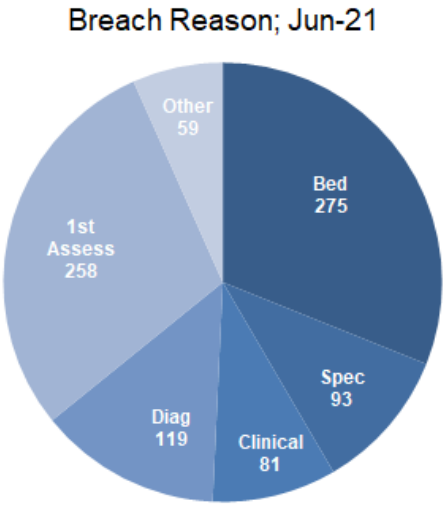
This action aims to improve overall quality. While some training sessions have been delivered virtually, this is currently on hold due to the increase in the response to COVID-19. Bespoke training sessions with Fife Wide & Fife East took place in May and June, and the aim is that this will continue throughout 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





National Benchmarking

Month	2020/21 JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	2021/22 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

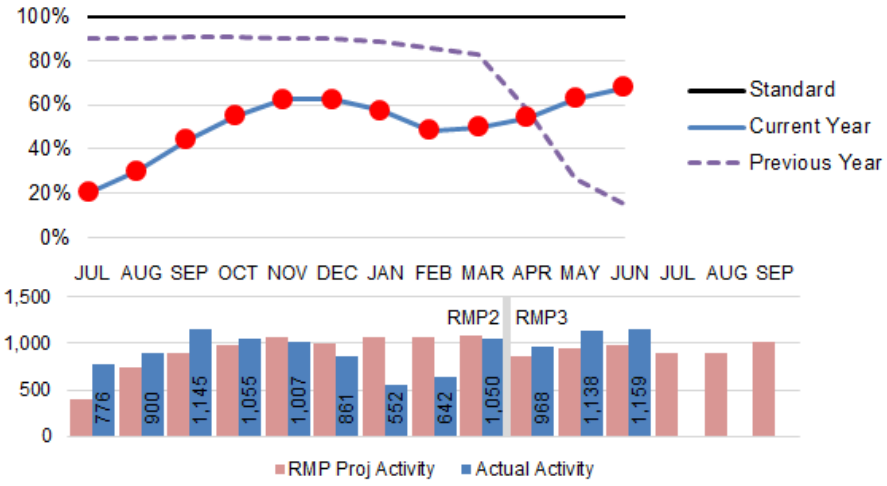
- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

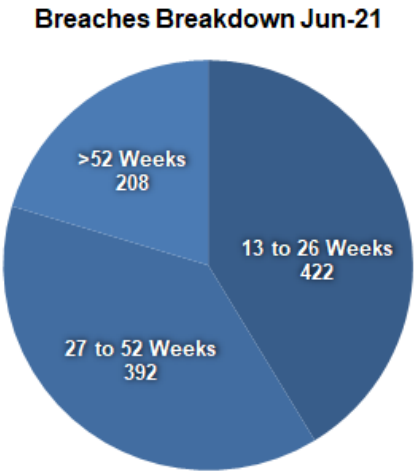
IMPROVEMENT ACTIONS	
21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	**By Mar-22**
Local Boards have been asked to implement a Flow Navigation Centre (Hub) that will directly receive clinical referrals from NHS24 and offer rapid access for patients to urgent care. 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





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

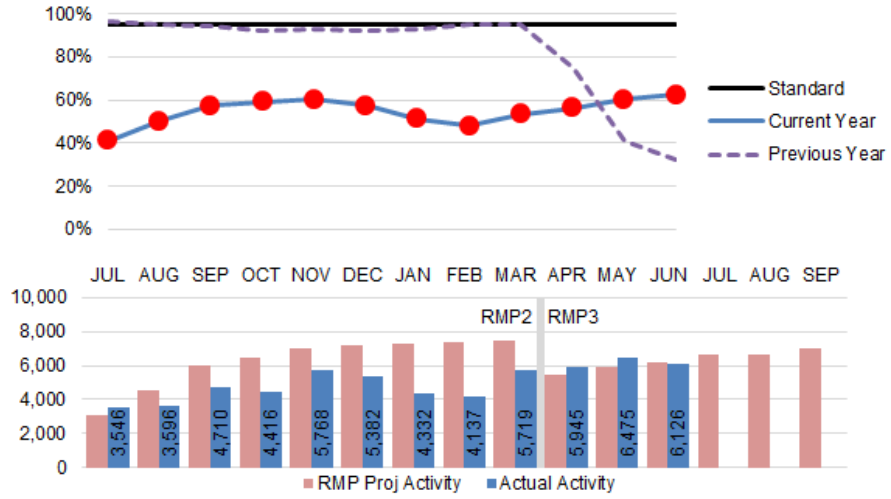
- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

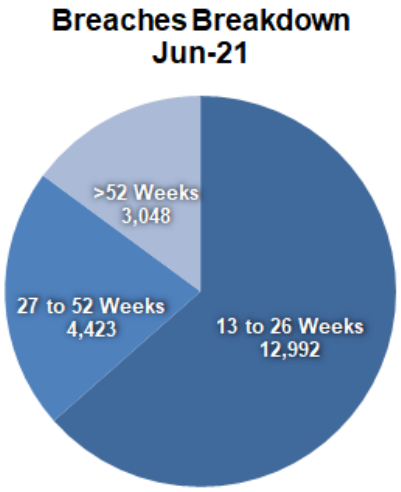
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**By Sep-21**
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables 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





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

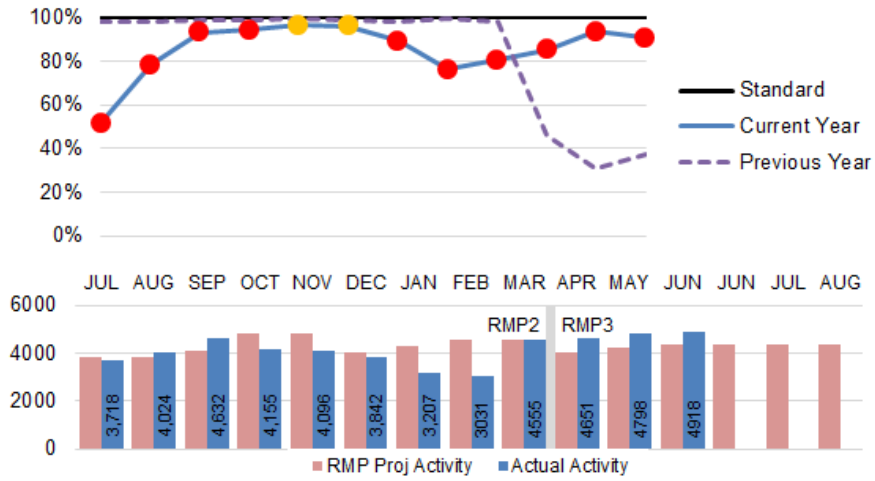
- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

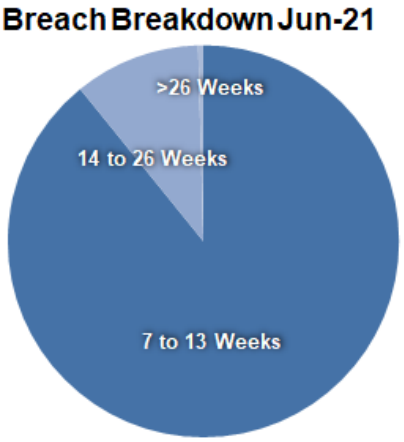
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**By Sep-21**
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables 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





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

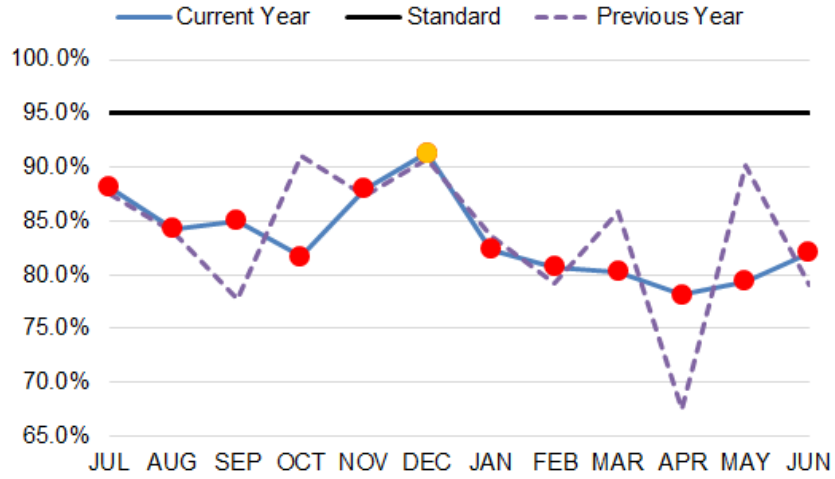
- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

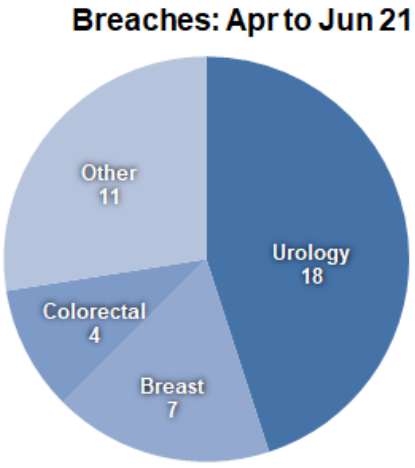
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**By Sep-21**
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables 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





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

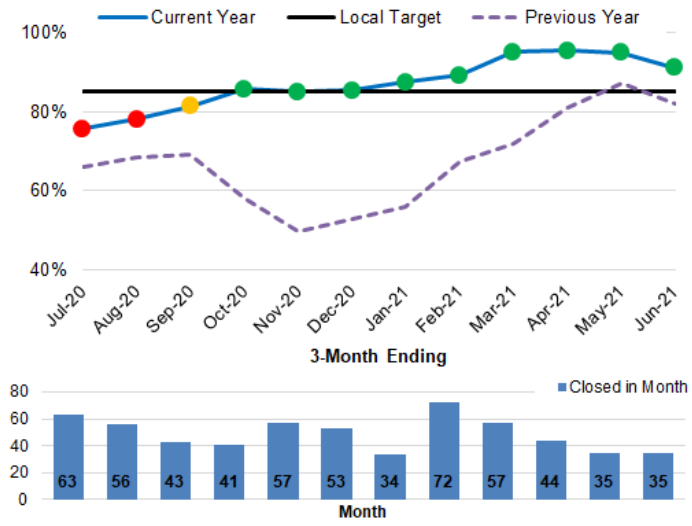
- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Social distancing will (impact on 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

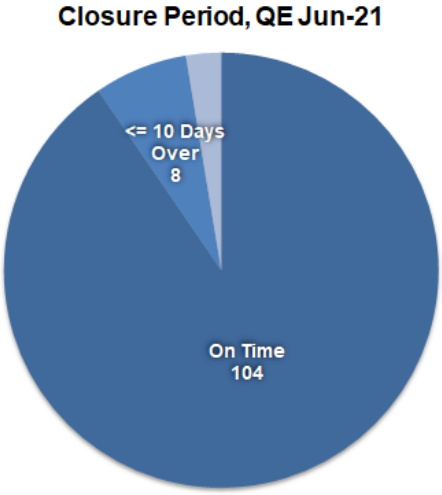
IMPROVEMENT ACTIONS	
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	**By Mar-22**
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be 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





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

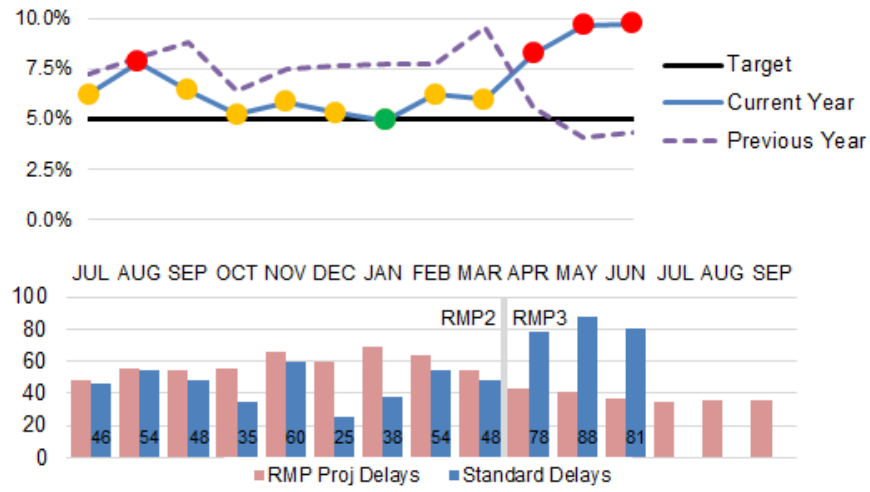
Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and a replacement is now in place. The route to a permanent post is still going through Human Resources and it is hoped that this will be ready for advertisement soon.

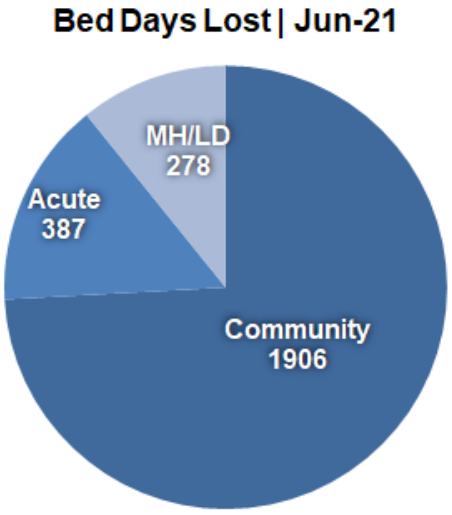
IMPROVEMENT ACTIONS	
21.1 Organisation-wide Publication Scheme to be introduced	**Complete**
The revised Model Publications Scheme has been signed off after review by EDG	
21.2 Improve communications relating to FOISA work	**By Dec-21**
The first EDG Paper (1.0 - Process) passed through EDG in February. 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





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

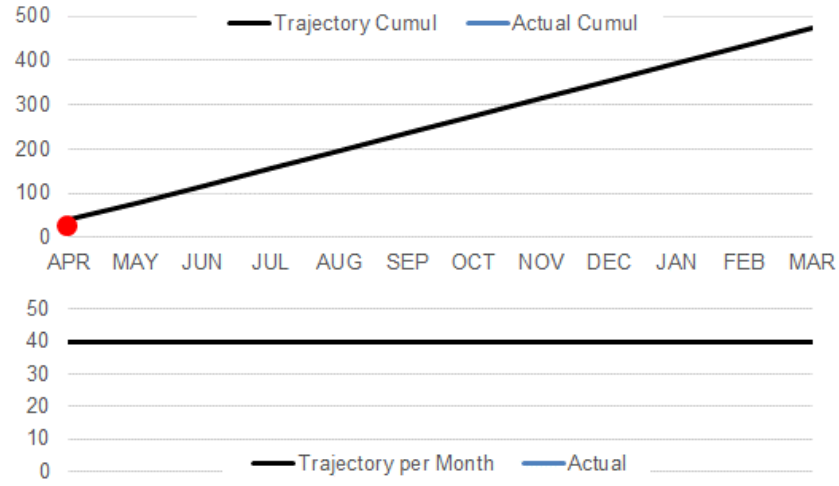
- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

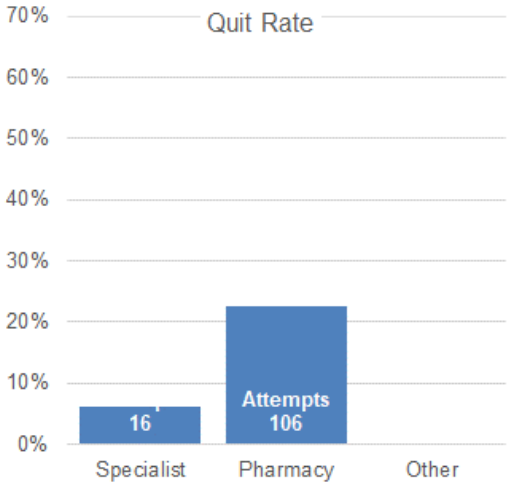
IMPROVEMENT ACTIONS	
21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	**By Dec-21**
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the "Home First" 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

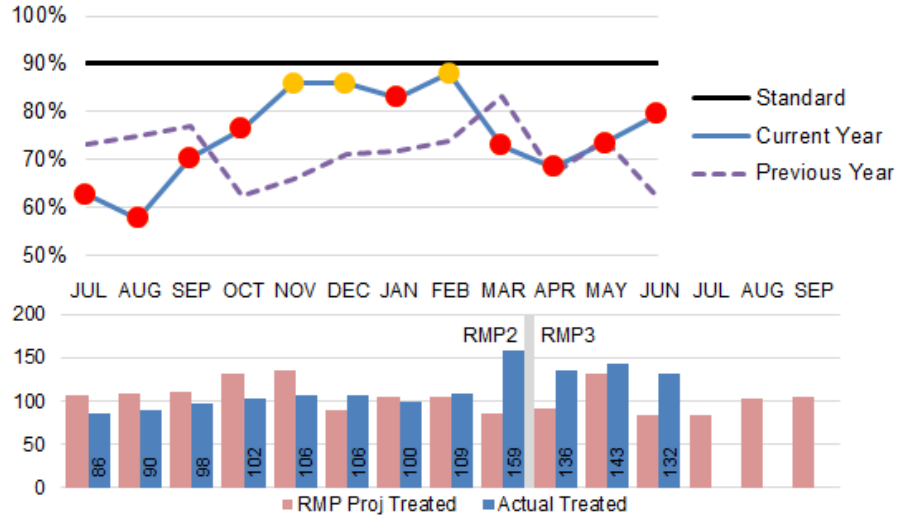
- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

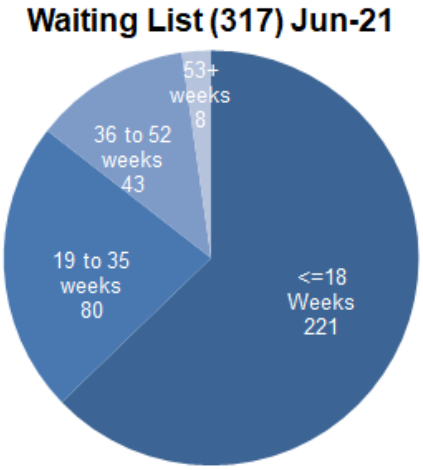
IMPROVEMENT ACTIONS	
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	**By TBD**
Action paused due to COVID-19	
20.3 'Better Beginnings' class for pregnant women	**By TBD**
Action paused due to COVID-19	
20.4 Enable staff access to medication whilst at work	**By TBD**
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





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

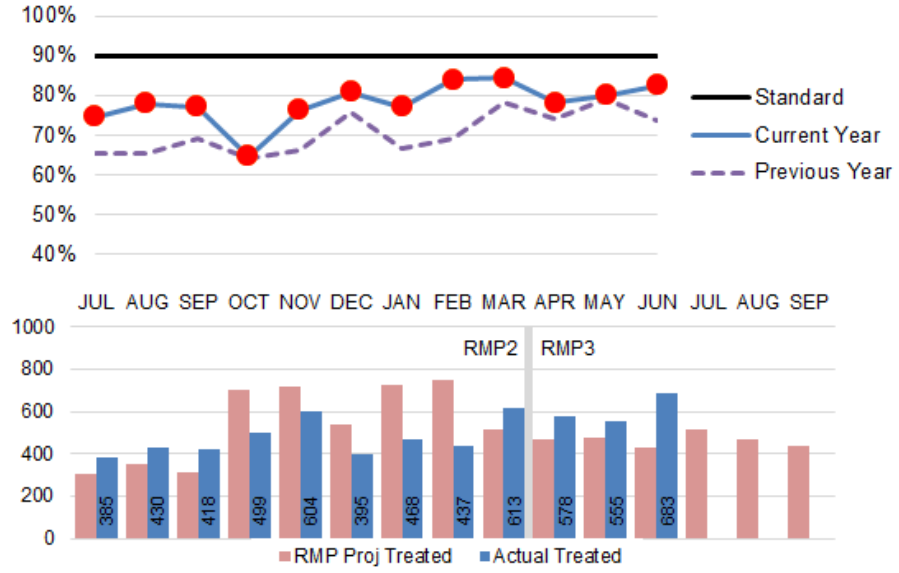
IMPROVEMENT ACTIONS

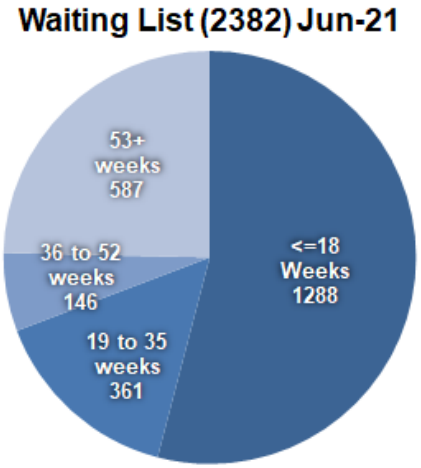
21.1 Re-design of Group Therapy Programme	**Complete**
Alternative delivery models of group therapy have been designed with Decider Skills Training being delivered by CAMHS Self Harm Service as a pilot in addition to Anxiety Management group and Mindfulness group trials. Successful delivery and assessment 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





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

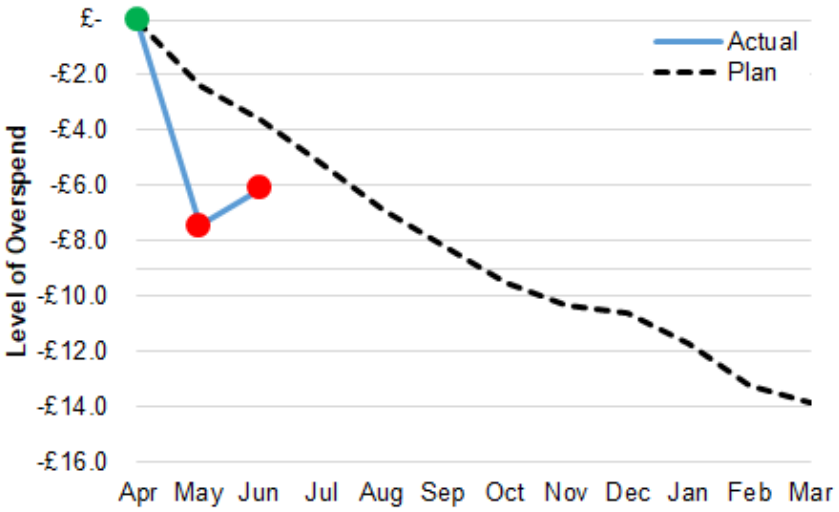
- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

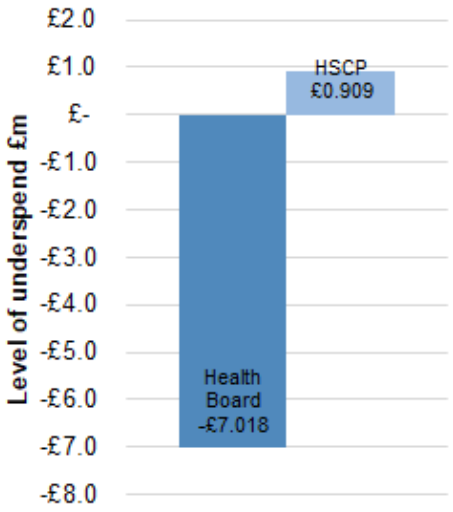
IMPROVEMENT ACTIONS	
20.5 Trial of new group-based PT options	**By Oct-21**
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot 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.

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
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	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				
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	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				
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 & Cinical 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 Fife 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.

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 Heath 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	To M3	Anticipated	Balance
	£000's	£000's	£000's	£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**

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**

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**

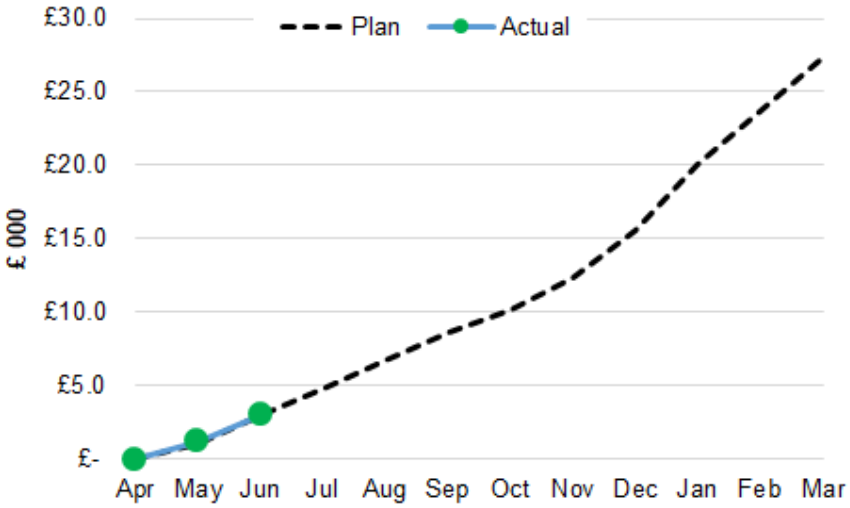
Appendix 5 – Initial Covid-19 funding

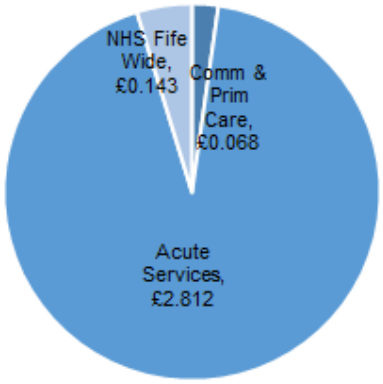
COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
HSCP ear marked reserve		1,275		1,275	
Anticipated allocation				0	
Total funding	**8,702**	**4,153**	**0**	**12,855**	**0**
Allocations made for Apr 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**

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to May £'000	June Adjustment £'000	Total June £'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**

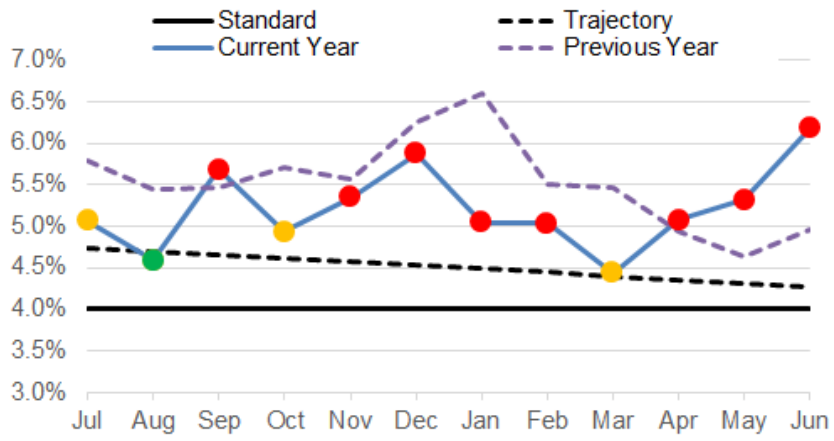
Total Planned Expenditure for 2021/22	**27,335**	**0**	**0**	**27,335**

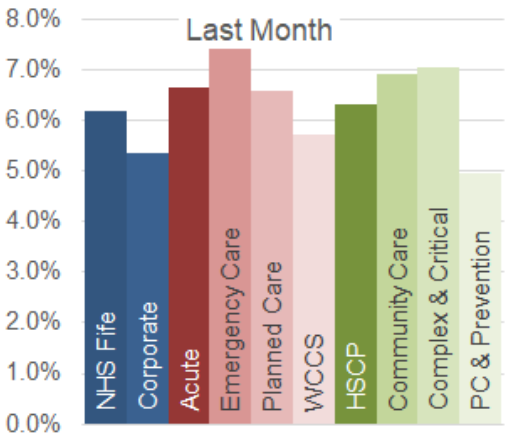
Sickness Absence

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

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**7th September 2021**
Title:	**Delayed Discharge, Capacity and Flow**
Responsible Executive:	**Nicky Connor, Director of Health & Social Care** **Claire Dobson, Director of Acute Services**
Report Author:	**Miriam Watts, General Manager, Emergency Care** **Belinda Morgan, General Manager, Emergency Care** **Lynne Garvey, Head of Community Care Services**

1 Purpose

This is presented to the committee for:

- Awareness
- Assurance
- Discussion

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Across the health and care system in Fife, the leadership teams of the Health & Social Care Partnership and Acute Services Division are committed to significantly reducing the number of people who are waiting to move from hospital wards to more appropriate care settings. A report was discussed at EDG on 22nd July and 9th August 2021 which outlined actions being undertaken to ensure timely transfers of care and reduce the delay of patients moving home or to a homely setting. Despite concerted effort and a number of actions, the situation remains challenging and presents a significant whole system organisational risk as we approach autumn. It is imperative that robust winter planning arrangements are put in place to manage the multiple risks of Covid-19, seasonal flu, paediatric RSV and other 'normal' winter activity. This will be further explored as an inherent component of our Remobilisation Plan update (RMP4) which is required for submission to Scottish Government by the end of September.

2.2 Background

Care in an appropriate homely setting is the best outcome for patients. This could be the patient's own home, or in a homely setting, for example a Care Home.

Over the years several approaches have been tried to support timely discharge and has included specialist discharge teams, admission avoidance e.g. Hospital at Home, and targeting individuals with a high risk of admission, improved intermediate care provision including use of STAR and Assessment beds. The success of these models has been recognised but the increasing pressures – 46.5% increase in ED attendance since January 2021, demographic changes and effects of covid-19 and covid-19 recovery, has resulted in our current system experiencing significant system pressures.

All health and social care staff have a responsibility to ensure patients are discharged from hospital as soon as possible after the multidisciplinary team agree that hospital care is no longer needed. This responsibility also extends to ensuring that, on discharge, patients are safe to be transferred with appropriate after-care arrangements in place.

2.3 Assessment

Patients across the acute and community hospitals who are delayed awaiting a supported discharge (Social Work, Social Care and Intermediate Care) are coded as per national criteria and guidance. This information is reported each day to the Scottish Government and every month a delayed discharge census is submitted. These delay figures do not include

people waiting on a community hospital bed. On average each day there are between 50 and 60 people in the Victoria Hospital waiting on support from community and social care services in order to leave the acute in-patient setting.

The average number of people in delay for 2021 based on monthly census data is 103 for all delay reasons. Of these 30% of delays are Mental Health or Learning Disability related involving complex discharge planning. The trend for July continues with local data showing the number of people ranges from 101 and 116. Within community hospitals the proportion of people in delay is also impacting on capacity.

The proportions are:

- People waiting for a package of care 31%
- People waiting for a nursing home placement 22 %
- People awaiting the appointment of a Welfare Guardian 37%.

The consequence of an increase in hospital admissions with higher complexity and acuity has impacted on the demand for double up packages of care.

As well as the demand for Care at Home services from hospital discharges, there are currently 277 service users within Fife who are awaiting a new home care service. However, many of the service users who are reported as being new are only new to the Care at Home service and, in most cases, have involvement from other services such as respite/short breaks, meals on wheels, and/or OT involvement to maximise safety and support whilst awaiting a package of care. Of the 277 service users awaiting a new package of care 219 (79%) have other social work involvement. Other services include a combination of respite/daycare services, meals on wheels, interim residential home placement, and OT involvement. Where no package of care is available, service users will be offered alternative arrangements where possible to allow them to carry on as independently as possible whilst awaiting a package of care.

It is also recognised that planned discharges can be delayed due to a number of unintentional circumstances, for example:

- Patient status changes to not medically fit (NMF)
- Medical staff advise against more than one move
- Downstream bed (DSB) availability does not match patients waiting
- Care Home is unable to meet the needs of the patient
- Length of time to process a guardianship
- Transportation issue

As highlighted, delay impacts significantly on both the main acute site at Victoria Hospital and across community hospitals. Within the acute setting, this is resulting in significant capacity challenges. A surge ward (Ward 6) has been required on the Victoria Hospital site since November 2020; there has also been an ongoing requirement for this ward and the Rapid Assessment and Discharge Unit (Ward 9) to be over capacity. In addition, the current delay and capacity challenges are impacting on access to the Emergency Department with long waits for beds from the front door. It is important to highlight in this context that Scottish Government (via the RMP4 guidance) continue to emphasise the **importance of the 4-hour Emergency Access Standard as the default measure of pressure across the whole system** and that it must be monitored and managed robustly to minimise all waits and delays. Focus on this safety measure also supports positive patient and staff experience. During August, daily performance against the 4-hour Emergency Access Standard has regularly fallen below 75%, averaging at 75.1% for the last 18 days (to 30 August) and falling as low at 60% on a single day.

Within community hospitals, a surge ward has been opened in Ward 3 at Queen Margaret Hospital and Wards 5 and 6 on the Queen Margaret Hospital site are over capacity. No further capacity has been opened in other community hospitals, but this cannot be ruled out as part of our winter planning arrangements.

There are also significant workforce pressures across the system. This has resulted in little or minimal capacity across some critical services further impacting delays.

Key improvement areas that were discussed on 22nd July are being progressed (Appendix 1).

2.3.1 Quality/ Patient Care

Patients who are cared for in the correct setting for their individual needs have a better quality of and appropriate care experience. The current delay position is impacting on this with patients being cared for in surge wards and those waiting on packages of care being placed in interim beds in care homes rather than being discharged directly home.

2.3.2 Workforce

There are significant workforce challenges within the social care sector. Recruitment to additional posts is underway.

Staffing surge areas to support additional capacity is putting strain on the workforce with both the acute and community hospitals finding it difficult to consistently staff surge areas.

All staff mobilisation will be managed via the workforce hub.

All of these challenges are within the context of a workforce who have been working in pandemic conditions for 18 months, facing unprecedented demands and adapting to new and sometimes unfamiliar ways of working, with little time to recover.

2.3.3 Financial

Surge wards are unfunded and are costly often requiring use of bank or agency staffing. In the Acute Services Division this expenditure is being charged to COVID-19 funding.

Implementation of social care responses will have a financial implication i.e. increase in staffing costs (STAR), additional assessment beds, rotas commissioned with external care providers. Further work is required between the Directors of Finance for NHS Fife and Fife Council with the Chief Finance Officer for the IJB to explore opportunities to support these additional social care costs via the Covid funding stream from Scottish Government, for consistency with the NHS additional costs. Due to a lack of care at home provision people are being cared for in more costly settings i.e. acute hospitals, community hospitals and care homes.

2.3.4 Risk Assessment/Management

There is an ongoing risk to patients who are not being cared for in the appropriate setting as well as organisational risk from an inability to meet targets.

There is a risk that both the acute and community hospitals will be unable to continue to staff surge wards.

2.3.5 Equality and Diversity, including health inequalities

An EQIA is required as care delivery is inconsistent across Fife and protected groups cannot access care equitably.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

Health and Social Care Partnership Senior Leadership Team
Discussed daily within Acute Services Division as well as at SLT and ESLT

2.4 Recommendation

This paper is provided for

- **Awareness** – For Members' information
- **Assurance** – For members to consider the actions underway
- **Discussion** – Examine and consider the implications of delayed discharge on whole system care, quality and workforce

3 List of appendices

Appendix 1 – Action plan

Report Contact:

Author Name: Lynne Garvey/ Miriam Watts/ Belinda Morgan

Author's Job Title: Head of Community Care Services/ General Managers Acute

Email: Lynne.garvey@nhs.scot

Appendix 1 – Action plan

NHS Fife – [Service Area] - Delivery Plan Progress Report Apr-Sep 2021

Key for status:
Proposal – New Proposal/no funding yet agreed
Red - Unlikely to complete on time/meet target
Amber - At risk - requires action
Green - On Track
Blue - Complete/ Target met

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RAG Status (mandatory)	**Deliverables (mandatory)** *these can be qualitative or quantitative*				**Lead Delivery Body**		**Outcomes (optional)** *include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required*
Sept 21 Status	Key Deliverable - Description	Summary of activities etc	Milestones/Target	Progress against deliverables *NB: for new deliverables, just indicate 'New'*	Lead delivery body	Service	Outcome(s)
	Increased scheduling for patients accessing ED	• Establishment of a FNC with capacity to triage 4 hr illness calls direct from NHS 24 • Additional ENP's in place to triage and schedule 1 & 4 hr calls • Collaborate weekly learning sessions with NHS 24 • Public messaging to encourage the public to phone NHS 24 unless 999 call • Establishment of SLWG to review MIU's to further increase capacity across Fife	Sep-21	Site visit undertaken 4.6.21 with NHS 24 to discuss Fife data and local experiences of pathway flow. Following a successful test of change, adjusted pathways so that all minor injuries via NHS24 are triaged by ED for appropriate advice, scheduling, and site direction. This is enabling better use of MIU resources and activity levels monitored through RUC and Integrated Capacity and Flow teams. Workshop planned in September for MIU developments Greater understanding and insight of public perceptions and behaviours obtained via survey - 370 responses obtained. Action plan being developed	Acute Services	Emergency Care	• Number of scheduled patients has increased to an average 23% of total presentations • Numbers attending MIU's over 300 weekly • Joint workshop planned end of September for MIU's
	No overcrowding within ED waiting area	• Clear signage displaying restrictions • Waiting area redesigned to increase number of seats • Action above supports increased flow • Additional admin employed at front desk • Contingency planning for overflow and escalation	Sep-21	Works complete within ED waiting area to accommodate additional patients with social distancing measures in place. Updated digital information now shown in the waiting area and pop-up banners in development to disseminate key messages. Social Media campaign linking with National campaign running with clear calls to action - high social media engagement seen	Acute Services	Emergency Care	• Reduced overcrowding across the day • Reduced patient complaints on waiting room safety • Better patient experience

	Increased capacity within Resus	• Two additional negative pressure rooms installed – Dept now has three negative pressure rooms and can accommodate AGP's in each • Physical amendments to establish 5 amber bays	Sep-21	Three negative pressure rooms fully functioning Amber / red Resus being redesigned to accommodate additional amber capacity (3 beds) SLWG established and works commences 6/9/21 to be completed by 10/9/21.	Acute Services	Emergency Care	• 8 Bay fully functional resus area able to accommodate red and amber patients (current capacity 5)
	To improve the 4 hr access target, improve flow and reduce number of breaches within ED	• Review of co – ordination and transfer procedures out of the department • Review of escalation procedures	Sep-21	ED transfers - TOC commenced 15.3.21 on transfers between ED-AU1. Times have improved by 10%. AU1 availability of downstream beds – TOC commenced 29.3.21 with 2 wards and now increased to 4. Transfer times reduced and further improvement expected with site discharge rapid improvement event. AU1 – reduction in LOS and pre noon discharge. TOC commenced 29.3.21 with criteria led discharge and additional ANP support. LOS reduced by 2hrs. AU1 assessment area commenced 1/8/21 with average LOS 8hrs.	Acute Services	Emergency Care	4 hr access target 4 week average is 81.3% which is an improvement from the previous 4 weeks
	Sustainable Workforce – ED & AU1	• Workforce Tool run and identified nursing gaps. Medical rota gaps also identified. • Meetings with teams to discuss skill mix and proposals submitted to HoN and DoN	30.09.21	HoN working on recruitment and retention plan with a focus on skill mix and rotational posts with HSCP from RUC funding. Additional medical cover being appointed from RUC funding (1.5 GPsi), conversation of locum funding to 1.5 WTE ED Consultant. Additional nursing posts appointed – 3ENP's to commence June 2021 prioritised for patients coming in on 1 hr and 4 hr NHS 24 pathways.	Acute Services	Emergency Care	• Recruitment remains challenging. Additional Band 2's recruited and skill mix within both areas being reviewed. Medical staffing plan being reviewed with a paper going to SLT for review / approval.
	Maximise discharges from inpatient wards within VHK before 12 noon and move discharge profile to earlier in the day. Improve weekend discharge profile for Emergency Care	Rapid Improvement Event commissioned to improve daily discharge profile and time of discharge. Use of live discharge tool to feed information into front door system to improve flow. Creation of discharge	Jun-21	Live tool development completed and communication tools for medical staff in place. DoAS and DoP&AM scoping appropriate location for Discharge Lounge	Acute Services	Emergency Care	Early morning bed availability across VHK to support early movement from front door Ease ED and front door admissions ward pressures.

	Directorate.	waves to identify prioritisation of prescription requirements from pharmacy. Create an anticipatory planning culture for ward teams to improve earlier discharges on a daily basis. Improve use of radiology rapid access outpatient appointments to aid discharge. Re-instate the Discharge Lounge					
	Safe and timely discharges – COVID STATUS	All patients being transferred to a different care setting from the acute hospital setting will have negative COVID-19 result within 24 hours of move.		Dedicated team managed within ECD to ensure safe transfer to other supported care accommodation can be managed rapidly whilst complying with NHS Fife policies supported by Laboratory teams with regular management communications	Acute Services	Emergency Care	Safe and timely transfer of patients to other care settings Every patient has a clear COVID status
	Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter	Submit business case to HIS to support for 7 day access to Hospital at Home from Primary Care (M-F at present).	Sep-21	Business case presented to HIS. BC approved and recruitment underway.	HSCP	Community Care Services	3.0 wte band 6 Nurses, - 3.0 wte band 5 Nurses, - 1.0 wte band 5 Pharmacy Technician, - Increased admin hours to support 7 day working. It is anticipated that Hospital at Home will have capacity to increase new referral uptake by 9 per week Fife Wide, which would include step down and community referrals. Support weekend step-downs from Acute to H@H ICT - RSW recruitment 8 x 0.66 WTE posts X 2 posts in Glenrothes Hospital X 2 posts in Randolph Wemyss Memorial Hospital X 2 posts in Whyteman's Brae Hospital, Kirkcaldy X 2 posts in Queen Margaret Hospital, Dunfermline ICT with the current capacity can run with a case load of up to 80 patients Fife Wide. This will increase to approximately 95 - 100
	Increase overall GP Practice capacity Improve frailty pathways to avoid acute attendance.	Recruit GP Fellows to work across Hospital at Home and Assessment Rehabilitation Centres (Day Hospitals),	Sep-21	GP fellows appointed. This is permanent funding and will be Fife-wide. The focus will be frailty and work across some of the community teams. GP Fellows will also provide a small amount of GP sessions.	HSCP	Primary Care	Supporting clinical decision making to reduce admission to hospitals
	HSCP Escalation to support daily	Develop escalation plan with HSCP	Jun-21	Escalation process developed to aid decision making in	HSCP	Community Care Services	Provides a guidance document with triggers to support decision making at

	decision making at HSCP huddles aligned to joint escalation plan with Acute services	clinicians and business partners.		the HSCP. This enables early conversations regarding triggers across the system and what actions are required to support moderate to extreme pressures in acute and HSCP services.			different escalation points
	Develop a Home First Strategy	• Produce a Home First strategy for Fife, through the strategic oversight group. •Seven sub groups in place with some key functions: Information Data - developing shared platform for all community care development of a whole programme dashboard. Anticipatory Care - All community patients at risk of readmission will have an ACP. Work began in care homes to start this process. Screen and Assess for Frailty - support Frailty Screening and Assessment services in the operational delivery of the Home First model. Set direction for Frailty Screening and Assessment services in relation to actions from the Home First Strategy. Integrated Discharge Planning - pathways and processes for discharges to star beds and care at home beds; and how referrals are received and collated. Commissioning and Resourcing - Intermediate Care - promote the delivery of digital solutions, which will support the	Sep-22	Strategic group established is to provide leadership and direction for the delivery of a Home First across Fife. Part of the groups remit will be to set standards relating to performance. The Strategy Group will also remodel and reshape early prevention and response to support people to live at home or in a homely setting. The aim is to reduce delayed discharges and work towards strengthened resilience system wide. There is a need to reform and realign resources to ensure transfers of care at the right time to the right place. 5 sub-groups have been established to lead on key areas that will inform the HF strategy. Driver diagrams and ToR have been agreed and submitted to the oversight group. Next meeting Sept 21.	HSCP	Community Care Services	Consistent Home First Approach Everyone in Fife is able to live longer healthier lives at home, or in a homely setting. Reduce delays for care at home Support prevention of admission

		implementation of the aims & objectives of the strategy within Intermediate Care services Housing & Social Determinants - closely aligned to discharge hub work commenced to ensure timely house adaptations					
	Reduce hand offs in discharge processes	A test of change will take place in September to test the "Trusted Assessor" model for referrals from VHK to STAR beds. Work has commenced in partnership with the Integrated Assessment Team (IAT) to send direct referrals for DSB and CAH. Daily huddles and weekly verification meetings take place with SW/SC colleagues to maximise capacity and flow.	Aug-21	Updated SBAR will be submitted to SLT re Trusted Assessor Model - to start on Monday 13th Sept. Pathway agreed with care at home to receive direct referrals from IAT via the discharge hub. Ongoing daily huddles with social work, social care and contracts to maximise timely discharges from VHK to community.	HSCP	Community Care Services	People are discharged in a timely manner home or to a homely setting Delays in transfers of care are minimised Handoffs and duplication are reduced
	Care Homes	Contracts, Commissioning, Care Inspectorate and Scottish Care continue to work with Care Homes to maximise best practice and support innovation in light of current pressures.	Jun-21	Short term plan is in place to use all available care home vacancies to ensure people can be discharged in a timely manner. There is also a programme started which will ensure that external agencies have the opportunity to have a "block book" 6 week programme.	HSCP	Community Care Services	Hospital Discharge SW Teams and Care Homes being within the Same Community Care Service will continue to build on strong working relationships and ensure that strong assessment remains at the core of successful discharge and admission to Care Homes. The recent Pilot with Kingdom and a designated Social Worker has proven successful in expediting the process whilst retaining the course good practice of assessment. Providers have confidence in their ability to deliver a service and to expand People are discharged in a timely manner to a homely setting Providers have confidence in their ability to deliver a service and to expand
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare	Reviewing of the guardianship paperwork and templates. The refreshed document will be approved by	Jun-21	Project will start by the end of May working with families/carers to ensure that they can navigate the system to apply for private guardianship; this	HSCP	Community Care Services	Carers, patients and families are supported to navigate a complex legal process Less bed days lost to long delays

	Guardian	H&SC and Acute services. It will be held within patient notes to provide an overview and audit trail. Campaign will be launched in October, reinforced by national campaign in November, to inform public and promote Power of Attorney as an anticipatory action people can take		will be taken forward by Circles Project. Reviewing of the guardianship paperwork and templates. The refreshed document will be approved by H&SC and NHS Fife (Acute) it will be held within patient notes to provide an overview and audit trail - In progress			Improved processes to minimise in built delays Future impact: successful uptake will reduce need for Welfare Guardianships.
	Home Care Capacity Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care.	Increase the care at home workforce in house Plan to increase home care capacity with bank/ agency staff. Increase care at home capacity Scale up the services including supporting people to prevent a hospital admission.	Aug-21	Commissioning commenced. Ongoing recruitment. Due to the time factor to recruit agency staff an email has been sent to all Fife Council employees asking anyone who is SSSC registered to work extra hours. This is seen as immediate mitigation to address the pressures across homecare.	HSCP	Community Care Services	WB 6/08/21 additional 60 carers starting
	Promote interim care home moves for people waiting on PoC.	A dedicated Home Care Manager and Social Worker in place, working in the discharge hub with patient flow coordinators, to accelerate the pace of placing people into care homes. It is planned to place 3-4 people per week per care home or more if possible. This may be rolled out if successful.	Aug-21	Started 5th July - to be reviewed weekly	HSCP	Community Care Services	30 moves from community hospitals to interim beds to date
	Review current clients who have packages of care and require a renewed assessment.	Review current clients who have packages of care and require a renewed assessment. Plan to increase review of packages of care team to fast track review of current care packages.	July - Dec 2021	Internal review commenced week beginning 12/07/21	HSCP	Community Care Services	Data being collated to measure impact

	The development of an app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages. This is a longer term solution but we are keen to progress it.	Support decision making to a homely care home setting	Dec-21	Meeting arranged with e-health colleagues	HSCP	Community Care Services	Improved and consistent communication to patients and families to assist with decision making.
	Minimise delays across the in-patient bed base through the systematic use of the Moving on Policy.	Build on test of change in W41 VHK using a leaflet to guide initial conversations with patients on admission. Support clinicians in discussing transfers of care without delay when the patient is ready to move on	May-21	Test of Change complete. Roll out commenced. Leaflet developed to support clinicians with initial conversations.	Acute Services/Health & Social Care	Emergency Care/Community Care Services	All wards are implementing the Moving on Policy Reduced LoS Reduce delays in transfers of care
	Surge capacity established in QMH and VHK to support admission demand	Escalation plans to include point at which surge is required, daily workforce hub meetings feeding into capacity huddle to ensure safe staffing for surge beds	Jul-21	Ward 3 QMH, Ward 6 and 9 VHK surged June 21. Surged 16 beds at QMH on Friday 2nd July - reviewed daily.	Acute Services/Health & Social Care	Emergency Care/ Community Care Services	Increased capacity ensuring maximum flow to surge beds Improved system capacity Less pressure through ED and front door
	Urgent Care Services and ED have revisited the OOH redirection policy and reviewed pathways between ED and OOH	Ensure all teams work collaboratively to ensure effective triage of referrals to ED Redirection of patients to OOH where appropriate	May-21	Redirection policy review and re-issued to teams. Any individual concerns regarding pathways not being followed highlighted to management teams for review and learning, if required.	Acute Services/Health & Social Care	Emergency Care/RUC	

	Daily capacity and flow meetings	Senior managers across health and social care and planning colleagues meet at 9:30am to discuss pinch points in the system and progress any actions on the day that will enhance flow Daily MoE MDT Huddle for Acute and Community Hospital to manage surge across both VHK and QMH to safely ensure medical and wider team cover for additional patient numbers Daily ward updates on patients who are medically fit to cross reference against Hub waiting list to ensure referral processes are robust Weekly review of all acute long stay patients with actions identified to secure discharge	Ongoing		Acute Services/Health & Social Care	Emergency Care/Community Care Services	Progress any actions on the day that will enhance flow Support discharge profile across the system
	Increase weekend staffing – funding for additional consultants, AHPs Nursing and pharmacy staff to work weekends to support weekend discharges. (short terms 8 weeks)	Consultant Locum = £32,800 AHP Band 7 = £35,541 Nursing Band 6 = £30,011 Pharmacist (Band 7) = £11,850	Sep-21	Hub will open every Saturday morning for 8 weeks. Nursing component of this cost will be allocated to that. AHP agency utilised. Consultant Locum being progressed.	Acute Services/ Pharmacy	Emergency Care HSCP	Increased flow over weekend
	Use intelligence to inform better planning in localities to avoid unnecessary admission to hospital	Pull data sources into one platform to triangulate data and use it to inform and target areas that require additional support across Fife	Dec-21	New action	HSCP	Primary and Preventative care services	resource will be equitable across Fife
	Ensure timely access to UCAT and addiction services for patients within the Acute	Agreed timeline for nurse staffing appointments to increase capacity in both services. New SLWG	Dec-21	Two addiction staff appointed and model being developed. ANP appointed into UCAT to support existing team. New pathways being agreed for	HSCP	Complex Care services	

	Services Division in crisis's	established to scope and develop HUB model of in reach and outreach support linking closely with community supports.		long waits within ED which includes transfer to WBH for further assessment if required.			
	Ensure sufficient and timely availability of social work staff to ensure timely assessment and discharge, including where appropriate, to interim placements.	Pathway and priority for assessment for discharge of under 65s established. Service Managers instructed to redirect workforce (excepting ASP activity) as required to assist with current pressures.	Aug-21	Additional resource identified to inflate hospital discharge teams.	HSCP	Community Care Services	Longer term test of change of inflating H/ Discharge teams to manage all SW discharge activity planned.

Fife Health & Social Care Partnership
Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE
FRIDAY 11 JUNE 2021 AT 10.00 AM VIA MICROSOFT TEAMS

Present:	David Graham [Chair] David Alexander Margaret Wells, NHS Board Member Martin Black, NHS Board Member Rosemary Liewald
Attending:	Nicky Connor, Director of Health & Social Care Audrey Valente, Chief Finance Officer Euan Reid, Lead Pharmacist Medicines Management Fiona McKay, Interim Divisional General Manager Jim Crichton, Interim Divisional General Manager Lynne Garvey, Head of Integrated Community Care Services Norma Aitken, Head of Corporate Service, Fife H&SCP Bryan Davies, Head of Integrated Primary and Preventative Care Services Rona Laskowski, Head of Integrated Complex & Clinical Care Services Olivia Robertson, Head of Nursing West Division Tracy Hogg, Finance Officer *In attendance*: Kerry Perrie, District Charge Nurse (Shadowing Nicky Connor) Tim Bridle, Audit Scotland Carol Notman, Personal Assistant (Minutes)
Apologies for Absence:	Scott Garden, Director of Pharmacy & Medicines Helen Hellewell, Associate Medical Director

NO	HEADING	ACTION
1	**WELCOME AND APOLOGIES**	
	The Chair welcomed everyone to the meeting, in particular the new Heads of Service attending their first Finance & Performance Committee Meeting. See above for apologies provided.	
2	**DECLARATIONS OF INTEREST**	
	There were no declarations of interest.	
3	**MINUTES OF PREVIOUS MEETING**	
	The Minute from the meeting held on 8 April 2021 was approved.	

NO	HEADING	ACTION
4	**MATTERS ARISING / ACTION LOG**	
	The Action Log from the meeting held on 8 April 2021 was noted.	
5	**FINANCE UPDATE**	
	Audrey Valente advised this report was the regular finance update that provided an update on the actual spends of the Service. Audrey noted that the papers had been pulled together at very short notice therefore highlighted 2 small errors within the report and advised that these will be corrected before the report is submitted to the IJB. Martin Black noted concern with the underspend relating to staff and vacancies especially as services are resuming again following the pandemic. Martin wished to clarify the c.£7M Reserves, in particular he noted concern with the £350K reserves for Alcohol and Drugs Partnerships as there is a huge demand for the service within Fife and queried why there was money that had not been spent on the service. Fiona confirmed that the reserves were due to timings and that there was a plan for the full sum of money and the opportunity to carry forward the funds was beneficial to the service. Audrey confirmed that some of the reserves such as the Community Living Fund had only been announced in January 2021 therefore the funds had been placed within the reserves and carried forward to allow the SLT to investigate how best to invest the money and anticipated proposals will soon be submitted and shared with the committee. Margaret Wells queried the staffing underspend acknowledging that this is a longstanding issue and investment has been made available to the services but if there is difficulty in actually recruiting staff into the posts asked how this was going to be addressed. Nicky Connor assured the Committee that there was a recruitment drive particularly with apprenticeships to get young people looking to social care as a career path with development opportunities. Nicky assured the Committee that staff care and governance was a priority, ensuring that the service is supporting the current workforce helping to promote Fife HSCP as good employers. David Alexander noted concern that with the long-term vacancies issues and the associated savings that this brings, there is a risk that the wrong decisions could be made. Audrey confirmed there was a risk if the service retained some budgets that we know we are not going to spend and in protecting that area then cuts will require to be made elsewhere and confirmed that consideration of the risks associated with retaining these posts would be reviewed going forward. Martin Black questioned, if there was difficulties in recruiting new people, what could be done with the staff currently in post and is there capacity to promote the current staff especially in areas such as Psychology Therapies where waiting times are in excess of a year. Nicky Connor agreed that the Service needed to think in terms of attracting new workforce and developing its current workforce. She noted that in addition it was agreed 2	

	years ago that Dundee University would reopen their Mental Health Nursing Course in their Fife Campus which will eventually bring in a new cohort of staff. It was agreed that the Committee would have an in-depth look at Psychological Therapies at a future meeting and item to be added to the work plan Margaret Wells queried the difficulty of recruiting staff but noted that the Independent Sector did not seem to have this problem and asked within the in-depth look if the question of why it was more attractive to work in the independent sector could be taken into account and looked at. Cllr Graham thanked Audrey for her report and confirmed that the committee had discussed the report as recommended.	**CN**
6	**COMMISSIONING STRATEGY**	
	Fiona McKay presented this report noting that it is linked directly to the Strategic Plan; the strategy highlights the national and local targets which the Partnership are required to report on and the links to the locality work which is part of the intentions moving forward. The strategy picks up the financial element and looks at the localities and different strategies that are in place and how commissioning intentions will be taken forward. There are 6 focus areas which are linked to the Strategic Plan. • Care and Support at Home • Residential & Nursing Care • Day Support and Activities • Mental Health • Prevention and Early Intervention • Carers Support The programme will be monitored throughout the year and reports will be brought back to this committee on the progress. Martin Black noted that the report highlights the financial strategy with NHS and Fife Council and asked whether their strategic plans had been taken into account in the development of this strategy. Fiona McKay confirmed that the Commissioning Strategy is linked to the Strategic Plan which is part of the Plan for Fife which all Partners have signed up to, but noted that remobilising after the pandemic the plan will need to be reviewed to make sure that it is still aligned to the Council and NHS and joined up discussions will be required, but confirmed that these were the priorities that the IJB had agreed to take forward. Cllr Graham asked Fiona McKay to thank the team for their efforts in drafting the comprehensive Strategy and noted that the recommendations outlined within the report was awareness and discussion prior to submission to the IJB and confirmed the committee were happy to accept the recommendations.	
7	**NEW CARERS ACT INVESTMENT 2021/22**	

	Fiona McKay presented this report as signification amount of £1.6M was being allocated to the New Carers Act therefore it was important for the Committee to be aware of the investment. Fiona advised that a Project Worker was taking the 3 Year Strategy forward reinstating works within localities following the pandemic. A Carers Group has been set up that will provide feedback to the service to ensure that going forward the changes to services is carer led. Cllr Graham thanked Fiona for the report and confirmed that the report would require to be tabled at the IJB for debate as a substantial amount of the funding will be issued to the Third Sector which requires to be discussed and agreed. Rosemary Liewald noted that she was pleased to see the services being re-instigated and was pleased to see additional funding with regards the Carers Community Chest in each of the localities within Fife. Rosemary confirmed the importance of investing in the young carers ensuring that they have additional support for their learning. Martin Black asked for clarity on the 5 new projects and the funding associated to them and asked if a locality proposes a project which exceeds their budget who makes the decision as to what is finally funded. Fiona McKay noted that the community chest will be allocated to each of the localities and the Locality Group will be provided with clearly defined criteria outlining what the funds can be allocated to. Fiona confirmed that the groups will require to remain within budget as there is no additional funds available and as it is public money it needs to be spent wisely and meet all the criteria. Fiona confirmed that the Partnership will be monitoring the commissioned by the Locality Groups. Cllr Graham asked that an update report be provided to the Committee in 6 months, Carol Notman to add to the work plan. Nicky Connor recommended that this report is submitted to the IJB as there are voting members and carers/public representatives at the IJB to ensure that there is transparency. All agreed with the recommendation and for report to be amended and submitted to the IJB.	**CN** **FMcK**
8	**LOCAL PARTNERSHIP FORUM (LPF) ANNUAL REPORT**	
	Jim Crichton presented this report which was for discussion advising that previously the LPF had provided an annual action plan, but the Co-Chairs had felt that an annual report would be more appropriate outlining all that had been achieved in 2020-21. Jim advised it has been developed in Partnership and reflects the advising role of the LPF which prioritises the staff and workforce. Jim noted that the report covers some key areas, such as staff communication, health and wellbeing, training and development. It is acknowledged that during the pandemic that staff health and wellbeing and health and safety has been very prominent on the agenda with staff hubs set up and mindfulness sessions being delivered along with support for	

	managers supporting their staff. It is recognised that Covid-19 has had a detrimental impact on performance such as attendance and mandatory training. Training sessions that relied on physical contact such as restraint and manual handling had to switch to digital training and recapturing all the missed training will make 2021-22 extremely busy for the training team. Cllr Graham noted that supporting the workforce is so important as it is our finest asset. Margaret Wells confirmed that it was good to see all that has been done over the last year and noted surprise that feedback to the Staff Governance Committee within NHS Fife report despite the difficulties, staff morale has improved and staff feel well supported which is a real credit to all the efforts that were put in place to support the workforce. Martin Black noted that the response rate for NHS Fife for the Pulse Survey was lower than the national average and queried if there was a reason for this. Nicky Connor advised that there had been a technical issue which resulted in not all social care staff being included within the survey but noted that it is important to get the feedback from the staff from the survey and learning from the process will take place for future surveys. Cllr Graham confirmed that the report had been discussed as per recommendation.	
9	**WELLESLEY UNIT, RANDOLPH WEMYSS MEMORIAL HOSPITAL, BUCKHAVEN**	
	Lynne Garvey presented this report which was for awareness to update the committee on a direction to NHS Fife on the 28 August 2020 to close the Wellesley Unit in response to the safety issue that emerged as a result of the withdrawal of the Responsible Medical Officer. Lynne advised shortly after the closure, the pandemic occurred and all services agreed that the Unit, with its accessibility and parking facilities, was best placed to host the Vaccination Centre for the Levenmouth area and 30,000 vaccinations have been delivered from the Centre. Lynne Garvey confirmed that the Unit will be utilised to provide the covid booster and flu vaccinations later in the year but once the vaccination programme is completed in March 2022 there is a requirement to engage with all stakeholders to consult and support participation in the development of how the Wellesley Unit environment can be utilised to develop new models of care in the Randolph Wemyss Memorial Hospital to support the local community's health needs. Cllr Graham confirmed that the venue has been very successful for the vaccination programme and has been a very good venue in terms of car parking and transportation. Rosemary Liewald agreed that consultation going forward was vital to ensure that the Unit best served the community going forward whether this was family, community or resilience based. Nicky Connor noted as this was the first update on a Direction the feedback has been provided on the standard SBAR template but noted that following	

	feedback a standardised report will be developed to review future monitoring of directions. Cllr Graham thanked Lynne for the report and acknowledged that the committee was aware of the update.	
10	**AOCB**	
10.1	**Finance and Performance Annual Assurance Statement** The committee approved the Annual Assurance Statement, Cllr Graham to sign the document and return to Norma Aitken.	**DG**
10.2	**Farewells** Cllr Graham wished to thank Jim Crichton and Margaret Wells for all their support over the years to the Committee and the Partnership and wished them all the best.	
11	**DATE OF NEXT MEETING**	
	Friday 13 August 2021 at 10.00 am	

FINANCE, PERFORMANCE & RESOURCES GOVERNANCE COMMITTEE

DATES FOR FUTURE MEETINGS

Date
10 May 2022
12 July 2022
13 September 2022
15 November 2022
17 January 2023
14 March 2023

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC) and start at **9.30am**

A pre-meeting of Non-Executive Members is routinely held, beginning at **9am**

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