

Chair - Tricia Marwick

10:00 - 10:10
10 min

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

TM

10:10 - 10:10
0 min

2. DECLARATION OF MEMBERS' INTERESTS

TM

10:10 - 10:10
0 min

3. APOLOGIES FOR ABSENCE - A Lawrie and M McGurk

TM

10:10 - 10:10
0 min

4. MINUTES OF PREVIOUS MEETING HELD ON 25 JANUARY 2022

(enclosed) *TM*

 Item 4 - Minutes 012522 FINAL.pdf (12 pages)

10:10 - 10:10
0 min

5. MATTERS ARISING

TM

10:10 - 10:40
30 min

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Up-date / Whole System Pressures

(verbal) *CP*

6.2. Ministerial Annual Review Follow-Up Letter

(enclosed) *CP*

 Item 6.2 - SBAR 2022-02-10 Annual Review Response V1.2 (Final).pdf (5 pages)

 Item 6.2 - Appendix - Letter from Minister of Mental Wellbeing and Social Care - NHS Fife - Annual Review 080222.pdf (5 pages)

6.3. Integrated Performance & Quality Executive Summary and Report

(enclosed) *CP*

 Item 6.3 - SBAR ESIPQR Board Marchfinal.pdf (5 pages)

 Item 6.3 - ESIPQR Mar 2022.pdf (10 pages)

Item 6.3 - 11 Feb 2022 IPQR.pdf (44 pages)

6.4. Integrated Performance & Quality Report Review Update

(enclosed) MM

Item 6.4 - SBAR IPQR Review Progress Update Report Board 29 Marchmm.pdf (6 pages)

10:40 - 10:45 7. CHAIRPERSON'S REPORT

5 min

TM

7.1. Board Development Session - 22 February 2022

(enclosed) TM

Item 7.1 - Board Development Session Note February 2022.pdf (1 pages)

10:45 - 11:05 8. COVID-19 PANDEMIC UPDATE

20 min

8.1. Flu Vaccination and Covid Vaccination (FVCV) Programme Delivery Update

(enclosed) NC

Item 8.1 - NHS Board FVCV Programme Delivery Update final.pdf (27 pages)

8.2. Testing and Tracing Update

(enclosed) JT

Item 8.2 - Test and Protect_NHS Board_March22_updated.pdf (4 pages)

11:05 - 11:15 9. NHS FIFE POPULATION HEALTH & WELLBEING STRATEGY DEVELOPMENT PROPOSAL

10 min

(enclosed) CP

Item 9 - SBAR NHS Fife Population Health Wellbeing Strategy Development Proposalmm.pdf (4 pages)

11:15 - 11:25 10. IMPLEMENTATION OF FORENSIC MEDICAL SERVICES (VICTIMS OF SEXUAL OFFENCES) (SCOTLAND) ACT 2021

10 min

(enclosed) JO

Item 10 - Implementation of Forensic Medical Services V0.2Board version.pdf (26 pages)

11:25 - 11:35 11. ANNUAL DUTY OF CANDOUR REPORT 2020/21

10 min

(enclosed) CM

Item 11 - SBAR DoC Annual Report NHS Fife Board March 2022.pdf (4 pages)

Item 11 - Organisational Duty of Candour Annual Report 2020_2021_cf_GC.pdf (19 pages)

11:35 - 11:45 12. ANNUAL PROCUREMENT REPORT 2020/21

10 min

(enclosed)

MM

📎 Item 12 - SBAR Annual Procurement Report 20-21 Final Boardmm.pdf (3 pages)

📎 Item 12 - NHS Fife Annual Procurement Report 2020-21 Final.pdf (19 pages)

11:45 - 11:55
10 min

13. FIFE HEALTH & SOCIAL CARE INTEGRATION SCHEME APPROVAL

(enclosed)

NC

📎 Item 13 - SBAR Integration Scheme Ministerial Sign off 180322.pdf (3 pages)

📎 Item 13 - Fife HSC Integration Scheme - Approved March 2022.pdf (31 pages)

11:55 - 12:05
10 min

14. RISK MANAGEMENT FRAMEWORK REFRESH

(enclosed)

GC

📎 Item 14 - SBAR Risk Management Framework Refreshfinal.pdf (11 pages)

12:05 - 12:10
5 min

15. INDICATIVE NHS BOARD WORKPLAN 2022/23

(enclosed)

CP

📎 Item 15 - SBAR Board Workplan.pdf (3 pages)

📎 Item 15 - Annual Board Workplan 2022-23 FINAL.pdf (3 pages)

12:10 - 12:15
5 min

16. STATUTORY AND OTHER COMMITTEE MINUTES

16.1. Audit & Risk Committee dated 17 March 2022 (unconfirmed)

(enclosed)

📎 Item 16.1 - Minute Template Audit & Risk Committee - 20220317.pdf (1 pages)

📎 Item 16.1 - Minute Audit & Risk Committee unconfirmed - 20220317.pdf (8 pages)

16.2. Clinical Governance Committee dated 10 March 2022 (unconfirmed)

(enclosed)

📎 Item 16.2 - Minute Template Clinical Governance Committee - 20220310.pdf (1 pages)

📎 Item 16.2 - Minute Clinical Governance Committee unconfirmed - 20220310.pdf (13 pages)

16.3. Finance, Performance & Resources Committee dated 15 March 2022 (unconfirmed)

(enclosed)

📎 Item 16.3 - Minute Template FPR.pdf (1 pages)

📎 Item 16.3 - Minute FPR March 2022 V2 mm unconfirmed.pdf (7 pages)

16.4. Public Health & Wellbeing Committee dated 8 March 2022 (unconfirmed)

(enclosed)

📎 Item 16.4 - Minute Template Public Health & Wellbeing Committee - 20220308.pdf (1 pages)

📎 Item 16.4 - Minute Public Health Wellbeing Committee unconfirmed - 20220308.pdf (8 pages)

16.5. Staff Governance Committee dated 3 March 2022 (unconfirmed)

(enclosed)

📎 Item 16.5 - Minute Template SGC 3 March 2022 SGC V.02.pdf (1 pages)

📎 Item 16.5 - Minute Staff Governance Committee 03.03.2022 V0.2 unconfirmed.pdf (13 pages)

16.6. East Region Programme Board dated 4 February 2022 (unconfirmed)

(enclosed)

- 📄 Item 16.6 - Minute Template ERPB.pdf (1 pages)
- 📄 Item 16.6 - Minute ERPB 040222 040222 V3 unconfirmed.pdf (5 pages)

16.7. Fife Health & Social Care Integration Joint Board dated 26 November 2021

(enclosed)

- 📄 Item 16.7 - Final Minute of IJB Minute 261121.pdf (9 pages)

16.8. Fife Partnership Board dated 15 February 2022 (unconfirmed)

(enclosed)

- 📄 Item 16.8 - Minute Template FPB 150222.pdf (1 pages)
- 📄 Item 16.8 - Minute FPB 2022-02-15 unconfirmed.pdf (3 pages)

16.9. Audit & Risk Committee dated 9 December 2021

(enclosed)

- 📄 Item 16.9 - Audit & Risk Committee Minutes confirmed - 20211209.pdf (8 pages)

16.10. Clinical Governance Committee dated 13 January 2022

(enclosed)

- 📄 Item 16.10 - Clinical Governance Committee Minutes confirmed - 13 January 2022.pdf (6 pages)

16.11. Finance, Performance & Resources Committee dated 11 January 2022

(enclosed)

- 📄 Item 16.11 - Finance Performance & Resources Minute January 2022 confirmed.pdf (5 pages)

16.12. Public Health & Wellbeing Committee dated 10 January 2022

- 📄 Item 16.12 - Public Health Wellbeing Committee Minutes confirmed - 20220110.pdf (7 pages)

16.13. Staff Governance Committee dated 12 January 2022

(enclosed)

- 📄 Item 16.13 - Staff Governance Committee Minute 12.01.2022 confirmed V0.3.pdf (7 pages)

12:15 - 12:20
5 min

17. FOR ASSURANCE:

17.1. Integrated Performance & Quality Report - January 2022

(enclosed) MM

- 📄 Item 17.1 - IPQR Jan 2022.pdf (44 pages)

12:20 - 12:20
0 min

18. ANY OTHER BUSINESS

12:20 - 12:20
0 min

19. DATE OF NEXT MEETING: Tuesday 31 May 2022 at 10.00 am Via MS Teams/in the Staff Club, Victoria Hospital, Kirkcaldy (tbc)



Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 25 JANUARY 2022 AT 10:00 AM VIA MS TEAMS

TRICIA MARWICK

Chair

Present:

T Marwick (**Chairperson**)

C Potter, Chief Executive

M Black, Non-Executive Director

S Braiden, Non-Executive Director

W Brown, Employee Director

C Cooper, Non-Executive Director

Cllr D Graham, Non-Executive Director

A Grant, Non-Executive Director

R Laing, Non-Executive Director

K Macdonald, Non-Executive Director
Whistleblowing Champion

M Mahmood, Non-Executive Director

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

A Morris, Non-Executive Director

J Owens, Director of Nursing

J Tomlinson, Director of Public Health

A Wood, Non-Executive Director

In Attendance:

K Booth, Head of Financial Services & Procurement

N Connor, Director of Health & Social Care

C Dobson, Director of Acute Services

S Garden, Director of Pharmacy & Medicines

K Macgregor, Head of Communications

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

K Reith, Deputy Director of Workforce

P King, Corporate Governance Support Officer (Minutes)

Due to technical difficulties with her internet connection, the Chair passed over the chairing of the meeting to Rona Laing, Vice-Chair.

1. Chairperson's Welcome and Opening Remarks

The Chair welcomed everyone to the Board, in particular Kevin Reith, Deputy Director of Workforce, and Kevin Booth, Head of Financial Services & Procurement. The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

The Chair began her opening remarks by recording ongoing grateful thanks, on behalf of the Board, to all staff of NHS Fife and its partners for their continued dedication and commitment throughout the Covid-19 Pandemic, and specifically over the past few months, which had seen increased demand and higher levels of Covid-19 activity within both the acute and community settings.

The Chair congratulated the following:

Lynne O'Neill, Community Diabetes Specialist Nurse, who was selected as one of 20 Diabetes UK Clinical Champions for 2021-2023. The Clinical champions are committed to improving diabetes care and each take part in a two-and-a-half-year development programme, where they learn about influencing change, and benefit from peer support and peer learning. At the same time, they are supported in their work to improve and transform diabetes care in their local areas, regionally and nationally.

Mark Evans, Head of Spiritual Care at NHS Fife, who has been seconded to the Scottish Government as the first National Spiritual Care Strategic Advisor & Operational Lead.

The Chair highlighted:

A new unit recently opened at Victoria Hospital has become one of the first centres in the UK to offer ground-breaking new treatments to high-risk patients in the early stages of Covid infection. The Covid-19 Outpatient Assessment (COPA) unit, which opened last month within Ward 51 at Victoria Hospital, offers rapid treatment to those at the very highest risk of the effects of Covid-19. The new treatments involve high-risk patients being given an infusion or oral antiviral treatment. These treatments support the immune system and reduce the chances of worsening infection, to try to avert more serious illness. The new service was set-up and overseen by Deputy Director of Pharmacy & Medicines, Ben Hannan, with the support of a large multi-disciplinary team of respiratory consultants, pharmacists and nursing staff. Patients in Fife considered clinically high risk due to their medical circumstances are now also receiving letters with information on how to refer themselves promptly for treatment should they test positive for the virus. People who receive the treatment do that as an outpatient. The Chair, on behalf of the Board, recorded thanks to Ben Hannan and team for this excellent service development.

The continued response to Covid-19 means there is an ongoing need to wear masks or face coverings in health and care settings throughout Fife. Recognising the impact that this can have on patients, family members and colleagues who rely on lip-reading and facial expression to communicate, NHS Fife has joined a nationwide initiative to make transparent face masks available for use in health and social care settings, helping to reduce communication challenges created by the Pandemic.

It was noted that following the review of Fife's Mental Health Strategy, over the coming weeks and months, NHS Fife and Fife Health & Social Care Partnership will be engaging with people who have used mental health in-patient services in the past, plus their families and staff, about what is important to them and how we can improve on our current facilities. Feedback from these discussions will help to develop options for consideration with the wider public.

Finally, the Chair wished to record thanks, on behalf of the Board, to Scott Garden, Director of Pharmacy & Medicines, who is attending his final Fife NHS Board meeting before leaving to take up the post of Director of Pharmacy & Medicines at NHS Lothian. Scott joined NHS Fife in Spring 2014 from NHS Lothian. He leaves a legacy as the Executive lead for the first successful phase of the Covid Vaccination Programme. He has also supported the delivery of significant redesign within pharmacy and use of medicines and worked collaboratively across all health and care services in Fife, including with community pharmacy colleagues. Members joined with the Chair in congratulating Scott on his new role. It was noted that recruitment is currently underway to appoint a new Director of Pharmacy & Medicines.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from Aileen Lawrie, Non-Executive Director.

4. Minute of the last Meeting held on 30 November 2021

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

5. Matters Arising

There were no matters arising.

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Update

The Chief Executive recorded thanks to all health and care staff, including staff working in social care and other areas such as the Local Resilience Partnership, for their continued commitment to support the health and care services in Fife for the benefit of the health and wellbeing of the population.

The Chief Executive also recorded personal thanks to Scott Garden, Director of Pharmacy & Medicines, for his significant contribution to NHS Fife and wished him well in his new role.

Presentation on Whole System Pressures – Our Continued Response

The Chief Executive provided an update to the report presented to the Board in November 2021 and acknowledged the continued system-wide challenges across health and social care in Fife over the winter period, which has been particularly difficult over recent weeks with the increase in activity due to the prevalence of the Omicron variant. She would take Members through the report by way of a brief presentation and ask the Medical Director to comment on his work in the acute medical areas, both to describe how it feels to be working on the frontline and to speak to the

positive impact of the Covid-19 vaccination on the severity of illness in the hospital. The Director of Nursing would also give an update on hospital visiting arrangements.

In the presentation that followed, the Chief Executive reminded the Board that the concept of the whole system report is being considered in addition to the scrutiny of the Integrated Performance & Quality Report (IPQR) through the Board's governance committees. This helps support the Board to fulfil its role of active governance, with a focus on using performance data triangulated with more qualitative feedback, to provide a rounded overview of the whole system pressures. In addition, it is important for the Board to record the actions in place to balance risk and to mitigate as far as possible any negative consequences for staff, patients and quality of care. The revised IPQR and overarching assurance dashboard / reporting format will be considered at the February Board Development Session and will evolve over the coming months, using feedback from the Board.

It was noted that the level of challenge being faced across all services continued to be high and there are few areas that are exempt from that. The key drivers of the current high level of pressure on the system continue to reflect the combined issues of an increase of Covid patients across hospitals linked to rapid transmission of the Omicron variant (numbers of which had doubled in a matter of weeks); increased staff absence also linked to the increased prevalence of Omicron (with a notable spike in the first week of January); a high volume of attendances within the emergency department over the festive period; capacity and sustainability challenges within primary care; and challenges in bed capacity and difficulties in the flow of patients through the health and care system, due to significant pressures and workforce issues facing partners in social care and care homes. The Chief Executive assured the Board that risks are being operationally managed and mitigated across the service and all featured on a day-to-day basis in the management and operational decision-making of teams across health and care services.

Whilst the impact of these pressures has resulted in a restriction in elective operations over recent weeks, urgent and cancer surgery has continued to be delivered. This has allowed all services to prioritise the response to Covid-19 to support unscheduled and emergency care and the vaccination programme.

Staff are a key factor in the response to Covid-19 and ensuring their wellbeing is of utmost priority. The continuing actions to address workforce challenges were set out, noting that a full update had been provided to the Staff Governance Committee earlier this month. Assurance was also given that actions put in place from the end of November 2021 related to capacity and flow continued and were impacting positively on the position.

In summary, the Chief Executive confirmed that the position remained challenging, but the robust planning and collaborative work undertaken over the past few months via a whole system approach has been key in managing the position. Actions implemented are having a positive impact.

The Medical Director reinforced the importance of the planning that has been undertaken around the whole system approach and the significant effort from staff and operational management teams to get to a more optimistic position than anticipated in

December 2021, when the emerging situation was of concern. The situation related to patients presenting at the acute hospital with serious illness due to Covid-19 has taken positive turn, reflecting the success of the vaccination programme in Fife in the run up to the festive period to get people boosted with a third dose of the vaccine. People did present at hospital with Covid-19, but those vaccinated presented with a different pattern of illness, resulting in a quicker turnaround of patients for recovery and discharge from hospital. Unfortunately, some people also presented with severe illness, and this was almost always patients who had not received the vaccine. Whilst there are treatments to give to those patients to moderate Covid-19 illness, the best treatment for Covid-19 is the vaccine, which has a significant impact on the severity of illness. This has been evidenced over the course of this month. The Medical Director noted that it had been a challenging time, especially over the new year period, but he hoped to see an improving pattern going forward.

The Director of Nursing was pleased to provide an update on hospital visiting, noting that the decision to put restrictions on visiting during the pandemic is difficult as the positive impact that support from loved ones has on patient wellbeing and recovery is considerable. She confirmed that in most wards patients will be allowed one visitor per day across all hospitals. Several stringent Infection Control measures will remain in place and visitors are asked to adhere to the guidance, which is available on the NHS Fife website. At times it may be necessary to operate a visiting appointments system to manage numbers on a specific ward or restrict visiting for short periods of time for specific reasons, but essential visits should be able to continue in specific circumstances. When visiting is restricted, patients have been able to contact loved ones virtually using tablets provided by Fife Health Charity. The Director of Nursing took the opportunity to thank the public for their continued support and also commended the efforts of staff, including the Infection Prevention and Control Team and Public Health, who are working tirelessly to keep the most vulnerable people safe in our hospitals.

Questions were asked in relation to support for staff, remobilisation of non-Covid-19 care and any plans to further expand the vaccination programme and these were responded to. The Medical Director reported that it is the impact of the whole system being under pressure that has resulted in the standing down of non-urgent surgery. This has happened in previous years, as winter pressures build, and is not just related to the impact of Covid-19. He confirmed that although the numbers of unvaccinated people in hospital with Covid-19 has decreased, the severity of illness is higher than if they had been vaccinated; therefore the treatments and care required is also at a higher level. He emphasised that the vaccine is the best treatment for Covid-19, and he encouraged the people of Fife to get fully vaccinated.

The Employee Director highlighted that the organisation is doing everything it can to ensure the wellbeing of staff, with a range of initiatives ongoing. Executives have been undertaking walkabouts to listen to staff and hear at first hand how staff are feeling. Although recruitment and the level of vacancies remains challenging, work is taking place to develop staff to increase their skills and expertise.

The Board **noted** the issues described in the paper and **took assurance** that the Chief Executive and Executive Team continue to take all necessary actions to minimise risk to patients and staff as far as possible.

6.2. Integrated Performance & Quality Executive Summary and Report

The Director of Finance & Strategy introduced the Executive Summary and confirmed that the December 2021 IPQR, which reported on performance to the end of October 2021, had been scrutinised through the governance committee meetings earlier in the month. Through these discussions, Members take assurance on the actions and mitigations in place, particularly in relation to the joint planning across the whole system, to respond to the ongoing challenges of the Pandemic.

It was highlighted that overall NHS Fife continued to perform well when compared to the rest of Scotland. The benchmarking status of the 29 indicators within the report noted 8 within the upper quartile, one of which is performance against the 4 hour emergency target, which although high and was of concern, had performed well compared to other Health Boards. 15 other targets were in the mid-range and 6 in the lower quartile.

Attention was drawn to the following:

Finance, Performance & Resources

Attendance at the Emergency Department continued to be high during October and both assessment units experienced high occupancy and demand for bed capacity. The Emergency Department successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.

Patient Treatment Times Guarantee (TTG): performance deteriorated partly due to elective surgery being restricted to urgent patients. A recovery plan is being implemented; however, this is heavily dependent on the ability to maintain access to beds for elective activity.

Delayed Discharges continued to be challenging with an increase in the number of bed days lost. Increased hospital activity has resulted in more people requiring social care which is also under significant levels of pressure. Within the Operational Escalation Plan (OPEL) processes, there is daily review of planning across the system to manage this challenge.

Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies: performance related to long waits continued to be challenging but the position is improving as a result of significant recruitment in particular parts of the service.

The financial position to the end of October 2021 was noted. The Month 7 report forecast a year-end overspend of £16.448m. Scottish Government has confirmed in-year support will be available to several Boards, including Fife, but this is inextricably linked to the Board delivering a savings programme for 2022/23 to address the recurring financial gap. The Finance, Performance & Resources Committee had commented on the importance of the new financial improvement and sustainability programme to support ongoing delivery of a recurring financial balance position across the organisation.

Staff Governance

The sickness absence rate for the period was 6.34%, reflecting the impact of the Omicron wave of infection. Staff absence continued to be challenging but, as outlined in the Chief Executive's opening presentation, there is a range of activity in place to support staff recruitment, resilience and wellbeing, which is a significant part of the mitigation in terms of that level of absence.

Each of the Chairs of the Governance Committees were asked to comment.

It was reported that the Clinical Governance Committee had commended the work of the Pharmacy team in establishing the Covid-19 Outpatient Assessment (COPA) Unit, thanking everyone involved. Further updates will be provided to the committee in due course.

The issues highlighted to the Board under cover of the minute of the Finance, Performance & Resources Committee dated 11 January 2022 were noted.

The issues highlighted to the Board under cover of the minute of the Staff Governance Committee dated 12 January 2022 were noted. The Chair of the Staff Governance Committee, Sinead Braiden, stated that the absence figures within the report should not be viewed as any form of criticism of the dedicated and hardworking staff teams, who have consistently gone above and beyond the call of duty to deliver safe and person-centred care in exceptionally difficult circumstances over the past two years. The committee had commended all health and social care staff for their efforts at their recent meeting.

The Board **examined and considered** NHS Fife's performance and achieved remobilisation activity to date and **considered** any issues escalated via the Standing Committees.

7. CHAIRPERSON'S REPORT

The Chair outlined the regular meetings attended by the Chair of NHS Fife and confirmed that the Chair continues to highlight issues that matter to the people of Fife.

7.1. Board Development Session – 21 December 2021

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

8. COVID-19 PANDEMIC UPDATE

8.1. Flu Vaccination and Covid Vaccination (FVCV) Programme Update

The Director of Health & Social Care confirmed that the paper had been discussed in detail at both recent meetings of the Clinical Governance and Public Health & Wellbeing Committees and she extended thanks to all involved in supporting delivery of the programme, which continued to be a phenomenal effort.

The report provided an overview of delivery progress within Fife for the Autumn/Winter vaccination programme, including a specific update regarding the accelerated 'Boosted by the Bells' programme. It was noted that Fife had achieved 80.3% uptake

as at 31 December 2021, higher than the national average of 78.1%. Uptake had now reached 83% for those aged 18+ who are eligible for the booster.

The paper outlined key deliverables for the programme from January 2022, with a focus on Primary first and second doses for those still to come forward, individuals eligible for booster dose (including those who are severely immunosuppressed), second doses for 12 –15 cohort and first doses for 5-11 at risk cohort. A radio campaign will be launched in the near future to support delivery of the 5-11 programme, which starts this week.

It was noted that 803k Covid-19 vaccinations had now been administered in Fife. Updates in relation to the housebound programme and for those immunosuppressed were provided, noting these were progressing well. A sustainable workforce plan is being brought forward in line with planning assumptions and updates would be provided to committees on any future ask of the programme or its priorities.

On behalf of the Board, the Chair conveyed grateful thanks to all teams involved for their efforts.

The Board **took assurance** from the report, **noting** the progress achieved and updated information regarding the programme, and ongoing developments in the approach.

8.2. Testing and Tracing Update

The Director of Public Health spoke to the paper, which provided an update of the ongoing delivery of testing and contact tracing for Covid-19 across Fife. She drew attention to policy changes with effect from 5 January, noting the change to the testing strategy in Scotland, which meant people who test positive for the first time with LFD or PCR test are included in statistics. However, the paper provided data on PCR tests only; a more detailed update will be provided to the next meeting.

It was noted that, overall, the position is more settled. The average daily number of new Covid-19 cases in the last week for Fife was 626, a combination of LFD and PCR positive, compared to between 800–1000+ over the festive period. This position is in line with case number changes in the rest of Scotland and that is thanks to all the efforts people made over the festive period in limiting mixing with others, getting tested and making sure they were taking action to protect others in the community.

Testing and Contact Tracing teams are focussing their efforts on protecting the most vulnerable individuals and settings, in particular people resident in Care Homes, healthcare settings and staff who work in these areas. Digital contact tracing is being used for other less risky settings. Work is continuing nationally to align testing and tracing teams for the next time period and Fife is contributing to these conversations.

The Director of Public Health advised that there is still uncertainty going forward in relation to the behaviour of the virus, the potential for new variants and the immunity of the population in response to these, and the continuing protections offered by vaccination and availability of treatments for Covid-19. As we move into a different stage of the Pandemic, the infrastructure that is now in place and the ongoing planning

at a national level are good legacy protections for the population. Considerable survey information sits behind the work of the modelling teams and a report last week showed that the population responded strongly to the messages about protecting the community over the festive period, which this was encouraging for the future.

The Board **took assurance** from the update.

9. REVISED CODE OF CORPORATE GOVERNANCE

The Head of Corporate Governance & Board Secretary advised that the Board's Code of Corporate Governance has been reviewed to include the Terms of Reference of the new Public Health & Wellbeing Committee established last Autumn. The update also reflects other mentions of that committee within the broader scheme of delegation. The ongoing review of the Terms of Reference of the new Committee will now fall into the annual cycle of review of all the Committee Terms of Reference and overall Code of Corporate Governance in the Spring.

The Board **approved** the updated Code of Corporate Governance.

10. UPDATE ON BOARD ACTION PLAN FOR THE IMPLEMENTATION OF THE NHS SCOTLAND 'BLUEPRINT FOR GOOD GOVERNANCE'

The Head of Corporate Governance & Board Secretary provided background on the Blueprint for Good Governance, noting it aims to standardise governance processes across NHS Boards, through providing examples of best practice. On its release in 2019, all Boards across Scotland were asked to undertake an assessment of their current local governance arrangements against the Blueprint for Good Governance document. An action plan was subsequently developed by Fife NHS Board for areas that required improvement, to ensure that we are fully implementing the Blueprint locally. A refresh of the previous survey is expected to be undertaken nationally in early Summer 2022. This will allow new Board members to input into the assessment of our local governance arrangements.

Key areas from the action plan were highlighted, as follows: developing the IPQR on an ongoing basis to ensure that performance reporting meets the Board's needs; undertaking annual self-assessment exercises using feedback for continuous improvement (noting that the committee self-assessment questionnaires for 2021/22 were issued yesterday); building on the Board discussion at the recent Active Governance Session; and adopting a number of national model templates. It was advised there have been areas of improvement since the last action plan update. In particular, it was noted that the review of the Integration Scheme for Fife had now been completed and had been submitted to Scottish Government for approval. The launch of the new NHS Fife website has also been completed, making Board information more accessible and timely.

The Head of Corporate Governance & Board Secretary was thanked for all the hard work carried out and the positive progress made in improving governance arrangements in Fife.

The Board **noted, for assurance**, the information provided in the paper, which closes off the previous Board action plan against the initial assessment against the Blueprint for Good Governance, in anticipation of a new national survey being undertaken in early Summer 2022.

11. SOUTH EAST PAYROLL SERVICES CONSORTIUM

The Director of Finance & Strategy presented the South East Payroll Consortium Business Case to the Board. She highlighted that payroll is a critical service in terms of ensuring all staff are paid timeously and correctly on a weekly/monthly basis dependent on their terms and conditions and it was important for the service to be resilient to pressures.

In taking Members through the paper, it was noted that the initiative was started in 2016, the purpose of which was to develop a more sustainable and resilient payroll service across the region. The development of the business case was paused in March 2020 in the context of the Covid-19 pandemic but was recommenced in January 2021. Following an approach by Directors of Finance, the Programme Board was requested to review elements of the proposal, including the proposed transfer of staff in line with the Transfer of Undertakings Protection of Employment (TUPE) legislation, alongside a refresh of the business case, to reflect that payroll services were being delivered very differently in the context of Covid-19, particularly in relation to remote or home working. Both suggestions were accepted, and a revised business case was produced.

The significant recruitment challenge currently faced by the payroll team was outlined, noting difficulties in attracting the right calibre of candidate on three separate occasions over the past two years. There is also a challenge in recruiting candidates who would require training to gain relevant experience.

The business case has been given due consideration through the governance committees and the Area Partnership Forum and was supported through all these discussions. Recognition was given to ensuring such a critical system is resilient in the longer term and, importantly, that the local team operating the service will benefit from operating as part of a wider team to aid their own health and wellbeing. Staff have been well briefed and involved in the development of the business case / early service redesign work, which will ensure the team is well positioned for any opportunity that may arise because of working as part of a bigger consortium team.

Alistair Morris, Non-Executive Director, stated his support to progress this initiative in a positive manner, noting the opportunities for better training, development and career progression for staff. It has been trailed slowly with due consideration for the staff affected. Given the potential impact on service delivery and staff wellbeing due to the ongoing recruitment difficulties, it was now important to move forward as soon as possible.

The Chair thanked everyone involved for the good work on this initiative, particularly noting the efforts to involve and support staff.

The Board **approved** the refreshed Business Case Addendum and as a consequence this change to a payroll consortium model.

12. WHISTLEBLOWING QUARTER 2 REPORT

The Deputy Director of Workforce provided an update on the whistleblowing concerns for the second quarter of reporting from 1 July 2021 to 30 September 2021, either reported in Datix within NHS Fife or from our Independent Contractors. The paper had been expanded from the previous report by including any anonymous concerns received. It was highlighted that anonymous concerns are outwith the scope of the Whistleblowing legislation. However, for assurance, within NHS Fife if there are anonymous concerns, these are taken seriously and dealt with through the mechanisms in place. It was noted that during this period there were no whistleblowing complaints reported within NHS Fife.

Kirstie MacDonald, Non-Executive Whistleblowing Champion, thanked the team for incorporating anonymous concerns within the report, noting that whilst these concerns are not covered by the standards, it is considered good practice to include details on the number received. This highlights a commitment to listen to staff regardless of how they raise concerns. Discussion has taken place at the Staff Governance Committee about including further information in future reporting to provide assurance that there are no barriers (perceived or real) to staff speaking up or raising concerns and to note that these are addressed appropriately elsewhere. It was agreed that the Whistleblowing Standards and how the Board supports an open culture across the healthcare system would be discussed at a future Board Development Session to be held later this Spring.

The Board **noted** and took **assurance** from the Whistleblowing Standards Quarterly Report.

13. STATUTORY AND OTHER COMMITTEE MINTUES

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

- 13.1. Audit & Risk Committee dated 9 December 2021 (unconfirmed)
- 13.2. Clinical Governance Committee dated 13 January 2022 (unconfirmed)
- 13.3. Finance, Performance & Resources Committee dated 11 January 2022 (unconfirmed)
- 13.4. Public Health & Wellbeing Committee dated 10 January 2022 (unconfirmed)
- 13.5. Staff Governance Committee dated 12 January 2022 (unconfirmed)
- 13.6. Communities & Wellbeing Partnership dated 7 December 2021 (unconfirmed)
- 13.7. Fife Health & Social Care Integration Joint Board dated 22 October 2021

Approved Minutes

- 13.8. Audit & Risk Committee dated 16 September 2021
- 13.9. Clinical Governance Committee dated 3 November 2021
- 13.10. Finance, Performance & Resources Committee dated 9 November 2021
- 13.11. Staff Governance Committee dated 28 October 2021

14. FOR ASSURANCE

The Board **noted** the item below:

14.1. Integrated Performance & Quality Report – November 2021

15. ANY OTHER BUSINESS

None.

16. DATE OF NEXT MEETING: Tuesday 29 March 2022 at 10:00 am, via MS Teams.

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

Meeting:	Fife NHS Board
Meeting date:	29 March 2022
Title:	Ministerial Annual Review Follow-Up Letter
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Fay Richmond, Executive Officer to Chair & Chief Executive

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As previously intimated to the Board, the Ministerial Annual Review was held via video conference on 25 October 2021. The meeting was attended by Kevin Stewart, Minister for Mental Wellbeing and Social Care, and Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland. The Chair and Chief Executive attended from NHS Fife.

The follow-up letter from the Minister, detailing the outcomes from the Annual Review and summarising discussions at the meeting, has now been received by NHS Fife, on 8 February 2022, and this paper provides that as Appendix 1.

2.2 Background

Given the ongoing pandemic conditions, the Annual Review was unable to be undertaken as normal via an in-person format, with wider representation from NHS Fife staff, services and the public. Nevertheless, annual reviews remain an important part of the accountability process for the NHS, and videoconferencing has been utilised to support the continuance of the process during the pandemic.

2.3 Assessment

A formal request for the Annual Review advance briefing pack was received in mid-September 2021. The submission was limited in length and had to be submitted two weeks before the review.

The format for the submission was specified as:

- A one-page “At a Glance Infographic” to summarise key activity and performance over the review period;
- A Look Back at the Pandemic Experience 2020/21, giving a high level summary of the activity/experience locally;
- A Forward Look section, in line with Board resilience and mobilisation plans;
- A section on local ‘Hot Topics’, limited to two pages per issue; and
- Submissions from the ACF, APF and Patients / Carers experience, reflecting on the pandemic period and looking forward to ongoing challenges.

NHS Fife’s full briefing submission was made on 13 October 2021 and helped inform the discussion at the review meeting.

Review letter

The Minister acknowledged the significant and sustained contribution to staff both in adapting their practice, using new technologies and working above and beyond their norm. Specifically noting *“I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work and give them an assurance that we will continue to do all we can to support them.”*

Staffing challenges were acknowledged alongside the recruitment of new graduates and the expected arrival of the first international nurses expected on 24th February 2022. The ongoing support of staff through hubs and other initiatives as well as the positive engagement and contribution of both the Area Clinical Forum and Area Partnership Forum were highlighted. Since the review ongoing efforts have been made to recruit to vacant posts and NHS Fife will welcome the first nurses appointed as part of the international recruitment campaign, in late February.

The letter identifies that the acute sector in NHS Fife continued to deliver services against a backdrop of sustained pressure. Identified causes were multifactorial including staffing challenges, high bed occupancy, bed closures, theatre capacity reduction and longer waits for admission. NHS Fife’s Winter Plan provides a system-wide framework, focussing on key areas of patient pathways, staffing, enhanced flow and alternatives-to-admission as well as linking with Scottish Ambulance Service and the Health and Social Care Partnership. All with the aim of providing as much community and out of hospital as possible. As the Board will be aware these pressures have continued and been exacerbated by the wave experienced over December and January. The Operational Pressure Escalation Levels (OPEL) Framework currently under development also supports understanding and management of demand, capacity, and flow.

The response noted that waiting lists have grown considerably, particularly in the second wave, due to increased critical care demand and need to release staff to provide support. Work is underway to enhance capacity for day surgery at Queen Margaret Hospital, Dunfermline. During the pandemic the first day case mastectomy was undertaken, and some specialities now regularly undertake lists there that formally took place at Victoria Hospital Kirkcaldy. Waiting lists continue to be clinically reviewed and patients prioritised by greatest need.

NHS Fife is actively involved in several improvement programmes, including the Redesign of Urgent Care, Discharge without Delay, and Interface Care, and all programmes report through the Board committee structure and to Scottish Government on a regular basis. The Flow Navigation Centre acts as a single point of access for GPs, triaging all GP calls prior to direct admission to hospital; allowing consideration of alternative pathways to admission. Further development of speciality hot clinics will support early access for urgent cases as an alternative to admission.

The Annual Review meeting noted that additional funding has been allocated to support improvement against the 62-day Cancer Waiting Time target. During 2021/22 the 31-day standard was achieved, 99.4% April- Dec. The 62-day position, as highlighted by the Minister, remain challenging 83% April -Dec. Within urology, prostate remains the most challenged pathway. Increasing numbers of referrals (69% between 2017 and 2021) and high conversion rates (average of 38% for prostate v 10% across all tumour groups) impacts on the ability to treat patients in target. The urology pathway has a significant number of necessary steps. Developments including new techniques and purchasing new equipment across some pathways is supporting performance against targets.

NHS Fife was one of seven Boards receiving enhanced improvement support in relation to Mental Health services. The positive engagement of staff with the process was noted by the Minister. CAMHS performance was initially heavily impacted by the pandemic, but some improvement was seen in the second half of 2020/21 and sustained into 2021/22. Psychological Therapies was similar, although their position recovered quicker than CAMHS. In looking forward, the Minister and Director General were content that NHS Fife has robust plans in place to remobilise services and to increase activity. Activity and performance for both is regularly reported through the committee structure and to the Board.

It was noted by the Minister that a clear commitment has been made by the Board to the re-provision of local mental health services, including the re-provision of the mental health estate. Whilst understanding this will need significant investment. The Board was asked to address any outstanding concerns from the Sharing Intelligence for Health and Care Group and Mental Welfare Commission in relation to local mental health and learning disability services, which has duly been undertaken. Environmental improvements have been made to areas of most concern with a marked reduction in absconding.

Within the period of the Review, the number of delayed discharges had initially fallen, with the specific actions taken at the beginning of the pandemic, but the Minister had noted that the position was again challenging position. The Board has been updated on this topic and

will note that since November 2021 a sustainable reduction has been seen in the number of people waiting for a transfer of care. Demand has been impacted by both Care Home and Community Hospital ward closures in December and January. Advocacy to support families during difficult legal processes has resulted in more timely decisions for individuals to move to a homely setting. Additional investment and whole system working have made a real difference to ensure patients are transferred home or to a homely setting across Fife in recent months.

2.3.1 Quality / Patient Care

The process of the Annual Review, alongside other assurance and governance frameworks, supports the continuous review of NHS Fife's performance and activity. Together, this supports the provision of care that is safe, effective and high quality.

2.3.2 Workforce

The role and experience of the workforce was highlighted in the submission, with specific input from the Area Clinical Forum and the Area Partnership Forum.

2.3.3 Financial

Financial performance was specifically detailed in NHS Fife's submission pack and formed part of the discussion at the meeting.

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

Through the process of detailing activity over the review period, all relevant equality and diversity matters were highlighted.

2.3.6 Communication, involvement, engagement and consultation

In preparing the submission the Executive and their wider teams were engaged and consulted with to provide appropriate briefing material. Consultation also took place with the ACF, APF and patient-representative groups on key matters to raise at the Annual Review, however the Annual Review meeting itself did not allow for direct engagement with these groups. The Chief Executive and Chair would welcome the reintroduction of these meetings in the future cycle of Ministerial Annual Reviews.

2.3.7 Route to the Meeting

This paper has previously been considered by the Executive Directors' Group at their meeting on 17 February 2022.

2.4 Recommendation

The Board is invited to note the summary letter received by NHS Fife following the Ministerial Annual Review held in October 2021, which is provided for:

- **Assurance** – for members' to note the key discussion points covered in the review meeting.

3 List of appendices

The following appendices are included with this report:

- Letter from Kevin Stewart summarising key discussion points from the Annual Review, dated 8 February 2022

Report Contact

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The Rt Hon. Tricia Marwick
Chair
NHS Fife

Via email: tricia.marwick@nhs.scot

08 February 2022

Dear Tricia,

NHS FIFE ANNUAL REVIEW: 25 OCTOBER 2021

1. Thank you for attending NHS Fife's Annual Review with your Chief Executive Carol Potter on 25 October via video conference. I am writing to summarise the key discussion points.
2. As with last year's round of Annual Reviews, in-person Reviews have not proved possible given the ongoing state of emergency as a result of the Covid-19 pandemic and associated pressures. Nonetheless, Annual Reviews remain an important part of the accountability process for the NHS and, as such, we have arranged for Ministers to hold appropriate sessions with the Chair and Chief Executive of each Board via video conference. I was supported in the meeting by: Caroline Lamb, Director General, Health & Social Care and Chief Executive of NHS Scotland.
3. The agenda for this year's round of Reviews has been split into two sections to cover: a look back over 2020/21, including the initial response to the pandemic; and a look forward, in line with the current Board resilience and mobilisation plans.

Look back: 2020/21, including the initial response to the pandemic

4. You provided a helpful overview of the Board's initial response to the pandemic from late February 2020. This required an unparalleled, immediate and radical restructure of both services and ways of working across the NHS in Scotland, including in NHS Fife. The Board's response and recovery planning process involved the rapid reconfiguration of local health and care services across acute, primary and community settings, including a significant increase in the use of technology, such as *Near Me*, to deliver care outside hospitals or clinic settings, alongside effective, whole system working.
5. Staff at every level have consistently performed above and beyond the call of duty to support both local services and the national effort: for instance, with the unprecedented *Test & Protect* and vaccination programmes, as well as the crucial support and clinical oversight provided to local care homes. You told us that the efforts to treat patients included the reorganisation of hospital facilities and the redeployment of clinical and non-clinical staff; in order to support front line teams and services. You noted that commitment and adaptability of local staff have been the Board's biggest asset in continuing to deliver high quality patient care during the most challenging of times.

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6. Indeed, it is through the consistent dedication and commitment of local health and social care staff, under largely unrelenting pressures, that we have ensured that the NHS has not been overwhelmed at any point during the pandemic, to date. As such, I would want to formally record our deep appreciation to all local health and social care staff for their outstanding work, and give them an assurance that we will continue to do all we can to support them.

7. In terms of the impact of Covid-19 and associated activity, as at September 2021, NHS Fife had: undertaken 10,374 contact tracing cases; double vaccinated 86.2% of the local population; delivering a range of remote consultations to maintain patient access and appropriate infection control: in the year to October 2021, the Board had delivered almost 4,000 *Near Me* consultations. NHS Fife was also one of the pilot areas that tested the national training materials and interim digital contact tracing platform. Mobile units allowed targeting of geographic areas with high test positivity, outbreaks and to support communities with higher rates of deprivation or limited access to transport availability. You confirmed that this activity, and the remarkable service adaptations undertaken at pace, such as the increased use of technological innovations, had been delivered via a highly effective local, whole system command structure: ensuring appropriate oversight and governance alongside delivery.

8. The need to establish capacity to meet the Covid-19 demands placed on health and social care required significant changes in the level of planned care available during 2020/21. During the first Covid-19 wave all planned surgery, with the exception of cancer, was paused. Subsequent surgical capacity during the remobilisation period from July to November and the second wave (December 2020 to March 2021) was restricted by capacity constraints necessary to follow national Infection Prevention and Control guidelines to protect patients and staff; and the need to continue to adapt to meet the numbers of Covid-19 admissions. Private sector capacity had supported some cancer activity and other local service remobilisation and, as noted above, access to care was maintained using a combination of face to face consultations and by making use of digital technology. The Board's remobilisation focus following the first wave of the pandemic had been underpinned by clinical prioritisation. However, impressive early progress had been limited by the operational impact of resurgences in Covid-19 admissions and the Board was further challenged by an incident of significant flooding at the Victoria Hospital site. Ultimately, the capacity available has not been sufficient to meet demand; resulting in an increase in the overall waiting list size during the year.

9. All Health Boards had seen unscheduled care pressures fall in the first phase of the pandemic, with the restrictions having a significant impact on attendances. However, as restrictions were eased following the initial lockdown, attendances had risen; and Boards faced new pressures in A&E Departments and receiving wards due to the higher acuity of some presentations, alongside the maintenance of appropriate infection control measures and streaming of patients. NHS Fife's monthly attendances for August 2021 were 7,042; representing a 107.9% increase from 3,387 in April 2020 when attendances were at the lowest levels ever recorded. Local 4-hour standard performance in the year to August 2021 was 89.8%; however, performance for the month of August 2021 had fallen to 83.6%. This pattern has been similar to the performance nationally at 77.8% for the same period. Similarly, as with most Boards, NHS Fife's delayed discharges were significantly reduced as a result of the initial pandemic interventions at the start of 2020/21. This position, however, has not been maintained and we returned to look at delayed discharge in the forward look section of the discussion.

10. With cancer service delivery remaining a priority, the Board's performance against the 31-Day standard was consistently excellent; however, performance against the more challenging 62-Day standard struggled to meet the Scottish average. In part, performance has been impacted by pressures on the specialist pathways shared between the Board and NHS Lothian. NHS Fife established one of Scotland's first early cancer diagnostic centres in June 2021 and initial patient experience had been encouraging.

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11. NHS Fife was one of seven Boards escalated for enhanced improvement support for Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies performance. NHS Fife's mental health teams engaged positively in the programme of tailored support; analysing performance and capacity date; modelling demand and trajectories; and identifying gaps. NHS Fife continued to provide mental health services throughout the pandemic, prioritised on need, largely by making use of digital technology. Performance for CAMHS was initially heavily impacted by the pandemic; however, some improvement was seen in the second half of 2020/21 which was generally being sustained into 2021/22. It was a similar situation for Psychological Therapies (monthly performance averaged 75% in 2020/21) although the fall in numbers of those starting treatment recovered to pre-pandemic levels quicker than for CAMHS.

12. In terms of financial management, NHS Fife delivered a balanced outturn in 2020/21, following the receipt of additional funding provided by the Government to support financial impact of Covid-19. £1.7 billion of additional funding was allocated to NHS Boards and Integration Authorities in 2020-21 to meet Covid-19 pressures, with NHS Fife and the Health & Social Care Partnership within the region receiving £69.8 million of this.

13. All Boards will need to learn from the pandemic experience and adapt; ensuring that the remarkable innovation and new ways of working demonstrated underpin the local strategy for a sustainable future. We also asked the local Area Clinical Forum and Area Partnership Forum to provide brief updates ahead of the Review and were pleased to note the ongoing positive engagement and contribution of both; the Board will need to harness this and ensure full staff support and engagement for the longer term recovery and renewal phase.

14. To summarise, we are most grateful for the outstanding efforts of local staff to adapt and maintain key services during 2020/21 for the benefit of local people, in the face of unrelenting pressures. We must also recognise that the initial pandemic response, which necessitated the prioritisation of Covid, emergency and urgent care, meant that there has inevitably been a regrettable increase in non-COVID health and wellbeing harms, alongside a significant and growing backlog of non-urgent planned care; and that, despite the success of the vaccination programme, we face ongoing risks around the disease, alongside a range of other pressures that are likely to have a significant impact this winter and beyond.

Forward look

15. Ensuring that the NHS is not overwhelmed remains of paramount importance and, given the myriad of pressures facing us, Boards will remain on an emergency footing until at least the end of March 2022. The Government has been holding mobilisation and critical winter planning meetings with all NHS Boards, including NHS Fife in the context of the [Health and Social Care Winter Overview](#), published on 22 October; which brings together all of the actions we have taken in preparation for the most recent winter period. The approach was based on four principles: maximising capacity; supporting staff wellbeing; supporting effective system flow; and improving outcomes. It outlined how we would: protect the public from the direct impact of Covid-19 and other winter viruses; support our staff to deliver high quality care; increase capacity and maintain high quality integrated health and social care; support the public through clear and consistent messaging to make sure they access the right care, in the right place, at the right time; and use digital and financial enablers to achieve these objectives.

16. This approach, supported by the [Adult Social Care Winter Plan](#), which sets out additional measures to protect the adult social care sector ahead of winter, is backed by £300 million of recurring funding, aimed at ensuring we have a well-staffed, well-supported and resilient health and social care system. The new multi-year funding will support a range of measures to maximise capacity in our hospitals and primary care, reduce delayed discharges, improve pay for social care staff, and ensure those in the community who need support receive effective and responsive care.

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17. You confirmed that the acute sector in NHS Fife had been experiencing sustained pressure across services. The causes were multifactorial and had resulted in very high bed occupancy, bed closures, reduced theatre capacity, cancellations of elective surgery, and some very long waits for admission. Within the national planning context noted above, you confirmed that NHS Fife's Winter Plan provided a system-wide framework that focused on patient pathways, staffing, enhanced flow and alternatives-to-admission, linking in with Scottish Ambulance Service, Health and Social Care Partnerships and specialty teams; providing as much support out of hospital as possible. We noted the local work underway as part of a range of improvement programmes, including the Redesign of Urgent Care, Discharge without Delay, and Interface Care; and will keep progress under close review. You further confirmed that the local Flow Navigation Centre is acting as a single point of access for GPs across Fife, triaging all GP calls prior to direct admission to hospital; allowing more opportunities for the utilisation of alternative pathways to hospital admission.

18. As noted above, delayed discharge has been a challenge within Fife and this impacts the patient experience (both those who are delayed in hospital and the corresponding impact on those waiting to access hospital), whilst compounding operational pressures around available acute capacity. Pressures include: staffing availability in social care; reduction in family support as other sectors remobilise; and the new and emerging needs of individuals. While there has been improvement work and some progress made, the ongoing staffing challenges are likely to continue to impact on performance. The Government will continue to provide as much assistance as possible, in support of the local actions including increased provision of *Hospital at Home*. There are particular local pressures around discharging adults with incapacity; we advised that there is work underway looking at the common factors contributing to delays in this area, and what more can be done accelerate the process. We will keep progress in this key area under close review.

20. We also remain very conscious on the cumulative pressures on the health and social care workforce and were pleased to note the steps NHS Fife is taking in terms of the wellbeing and resilience of local staff, including staff hubs being made permanent, delivered across local sites that can be easily accessed by health and social care staff; and the *Refresh, Refuel and Recharge* programme to ensure staff are taking care of themselves and their colleagues during shifts.

21. Whilst our focus over the winter period has necessarily been on resilience, we remain ever conscious of the backlog of elective care and associated harms. We continue to assist NHS Boards, including NHS Fife, with their plans for recovery, in light of the more than £1 billion of targeted investment driving the remobilisation of our NHS; as part of our [Recovery Plan](#), announced in August.

22. The waiting list position in NHS Fife has grown considerably, particularly through the second pandemic wave, due to the increased critical care demand and the need to release staff to provide support. You confirmed that action is underway to improve the workforce pressures, including the appointment of 150 newly qualified nurses. Whilst the Board still had around 200 nursing vacancies, you advised that further recruitment activity is underway, including international recruitment where this appropriate. Actions are ongoing to increase the capacity for Outpatients and Inpatient/Day Case activity and the Board is looking to explore opportunities to enhance the capacity of the day surgery facility at Queen Margaret Hospital, Dunfermline. In the longer term, the Board's capacity will be significantly enhanced by NHS Fife's Elective Orthopaedic Centre is currently projected for completion in October 2022, with clinical activity anticipated to start early 2023. This will support the Board's orthopaedic recovery through the replacement of existing theatres and provision of additional capacity.

23. Cancer Waiting Times funding of £681,000 has been allocated to improve performance for 2021/22. We noted that urology remains the most challenging pathway locally. Recurring funding was agreed to ensure sustainability and there is an expectation that 95% of eligible local patients will be treated within 62 days by March 2025.

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24. In terms of local mental health services, we are content that NHS Fife has robust plans in place to remobilise services and to increase activity: the Board estimated it would meet the CAMHS waiting times standard by October 2022 and the Psychological Therapies standard by end of March 2023. NHS Fife has made a clear commitment to the re-provision of local mental health services, including the re-provision of the mental health estate; we acknowledged this will be a large undertaking, requiring significant investment. As part of this approach, the Board will need to address any outstanding concerns from the Sharing Intelligence for Health and Care Group and Mental Welfare Commission in relation to local mental health and learning disability services. A regular programme of engagement will continue via the Government's Mental Health Performance Unit to monitor progress and the associated spend of the Mental Health Recovery and Renewal fund.

25. After pausing longer term financial planning in March 2020 in response to Covid-19, NHS Boards are starting to draft 3-year financial plans that will come into effect from 2022-23. We recognise the ongoing financial impact of Covid and associated pressures; alongside the Board's short fall in savings delivery in-year when compared to the national position, we are working with the Board on actions and the Government will continue to regularly engage with the Board to monitor the financial position and to assist with planning.

Conclusion

26. I hope that by the time of the next Review we will be free of some of the more extreme recent pressures and able to focus fully on local service recovery and renewal. I am, nonetheless, under no illusion that the NHS potentially faces the most challenging winter in its history and are grateful for your ongoing efforts to ensure resilience. We will continue to keep both local activity under close review and to provide as much support as possible.

27. I want to conclude by reiterating my sincere thanks to the NHS Fife Board and staff for your sustained professionalism and commitment, in the face of unprecedented and unremitting pressures during both 2020/21 and 2021/22, for the benefit of local people.

Yours sincerely,



KEVIN STEWART

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Meeting:	Fife NHS Board
Meeting date:	29 March 2022
Title:	Executive Summary Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented to the NHS Fife Board for:

- Assurance

This report relates to:

- Performance Management
- RMP4 performance against projections

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

Activity performance for the first half of FY 2021/22 was initially assessed against RMP3 (the 1-year re-mobilisation plan for this year). From October onwards, RMP3 was superseded by RMP4, which has enabled Health Boards to update their plans for the second half of the year based on experiences in the first 6 months. A summary of monthly activity covering more areas than required by the SG is provided in the table on Page 4 of the report.

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

2.2 Background

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

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

2.3 Assessment

The Executive Summary report for the next diet of NHS Fife Board Committees will include a section on the key indicators that have been assigned to the newly formed Public Health and Wellbeing Committee. These will be finalised following the IPQR Review currently underway.

Clinical Governance

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

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Above Scottish average
Falls ¹	Monthly	7.68 per 1,000 TOBD	Not achieving
Falls With Harm ¹	Monthly	1.65 per 1,000 TOBD	Not achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI ²	Quarterly	2.5%	Achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD	Achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	Achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) ³	Monthly	65% (50% by Oct 2021)	Not achieving

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

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

³ Due mainly to the ongoing pandemic, performance worsened during FY 2020/21. Following discussion with the Nursing Director, a revised target of achieving 50% by October 2021 and 65% by March 2022 was agreed. However, recent hospital pressures have resulted in a decision to 'pause' some complaints activities, and this is inevitably being reflected in the performance figures.

Staff Governance

The Staff Governance aspect of the report covers Sickness Absence.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	3.89% for 2021/22 (4.00% is the LDP Standard)	6.98% in December 2021 (worse than the planned improvement trajectory for 2021/22 at this stage, and excludes COVID-related absence)

Finance, Performance & Resources

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

Operational Performance

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

Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	(£14.2m)	Achieving
Capital Expenditure	Monthly	£33.5m	Achieving

¹ NHS Fife fractionally missed the target for 2019/20, but this was due to the delivery of interventions in an A&E setting being paused during the pandemic – data collection for 2020/21 and 2021/22 has not been pursued, and there has been no guidance on expected achievement from the Scottish Government

² Performance data has not been available since August 2021, due to the introduction of a new reporting system and subsequent queries around data quality. The latest data is for May 2021, but PHS have now published figures up to the end of September 2021 and we expect to resume local monthly updates by the start of FY 2022/23.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Workforce performance is summarised in the report

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

The NHS Fife Board is requested to:

- **Take Assurance** on reported performance and achieved remobilisation activity to date and to consider any issues escalated via the Standing Committees

3 List of appendices

None

Report Contact

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Executive Summary

for the Report Produced in February 2022

Introduction

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

The ESIPQR comprises of the following sections:

I. Executive Summary

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

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

- Staff Governance 3rd March 2022
- Public Health & Wellbeing 8th March 2022
- Clinical Governance 10th March 2022
- Finance, Performance & Resources 15th March 2022

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

MARGO MCGURK

Director of Finance & Strategy
22nd March 2022

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

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 agreed its Joint Remobilisation (RMP3) for 2021/22 at the start of 2021, and this effectively replaced the previous 1-year or 3-year Annual Operational Plans. It has now been superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and RMP4 include 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.

Action completion dates appear in **RED** text if they have slipped, but will revert to **BLACK** text in the next issue of the report, provided no further slips have been reported.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 8 (28%) classified as **GREEN**, 5 (17%) **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 were notable improvements in the following areas in December:

- All HAI Infection Rates ahead of trajectory for achieving improvement targets by March
- % bed days lost due to patients in delay and 'Standard' delays at lowest levels since March 2021

Additionally, it has now been 20 months since the Cancer-31 DTT performance fell below the 95% Standard, with 5 months out of 9 this FY reporting no breaches.

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 (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in around 80% where we are able to compare our performance nationally we are delivering performance within either the upper quartile or the mid-range.

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	Dec-20	24	Nov-21	32	Dec-21	26	↑	<table border="1"> <tr><td colspan="4">N/A</td></tr> <tr><td>YE Sep-21</td><td>1.04</td><td>●</td><td>1.00</td></tr> <tr><td colspan="4">N/A</td></tr> <tr><td colspan="4">N/A</td></tr> <tr><td colspan="4">N/A</td></tr> <tr><td>QE Dec-19</td><td>2.3%</td><td>●</td><td>0.9%</td></tr> <tr><td>QE Sep-21</td><td>16.6</td><td>●</td><td>18.3</td></tr> <tr><td>QE Sep-21</td><td>9.5</td><td>●</td><td>9.6</td></tr> <tr><td>QE Sep-21</td><td>9.5</td><td>●</td><td>16.7</td></tr> <tr><td>QE Sep-21</td><td>4.2</td><td>●</td><td>4.9</td></tr> <tr><td>QE Sep-21</td><td>60.3</td><td>●</td><td>41.4</td></tr> <tr><td>QE Sep-21</td><td>42.2</td><td>●</td><td>39.4</td></tr> <tr><td>2020/21</td><td>80.2%</td><td>●</td><td>79.5%</td></tr> <tr><td>2020/21</td><td>32.8%</td><td>●</td><td>57.8%</td></tr> </table>	N/A				YE Sep-21	1.04	●	1.00	N/A				N/A				N/A				QE Dec-19	2.3%	●	0.9%	QE Sep-21	16.6	●	18.3	QE Sep-21	9.5	●	9.6	QE Sep-21	9.5	●	16.7	QE Sep-21	4.2	●	4.9	QE Sep-21	60.3	●	41.4	QE Sep-21	42.2	●	39.4	2020/21	80.2%	●	79.5%	2020/21	32.8%	●	57.8%																								
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HSMR	N/A	Year Ending	Sep-20	1.01	Jun-21	1.03	Sep-21	1.04	↓																																																																																		
Inpatient Falls	7.68	Month	Dec-20	8.90	Nov-21	8.35	Dec-21	8.33	↑																																																																																		
Inpatient Falls with Harm	1.65	Month	Dec-20	2.35	Nov-21	1.37	Dec-21	2.18	↓																																																																																		
Pressure Ulcers	0.42	Month	Dec-20	0.83	Nov-21	1.40	Dec-21	1.37	↑																																																																																		
Caesarean Section SSI	2.5%	Quarter Ending	Sep-20	2.2%	Jun-21	3.6%	Sep-21	2.5%	↑																																																																																		
SAB - HAI/HCAI	18.8	Quarter Ending	Dec-20	20.6	Nov-21	15.1	Dec-21	12.7	↑																																																																																		
SAB - Community	N/A	Quarter Ending	Dec-20	11.7	Nov-21	11.9	Dec-21	9.6	↑																																																																																		
C Diff - HAI/HCAI	6.5	Quarter Ending	Dec-20	6.5	Nov-21	5.8	Dec-21	4.6	↑																																																																																		
C Diff - Community	N/A	Quarter Ending	Dec-20	2.1	Nov-21	2.1	Dec-21	1.1	↑																																																																																		
ECB - HAI/HCAI	33.0	Quarter Ending	Dec-20	50.3	Nov-21	47.6	Dec-21	33.6	↑																																																																																		
ECB - Community	N/A	Quarter Ending	Dec-20	24.4	Nov-21	32.4	Dec-21	33.1	↓																																																																																		
Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Dec-20	82.4%	Nov-21	71.4%	Dec-21	67.9%	↓																																																																																		
Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Dec-20	25.8%	Nov-21	12.2%	Dec-21	7.0%	↓																																																																																		
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-20	100.0%	Nov-21	100.0%	Dec-21	100.0%	↔	<table border="1"> <tr><td colspan="4">N/A</td></tr> <tr><td>Dec-21</td><td>76.1%</td><td>●</td><td>75.7%</td></tr> <tr><td>Sep-21</td><td>69.3%</td><td>●</td><td>37.5%</td></tr> <tr><td>Sep-21</td><td>58.0%</td><td>●</td><td>48.1%</td></tr> <tr><td>Sep-21</td><td>75.8%</td><td>●</td><td>57.8%</td></tr> <tr><td>QE Sep-21</td><td>71.4%</td><td>●</td><td>75.1%</td></tr> <tr><td>QE Sep-21</td><td>98.9%</td><td>●</td><td>96.7%</td></tr> <tr><td>QE Sep-21</td><td>89.3%</td><td>●</td><td>83.1%</td></tr> <tr><td>2019, 2020</td><td>22.5%</td><td>●</td><td>24.1%</td></tr> <tr><td colspan="4">N/A</td></tr> <tr><td>QE Jun-21</td><td>9.2%</td><td>●</td><td>5.0%</td></tr> <tr><td>Dec-21</td><td>14.56</td><td>●</td><td>23.83</td></tr> <tr><td>FY 2020/21</td><td>89.3%</td><td>●</td><td>88.5%</td></tr> <tr><td>QE Jun-21</td><td>64.4%</td><td>●</td><td>92.4%</td></tr> <tr><td>QE Sep-21</td><td>83.8%</td><td>●</td><td>78.6%</td></tr> <tr><td>QE Sep-21</td><td>86.3%</td><td>●</td><td>87.2%</td></tr> <tr><td>FY 2019/20</td><td>79.2%</td><td>●</td><td>83.2%</td></tr> <tr><td>QE Mar-21</td><td>94.5%</td><td>●</td><td>95.6%</td></tr> <tr><td>2018/19</td><td>93.7%</td><td>●</td><td>75.1%</td></tr> <tr><td>2018/19</td><td>60.9%</td><td>●</td><td>43.4%</td></tr> </table>	N/A				Dec-21	76.1%	●	75.7%	Sep-21	69.3%	●	37.5%	Sep-21	58.0%	●	48.1%	Sep-21	75.8%	●	57.8%	QE Sep-21	71.4%	●	75.1%	QE Sep-21	98.9%	●	96.7%	QE Sep-21	89.3%	●	83.1%	2019, 2020	22.5%	●	24.1%	N/A				QE Jun-21	9.2%	●	5.0%	Dec-21	14.56	●	23.83	FY 2020/21	89.3%	●	88.5%	QE Jun-21	64.4%	●	92.4%	QE Sep-21	83.8%	●	78.6%	QE Sep-21	86.3%	●	87.2%	FY 2019/20	79.2%	●	83.2%	QE Mar-21	94.5%	●	95.6%	2018/19	93.7%	●	75.1%	2018/19	60.9%	●	43.4%
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4-Hour Emergency Access	95%	Month	Dec-20	86.9%	Nov-21	74.6%	Dec-21	71.4%	↓																																																																																		
Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Dec-20	62.3%	Nov-21	65.1%	Dec-21	63.1%	↓																																																																																		
New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Dec-20	57.5%	Nov-21	57.1%	Dec-21	53.8%	↓																																																																																		
Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Dec-20	95.9%	Nov-21	68.3%	Dec-21	57.8%	↓																																																																																		
18 Weeks RTT	90%	Month	Dec-20	70.9%	Nov-21	70.0%	Dec-21	72.9%	↓																																																																																		
Cancer 31-Day DTT	95%	Month	Dec-20	98.8%	Nov-21	100.0%	Dec-21	100.0%	↔																																																																																		
Cancer 62-Day RTT	95%	Month	Dec-20	91.3%	Nov-21	85.0%	Dec-21	75.4%	↓																																																																																		
Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	↑																																																																																		
Freedom of Information Requests	85%	Quarter Ending	Dec-20	85.4%	Nov-21	80.9%	Dec-21	84.5%	↑																																																																																		
Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-20	5.3%	Nov-21	10.6%	Dec-21	6.0%	↑																																																																																		
Delayed Discharge (# Standard Delays)	N/A	Month	Dec-20	25	Nov-21	82	Dec-21	44	↑																																																																																		
Antenatal Access	80%	Month	Nov-20	85.1%	Oct-21	90.2%	Nov-21	88.4%	↓																																																																																		
Smoking Cessation	473	YTD	Oct-20	51.4%	Sep-21	57.6%	Oct-21	52.9%	↓																																																																																		
CAMHS Waiting Times	90%	Month	Dec-20	85.8%	Nov-21	71.2%	Dec-21	68.2%	↓																																																																																		
Psychological Therapies Waiting Times	90%	Month	Dec-20	80.8%	Nov-21	78.8%	Dec-21	81.1%	↑																																																																																		
Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑																																																																																		
Drugs & Alcohol Treatment Waiting Times	90%	Month	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓																																																																																		
Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	96.1%	↑																																																																																		
Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.5%	↓																																																																																		
Finance	Revenue Resource Limit Performance	(£14.2m)	Month	Dec-20	N/A	Nov-21	(£14.2m)	Dec-21	(£13.8m)	↑	<table border="1"> <tr><td colspan="4">N/A</td></tr> <tr><td colspan="4">N/A</td></tr> </table>	N/A				N/A																																																																											
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Capital Resource Limit Performance	£33.5m	Month	Dec-20	N/A	Nov-21	£9.9m	Dec-21	£11.8m	↑																																																																																		
Staff Governance	Sickness Absence	3.89%	Month	Dec-20	5.87%	Nov-21	6.79%	Dec-21	6.98%	↓	<table border="1"> <tr><td>YE Mar-21</td><td>4.77%</td><td>●</td><td>4.67%</td></tr> </table>	YE Mar-21	4.77%	●	4.67%																																																																												
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d. NHS Fife Remobilisation Summary – Position at end of January 2022

		Quarter End			Month End				Quarter End
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22	Mar-22
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)									
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	3,400	1,203	1,269	1,268		3,740
	Actual	3,260	2,953	2,795	752				
	Variance	279	-167	-605	-451				
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	20,905	7,286	7,287	7,288		21,861
	Actual	19,488	20,161	19,599	5,060				
	Variance	2,388	1,036	-1,306	-2,226				
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	1,840	613	613	614		1,840
	Actual	1,406	1,511	1,258	441				
	Variance	-395	-322	-582	-172				
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	13,642	4,480	4,605	4,607		13,692
	Actual	12,971	12,629	11,733	3,962				
	Variance	2,121	1,379	-1,909	-518				
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	20,620	7,110	6,450	6,780		20,340
	Actual	20,728	21,110	18,701	5,920				
	Variance	3,618	2,000	-1,919	-1,190				
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			80.0%	85.0%	86.0%	87.0%		83.0%
	Actual			77.4%	77.1%				
	Variance			-2.6%	-7.9%				
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	10,680	3,520	3,190	3,410		10,120
	Actual	10,085	10,006	9,980	3,298				
	Variance	2,045	1,686	-700	-222				
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85	5.63					5.73
	Actual	5.55	6.17	6.34					
	Variance	-0.27	0.32	0.71					
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	2,610	870	870	870		2,610
	Actual	2,885	3,047	2,819	980				
	Variance	435	437	209	110				
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	384	128	128	128		384
	Actual	305	337	306					
	Variance	-110	-98	-78					
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70		210
	Actual			215					
	Variance			15					
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120		393
	Actual			350					
	Variance			-55					
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			68	20	10	0		30
	Actual			13					
	Variance			-55					
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			69.3%	70.0%	75.0%	80.0%		75.0%
	Actual			71.9%					
	Variance			2.6%					
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			1,941	768	799	630		2,197
	Actual			1,750					
	Variance			-191					
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			234	85	70	55		210
	Actual			113					
	Variance			-121					
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.2%	67.5%	65.9%	70.9%		67.9%
	Actual			80.1%					
	Variance			6.9%					

		Month End	Month End	Month End	Month End				Month End
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	65	63	84	81	73	66		66
	Actual	128	112	69	96				
	Variance	63	49	-15	15				
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	28	27	23	21	21	20		20
	Actual	47	29	25	46				
	Variance	19	2	2	25				
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	36	61	60	52	46		46
	Actual	81	83	44	50				
	Variance	44	47	-17	-10				

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

e. Committee Issues and Comments

Clinical Governance Committee

There are no performance-related issues that require to be escalated to the NHS Fife Board.

Finance Performance & Resources Governance

There are no performance-related issues that require to be escalated to the NHS Fife Board.

Staff Governance

The decline in sickness absence performance levels during the current financial year, despite a range of actions and the provision of support services to reduce sickness absence was highlighted for escalation to the Board, noting the continuing staffing pressures and ongoing service challenges during the extended period of the COVID-19 pandemic and winter months.

Public Health & Wellbeing

There are no performance-related issues that require to be escalated to the NHS Fife Board.

f. Assessment

CLINICAL GOVERNANCE		Target	Current
HSMR		1.00	1.04
Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	2.18
Falls data/trends are reviewed continuously, and currently show a broadly static picture in the number of falls with harm over the last year, with some increase noted in December. This correlates with an increase in staff absence alongside significant vacancies and an associated increase in the use of supplementary staffing. Environmental challenges in relation to maintaining the appropriate infection control measures and the demand on capacity across all in patient areas increases the challenge of maintaining supervision. Data is reviewed with wards to support mitigation and consider action for improvement, but the challenges noted has impacted the pace of improvement towards the target.			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	1.37
Acute: In the previous quarter the pressure ulcer performance remains below trajectory. The data shows non-random variation with no noticeable signs of improvement. Data continues to be shared with local teams in order to drive improvement. To complement the Excellence in Care, CAIR dashboard a Quality and Clinical Governance dashboard is being built locally. This will allow for a real time review of adverse events, including pressure ulcers and will allow for early identification of emerging themes so that that support can be provided timely. HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Monitoring is undertaken weekly at the Quality Matters Assurance Safety Huddle using adverse events quality dashboard, involving senior clinicians and managers from across the HSCP representing all services. This dashboard continues to evolve and covers all care delivery services within the partnership, and enables a timely action to be taken to the incidences. The LAER/SAER process continues to ensure robust review with key learning to inform improvement activity, and there is ongoing work to improve the sharing of learning from these reviews.			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.5%
Mandatory SSI surveillance remains paused until further instruction from the Scottish Government. However, Maternity Services continue to monitor Caesarean Section SSI cases and, where necessary carry out Clinical Reviews. The performance data provided is non-validated and does not follow the NHS Fife Methodology, and no national comparison data has been published since Q4 2019.			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	12.7
NHS Fife continues to be on target to achieve a 10% infection rate reduction by March 2022. There was one Renal haemodialysis line SAB in October, but there have been no PVC SABs since August.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	4.6
At the end of December, NHS Fife is in line to achieve the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022. There was just one health care associated CDI in December. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence since August.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	33.6
The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. At the end of December, NHS Fife was on target to achieve this. There were 18 ECBs in total for December with two of these due to a CAUTI. Reducing CAUTI incidence remains the quality improvement focus to achieve the reduction target of HCAI ECBs.			

CLINICAL GOVERNANCE		Target	Current
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	7.0%
<p>There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments, particularly in regard to the programme team delivering third vaccines.</p>			

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	74.6%
<p>The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation Centre are being increased further to support prevention of admission from primary care and early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.</p>			

Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	63.1%
<p>Performance in December has deteriorated further with 63.1% waiting less than 12 weeks compared to stable performance of 68% in June. Elective activity in December was significantly less than projected with surgery being restricted to urgent patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,121 patients on list in December, 34% greater than in January. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients and difficulties in maintaining access to beds for elective activity. It is anticipated that there will be a gradual resumption in non urgent activity in February, but this is heavily dependent on our ability to maintain access to beds for elective activity.</p>			

New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	53.8%
<p>Performance stabilised in November but deteriorated in December with 53.8% waiting less than 12 weeks following the decision to cancel routine outpatients to support the response to the emergence of the Omicron variant and significant pressures in unscheduled care. The waiting list has reduced but remains high with 20,619 on the outpatient waiting list. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks rose slightly in December but has reduced by 67% since March. Due to the ongoing need for physical distancing our outpatient capacity and therefore activity continues to be restricted. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients.</p>			

Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	57.8%
<p>Performance continues to be under significant pressure, decreasing to 57.8 % of patients in December waiting less than 6 weeks (52.7 % for endoscopy and 58.7% for radiology). The waiting list for diagnostics has increased again, to 6,661 in December. This increase is seen in both endoscopy (mainly Colonoscopy) and radiology (mainly CT and Ultrasound). The demand for urgent and inpatient examinations particularly for CT and Ultrasound remains high resulting in increased routine waits for these modalities. There is a continued focus on urgent and urgent suspicion 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 but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.</p>			

OPERATIONAL PERFORMANCE		Target	Current
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	75.4%
<p>December continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to staffing issues and lack of resources. Breast, Oncology and Urology capacity are our current most challenging areas. The majority of breaches continue to be seen in Prostate due to the challenging, lengthy pathway. The range of breaches were 2 to 126 days (average 27 days).</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	84.5%
<p>There were 55 FOI requests closed in December, 7 of which were late, a monthly closure performance of 87.3%.</p> <p>The performance figure above reflects the performance for the final quarter of 2021, and is the highest 3-month figure since the period from April to June, earlier in the year. Recent figures show a continuing improvement towards the target after a challenging period in the summer.</p> <p>An Information Governance and Security Advisor has been appointed as FOISA lead and is now overseeing FOISA requests.</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	5%	6.0%
<p>The number of bed days lost due to patients in delay has reduced from the previous quarter, but has remained above the target of 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 65 downstream beds over the last 6 months to mitigate against the lack of care at home, care home and ward closures, and continue to recruit for care at home and commission additional interim beds. As of the 31st December, 40% of the official delays are code 100 and code 51X and 14% are coded against care home/ward closures.</p>			

FINANCE		Forecast	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£14.2m)	(£13.8m)
<p>At the end of December the board's reported financial position is an overspend against budget of £13.8m comprising an adverse variance for Acute Services Division of £16.5m and £4m for External Health Care Providers, offset by favourable variances across Corporate Budgets of £6.7m. The exceptional demand on unscheduled care capacity within Acute Services continues to be a challenge to available financial resources coupled with increasing costs of External Health Care Providers. The forecast outturn for the board is an overspend of £14.2m which is a significant improvement on the September (Q2) forecast of £16.9m. The savings target of £8.2m the board committed to delivering in year was delivered in full at the end of December.</p>			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£33.5m	£11.8m
<p>The overall anticipated capital budget for 2021/22 is £33.5m. The capital position for the period to December records spend of £11.8m. The full capital budget is on track to be delivered in full by 31 March 2022.</p>			

STAFF GOVERNANCE		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	6.98%
<p>The sickness absence rate in December was 6.98%, an increase of 0.19% from the rate in November. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.37%.</p> <p>Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS(AfC)2019/2 is unlikely to be achieved and we anticipate further NHSScotland guidance on sickness absence targets, which will reflect the circumstances of the last two years.</p>			

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	146
<p>Service provision has continued to be delivered remotely by phone, Near Me appointments and use of translation service. Main service access is self-referral by phone, with limited referrals for other health professionals. Some service staff have been deployed to support organisational pressures therefore reduced capacity within the team. The specialist smoking cessation service have been asked to support the Midwifery smoking cessation service as they are experiencing capacity issues with one member of staff on long term absence and one retired. Services have been promoted on hospital radio and planning has started for No Smoking Day on 9th March.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	68.2%
<p>As predicted in the CAMHS Referral to Treatment (RTT) Projections, RTT% has reduced as work on the longest waits increases. The amount of activity is lower than projected due to ongoing vacancies, persistent levels of staff absence and patient cancellations as a result of Covid-19. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to this client group. To assist in managing the urgent presentations and to free capacity to offer same day assessments at VHK/A&E, CAMHS has introduced Risk Assessment Clinics provided by East & West Core Teams. New recruits are working towards full capacity and Longest Waits staff will take up post in February. Vacant posts remain under review and out to advert. SG Recovery & Renewal funding proposal for Phase 2 recruitment has been approved by HSCP SLT and has been escalated to NHS Fife EDG for support.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	81.1%
<p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year, with an average increase of 82 referrals per month. This has resulted in an increase in numbers on the waiting list and a slowing of the reduction in the number of people waiting over 53 weeks. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.</p>			

Fife Integrated Performance & Quality Report

Produced in February 2022

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
- d. Public Health & Wellbeing

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

MARGO MCGURK

Director of Finance & Strategy
15th February 2022

Prepared by:

BRYAN ARCHIBALD

Planning & Performance Manager

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 agreed its Joint Remobilisation (RMP3) for 2021/22 at the start of 2021, and this effectively replaced the previous 1-year or 3-year Annual Operational Plans. It has now been superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and RMP4 include 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.

Action completion dates appear in **RED** text if they have slipped, but will revert to BLACK text in the next issue of the report, provided no further slips have been reported.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 8 (28%) classified as **GREEN**, 5 (17%) **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 were notable improvements in the following areas in December:

- All HAI Infection Rates ahead of trajectory for achieving improvement targets by March
- % bed days lost due to patients in delay and 'Standard' delays at lowest levels since March 2021

Additionally, it has now been 20 months since the Cancer-31 DTT performance fell below the 95% Standard, with 5 months out of 9 this FY reporting no breaches.

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 (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in around 80% where we are able to compare our performance nationally we are delivering performance within either the upper quartile or the mid-range.

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	Dec-20	24	Nov-21	32	Dec-21	26	↑		N/A			
	HSMR	N/A	Year Ending	Sep-20	1.01	Jun-21	1.03	Sep-21	1.04	↓		YE Sep-21	1.04	●	1.00
	Inpatient Falls	7.68	Month	Dec-20	8.90	Nov-21	8.35	Dec-21	8.33	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Dec-20	2.35	Nov-21	1.37	Dec-21	2.18	↓		N/A			
	Pressure Ulcers	0.42	Month	Dec-20	0.83	Nov-21	1.40	Dec-21	1.37	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Sep-20	2.2%	Jun-21	3.6%	Sep-21	2.5%	↑		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Dec-20	20.6	Nov-21	15.1	Dec-21	12.7	↑		QE Sep-21	16.6	●	18.3
	SAB - Community	N/A	Quarter Ending	Dec-20	11.7	Nov-21	11.9	Dec-21	9.6	↑		QE Sep-21	9.5	●	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Dec-20	6.5	Nov-21	5.8	Dec-21	4.6	↑		QE Sep-21	9.5	●	16.7
	C Diff - Community	N/A	Quarter Ending	Dec-20	2.1	Nov-21	2.1	Dec-21	1.1	↑		QE Sep-21	4.2	●	4.9
	ECB - HAI/HCAI	33.0	Quarter Ending	Dec-20	50.3	Nov-21	47.6	Dec-21	33.6	↑		QE Sep-21	60.3	●	41.4
	ECB - Community	N/A	Quarter Ending	Dec-20	24.4	Nov-21	32.4	Dec-21	33.1	↓		QE Sep-21	42.2	●	39.4
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Dec-20	82.4%	Nov-21	71.4%	Dec-21	67.9%	↓		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Dec-20	25.8%	Nov-21	12.2%	Dec-21	7.0%	↓		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-20	100.0%	Nov-21	100.0%	Dec-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Dec-20	86.9%	Nov-21	74.6%	Dec-21	71.4%	↓		Dec-21	76.1%	●	75.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Dec-20	62.3%	Nov-21	65.1%	Dec-21	63.1%	↓		Sep-21	69.3%	●	37.5%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Dec-20	57.5%	Nov-21	57.1%	Dec-21	53.8%	↓		Sep-21	58.0%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Dec-20	95.9%	Nov-21	68.3%	Dec-21	57.8%	↓		Sep-21	75.8%	●	57.8%
	18 Weeks RTT	90%	Month	Dec-20	70.9%	Nov-21	70.0%	Dec-21	72.9%	↓		QE Sep-21	71.4%	●	75.1%
	Cancer 31-Day DTT	95%	Month	Dec-20	98.8%	Nov-21	100.0%	Dec-21	100.0%	↔		QE Sep-21	98.9%	●	96.7%
	Cancer 62-Day RTT	95%	Month	Dec-20	91.3%	Nov-21	85.0%	Dec-21	75.4%	↓		QE Sep-21	89.3%	●	83.1%
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Dec-20	85.4%	Nov-21	80.9%	Dec-21	84.5%	↑		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-20	5.3%	Nov-21	10.6%	Dec-21	6.0%	↑		QE Jun-21	9.2%	●	5.0%
	Delayed Discharge (# Standard Delays)	N/A	Month	Dec-20	25	Nov-21	82	Dec-21	44	↑		Dec-21	14.56	●	23.83
	Antenatal Access	80%	Month	Nov-20	85.1%	Oct-21	90.2%	Nov-21	88.4%	↓		FY 2020/21	89.3%	●	88.5%
	Smoking Cessation	473	YTD	Oct-20	51.4%	Sep-21	57.6%	Oct-21	52.9%	↓		QE Jun-21	64.4%	●	92.4%
	CAMHS Waiting Times	90%	Month	Dec-20	85.8%	Nov-21	71.2%	Dec-21	68.2%	↓		QE Sep-21	83.8%	●	78.6%
	Psychological Therapies Waiting Times	90%	Month	Dec-20	80.8%	Nov-21	78.8%	Dec-21	81.1%	↑		QE Sep-21	86.3%	●	87.2%
	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	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓		QE Mar-21	94.5%	●	95.6%
Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	96.1%	↑	2018/19	93.7%	●	75.1%		
Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.5%	↓	2018/19	60.9%	●	43.4%		
Finance	Revenue Resource Limit Performance	(£14.2m)	Month	Dec-20	N/A	Nov-21	(£14.2m)	Dec-21	(£13.8m)	↑	N/A				
	Capital Resource Limit Performance	£33.5m	Month	Dec-20	N/A	Nov-21	£9.9m	Dec-21	£11.8m	↑	N/A				
Staff Governance	Sickness Absence	3.89%	Month	Dec-20	5.87%	Nov-21	6.79%	Dec-21	6.98%	↓	YE Mar-21	4.77%	●	4.67%	

d. NHS Fife Remobilisation Summary – Position at end of January 2022

		Quarter End			Month End			
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	3,400	1,203	1,269	1,268	3,740
	Actual	3,260	2,953	2,795	752			
	Variance	279	-167	-605	-451			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	20,905	7,286	7,287	7,288	21,861
	Actual	19,488	20,161	19,599	5,060			
	Variance	2,388	1,036	-1,306	-2,226			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	1,840	613	613	614	1,840
	Actual	1,406	1,511	1,258	441			
	Variance	-395	-322	-582	-172			
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	13,642	4,480	4,605	4,607	13,692
	Actual	12,971	12,629	11,733	3,962			
	Variance	2,121	1,379	-1,909	-518			
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	20,620	7,110	6,450	6,780	20,340
	Actual	20,728	21,110	18,701	5,920			
	Variance	3,618	2,000	-1,919	-1,190			
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			80.0%	85.0%	86.0%	87.0%	83.0%
	Actual			77.4%	77.1%			
	Variance			-2.6%	-7.9%			
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	10,680	3,520	3,190	3,410	10,120
	Actual	10,085	10,006	9,980	3,298			
	Variance	2,045	1,686	-700	-222			
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85	5.63				5.73
	Actual	5.55	6.17	6.34				
	Variance	-0.27	0.32	0.71				
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	2,610	870	870	870	2,610
	Actual	2,885	3,047	2,819	980			
	Variance	435	437	209	110			
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	384	128	128	128	384
	Actual	305	337	306				
	Variance	-110	-98	-78				
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70	210
	Actual			215				
	Variance			15				
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120	393
	Actual			350				
	Variance			-55				
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			68		10	0	30
	Actual			13				
	Variance			-55				
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			69.3%	70.0%	75.0%	80.0%	75.0%
	Actual			71.9%				
	Variance			2.6%				
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			1,941	768	799	630	2,197
	Actual			1,750				
	Variance			-191				
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			234	85	70	55	210
	Actual			113				
	Variance			-121				
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.2%	67.5%	65.9%	70.9%	67.9%
	Actual			80.1%				
	Variance			6.9%				

		Month End			Month End			
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	65	63	84	81	73	66	66
	Actual	128	112	69	96			
	Variance	63	49	-15	15			
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	28	27	23	21	21	20	20
	Actual	47	29	25	46			
	Variance	19	2	2	25			
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	36	61	60	52	46	46
	Actual	81	83	44	50			
	Variance	44	47	-17	-10			

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	1.04
<p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.</p>			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	2.18
<p>Falls data/trends are reviewed continuously, and currently show a broadly static picture in the number of falls with harm over the last year, with some increase noted in December. This correlates with an increase in staff absence alongside significant vacancies and an associated increase in the use of supplementary staffing. Environmental challenges in relation to maintaining the appropriate infection control measures and the demand on capacity across all in patient areas increases the challenge of maintaining supervision. Data is reviewed with wards to support mitigation and consider action for improvement, but the challenges noted has impacted the pace of improvement towards the target.</p>			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	1.37
<p>Acute: In the previous quarter the pressure ulcer performance remains below trajectory. The data shows non-random variation with no noticeable signs of improvement. Data continues to be shared with local teams in order to drive improvement. To complement the Excellence in Care, CAIR dashboard a Quality and Clinical Governance dashboard is being built locally. This will allow for a real time review of adverse events, including pressure ulcers and will allow for early identification of emerging themes so that that support can be provided timely.</p> <p>HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Monitoring is undertaken weekly at the Quality Matters Assurance Safety Huddle using adverse events quality dashboard, involving senior clinicians and managers from across the HSCP representing all services. This dashboard continues to evolve and covers all care delivery services within the partnership, and enables a timely action to be taken to the incidences. The LAER/SAER process continues to ensure robust review with key learning to inform improvement activity, and there is ongoing work to improve the sharing of learning from these reviews.</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.5%
<p>Mandatory SSI surveillance remains paused until further instruction from the Scottish Government. However, Maternity Services continue to monitor Caesarean Section SSI cases and, where necessary carry out Clinical Reviews. The performance data provided is non-validated and does not follow the NHS Fife Methodology, and no national comparison data has been published since Q4 2019.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	12.7
<p>NHS Fife continues to be on target to achieve a 10% infection rate reduction by March 2022. There was one Renal haemodialysis line SAB in October, but there have been no PVC SABs since August.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	4.6
<p>At the end of December, NHS Fife is in line to achieve the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022. There was just one health care associated CDI in December. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence since August.</p>			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	33.6
<p>The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. At the end of December, NHS Fife was on target to achieve this. There were 18 ECBs in total for December with two of these due to a CAUTI. Reducing CAUTI incidence remains the quality improvement focus to achieve the reduction target of HCAI ECBs.</p>			

CLINICAL GOVERNANCE		Target	Current
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	7.0%
<p>There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments, particularly in regard to the programme team delivering third vaccines.</p>			

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	74.6%
<p>The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation Centre are being increased further to support prevention of admission from primary care and early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	63.1%
<p>Performance in December has deteriorated further with 63.1% waiting less than 12 weeks compared to stable performance of 68% in June. Elective activity in December was significantly less than projected with surgery being restricted to urgent patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,121 patients on list in December, 34% greater than in January. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients and difficulties in maintaining access to beds for elective activity. It is anticipated that there will be a gradual resumption in non urgent activity in February, but this is heavily dependent on our ability to maintain access to beds for elective activity.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	53.8%
<p>Performance stabilised in November but deteriorated in December with 53.8% waiting less than 12 weeks following the decision to cancel routine outpatients to support the response to the emergence of the Omicron variant and significant pressures in unscheduled care. The waiting list has reduced but remains high with 20,619 on the outpatient waiting list. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks rose slightly in December but has reduced by 67% since March. Due to the ongoing need for physical distancing our outpatient capacity and therefore activity continues to be restricted. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	57.8%
<p>Performance continues to be under significant pressure, decreasing to 57.8 % of patients in December waiting less than 6 weeks (52.7 % for endoscopy and 58.7% for radiology). The waiting list for diagnostics has increased again, to 6,661 in December. This increase is seen in both endoscopy (mainly Colonoscopy) and radiology (mainly CT and Ultrasound). The demand for urgent and inpatient examinations particularly for CT and Ultrasound remains high resulting in increased routine waits for these modalities. There is a continued focus on urgent and urgent suspicion 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 but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	75.4%
<p>December continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to staffing issues and lack of resources. Breast, Oncology and Urology capacity are our current most challenging areas. The majority of breaches continue to be seen in Prostate due to the challenging, lengthy pathway. The range of breaches were 2 to 126 days (average 27 days).</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	84.5%

OPERATIONAL PERFORMANCE**Target****Current**

There were 55 FOI requests closed in December, 7 of which were late, a monthly closure performance of 87.3%.

The performance figure above reflects the performance for the final quarter of 2021, and is the highest 3-month figure since the period from April to June, earlier in the year. Recent figures show a continuing improvement towards the target after a challenging period in the summer.

An Information Governance and Security Advisor has been appointed as FOISA lead and is now overseeing FOISA requests.

Delayed Discharges

The % of Bed Days 'lost' due to Patients in Delay is to reduce

5%**6.0%**

The number of bed days lost due to patients in delay has reduced from the previous quarter, but has remained above the target of 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 65 downstream beds over the last 6 months to mitigate against the lack of care at home, care home and ward closures, and continue to recruit for care at home and commission additional interim beds. As of the 31st December, 40% of the official delays are code 100 and code 51X and 14% are coded against care home/ward closures.

FINANCE**Forecast****Current****Revenue Expenditure**

Work within the revenue resource limits set by the SG Health & Social Care Directorates

(£14.2m)**(£13.8m)**

At the end of December the board's reported financial position is an overspend against budget of £13.8m comprising an adverse variance for Acute Services Division of £16.5m and £4m for External Health Care Providers, offset by favourable variances across Corporate Budgets of £6.7m. The exceptional demand on unscheduled care capacity within Acute Services continues to be a challenge to available financial resources coupled with increasing costs of External Health Care Providers. The forecast outturn for the board is an overspend of £14.2m which is a significant improvement on the September (Q2) forecast of £16.9m. The savings target of £8.2m the board committed to delivering in year was delivered in full at the end of December.

Capital Expenditure

Work within the capital resource limits set by the SG Health & Social Care Directorates

£33.5m**£11.8m**

The overall anticipated capital budget for 2021/22 is £33.5m. The capital position for the period to December records spend of £11.8m. The full capital budget is on track to be delivered in full by 31 March 2022.

STAFF GOVERNANCE**Target****Current****Sickness Absence**

To achieve a sickness absence rate of 4% or less

3.89%**6.98%**

The sickness absence rate in December was 6.98%, an increase of 0.19% from the rate in November. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.37%.

Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS(AfC)2019/2 is unlikely to be achieved and we anticipate further NHSScotland guidance on sickness absence targets, which will reflect the circumstances of the last two years.

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	146
<p>Service provision has continued to be delivered remotely by phone, Near Me appointments and use of translation service. Main service access is self-referral by phone, with limited referrals for other health professionals. Some service staff have been deployed to support organisational pressures therefore reduced capacity within the team. The specialist smoking cessation service have been asked to support the Midwifery smoking cessation service as they are experiencing capacity issues with one member of staff on long term absence and one retired. Services have been promoted on hospital radio and planning has started for No Smoking Day on 9th March.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	68.2%
<p>As predicted in the CAMHS Referral to Treatment (RTT) Projections, RTT% has reduced as work on the longest waits increases. The amount of activity is lower than projected due to ongoing vacancies, persistent levels of staff absence and patient cancellations as a result of Covid-19. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to this client group. To assist in managing the urgent presentations and to free capacity to offer same day assessments at VHK/A&E, CAMHS has introduced Risk Assessment Clinics provided by East & West Core Teams. New recruits are working towards full capacity and Longest Waits staff will take up post in February. Vacant posts remain under review and out to advert. SG Recovery & Renewal funding proposal for Phase 2 recruitment has been approved by HSCP SLT and has been escalated to NHS Fife EDG for support.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	81.1%
<p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year, with an average increase of 82 referrals per month. This has resulted in an increase in numbers on the waiting list and a slowing of the reduction in the number of people waiting over 53 weeks. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.</p>			

II. Performance Exception Reports

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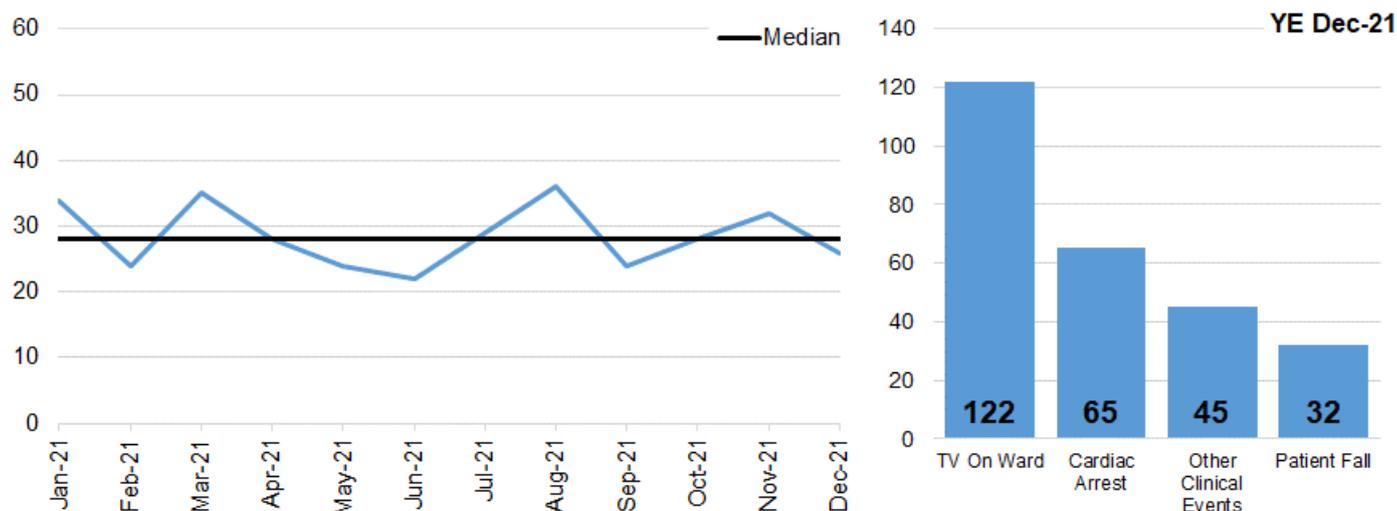
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CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21						2021/22					
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALL	NHS Fife	1289	1209	1366	1358	1372	1350	1419	1452	1396	1387	1427	1459
	Acute Services	573	530	631	594	648	605	629	615	608	642	623	582
	HSCP	695	653	708	725	682	694	740	799	746	690	743	820
	Corporate	21	26	27	39	42	51	50	38	42	55	61	57
CLINICAL	NHS Fife	905	854	955	937	1011	935	1008	954	963	943	1007	950
	Acute Services	534	494	589	547	599	546	568	549	535	564	572	522
	HSCP	360	346	353	372	388	365	411	384	401	351	406	395
	Corporate	11	14	13	18	24	24	29	21	27	28	29	33

Commentary

The overall number of incidents reported in November and December are in keeping with normal variation. There is an upward surge in November of incidents reported related to patient information; within this category document/results or wrong patient or wrong document sees the biggest increase.

Within clinical categories, confidentially, communication or consent increased in November and returned to a level that is seen across normal variation in December.

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient.

Adverse Events improvement work has commenced. Staff have engaged in the review of the SAER process through a FORMS questionnaire. Results will be available at the end of February and provide valuable feedback to inform the improvement plan.

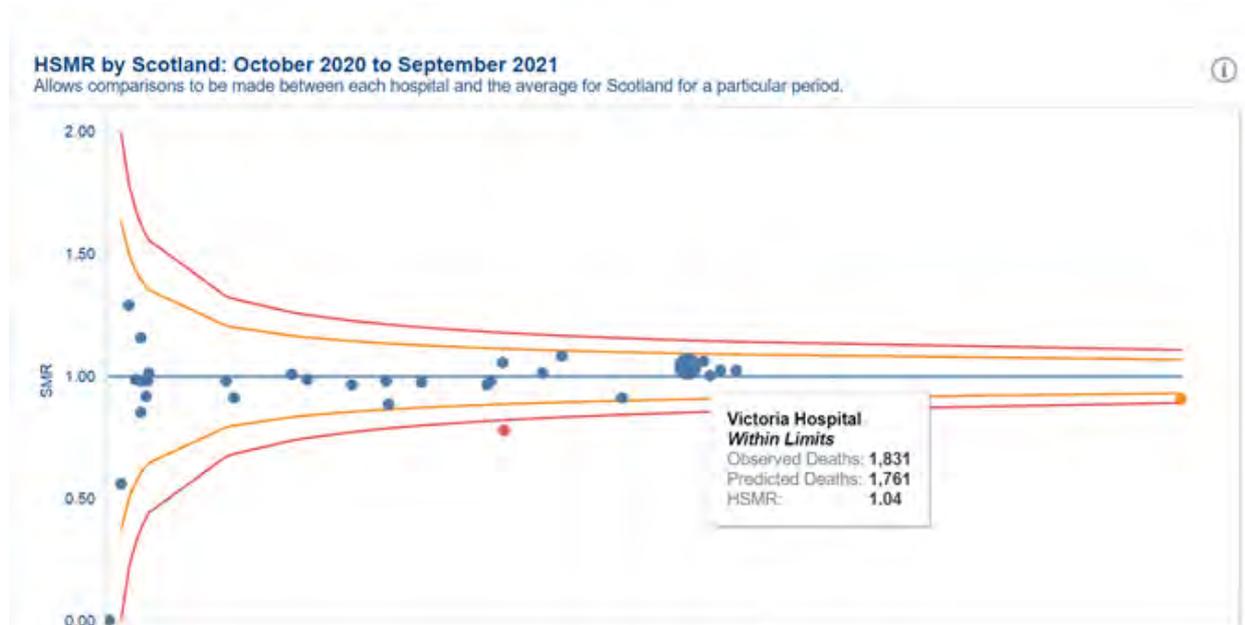
HSMR

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

Reporting Period; October 2020 to September 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 rate for Victoria Hospital is shown within the Funnel Plot.



Commentary

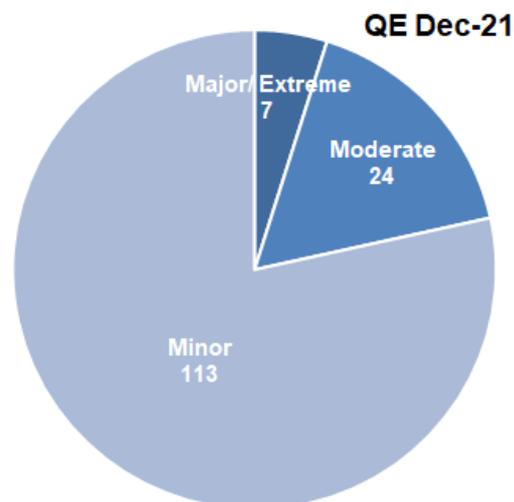
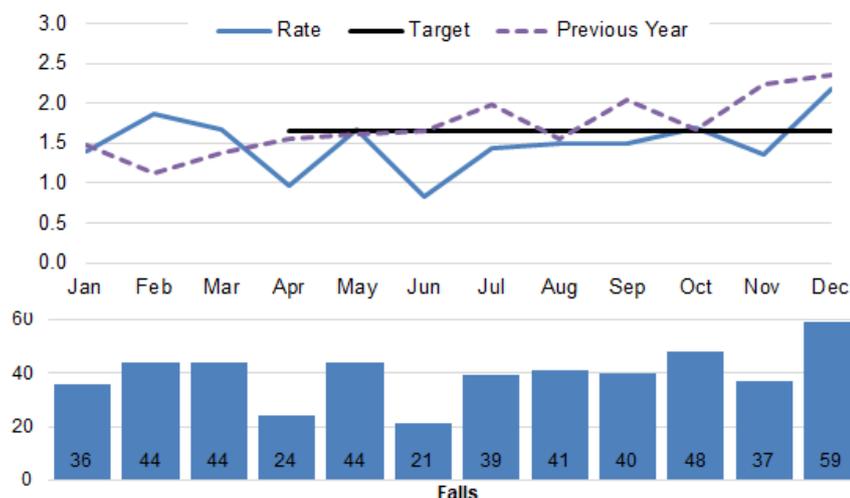
Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.

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								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	1.39	1.87	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.69	1.37	2.18
Acute Services	1.24	1.18	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.52	1.27	2.08
HSCP	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.46	2.27
Target				1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

IMPROVEMENT ACTIONS

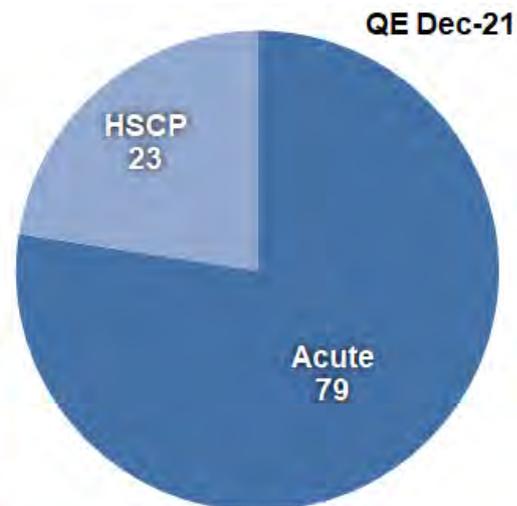
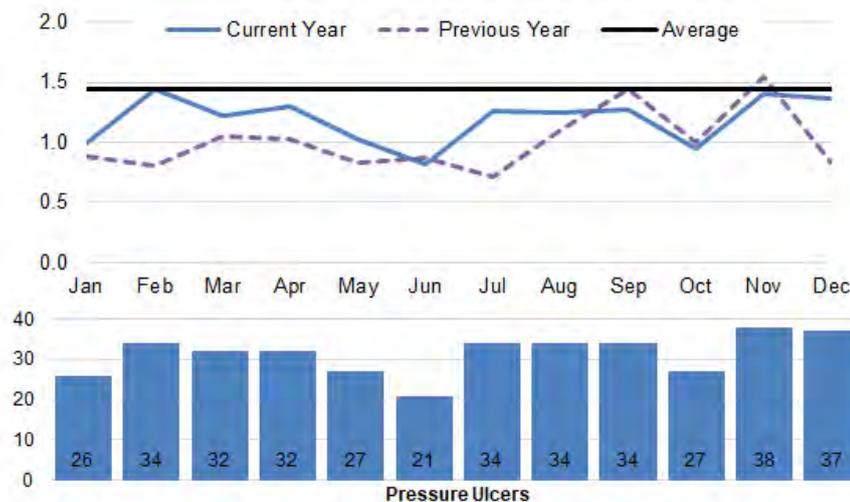
20.3 Falls Audit	By May-22
A new national driver diagram and measurement package have still to be finalised and due to current challenges NHS Fife documentation will be reviewed and audit plans finalised. There is no update on progress in the national work and the planned review of local documentation and update of the local paperwork will be deferred until then. This action will be for ongoing review and local action until the national position is clarified.	
20.5 Improve effectiveness of Falls Champion Network	By Mar-22
This work is on hold due to staffing challenges, with contact being maintained with existing champions	
21.2 Falls Reduction Initiative	Complete Nov-21
21.3 Integrated Improvement Collaborative	Complete Jan-22
The Community Hospital collaborative has been concluded. As a result of this work data is collated and shared with the Nursing Directorate and Heads of Service weekly. This data looks at a number of differing indicators including falls, tissue viability, and medication errors to inform decisions and strategy. Actions from the weekly Quality matters huddle are logged and actioned, with involvement of Lead Nurses and services real time. This is now embedded and this specific action is closed.	

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2022) = 0.42 per 1,000 OBD

Local Performance



Performance by Service Area

		2020/21					2021/22						
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Grade 2 to 4	NHS Fife	1.00	1.44	1.22	1.30	1.03	0.82	1.26	1.25	1.28	0.95	1.40	1.37
	Acute Services	2.06	2.18	2.12	2.51	1.68	1.58	2.13	2.36	2.18	1.44	2.46	2.32
	HSCP	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55

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

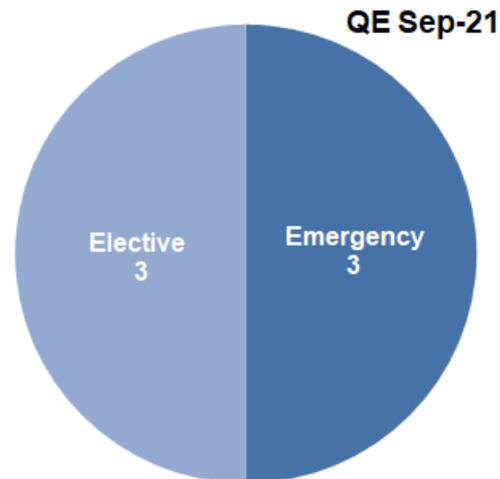
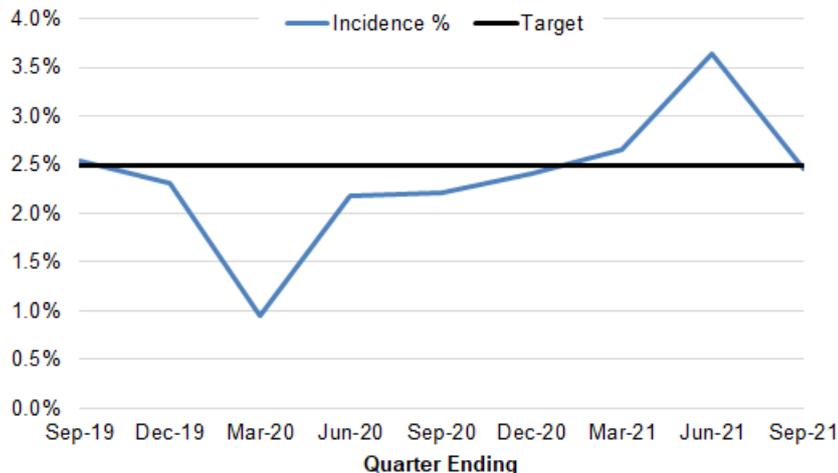
IMPROVEMENT ACTIONS

21.2 Integrated Improvement Collaborative	Complete Jun-21
21.3 Implementation of robust audit programme for audit of documentation	Complete Jun-21
22.1 Improvement Collaboratives - HSCP	By Apr-22
Community inpatients wards continue to undertake self-assessment against the Prevention and Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement. Due to the pandemic, and current staffing pressures, and in order to reflect and establish SMART objectives and ensure improvement targets are met, support from the QI team is more targeted to individual areas on a bespoke basis.	
Wards continue to measure compliance with skin assessment, review and intervention, using weekly data to identify areas for improvement. Dashboards are displayed and staff are encouraged to discuss the data at their daily huddles.	
22.2 Community Nursing QI Work	By Mar-22
One of the community nursing teams has implemented a focused piece of improvement work to ensure that all relevant skin and risk assessments are completed. This is having a positive impact on patient outcomes. Joint adverse event reviews and sharing learning have increased between services, including working collaboratively with care homes.	
22.3 ASD Pressure Ulcer Improvement Programme	By Mar-22
The Pressure Ulcer Improvement Programme remains temporarily paused due to sustained nursing workforce shortages but ongoing review of data and response continues at local level and through directorate discussions. Four of the wards previously involved in the programme continue to collect process measures data to identify areas for improvement and address any quick fixes. QI support is still available to the teams but uptake has been extremely low.	
22.4 Implementation of Focused Improvement Activities	By Mar-22
ICU continue to test change ideas to prevent Medical Devise Related Pressure Ulcers, including prophylactic use of barrier creams and the development of a poster depicting preventative techniques. All mattresses have been replaced with specialist mattresses that have the technology to deflate individual cells under targeted areas of the body at particular risk. Ward 31 and ED continue to discuss pressure ulcer incidences at the Hip Fracture Meeting.	

Caesarean Section SSI

Sustain C-Section SSI incidence for inpatients and post discharge surveillance (day 10) below 2.5% during FY 2021/22

Local Performance



National Benchmarking

Quarter Ending	2018/19				2019/20		
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
NHS Fife	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
Scotland	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/SAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance.

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.

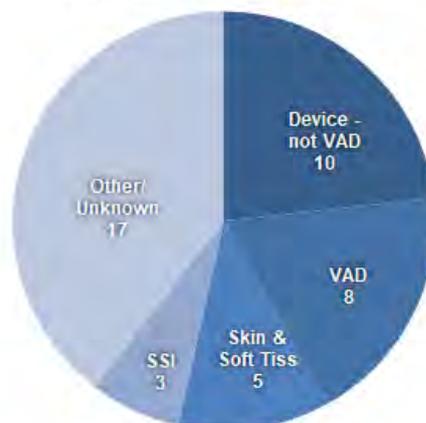
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Dec-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	12.5	6.3	18.7	20.6	17.8	6.3	16.6	
Scotland	16.3	20.3	17.3	18.9	18.4	18.6	18.3	

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
The incidence of SABs in PWIDs has continued to reduce, with only 4 cases identified in 2021 (compared to 5 in 2020 and 14 in 2019). The PGD for Antibiotic prescribing is now in progress by Addiction Services and IPCT continues to provide support. IPCT are currently awaiting an update from the Addictions Services Manager. A voiced over educational video by IPCT on SAB definitions, signs, symptoms and interventions has been completed for AS staff training.	
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 in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The most recent January meeting was cancelled. The Driver Diagram for the UCIG is currently being reviewed and updated.	
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 utilised by clinical staff to access and display 'days since last SAB' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	By Mar-22
Electronic insertion and maintenance bundles for PVCs are completed on Patienttrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward 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 and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

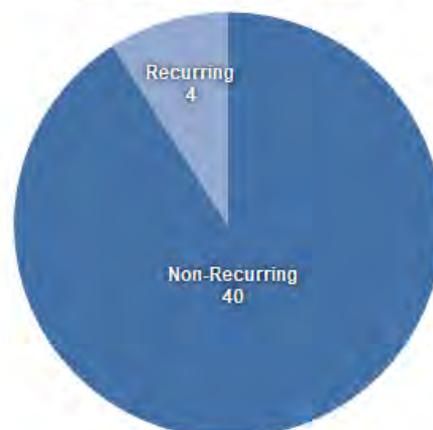
C Diff (HAI/HCAI)

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

Local Performance



CDI Recurrence: YE Dec-21



National Benchmarking

Quarter Ending	2019/20		2020/21		2021/22		
	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	8.0	7.9	9.3	7.7	14.0	10.0	9.5
Scotland	13.6	15.4	17.4	16.4	15.8	14.6	16.7

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

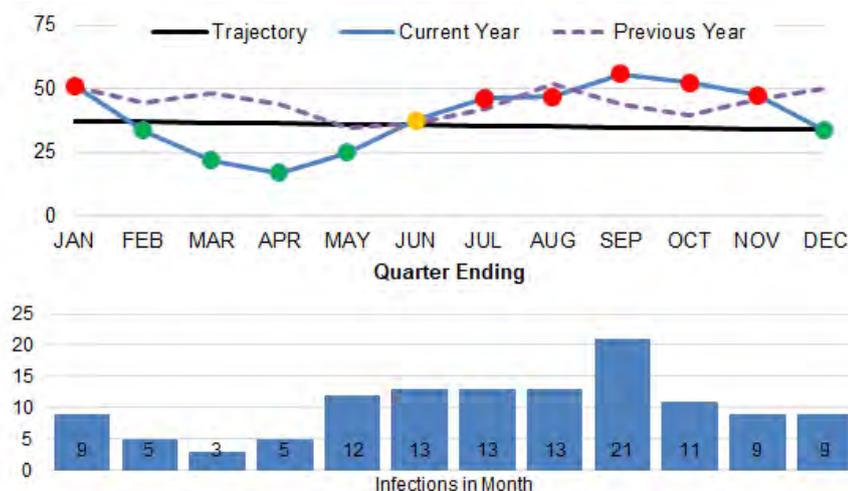
IMPROVEMENT ACTIONS

20.1 Reducing recurrence of CDI	By Mar-22
<p>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.</p> <p>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 can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.</p>	
20.2 Reduce overall prescribing of antibiotics	By Mar-22
<p>NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.</p> <p>Empirical antibiotic guidance and the revised Microguide app has been circulated to all GP practices.</p>	
20.3 Optimise communications with all clinical teams in ASD & the HSCP	By Mar-22
<p>Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.</p> <p>IPCN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.</p> <p>The Ward Dashboard utilised by clinical staff to access and display 'days since last CDI' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.</p>	

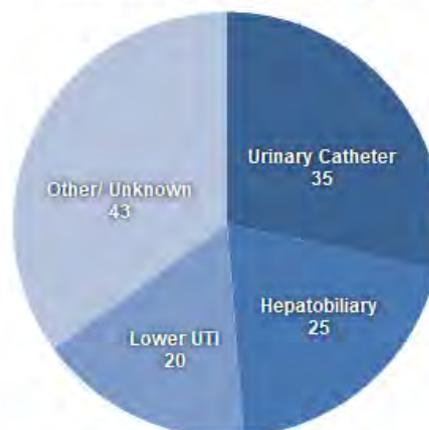
ECB (HAI/HCAI)

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

Local Performance



Infection Sources: YE Dec-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	47.9	36.4	45.3	50.3	21.6	37.6	60.3	
Scotland	36.4	39.7	42.0	40.9	34.7	38.2	41.4	

KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

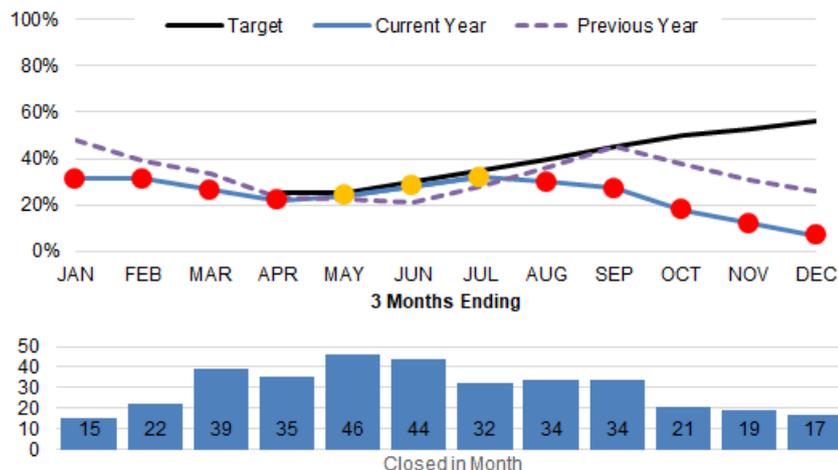
IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP	By Mar-22
<p>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. From December, as part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX will be submitted for ALL catheter associated ECBs (including those without trauma), prompting an LAER by the patient's clinical team.</p> <p>During Q3 2021 (Jul-Sep), NHS Fife was above the national rate for HCAI & CAI. This has resulted in the board being issued with an Exception Report from ARHAI (Antimicrobial Resistance & Healthcare Associated Infection, National Services Scotland). The data is being examined locally and an Action Plan is being developed, to be returned to ARHAI by 8th February.</p>	
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	By Mar-22
<p>The UCIG meeting last met in November. 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 the district nursing service and staff in both private and NHS care homes as well as a QI CAUTI programme at Kelty GP Practice.</p>	
22.1 Develop ECB Strategy	By TBD
<p>NHS Fife are collaborating with NHS Shetland and NHS Grampian to pioneer an enhanced ECB CAUTI surveillance tool. The aim is to gather data on all CAUTIs, identify risk factors and, where appropriate, make subsequent improvements to practice.</p>	

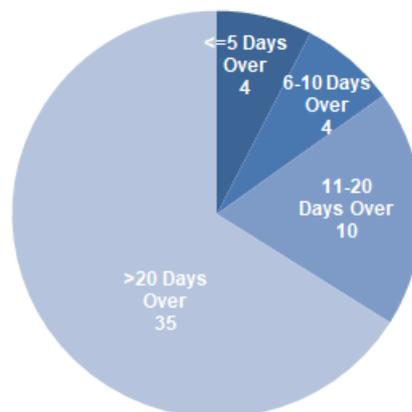
Complaints | Stage 2

At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)

Local Performance



Closure Breaches; QE Dec-21



Performance by Service Area

3-Month Ending	2020/21						2021/22					
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	27.0%	18.0%	12.2%	7.0%
Ack <= 3 Days (Monthly)	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	94.1%
ASD	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	27.3%	20.7%	15.7%	7.5%
HSCP	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%	5.9%	8.3%

KEY CHALLENGE(S) IN 2021/22

- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

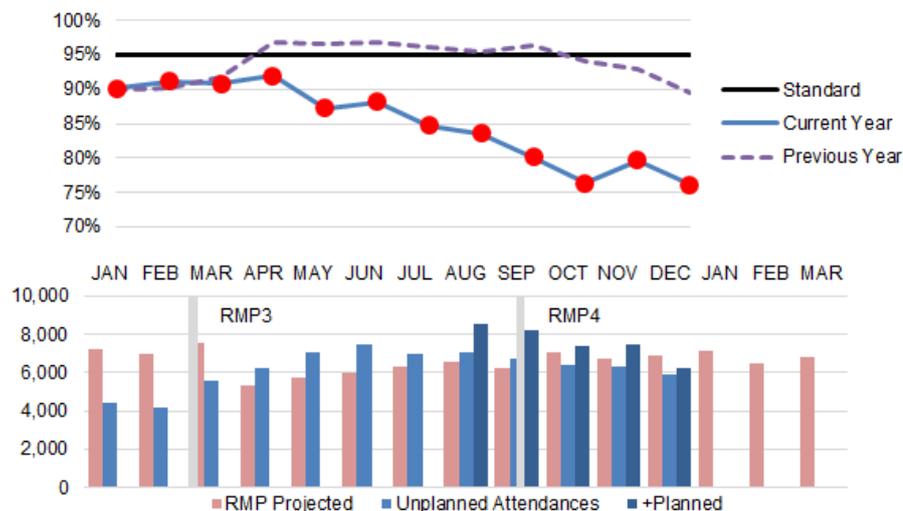
IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality	By Mar-22
Patient Relations are completing in-house QA checks on draft final responses; however this has been impacted due to current pressures within the department. A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but remains on hold due to the ongoing response to COVID-19 and current capacity issues.	
22.2 Improve education of complaint handling	By Mar-22
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this remains on hold due to the ongoing response to COVID-19 and current capacity issues. Although bespoke training sessions were undertaken with Fife Wide & Fife East in May and June 2021, the aim was to restart during the remainder of 2021; however, there has not yet been the capacity to do so.	

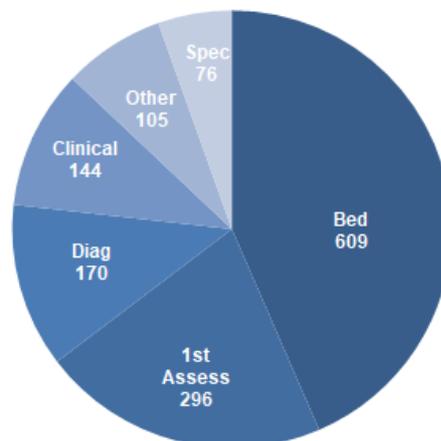
4-Hour Emergency Access

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

Local Performance



Breach Reason; Dec-21



National Benchmarking

Month	2020/21					2021/22						
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%
Scotland	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%

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

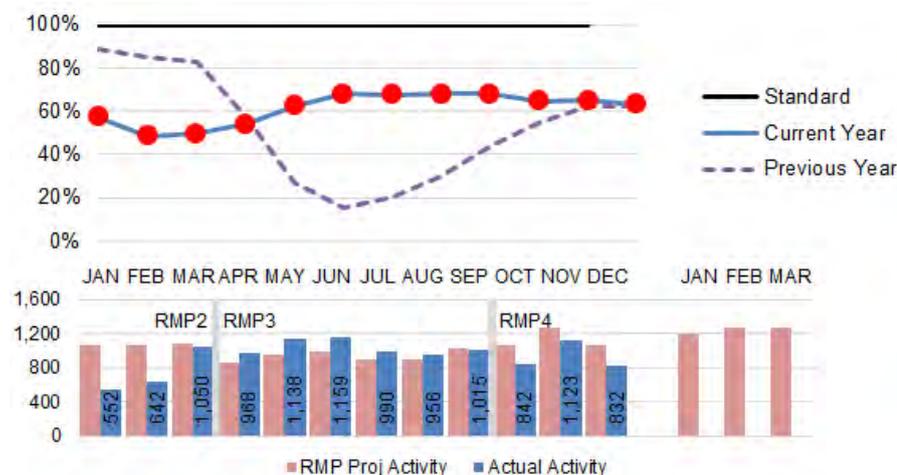
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	By Apr-22
Virtual Flow and Navigation appointments to ED are now in place and the Hub has expanded to handle GP calls previously taken by ANPs into AU1. Early indication shows decreased number of referrals with a re-direction rate of 26%. Expansion for 24/7 handling is in planning and the Clinical Director for Planned Care is reviewing surgical pathways through FNC with a focus on a more streamlined urology pathway.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	Complete Nov-21
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	By Mar-22
Bed waits continue to be the principal reason for breaches. There has been an increase in 8-hour breaches due to capacity challenges across the site. All directorates are focused on improvement actions which can improve flow into downstream wards and effectively manage admission demand from front door. Principle actions are focused on: reducing duplication with handovers, in reach model from wards to AU1 achieving earlier transfers, reducing number of patients in delay, earlier discharge planning and improving team(s) communication. An OPEL escalation tool is in development and at the testing stage to support capacity planning and management – EDG and SLT fully sighted and supportive of the tool. Early indications are positive with action cards out for consultation.	
22.3 Develop re-direction policy for ED	Complete Dec-21
SLWG and joint HSCP/ASD reference group established to embed principles from National Re-direction Guidance into ED pathways and re-direct patients who can be supported in alternative clinical settings or through self care. Formal redirection in place, action complete.	

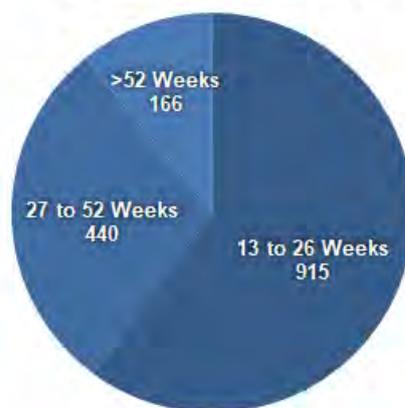
Patient TTG

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

Local Performance



Breaches Breakdown Dec-21



National Benchmarking

	2020/21						2021/22					
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%
Scotland	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%			

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

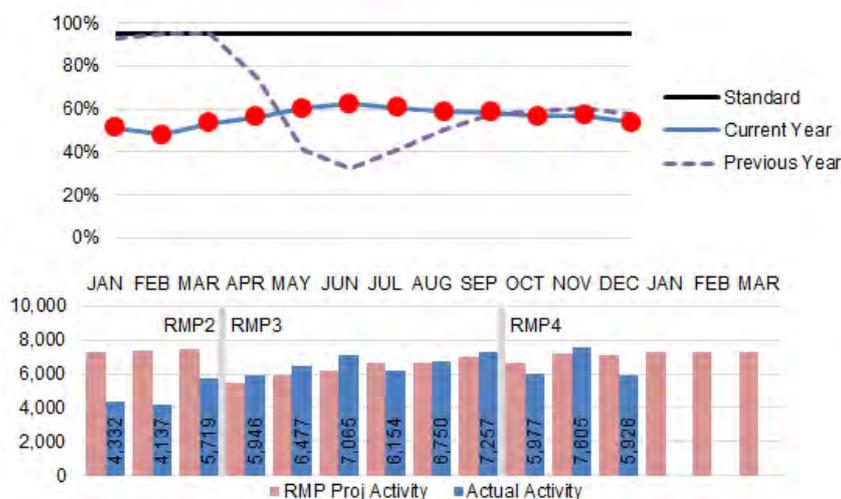
IMPROVEMENT ACTIONS

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	Complete Sep-21
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Business case delayed awaiting decision on suitable IT system	
22.3 Undertake waiting list validation against agreed criteria	By Mar-22
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains essential when elective capacity is restricted due bed capacity and unscheduled care demand.	
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	By Mar-22
First meeting of Integrated Planned Care Programme Board held on 8 th December; revised HEAT map being developed	

New Outpatients

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

Local Performance



Breaches Breakdown Dec-21



National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%
Scotland	44.5%	43.9%	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	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

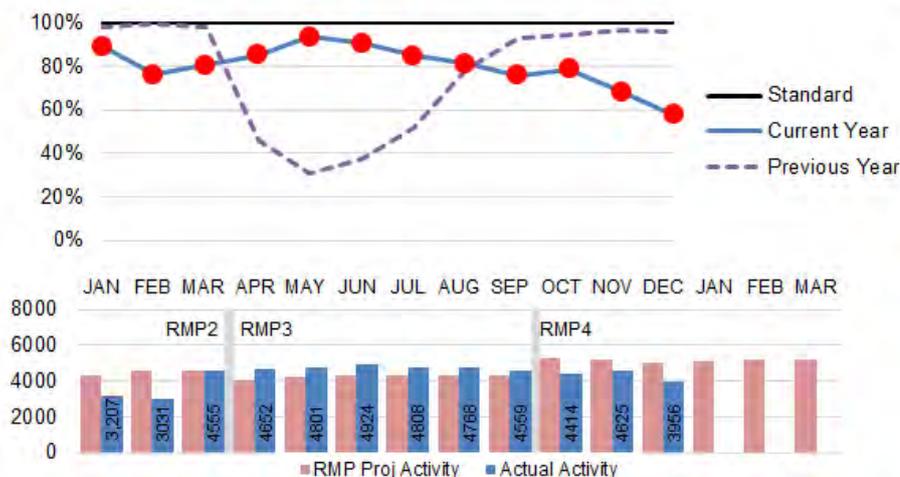
IMPROVEMENT ACTIONS

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	Complete Sep-21
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
First meeting of Integrated Planned Care Programme Board held on 8 th December; revised HEAT map being developed	
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	Complete Dec-21
Revised guidance issued and following advice from Infection Control local team unable to reduce social distancing to 1m in outpatients in VHK or QMH. Restricted capacity remains.	

Diagnostics Waiting Times

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

Local Performance



Breach Breakdown Dec-21



National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%
Scotland	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%			

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

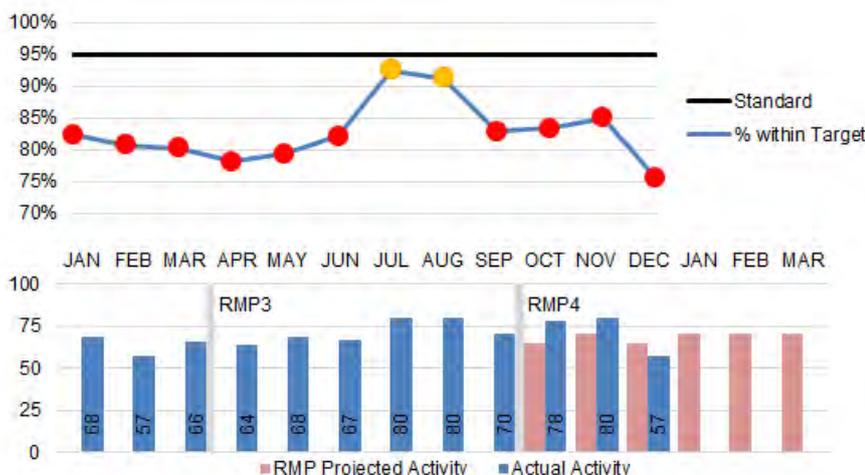
IMPROVEMENT ACTIONS

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	Complete Sep-21
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Testing platform chosen, governance processes to support implementation nearing completion and implementation date agreed for February	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	Complete Jan-22
CT mobile van secured for March, and funding agreed with Scottish Government	

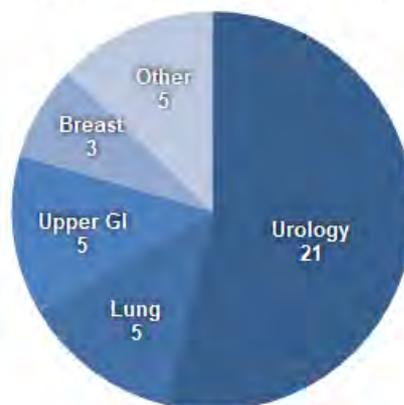
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: Oct to Dec 21



National Benchmarking

Month	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%
Scotland	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	

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)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

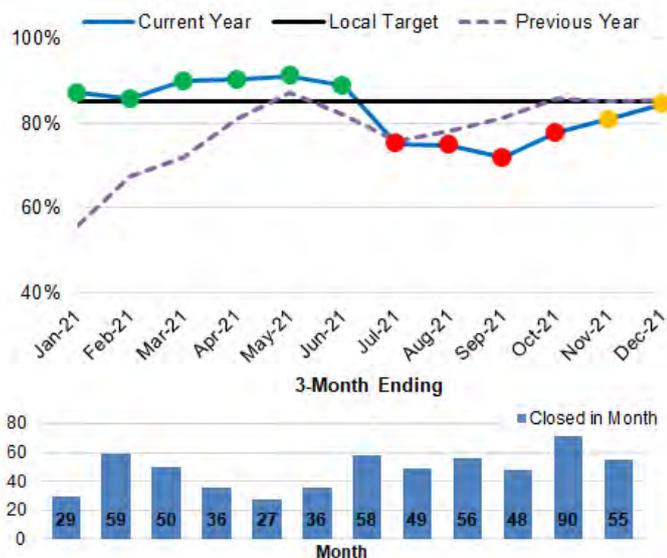
IMPROVEMENT ACTIONS

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 Mar-22
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 May-22
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. Engagement sessions have been completed and the Framework and delivery plan is currently being drafted.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework.	

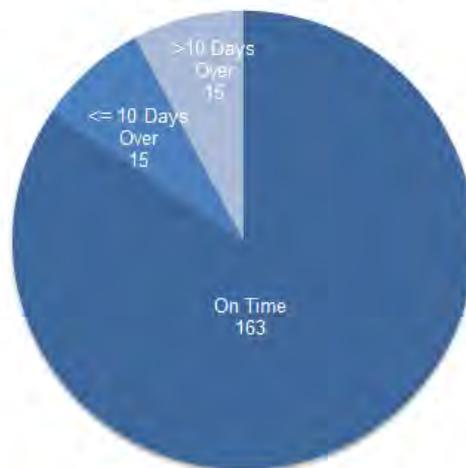
Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Dec-21



Performance by Service Area

Monthly	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%	85.4%
IJB	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%	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 an Information Governance and Security Advisor is overseeing FOI administration. 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

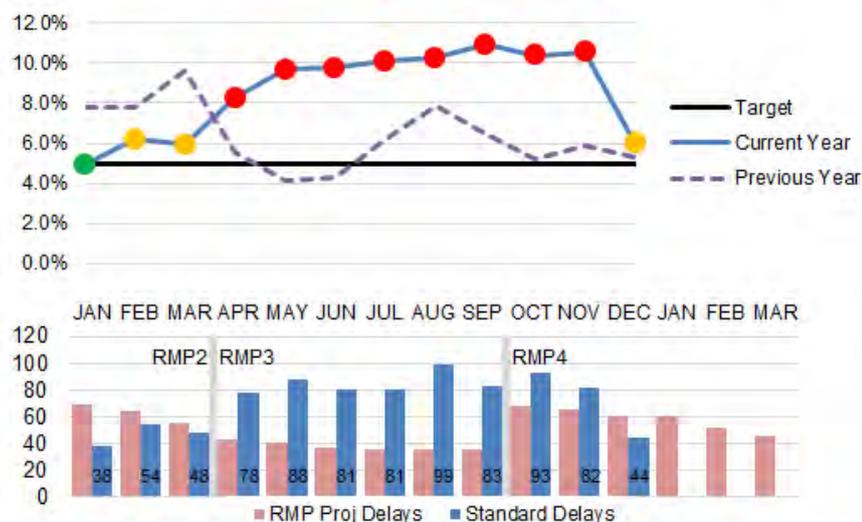
21.1 Organisation-wide Publication Scheme to be introduced	Complete Jun-21
21.2 Improve communications relating to FOISA work	Complete Dec-21

The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office commended the work NHS Fife has undertaken to remedy the Board's previous low level of FOISA compliance. With resourcing problems now addressed, this action is complete.

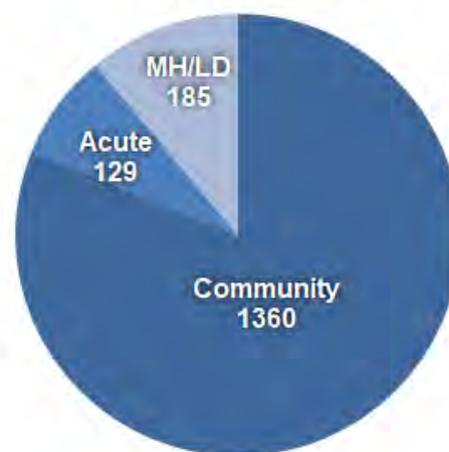
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Dec-21



National Benchmarking

Quarter Ending	2019/20				2020/21				2021/22
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%
Scotland	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%

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 Mar-22
The Oversight "Home First" group continue to meet on a regular basis. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	Complete Jul-21
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Mar-22
The test of change is ongoing, however, the number of STAR beds available has been limited due to care home closures (COVID)	
22.3 Reduce number of delays due to awaiting the appointment of a Welfare Guardian	By Mar-22
Project working with families/carers to ensure that they can navigate the system to apply for private guardianship started last May and will be taken forward by Circles Project. A review of the guardianship paperwork and templates is complete, and the refreshed document has been approved by H&SC and NHS Fife (Acute). It will be held within patient notes to provide an overview and audit trail.	
22.4 Develop capacity within START plus additional investment to develop a programme of planning with the private agencies supported by Scottish Care	By Apr-22
Development of Care at Home Collaborative, supported by Scottish Care, started in November. This will bring together 10-12 care at home providers to work together, to maximise resources and capacity to help service user return to their own home, following a period in a care home interim placement. Recruitment is ongoing.	
22.5 Surge capacity established to support admission demand	By Jun-22
QMH (Ward 3/8/8A), Glenrothes (Ward 1/2/3), Cameron (Balgonie/Balcurvie/Letham), VHK (Ward 6/9)	

Revenue Expenditure

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

1. Executive Summary

At the end of December the board's reported financial position is an overspend against budget of £13.796m comprising an adverse variance for Acute Services Division of £16.490m and £4.024m for External Health Care Providers, offset by favourable variances totalling £6.718m across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £5.1m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £0.606m for the 9 months to December following a non-recurring payment (budget realignment) made from Health Board to Fife Council of £3.734m.

Revenue Financial Position as at 31st December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services Division	234,729	178,742	195,232	-16,490
IJB Non-Delegated	9,462	7,112	6,954	158
Non-Fife & Other Healthcare Providers	90,611	67,975	71,999	-4,024
<u>Non Clinical Services</u>				
Estates & Facilities	77,516	57,656	56,459	1,197
Board Admin & Other Services	89,735	70,154	68,817	1,337
<u>Other</u>				
Financial Flexibility & Allocations	20,028	3,961		3,961
HB retained offsets	60	0	0	0
Income	-38,709	-30,702	-30,767	65
SUB TOTAL	483,432	354,898	368,694	-13,796
<u>Health & Social Care Partnership</u>				
Fife H & SCP	383,444	281,601	280,995	606
SUB TOTAL	383,444	281,601	280,995	606
TOTAL	866,876	636,499	649,689	-13,190

- 1.2 Included in the board's reported overspend are Health Board retained unachieved legacy savings targets totalling £10.242m (annual £13.656m).
- 1.3 As previously reported, the Scottish Government has confirmed non repayable funding support to enable the board to break even at the end of the financial year. We have commenced submission of our additional monthly reporting templates to SG which addresses the actions the board has taken to minimise the level of funding support required. These actions include the board conducting a robust review of savings plans and developing savings plans which will reflect 50% of the 2022-23 funding gap by the end of quarter 3 of this financial year. The steps taken by NHS Fife to take forward the actions requested by Scottish Government include our detailed 2022/23 Strategic Planning Resource Allocation Process, enhancement of the capacity within the PMO team and the establishment of a Financial Improvement/Sustainability programme reporting to the boards Population Health and Wellbeing Portfolio Board. This programme will develop and agree productive opportunities and savings targets for 2022/23 and a clear pipeline of plans for the more medium term.
- 1.4 Cost pressures within Acute Services continue to increase reflecting the exceptional demand on unscheduled care capacity. The many actions being taken to manage demand pressures have increased the requirement for temporary staffing. Additionally, increasing expenditure across medicines budgets continues to add to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs budgets. Robotic assisted surgery is operational for the fifth month and the costs of surgical instruments are currently

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signposted as a pressure within the financial planning process. Planned Care are absorbing the cost within existing underspend this year, with a longer term solution sought.

- 1.5 The financial impact of COVID-19, including direct additional costs for vaccination, testing and remobilisation plus indirect costs associated with the managing the wider impact and recovery measures continues to be regularly updated and shared through established reporting mechanisms through quarterly reporting returns. Details are contained within Appendix 1.
- 1.6 Funding allocations confirmed in month included additional Band 2-4 Staffing £1.022m and Multi-disciplinary of £1.384m. Anticipated allocations total £3.074m. Allocation details are contained within Appendix 2.
- 1.7 At the beginning of the financial year the board was committed to delivering cost improvements in year of £8.181m which are now confirmed as delivered in full, with £8.383 delivered at the end of December. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources, and forms the basis of our additional monthly reporting to Scottish Government.
- 1.8 Redesign of Urgent Care (RUC) will be fully funded this year through a combination of Scottish Government funding £0.681m and earmarked H&SCP reserves of £0.935m brought forward from 2020/21. The expenditure against the Navigation Flow Hub will be monitored on a regular basis alongside the other workstreams that are focusing on RUC.
- 1.9 The overall anticipated capital budget for 2021/22 is £33.546m. The capital position for the period to December records spend of £11.811m. Therefore, 35.21% of the anticipated total capital allocation has been spent to month 9.

2. Health Board Retained Services

Clinical Services financial performance at December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	234,729	178,742	195,232	-16,490
IJB Non-Delegated	9,462	7,112	6,954	158
Non-Fife & Other Healthcare Providers	90,611	67,975	71,999	-4,024
Income	-38,709	-30,702	-30,767	65
SUB TOTAL	296,093	223,127	243,418	-20,291

- 2.1 Costs directly attributable to Covid-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop the projected covid impact into the new financial year. The Quarter 3 financial return and projections which includes an update on the financial impact of Covid 19 will be used by Scottish Government to inform further funding allocations for Covid 19 for the remainder of the financial year.
- 2.2 The Acute Services Division reports an **overspend of £16.490m**. Acute Services are experiencing particularly challenging capacity pressures at the front door and downstream wards on top of existing historic cost pressures.. Measures are underway to ease the pressures including increasing temporary over recruitment to unregistered nursing posts and creation of a nursing pool. A significant proportion of the reported overspend to December relates to unachieved savings of £9.077m. The remainder of the reported overspend continues across Nursing, Senior and Junior Medical Pay budgets, non-pay pressures within Haematology/Oncology medicines budgets and growth demand on diabetic pumps. Growth in spend on Acute medicines has accelerated beyond available funding significantly and is an issue being reported across boards in Scotland.
- 2.3 The IJB Non-Delegated budget reports an **underspend of £0.158m**. This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.
- 2.4 The budget for healthcare services provided out-with NHS Fife is **overspent by £4.024m** per Appendix 4. As reported previously, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are still ongoing with NHS Tayside. There has been seen an increase in spend (actual & expected) for patients receiving treatment out-with Scotland.

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Corporate Functions and Other Financial performance at December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	77,516	57,656	56,459	1,197
Board Admin & Other Services	89,735	70,154	68,817	1,337
<u>Other</u>				
Financial Flexibility & Allocations	20,028	3,961		3,961
HB retained offsets	60			0
SUB TOTAL	187,339	131,771	125,276	6,495

- 2.5 The Estates and Facilities budgets report an **underspend of £1.197m**. This comprises an underspend in pay of £0.396m across several departments including estates services, catering, and laundry. The non-pay underspend includes £0.800m on rates as previously reported and additional rebates were received for two sites in month. This benefit is partially offset by overspends on property maintenance £0.471m which includes grounds spend and waste management.
- 2.6 Within the Board's corporate services there is **an underspend of £1.337m**. The main driver for this underspend is the level of vacancies across Finance (£0.256m) and Nursing (£0.287m) directorates.
- 2.7 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £3.961m** has been released at month 9, with further detail shown in Appendix 5.

3. Health & Social Care Partnership

- 3.1 Health services in scope for the Health and Social Care Partnership report an **underspend of £0.606m**. This underspend is net of a non-recurring payment on account of the Health Delegated in-year underspend to Social Care made in December.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Health & Social Care Partnership</u>				
Fife H & SCP	383,444	281,601	280,995	606
SUB TOTAL	383,444	281,601	280,995	606

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £5.1m overspend to month 9 per 1.1 above).

- 3.2 A review of the Integration Scheme has been agreed by the respective partners, NHS Fife Board and Fife Council in September 2021, and has been submitted for Ministerial Approval, after which final approval will be sought at the IJB Committee in January 2022.
- 3.3 The overspend on the set-aside services is currently held within the Acute Services Directorate Budget and not the IJB and is not included in the reported projected overspend for the IJB. If a different arrangement was in place between the IJB and the Health Board in relation to the management of costs in excess of the available budget, the IJB would face significant cost pressure as a result of the significant demand for hospital services.

Details of funds held within Delegated Health Earmarked Reserves are noted at Appendix 6.

4. Forecast

- 4.1 Our forecast outturn to the year end is held at a potential overspend of £14.207m for Health Board retained services (as reported at month 8). This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings and a core potential additional overspend of £0.551m. We continue to work to reduce the potential overspend and are working with Scottish Government colleagues to secure ADEL (Additional Departmental Expenditure Limit) funding. This follows a detailed review of our expenditure which includes ADEL qualifying expenditure across replacement of obsolete equipment; and property and vehicle repair expenditure. An update will be provided next month.
- 4.2 In addition, we have previously reported that limited NRAC funding was received in 2021/22, which means we remain c£5m-£8m away from NRAC funding parity across Scotland. Whilst this issue has been largely addressed in the Draft Scottish Government 2022/23 budget settlement for NHS Fife, it remains a significant bearing on our 2021/22 financial planning arrangements and our qualitative and quantitative performance.
- 4.3 The Health delegated underspend position is forecast at £5.871m and £3.734m has been transferred to Fife Council following a non-recurring budget realignment in December. The most recent H&SCP finance report identifies a projected year end overspend position of £1.050m (Source: January 2022 H&SCP Finance & Performance Committee). Five key areas of overspend that are contributing to the projected outturn overspend are Hospital & Long Term Care, Family Health Services, Older People Residential and Day Care, Homecare Services and Adult Placement. The agreed recovery plan has been implemented and actions taken have helped reduce the projected overspend position. The Scottish Government have confirmed that whilst no funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. Discussion and detailed review of the projected year end outturn and the mitigating actions required to improve the financial position will continue with the Chief Finance Officer of the H&SCP.
- 4.4 The projected NHS Fife forecast does not include any risk share with the Health and Social Care Partnership given Integration Authorities will also be provided with Scottish Government support to a balanced position. A cash transfer has been actioned in December from Health to Council to allow both organisations to report a balanced position; and it is likely a further transfer will crystallise towards the end of the financial year.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:
- **Note** the reported core overspend of £13.796m for the 9 months to date;
 - **Note** that workforce and capacity pressures across our system continue to drive increased costs in-year and present a financial challenge.
 - **Note** the potential total overspend outturn position is held at £14.207m, with work continuing to reduce this position
 - **Note** the confirmation of funding support by Scottish Government on the proviso a number of actions are taken forward

Appendix 1: 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	
Additional allocation	6,815	7,023		13,838	
HSCP ear marked reserve		2,898		2,898	
Anticipated allocation	4,088			4,088	
Total funding	19,605	12,799	0	32,404	0
Allocations made for April to December					
Planned Care & Surgery	1,220			1,220	
Emergency Care & Medicine	5,974			5,974	
Women, Children & Clinical Services	2,361			2,361	
Acute Nursing	170			170	
Estates & Facilities	873			873	
Board Admin & Other Services	1,399			1,399	
Public Health Scale Up	778			778	
Test and Protect	3,872			3,872	
Primary Care & Prevention Serv		576		576	
Community Care Services		1,198		1,198	
Complex & Critical Care Serv		214		214	
Professional/Business Enabling		156		156	
Covid Vaccine/Flu		9,987		9,987	
Social Care					
Total allocations made to M9	16,647	12,131	0	28,778	0
Balance In Reserves	2,958	668	0	3,626	0

Appendix 2: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
	Initial Baseline Allocation	712,534			712,534	
	June Letter	9,264	12,244	20,964	42,472	
	July Letter			8,002	8,002	
	August Letter	141	230	1,522	1,893	
	September Letter	-135	59,994	-1,931	57,928	
	October Letter		3,390	14,908	18,298	
	November Letter	2,042	1,704	4,333	8,079	
22 December 2021	Increase in Motor Neuron Disease Clinical Nurse Specialists			19	19	As per allocation letter
	HNC Students backfill Q1&Q2			48	48	Normal support for students
	Improvements to forensic medical services			10	10	As per allocation letter
	Chronic Pain winter support funding			9	9	Specific allocation
	Preregistration pharmacy scheme		-166		-166	Annual Adjustment
	Community Pharmacy Champion		20		20	Annual Allocation
	PMS - Telephony Systems			35	35	Agreed allocation
	Support acceleration of 22/23 MDT recruitment plans			300	300	Specific allocation
	Additional CT & MRI capacity			44	44	Specific allocation
	Redesign and merged eyecare service			81	81	Specific allocation
	Inequalities Project			27	27	As per allocation letter
	Task force for ADP			147	147	As per previous PfG
	Mental Health Funding for Pharmacy		64		64	As per allocation letter
	Mental Health & Wellbeing in Primary Care Services		105		105	As per allocation letter
	Multi-Disiplinary Teams			1,384	1,384	Specific allocation from announced Winter Funding
	Additional Band 2-4			1,022	1,022	Specific allocation from announced Winter Funding
	Total Core RRL Allocations	723,846	77,585	50,924	852,355	
Anticipated	Distinction Awards		193		193	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PCIF		682		682	
Anticipated	Waiting List		1,367		1,367	
Anticipated	Covid 19			4,089	4,089	
Anticipated	GP Sustainability payment			1,000	1,000	
Anticipated	Capital to Revenue			277	277	
Anticipated	NSD Adjustments		-2,130		-2,130	
		0	-793	5,366	4,573	
Anticipated	IFRS			8,900	8,900	
Anticipated	Donated Asset Depreciation			115	115	
Anticipated	Impairment			1,333	1,333	
Anticipated	AME Provisions			-400	-400	
	Total Anticipated Non-Core RRL Allocations	0	0	9,948	9,948	
	Grand Total	723,846	76,792	66,238	866,876	

Appendix 3: Savings Position at December 2021

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to December £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	5,779	2,604	8,383	0
					0		0
Total Savings	21,837	8,181	13,656	5,779	2,604	8,383	0

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	74	72	2
Borders	45	34	43	-9
Dumfries & Galloway	25	19	43	-24
Forth Valley	3,227	2,420	2,753	-333
Grampian	365	274	212	62
Greater Glasgow & Clyde	1,680	1,260	1,256	4
Highland	137	103	153	-50
Lanarkshire	117	88	162	-74
Lothian	31,991	23,993	25,315	-1,322
Scottish Ambulance Service	103	77	77	0
Tayside	40,084	30,063	31,991	-1,928
Savings				0
	77,873	58,405	62,077	-3,672
UNPACS				
Health Boards	10,801	8,101	8,494	-393
Private Sector	1,151	863	1,072	-209
	11,952	8,964	9,566	-602
OATS	721	541	291	250
Grants	65	65	65	0
Total	90,611	67,975	71,999	-4,024

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Dec-21 £'000
Financial Plan		
Drugs	0	0
CHAS	408	0
Junior Doctor Travel	22	11
Consultant Increments	224	168
Cost Pressures	3,530	1,624
Developments	1,960	673
Sub Total Financial Plan	6,144	2,476
Allocations		
Waiting List	2,740	0
AME: Impairment	73	0
AME: Provisions	219	0
Pay Award:AfC	1,716	1,212
6 Essential Action	456	0
ICU	485	0
Test & Protect	2,958	0
Winter	661	0
Cervical Incident	4	0
Cancer Waiting Time	327	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Support to build recruitment capacity	65	0
Building Capacity for international recruitment	68	0
Young Patients Family Fund	45	18
Best Start	75	0
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Workforce Wellbeing	129	0
Discharge Without Delay Pathfinders	340	0
Interface Care Programme	480	0
Nurse Director Support	403	0
Fleet Decarbonisation	108	0
National recovery:Single point of contact	64	0
R&D	12	0
2020/21 Surplus	340	255
Motor Neuron Clinical Nurse	19	0
Chronic Pain	9	0
Additional CT & MRI Capacity	44	0
Redesign and merged eyecare	81	0
Inequalities Project	27	0
Mental Health Pharmacy recruitment	64	0
Additional Band 2-4	1,022	0
Capital to Revenue	365	0
Sub Total Allocations	13,884	1,485
Total	20,028	3,961

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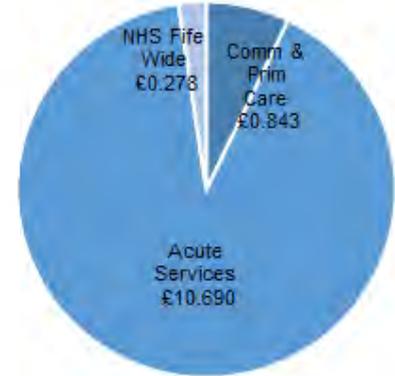
Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Included within Health			Balance £000's
	Total £000's	To M9 £000's	Anticipated £000's	
Vaccine	740	740		0
Care homes	526	82		444
Urgent Care Redesign	935	408		527
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
Action 15	1,315	242		1,073
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	680	216	871
Core (covid offsets)	1,250	1,250		0
Total	11,308	5,116	216	5,976

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 was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.546m. This comprises:

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
HEPMA	1,100
Mental Health Review	76
Lochgelly Health Centre	348
Kincardine Health Centre	207
Energy Scheme Funding	1,800
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Repay PY Overallocation	- 200
Louisa Jordan Equipment	22
Laundry Equipment	600
2nd Tranche NIB Equipment	1,176
National Eyecare Workstream	228
Capital to Revenue Transfer	- 277
Total	33,546

Despite being a challenging year in terms of supply chain issues, availability of materials and price increases on materials the capital plan and achievement of the capital resource limit remains on target.

Capital Receipts

1.1 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 - however the GP's have now put in an objection to the planning department

2. Expenditure / Major Scheme Progress

2.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £11.811m, this equates to 35.21% of the total capital allocation, as illustrated in the spend profile graph above.

2.2 The main areas of spend to date include:

Statutory Compliance	£2.106m
Equipment	£1.509m
Digital	£0.172m
Elective Orthopaedic Centre	£7.427m
Health Centres	£0.312m
Clinical Prioritisation	£0.198m

3. Recommendation

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

note the capital expenditure position to 31 December 2021 of £11.811m and the year-end spend of the total anticipated capital resource allocation of £33.546m.

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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	300	156	300
Statutory Compliance	334	262	334
Capital Equipment	151	88	151
Condemned Equipment	24	23	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
National Infrastructure Equipment Funding	6	0	6
Total Community & Primary Care	815	528	815
ACUTE SERVICES DIVISION			
Statutory Compliance	2,910	1,823	2,910
Capital Equipment	1,933	996	1,933
Clinical Prioritisation	601	42	601
Condemned Equipment	88	63	88
National Infrastructure Equipment Funding	3,407	340	3,407
Elective Orthopaedic Centre	15,907	7,427	15,907
Laundry Equipment	600	0	600
National Eyecare Workstream	228	0	228
Total Acute Services Division	25,674	10,690	25,674
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	51	0	51
Information Technology	1,000	172	1,000
Clinical Prioritisation	99	0	99
Statutory Compliance	54	0	54
Condemned Equipment	0	0	0
Fire Safety	60	21	60
Scheme Development	0	0	0
Vehicles	142	0	142
Covid Capital	1,325	0	1,325
Total NHS Fife Wide Schemes	2,932	193	2,932
TOTAL CAPITAL ALLOCATION FOR 2021/22	29,420	11,411	29,420
ANTICIPATED ALLOCATIONS 2021/22			
HEPMA	1,100	85	1,100
Kincardine Health Centre	207	130	207
Lochgelly Health Centre	348	182	348
Mental Health Review	76	3	76
Energy Funding Grant	1,800	0	1,800
Pre Capital Grant Funding	50	0	50
SG Payback	-200	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	22
QMH Theatre	1,000	0	1,000
Capital to Revenue Transfer	-277	0	-277
Anticipated Allocations for 2021/22	4,126	400	4,126
Total Anticipated Allocation for 2021/22	33,546	11,811	33,546

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Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to November	December Adjustment	Total December
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	151	0	151
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	223	77	300
Statutory Compliance	0	343	-10	334
National Infrastructure Equipment Funding	0	6	0	6
Total Community & Primary Care	0	747	68	815
Acute Services Division				
Capital Equipment	0	1,931	2	1,933
Condemned Equipment	0	88	0	88
Clinical Prioritisation	0	216	385	601
Statutory Compliance	0	2,930	-20	2,910
National Infrastructure Equipment Funding	0	2,231	1,176	3,407
Elective Orthopaedic Centre	0	0	15,907	15,907
National Eyecare Workstream	0	0	228	228
Laundry Support	0	0	600	600
	0	7,396	18,278	25,674
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,475	29	54
Fife Wide Equipment	1,805	-1,805	51	51
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-439	38	99
Condemned Equipment	90	-90	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	142	0	142
Covid Capital	0	0	1,325	1,325
Total Fife Wide	7,394	-5,906	1,443	2,932
Total Capital Resource 2021/22	7,394	2,237	19,789	29,420

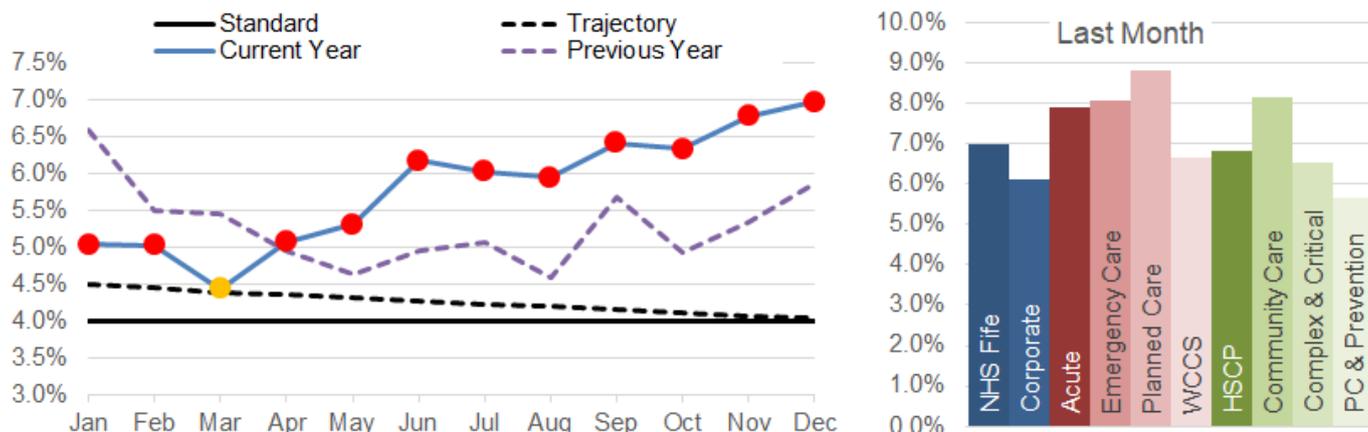
ANTICIPATED ALLOCATIONS 2021/22				
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	207	0	0	207
Lochgelly Health Centre	348	0	0	348
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Pre Capital Grant Funding	50	0	0	50
SG Payback	-200	0	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	0	22
QMH Theatre	1,000	0	0	1,000
Capital to Revenue Transfer	-277	0	0	-277
Anticipated Allocations for 2021/22	4,126	0	0	4,126

Total Planned Expenditure for 2021/22	11,520	2,237	19,789	33,546
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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								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%
Scotland	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%

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

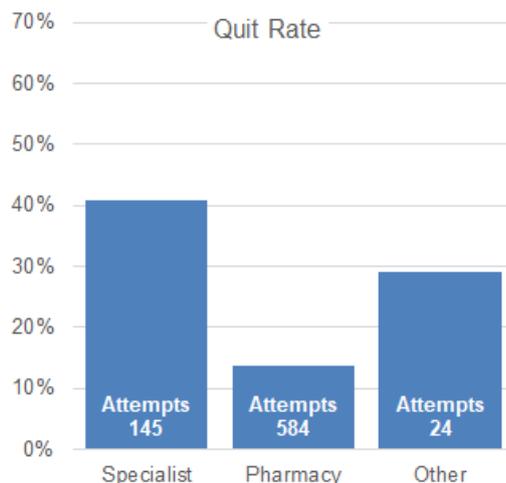
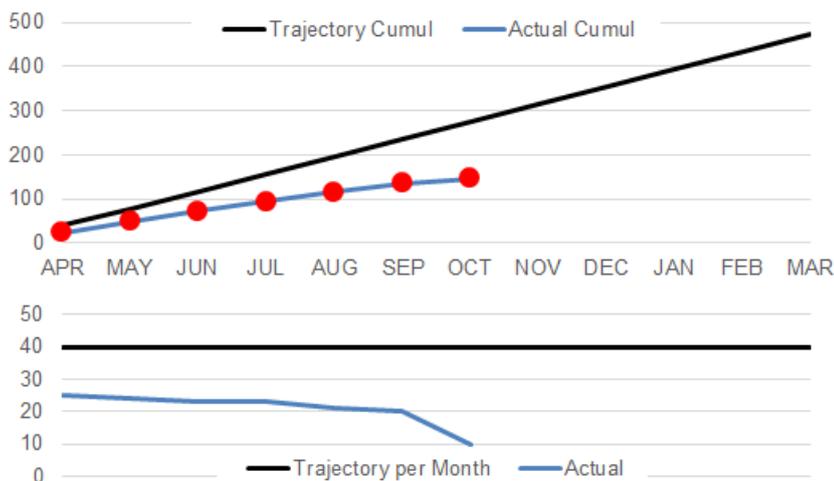
IMPROVEMENT ACTIONS

22.1 Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	By Mar-22
<p>The additional Occupational Health Physician is taking forward specific support for staff affected by Mental Health and mental health training for managers. This is in addition to the individual case work being progressed by local managers and HR Officers and Advisors, with input from the specialist Occupational Health Mental Health Nurse. The new Occupational Health Occupational Therapist is providing support to staff resuming work following diagnoses of long COVID.</p> <p>Additional staff support is being provided on an ongoing, requested and targeted basis via the Spiritual Care Service, Staff Listening Service, Psychology Staff support, Being Mindful of Your Wellbeing sessions, Peer Support, Care Space Mindfulness Drop-in sessions, outdoor sessions, access to Counselling, introduction of new eLearning Modules on resilience and wellbeing and access to the National PROMiS resources. This is complemented by a range of supporting materials, including a new "Benefits of Being Outdoors" poster and desktop campaign.</p> <p>Additional monies to support staff during the winter months have been allocated and include improved access to meals out of hours, additional resources for Spiritual Care, Psychology Staff support and Health Psychology, alongside bespoke wellbeing sessions for specific staff groups.</p>	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	By Mar-22
<p>Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside regular monthly and bespoke training sessions and the use of Tableau to identify and analyse "hot spots" / priority areas and trajectory setting / reporting. Feedback received following a programme to reinforce attendance management processes, undertaken between May and July 2021 was discussed in partnership at the Attendance Management Workforce Review Group held in December, with a series of actions being progressed by key stakeholders. Promoting positive attendance at work is discussed at each attendance management is a regular agenda item at LPF and APF meetings ensuring regular discussion and suggestions/actions for consideration.</p>	
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 support MI reporting	Complete Nov-21

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	24	23	23	21	20	10					
	Actual Cumul	25	49	72	95	116	136	146					
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.0%	60.1%	58.9%	57.6%	52.9%					
Scotland	Achieved			92.4%									

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

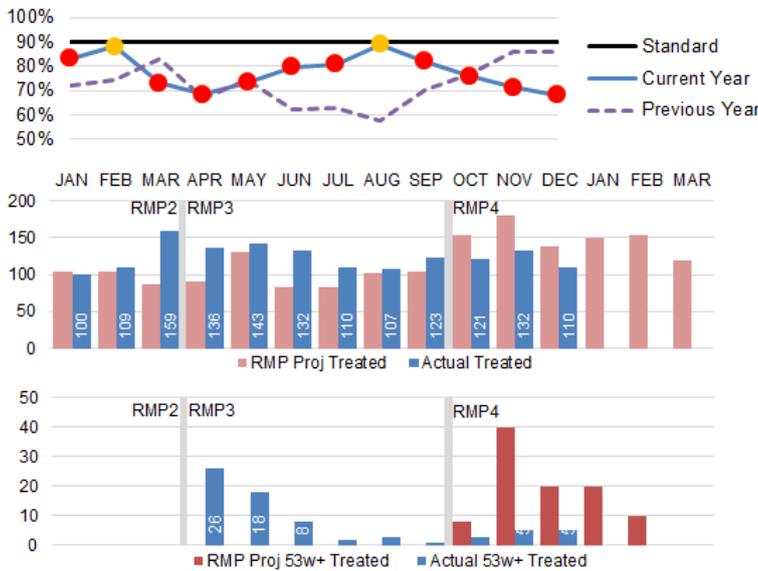
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	Complete Oct-21
20.3 'Better Beginnings' class for pregnant women	Complete Oct-21
20.4 Enable staff access to medication whilst at work	By TBD
<i>Action paused due to COVID-19</i>	
21.1 Assess use of Near Me to train staff	Complete Jul-21
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	Complete Sep-21
22.1 Test face to face provision in two GP practices and one community venue	By Mar-22

Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans. Early discussions with 2 GP practices were due to restart in the second week of January, while the remobilisation plan was scheduled to go to the remobilisation committee on 9th December. However, both activities have been paused due to the impact of the COVID Omicron strain.

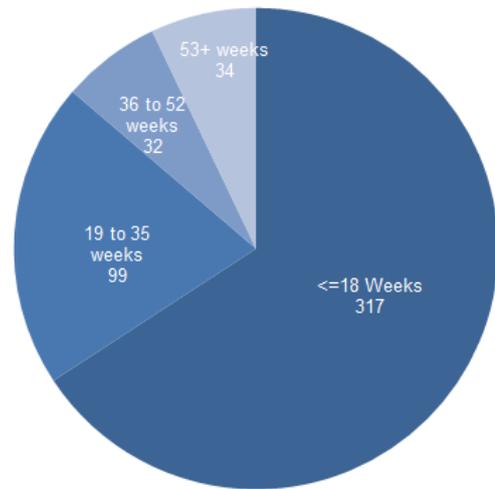
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (482) Dec-21



National Benchmarking

Month	2020/21			2020/21								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%
Scotland	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%			

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand; development of workforce to meet National CAMHS Service Specification
- COVID-19: relaxation on referrals and delivery of 'models' to reflect social distancing

IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme	Complete Jul-21
21.3 Build CAMHS Urgent Response Team (CURT)	By Mar-22

The CURT model is in place. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Presentations to Emergency department due to self harm/suicidal ideation remain high. This has resulted in all of the available CURT capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Two members of existing staff have retirements pending which adds additional pressures to the service. Review of activity and effectiveness of the model is ongoing.

22.1 Recruitment of Additional Workforce	By Mar-22
-------------------------------------------------	------------------

Recruitment is ongoing across multiple service areas to improve RTT, Longest waits and CAMHS service provision. From the 10 staff identified to address immediate capacity issues, 7 have been appointed and 2 temporary staff are due to take up post in February to work on longest waits. All new staff have worked through induction programme to ensure they are competent to take on caseloads and are incrementally increasing clinical activity towards full capacity. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment has been approved by HSCP SLT and escalated to EDG for support. Re-allocation of caseloads based on revised East and West CAMHS geographical boundaries is underway.

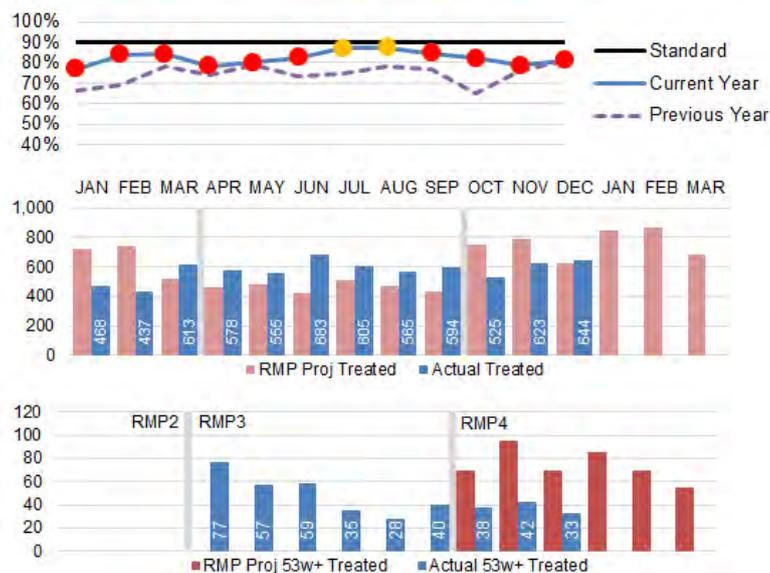
22.2 Workforce Development	By Mar-22
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A revised development and training programme was postponed in January due to high Covid-19 absences and it has been rescheduled for February. Three Programmes have been developed to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is completed to ensure the right skills and competencies exist across the range of teams in CAMHS.

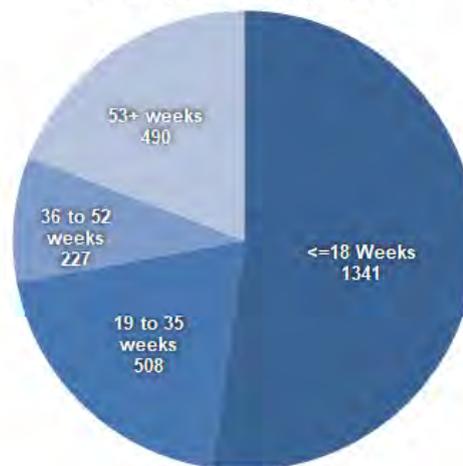
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2566) Dec-21



National Benchmarking

Month	2020/21					2021/22						
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%
Scotland	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%			

KEY CHALLENGE(S) IN 2021/22

- Recruitment of staff required to achieve waiting times standard 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	Complete Sep-21
22.1 Increase access via Guided self-help service	Complete Sep-21
22.2 Expansion of skill mix model to increase delivery of low intensity interventions	Complete Jan-22
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 brief/low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes has been evaluated and have shown positive clinical outcomes. They have also had a positive impact on waiting times within the Pain Management service. A different approach to their implementation is now underway in the general medical service.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Mar-22
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. A national issue with workforce availability has impacted recruitment, so the service has progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.	
22.4 Waiting list management within General Medical Service in Clinical Health	By May-22
Staff are undertaking a focused piece of work to clear the backlog on the assessment waiting list. A key driver is the need to differentiate patients with functional neurological disorder from those with other needs in order to inform development of appropriate clinical pathways. The work will ensure that only those for whom psychological therapy is the best option remain on the waiting list. It will also inform next steps in development of clinical pathways.	
22.5 Programme of training to increase capacity for work with more complex patients	By Jun-22
The AMH psychology service have implemented a structured programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology. This will reduce the demand upon the Clinical Psychologists in the service who are able to work with people with more complex presentations.	

Meeting:	Fife NHS Board
Meeting date:	29 March 2022
Title:	IPQR Review Update
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Authors:	Bryan Archibald, Planning and Performance Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to:

- Integrated Performance and Quality Report

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

2.2 Background

The IPQR presents performance data and information on improvement activity across a range of key service areas. The report is considered to be a good example of effective integration of clinical service performance with workforce and financial information. It presents information on performance clearly and sets out improvement actions where performance is challenged. In line with good practice the report presentation is reviewed annually. This paper sets out some proposals for immediate improvement and some more medium-term improvement activity.

2.3 Assessment

The review originally proposed the development of a Whole System Dashboard within the executive summary of the report. Over the past few months both Acute Services Division and the HSCP have been working on the development and implementation of formal operational escalation frameworks, known as OPEL, following initial testing it has been agreed that the output from these frameworks will in fact deliver the whole system dashboard or view of overall performance. There is therefore no requirement to create a separate dashboard within the IPQR.

The IPQR review has concentrated on a number of aspects of presentation as detailed in the table below.

	Immediate-term Improvement (From April 2022)	Medium-term Improvement (From September 2022)
Review of Current Metrics		√
Review of Areas of Operational Performance	√	
New Reporting Section on Public Health	√	
Utility of Statistical Process Control Charts (SPC)	√	
Tailoring IPQR to be Committee Specific		√
Review of Presentation of Key Indicators Summary	√	
Utility of Pie Chart Presentation	√	
Developing an Interactive Dashboard		√
Integrating Improvement Actions with SPRA/RMP		√

Review of Current Clinical Governance Metrics

Current metrics within IPQR are being reviewed. Discussions are taking place around possible removals, or whether there are any metrics to be added based on organisational focus in the forthcoming year, primarily around Adverse Events and Patient Feedback. These discussions are being led by Associate Directors of Quality and Clinical Governance and Nursing.

Review of Areas of Operational Performance

The review proposes that most of the presentation on operational performance should remain as currently reported. A number of additional areas are under development in relation to Information Governance and Workforce. The Associate Director of Digital is progressing the review on Information Governance data and the Deputy Director of Workforce is progressing the addition of performance information in relation to PDPR and the activities supporting the health and wellbeing of staff across the system. The aim is to

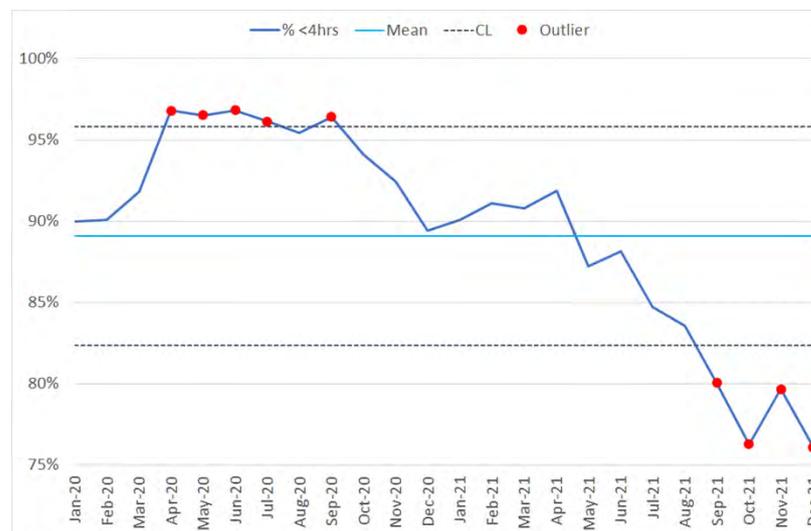
include these additional aspects from April 2022. The inclusion of mandatory training information will be explored through next reporting year.

New Reporting Section on Public Health

A new section of the report has been added to create specific reporting on performance relevant to the Public Health and Wellbeing Committee. This has involved discussion and agreement with the Committee and Board Chairs in relation to moving some performance information from both the Finance Performance and Resources Committee and the Clinical Governance Committee to the new Committee. This change has been made in the most recent IPQR. Additionally, work is progressing to include relevant information in relation to the screening programmes and immunisation, this work is more medium-term due to the frequency and access levels locally available to those data.

Utility of Statistical Process Control Charts (SPC)

Review group considered use of SPC charts to present information in IPQR. Active Governance session focussed on the use of XmR charts, which was not consistent with the groups understanding on type of chart to use. Guidance was also sought from Public Health Scotland (PHS) and group agreed that, if SPC charts were to be applied to the IPQR, XmR chart would be the type of chart used, if applicable. XmR charts are simple to understand and do not require any assumptions about underlying data distributions. A&E example below, charts would identify outliers as per Active Governance session. In this example, outliers have been identified between April and September 2020 (performance 95%+) and September to December 2021 ($\leq 80\%$). As target for A&E performance is 95%, it can be argued that the use of SPC doesn't add any additional context in this example.



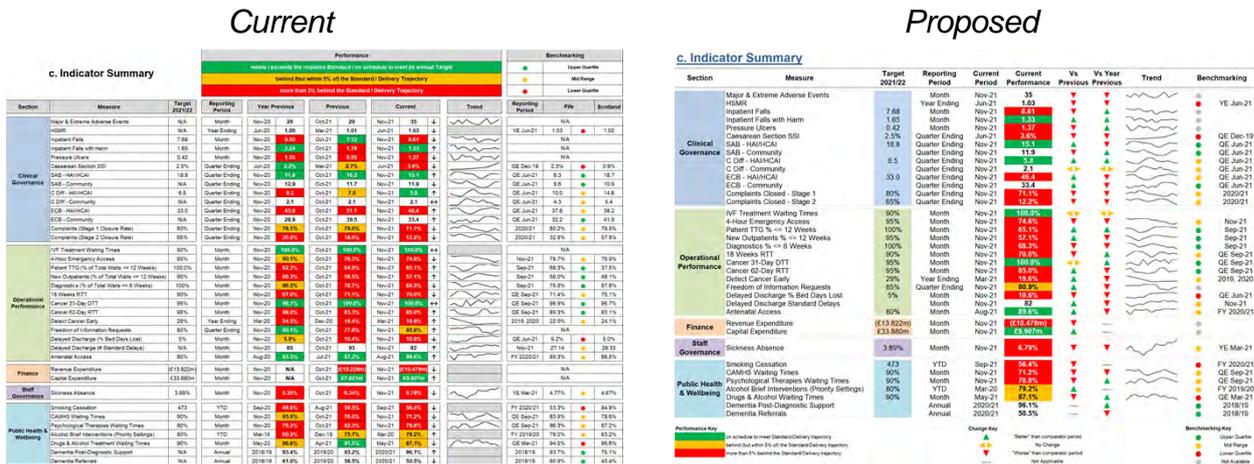
Tailoring IPQR to be Committee Specific

Currently each Committee and Board receive identical reports, the proposal would be to provide tailored reports to each Committee. Each Committee report would include Executive Summary and Assessment for each metric but would only include detailed 'drill-down' for metrics delegated to that Committee e.g. detailed information on Revenue and Capital

Expenditure would only be contained with FP&R report. Report would also contain additional 'deep-dive' that would be initiated by Board, Committee, EDG and/or Exec Lead.

Review of Presentation of Key Indicators Summary

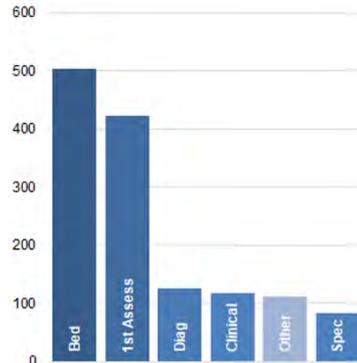
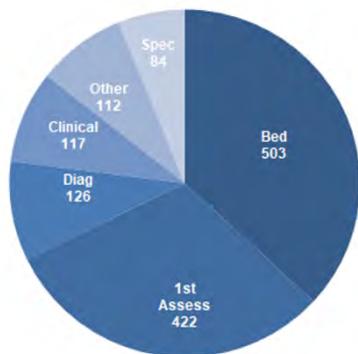
The presentation of the indicator summary within IPQR has been reviewed. Proposed layout has removed supplementary information but still retains current performance levels, comparisons against previous time periods and benchmarking.



Utility of Pie Chart Presentation

Pie charts are used to provide supplementary information at a glance, they are currently used for several metrics to give further detail. The review group considered different chart types but concluded that a pie chart should remain as an option to present data if appropriate to do so. Example considered was in relation to Accident & Emergency performance.

From both pie chart and bar chart it is clear the predominant reasons for patients breaching 4-hour target, it is however, not clear from bar chart what is the proportion.



Integrating Improvement Actions with SPRA/RMP Process

Improvement actions are aligned to the metrics within the IPQR, these have been sourced from Annual Delivery Plans pre-Covid or from Service Leads.

Proposal for next reporting year is to utilise information collated as part of the SPRA process. Information collated as part of this process included risks and controls as well as interdependencies on other services. This will form a basis for next RMP/Delivery Plan submission to Scottish Government with progress against relevant actions reported through the IPQR.

Developing an Interactive Dashboard

Development on an interactive dashboard for IPQR will begin early in next reporting year. This will be available via web platform and be updated on a timely basis. Dashboard will include various filters and different visualisations, giving users the ability to interrogate the data and ask informed questions.

2.3.1 Quality/ Patient Care

The IPQR reports on the quality of patient care through a number of core targets, the targets are reported individually.

2.3.2 Workforce

The IPQR currently reports on staff absence rates however it has been agreed that this requires to be developed to report on the important range of activity supporting the health and wellbeing of our staff.

This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

The IPQR reports on the financial position of the Board, this section is also under development.

2.3.4 Risk Assessment/Management

The improvements planned for the IPQR will enhance the visibility of risk levels and mitigating actions associated with the management of service performance.

2.3.5 Equality and Diversity, including health inequalities

The IPQR considers the appropriate equality and diversity impact.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement, and consultation

The cross directorate senior leadership group will ensure the appropriate communication and engagement on this review.

2.3.8 Route to the Meeting

This paper was considered by

- EDG on 17 February 2022
- Staff Governance 3 March 2022
- Clinical Governance Committee 10 March 2022
- Finance, Performance and Resources 15 March 2022

2.4 Recommendation

The Board is requested to take assurance from the report and the proposed changes to the IPQR as part of the IPQR Review.

3 List of appendices

N/A

Report Contact

Bryan Archibald
Planning and Performance Manager



Report to the Board on 29 March 2022

BOARD DEVELOPMENT SESSION – 22 February 2022

Background

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

February Development Session

4. The most recent Board Development Session took place via MS Teams on Tuesday 22 February 2022. There was one main topic for discussion, which was the Operational Escalation Framework, and a helpful demonstration of the new tool was given, with input from clinical and project support colleagues.

Recommendation

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

TRICIA MARWICK
Board Chairperson
23 February 2022

Meeting:	Fife NHS Board
Meeting date:	29 March 2022
Title:	FVCV Programme Delivery Update
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Authors:	Karen Nolan, Clinical Services Manager Jemma Lumsden, Project Support Officer

1 Purpose

This report is presented to NHS Fife Board for:

- Assurance

This report relates to a:

- 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 report is to provide an update of the local delivery position regarding the Flu vaccine and Covid-19 vaccine (FVCV) programme within NHS Fife.

NHS Fife Board is asked to consider this report for assurance regarding the progress and updated information regarding the delivery of the programme for Spring/summer 2022.

2.2 Background

The joint FVCV programme continues to successfully progress with the local delivery of the nationally directed immunisation programme for all cohorts eligible, while responding to National direction in alignment with evolving JCVI guidance.

National guidance received 18th January via Chief Medical Office (CMO) Letter (3) (appendix 1) and supporting documentation advised boards to action the following:

- Booster vaccinations for all 16-17 years.
- Booster vaccination of 12-15 years who are in a clinically at-risk group, severely immunocompromised or a household contact of someone who is immunosuppressed.

- Primary vaccination of children aged 5-11 years in a clinical risk group or who are a household contact of someone who is immunosuppressed.
- Third primary doses for children aged 5-11 years who are severely immunosuppressed

The above national guidance has however now been updated based on Chief Medical Office (CMO) Letter (6) (appendix 2) and supporting documentation received, advising boards to operationalise the JCVI advice and action the following:

- the spring dose programmes for those eligible
- the universal offer of COVID-19 vaccination for children aged 5 to 11 years

At time of writing (15/03/2022) 825,638 doses have been administered in Fife with 240,266 individuals having received their full course + booster or 3rd dose.

2.3 Assessment

Following the increased activity during the festive period, the programme has experienced a reduction in clinic demand.. In response the programme has reviewed opportunities for targeted work for cohorts who have not taken up the vaccination, such as appointments for citizens ages 12-17 who have not received any dose or have not completed their vaccination doses, as well as ages 18-59 who have not taken up an offer for their booster. These bespoke models will run alongside all other planned activity.

Drop-in clinics are continuing to be scheduled where possible across venues in Fife to ensure all individuals who have not received first, second or booster dose vaccinations so far can attend for vaccinations.

Tranche 1 Delivery

16- and 17-year-olds

Second doses for 16–17-year-olds continue to progress with appointments offered via the national booking system and drop-in clinics in alignment to eligibility at a 12-week interval. To date 4,846 2nd doses have been administered to this cohort which equates to 62% uptake. Recent guidance from CMO Letter (3) (appendix 1) has advised all 16- and 17-year-olds are now eligible for a booster vaccination. Eligible individuals will be encouraged to attend for their booster vaccinations via a drop in or booking via national portal/phone line. To date, 1533 booster doses have been administered.

12–15-year-olds

Clinics for the 12-15 age group 2nd doses have now taken place.. To date 8,120 2nd doses have been administered to this cohort. The 'did not attend' (DNA) rate was anticipated and has been high at 50% therefore work is ongoing with programme leads to identify approaches in addressing this.

Recent guidance from CMO Letter (3) has advised 12–15-year-olds who are clinically at risk, severely immunosuppressed or household contacts of someone who is severely immunosuppressed are now eligible for a booster vaccination. Eligible

individuals are being contacted by NHS Scotland for vaccination appointments to be arranged.

5–11year olds

CMO Letter (3) states 5–11-year-olds who are at risk due to certain health conditions or are severely immunosuppressed should receive a course of two Covid vaccinations. A booster has also been advised only for children aged 5-11 who are severely immunosuppressed. This cohort was appointed through local lettering and a local telephone process was implemented to facilitate re-scheduling if required. To date 673 1st doses have been administered to this cohort. It is important to note that the 5 to 11 eligibility criteria also includes an offer for those who are 'household contacts' living with those at risk/immunosuppressed. The exact number of such children eligible is unknown however to date a further 173 individuals have been vaccinated within this cohort.

The official CMO letter (6) (appendix 2) providing guidance on a universal offer for this cohort has now been received. Planning for this within the programme is now well underway with activity commencing 19th March on the universal 5-11 vaccinations. There are approximately 30k individuals eligible. Bespoke clinics have been scheduled across evenings and weekends with planned completion date of 31st March.

The 5-11 SLWG continues to meet regularly to ensure effective planning of this cohort continues.

Outreach Work

A community outreach programme is ongoing to assess areas with low vaccine uptake and promotional activities are in place to encourage drop-ins. Community outreach ties in closely with inclusivity work. An online communications pack of vaccination materials has now been developed on the NHS Fife website that will benefit multiple external organisations. Data collection and engagement with a number of partners including Fife Council and Fife Voluntary action is ongoing to assess and maximise opportunities.

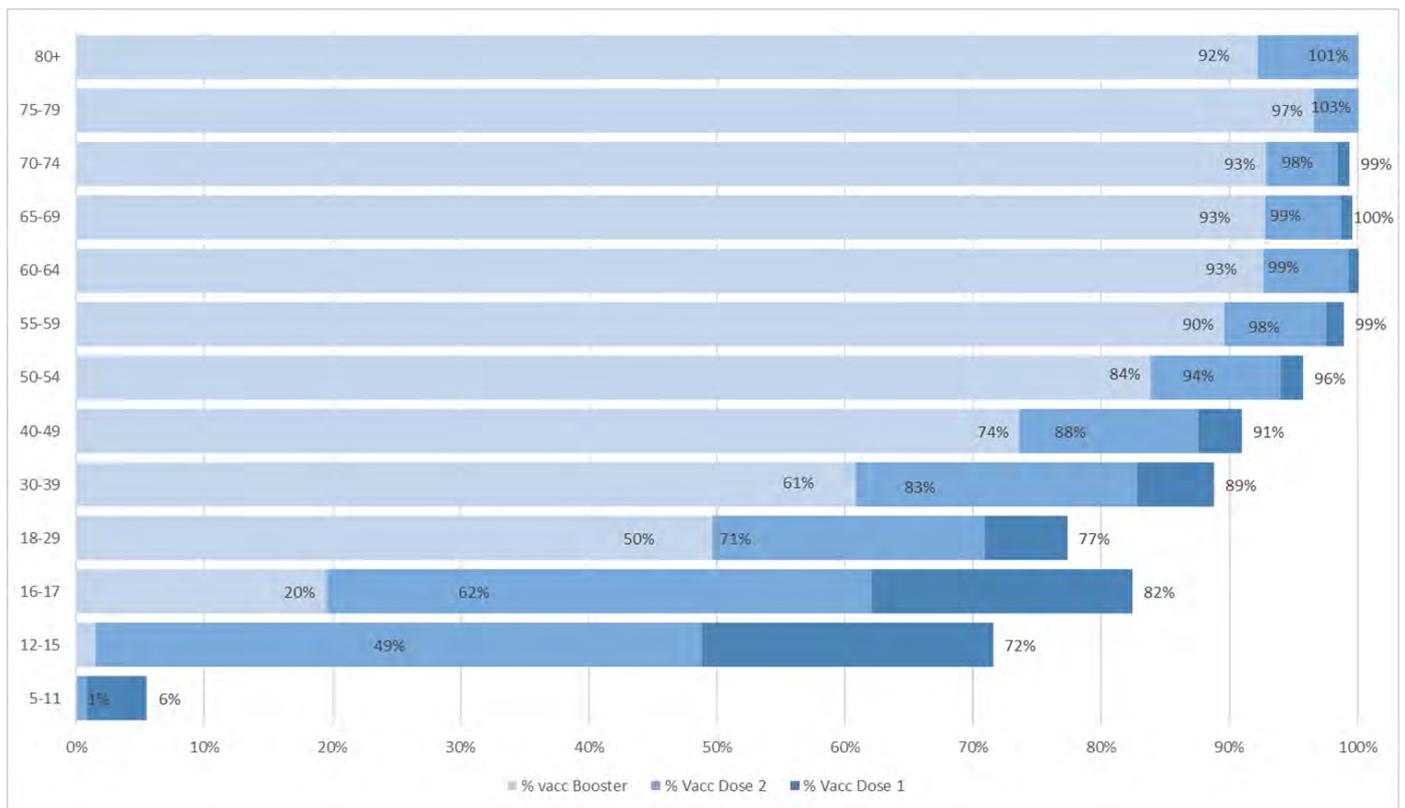
Pop up activity is also continuing across Fife. Recent successful pop ups have included attendance to a number of supermarkets and most notably, Dobbies Garden Centre and Leisure Park in Dunfermline where over 200 citizens were vaccinated including a positive amount of 1st and 2nd doses.

To enhance and support encouragement of Covid Vaccinations, NHS Fife have hosted a webinar session via the Inclusion Group on 1st of March to support public and third sector workforce to have confident and positive Covid vaccine conversations with clients, students, patients and service users. The webinar has proved successful, following initial feedback and this will be reviewed to determine next steps.

Tranche 2 Delivery

Over 18 Public Programme

The summary table below shows uptake of COVID-19 vaccine by Fife residents up to the 15th March 2022 by JCVI age group (age at reference date)



Source: Vaccination Universe, Fife Extract, NRS Midyear population estimates 2020

Spring/Summer 2022 booster campaign

In response to the recent CMO guidance received, the programme has progressed planning for the universal vaccination offer to the 5-11 cohort and the spring boosters. Around 6 months after the last vaccine dose, the 'spring booster' will be offered to:

- adults aged 75 years and over
- residents in a care home for older adults
- individuals aged 12 years and over who are immunosuppressed, as defined in the Green Book

The aim is to vaccinate these groups at 24 weeks and no later than 28 weeks, from their last booster dose. There is flexibility with the Green book for cohorts in Care homes and Housebound to be vaccinated prior to the 24 weeks. Activity is due to commence 19th March, with adult Spring boosters initially prioritised for residents in older persons care homes and those who are housebound. Please see appendix 3 for further detail on current planning assumptions.

2.3.1 Quality/ Patient Care

NHS Fife will continue to respond to new developments as guided nationally to provide a safe and effective service to all citizens in Fife.

A clinical oversight and assurance group meets regularly to provide assurance to the boards regarding safe delivery of the Immunisation programme.

2.3.2 Workforce

Currently, there are no immediate concerns or pressures regarding workforce within the programme. Workforce continues to be closely monitored and where possible, due to reduced clinic activity are being mobilised to aid outreach models as well as supporting other services within NHS Fife such as inpatient areas.

The 2nd national funding award letter has now been received Appendix 4, to allow progression of recruitment activity to build a sustainable workforce. This has now commenced with vacancies now live. Interviewing for these posts is due to commence week of 14th March with all interviews and formal offers planned to complete by end of March.

There are robust staff governance arrangements in place involving HR, Staff side, Lead Nurse and the CSM

2.3.3 Financial

The programme continues to have robust Finance Governance with the finance team as members of the FVCV Board and operationally with the service to ensure any risks identified in the planning stages are managed and reported accordingly.

2.3.4 Risk Assessment/Management

A robust risk review process is in place where risks are reviewed frequently across key work streams of the programme.

There have recently been a number of risks closed with the current total now equating to 15, all which are either moderate or low-level risks.

2.3.5 Equality and Diversity, including health inequalities

The established inclusivity group will continue to lead delivery of EQIA actions and direct specific outreach activities to ensure access for all that are eligible.

2.3.6 Communication, involvement, engagement and consultation

Communications are directly linked with the national direction applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from the COVID programme to ensure effective, timely and targeted communications.

There is currently scheduled comms in place via a local radio station to maximise opportunities in publicising the vaccination programme.

Tailored comms packages have been issued to groups such as: Youth first, Active Schools, Youth Employment Network and others.

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

2.4 Recommendation

NHS Fife Board are asked to consider the report for **assurance**, considering the progress achieved and updated information regarding the programme, and developments in the approach.

Report Contact

Nicky Connor

Director of Health and Social Care

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Appendix 1: CMO Letter SGHD/CMO/2022 (3)

(Also available online: [https://www.sehd.scot.nhs.uk/cmo/CMO\(2022\)03.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2022)03.pdf))

Chief Medical Officer Directorate



Scottish Government
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Dear Colleague(s)

**COVID-19 VACCINATION PROGRAMME: FURTHER
VACCINATION OF CHILDREN AND YOUNG PEOPLE**

**JOINT COMMITTEE ON VACCINATION AND
IMMUNISATION (JCVI) ADVICE:**

- **BOOSTER VACCINATIONS FOR 16 TO 17 YEAR
OLDS – UNIVERSAL**
- **BOOSTER VACCINATION OF AT RISK 12 TO 15
YEAR OLDS**
- **PRIMARY VACCINATION OF AT RISK FIVE TO 11
YEAR OLDS**

GREEN BOOK ADVICE:

- **THIRD PRIMARY DOSE FOR FIVE TO 11 YEAR
OLDS WHO ARE SEVERELY
IMMUNOSUPPRESSED (SIS)**

This letter provides details of the JCVI advice, published on 22 December 2021, and subsequent updates to the Green Book Chapter 14a, on the expansion of the COVID-19 vaccination programme for children and young people.

KEY OBJECTIVES

1. To provide an update and clarify operational guidance on the JCVI advice and the Green Book updates in relation to:
 - Booster vaccination of 16 to 17 year olds;
 - Booster vaccinations for 12 to 15 year olds who are in a clinically at risk group, severely immunosuppressed or a household contact of someone who is immunosuppressed;
 - Third primary doses for children aged five to 11 years who are severely immunosuppressed (SIS);
 - Primary vaccination of children aged five to 11 years in a clinical risk group or who are a household contact of someone who is immunosuppressed.

**From the Chief Medical Officer
Chief Pharmaceutical
Officer**

Professor Sir Gregor Smith
Professor Alison Strath

18th January 2022

SGHD/CMO/2022 (3)

Addresses

For action
Chief Executives, NHS Boards
Medical Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS
Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
Operational Leads

For information
Chairs, NHS Boards
Infectious Disease Consultants
Consultant Physicians
Chief Executive, Public Health
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[JCVI statement on COVID-19 vaccination of children and young people: 22 December 2021 - GOV.UK \(www.gov.uk\)](#)

[COVID-19 Green book chapter 14a \(publishing.service.gov.uk\)](#)

BACKGROUND

2. The JCVI continues to advise on the COVID-19 vaccination programme.
3. The Scottish Government is guided by the clinical and scientific advice on vaccination provided by the JCVI.
4. The Scottish Government remains fully committed to ensuring that everyone who is eligible has access to a COVID-19 vaccine.
5. In line with previous advice, booster vaccinations are being offered in order of priority and descending age cohorts to ensure the most vulnerable and at risk are protected first.
6. Prioritisation of booster vaccination within eligible cohorts should generally be in the order of descending age groups or clinical risk.

BOOSTER VACCINATION OF 16 TO 17 YEAR OLDS – UNIVERSAL OFFER

7. The JCVI has advised that booster vaccinations should be offered to all 16 and 17 year olds, including those who are severely immunosuppressed and who have had a third primary dose.
8. This cohort should be offered a booster dose of 30 micrograms Pfizer-BioNTech COVID-19 vaccine no sooner than 3 months after completion of their primary course.

BOOSTER VACCINATION OF 12 TO 15 YEAR OLDS

9. The JCVI has also advised in light of the Omicron variant, booster vaccinations should be offered to children and young people aged 12 to 15 years who:
 - are in a clinical risk group or who are a household contact of someone who is immunosuppressed; and/or

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- are severely immunocompromised and who have had a third primary dose.
10. Those children and young people aged 12 to 15 years who are clinically at risk or a household contact are now eligible for booster vaccinations and should be offered a booster dose of 30 micrograms Pfizer-BioNTech COVID-19 vaccine no sooner than 3 months after completion of their primary course.
 11. Children who are 12 to 15 years old and were severely immunosuppressed in proximity of their first or second COVID-19 vaccine doses in the primary schedule, should have a third primary vaccination, and then have their booster which would equate to their 4th dose.

PRIMARY VACCINATION OF AT RISK FIVE TO 11 YEAR OLDS

12. In its [advice of 22 December 2021](#), the JCVI recommended that two doses of COVID-19 vaccine should now be offered to children aged five to 11 years in a clinical risk group (as defined in the [Green Book](#)), and to those who are a household contact of someone who is immunosuppressed (as defined in the [Green Book](#)).
13. In addition, the Green Book advises that a further third primary dose should be offered to children aged five to 11 who at the time of their first or second primary dose were severely immunosuppressed, as detailed in the Green Book.
14. For children aged five to 11 years, a 10-microgram dose of Pfizer-BioNTech vaccine for all primary doses, is considered appropriate. The JCVI advises that this can be either as a paediatric formulated dose (10-microgram) or a fractional adult dose (one third of the adult 30 microgram dose). However, a fractional adult dose would constitute 'off label' usage and this is not the Chief Pharmaceutical Officer's preference. The Medicines and Healthcare products Regulatory Agency (MHRA) [announced on 22 December 2021](#) the authorisation of the Pfizer Paediatric vaccine. The paediatric formulation is the preferred method of vaccination for this age cohort.
15. An interval of eight weeks between the first and second doses is advised. Those requiring a 3rd primary dose should ideally receive it eight weeks after the 2nd dose, with special attention paid to current or planned immunosuppressive therapies. The minimum interval between any vaccine dose and recent COVID-19 infection amongst this cohort should be four weeks.
16. In line with [previous guidance](#) issued, the post vaccination observation period will continue to be five minutes.

INFORMED CONSENT

17. In all instances, the offer of vaccination to children and young people must be accompanied by appropriate information to enable children and young people, and those with parental responsibility, to adequately appraise the potential harms and benefits of vaccination as part of the informed consent process prior to vaccination. This should include information on the risk of myocarditis.
18. There is [a suite of resources](#) including dedicated leaflets and easy-read versions relating to COVID-19 vaccines available which enable young people and those with parental responsibilities to give informed consent. In addition, training resources for vaccinators

- have been updated to enable them to provide information in a child-appropriate manner during vaccination visits.
19. Many vaccinators will require to undertake knowledge acquisition and achieve clinical competency sign off prior to administering the paediatric formulation to this age cohort. The appropriate educational materials are being prepared by NHS National Education and Public Health Scotland.
 20. It is important for children and young people and those who have parental responsibility discuss the offer of vaccination and come to a decision together. Informed consent differs between different age groups. Young people aged 16 and 17 years old are (where there are no other issues of capacity) able to self-consent, while those under 16 are able to consent to medical procedures if they are capable of understanding the information they are being given and the nature and possible consequences of the vaccination.

INTERVAL BETWEEN DOSES AND GAP PERIOD POST INFECTION

21. With the recent JCVI advice, and the programme moving into the delivery of COVID-19 vaccination to younger groups, the complexity for both vaccination teams and the public is increasing. There are a number of key differences to intervals between doses and the gap post infection. For simplification, the overarching rules at present based on the Green Book updates are:
 - 18 years and over: 8 weeks between doses and 4 weeks from infection onset
 - Under 18's who are healthy and not in at risk groups: 12 weeks between doses and 12 weeks from infection onset
 - Under 18's who are in a high risk group: 8 weeks between doses and 4 weeks from onset of infection
22. Booster doses should take place 3 months after the completion of the primary vaccination course.

OPERATIONAL DEPLOYMENT

23. Please see the tables in Annex A for details of the operational timings, methods of call up, and the expectations of Health Board Flu Vaccine COVID Vaccine (FVCV) Operational teams.
24. Health Boards are asked to ensure that their planning, operational, scheduling and clinical teams are fully apprised of the complexity of this phase of vaccine delivery. Should teams be unclear about any of the detail, they should discuss this with the National Team in one to one communication or in the Programme Delivery Group meetings.

COMMUNICATIONS

25. All Health Boards will be provided with materials and messaging to communicate via their local channels and networks. Some interim messaging has already been shared to clarify the various recent JCVI announcements. Further updates and materials will be provided as appropriate and NHS inform is being updated.

ACTION

26. Health Boards are asked to note and enact the JCVI advice and the Green Book updates on:

- Booster vaccinations for 16 to 17 year olds – universal;
- Booster vaccination of 12 to 15 year olds who are in a clinically at risk group, severely immunocompromised or a household contact of someone who is immunosuppressed;
- Third primary doses for children aged five to 11 years who are severely immunosuppressed (SIS); and
- Primary vaccination of children aged five to 11 years in a clinical risk group or who are a household contact of someone who is immunosuppressed.

27. Health Boards should use the Pfizer paediatric formulation as opposed to the fractional use of the current Pfizer-BioNTech vial for the five to 11 year old age group.

We remain very grateful for your continued support and ongoing efforts in relation to the national COVID vaccination programme.

Yours sincerely

Gregor Smith

Alison Strath

Professor Sir Gregor Smith
Chief Medical Officer

Professor Alison Strath
Chief Pharmaceutical Officer

ANNEX A

SUMMARY OF JANUARY TO MARCH (inclusive) COVID-19 & FLU PROGRAMME (6 RECAP for Under 18 eligibility)

Who	Vaccine & Gap Period	When in Delivery Year	How - Invite	Where
Adults 18+ (universal)	Covid-19 vaccine mRNA booster (if >12 wk gap since primary course completion and 4 weeks from positive covid-19 infection)	Ongoing through Jan - March - to reach people not yet boosted in the pre New Year period	<ul style="list-style-type: none"> People can attend drop ins Can phone and book via National Contact Centre (NCC) or book via portal The IVC/ national team will have reminder/invite letters or texts to prompt bookings over in January to encourage any adults still outstanding for booster 	<ul style="list-style-type: none"> Local community clinics Some bespoke pregnancy clinics for pregnant women who are now an at risk group A local vaccination centre
Flu drop up offer to any remaining 16-64 at risk groups, 65+ pregnant women	Flu vaccine only	Ongoing Jan - March	<ul style="list-style-type: none"> Via primary care Via drop in to clinics advertised as having flu stock on site Each HI needs to ensure access (community pharmacy/community clinic) Local I+D teams on where people can come up to end of March 2022 	<ul style="list-style-type: none"> If pregnant, via your midwife A local vaccination centre
16-17 year olds (universal)	<ul style="list-style-type: none"> 2nd primary dose Pfizer 30 mcgs - 12 weeks from 1st dose or 12 weeks from confirmed positive Covid infection (whichever comes last) Booster Pfizer dose 30 mcgs (12 weeks post primary course or 12 weeks post infection) 	<ul style="list-style-type: none"> Early November onwards. Many of this group are outstanding for 2nd dose (over 56%) Early February onwards (for those with prompt primary courses) 	<ul style="list-style-type: none"> Where previously self-registered for 1st doses and only one dose initially under JCVI advice, now eligible for 2nd primary dose and a booster dose National team replicating returns & all remaining eligible 16/17 year olds will receive a text and DUE letter (for 2nd doses) - to return them to come to drop in CR book via NCC or portal HIs should use national coming assets already shared to promote on local comms National reviewed and local comms from early February to promote 16/17 boosters and for young people to mention in letters above: <ul style="list-style-type: none"> People can attend drop ins Can phone and book via NCC Can book via portal 	A local vaccination clinic
12-15 year olds (initially at risk, and household contacts of immunosuppressed)	<ul style="list-style-type: none"> 1st dose Pfizer 30 mcgs 2nd dose Pfizer 30 mcgs (8 weeks after last dose, or 4 weeks post infection) 2nd dose for those who are themselves SIS - Pfizer 30 mcgs - 8 weeks after last dose or 4 weeks post infection Booster Doses Pfizer 30 mcgs Pfizer 30 mcgs - (12 weeks after primary course completion, or 4 weeks post infection) 	<ul style="list-style-type: none"> Offered early August 2021 onwards Offered early October 2021 onwards Offered early December 2021 onwards Offered early December 2021 onwards (atrik but not SIS) (JCVI ear Feb onwards if SIS 4th booster dose) 	<ul style="list-style-type: none"> Via cohort invite letter on NVSS 	A local vaccination clinic
12-15 year (Universal)	<ul style="list-style-type: none"> 1st doses Pfizer 30 mcgs 2nd doses Pfizer 30 mcgs - (12 weeks post 1st dose or 12 weeks post infection) 	<ul style="list-style-type: none"> The only new offers for January - a 10 recall to people to who did not take up the summer offer 3rd January onwards (12 weeks from 2nd dose) 	<ul style="list-style-type: none"> National team will deuplicate and send a text to these young people - with an offer to attend a drop in or to book via NCC Invite letters issued but can bring forward via NCC or attend a drop in 	A local vaccination clinic
5-11 year olds - at risk (initially at risk, and household contacts if IS)	<ul style="list-style-type: none"> 1st Dose - Paediatric Pfizer 10 mcgs 2nd Dose - Paediatric Pfizer 10 mcgs (8 weeks after 1st dose, or 4 weeks post infection) 3rd Dose (ONLY for those with SIS) - Paediatric Pfizer 10 mcgs - (8 weeks after 2nd dose, or 4 weeks post infection) 	<ul style="list-style-type: none"> From around 27th January onwards (those on next day Novartis delivery may receive stock on 23rd, those on weekly/biweekly may receive stock between 25th - 20th January) From late March onwards (at least 8 weeks after 1st dose) From late May onwards (at least 8 weeks after 2nd dose) 	<ul style="list-style-type: none"> National cohort created for those with designated medical conditions (as per table 4 given book) - These will be put on DEER for HIs to view: <ol style="list-style-type: none"> Some HIs doing local appointing by phone Some doing local appointing by local letter Some using nationally sent out letter (and advising national team of this) - advising parents that their child is in this cohort and thus being invited and to call NCC to make a clinic appointment For second appointments 8 weeks later (unless the child has Covid infection and subject to the 12 week wait gap): <ul style="list-style-type: none"> For Doards using local appointing (by phone or local letter) - these HIs need to organise the 2nd appointment for individuals For Doards that used the national letter to prompt first booking - HI to send in NVSS cohort for inviting back to suitable clinic For children who are SIS and requiring a 3rd dose - HI to send in NVSS cohort for inviting back to suitable clinic 	A local vaccination clinic (not bespoke) (in place with Paed Pfizer and suitably trained staff)

Key: National co-ordinated actions (National team = SG/NIHS National Team)
 HI actions

MASTER V0.5.15th January 2022

	Primary vaccination			Booster	Interval Between Doses <small>(To Note: there is a minimum gap you have to wait after a Covid infection to have a vaccine, even if you are due another dose)</small>	How & When
	1st Dose	2nd Dose	3rd Dose			
Over 18: Except those who are severely immunosuppressed	✓	✓	✗	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose (4 weeks from positive test)	Book by phone or online or attend a drop-in
Over 18: Severely immunosuppressed	✓	✓	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose (4 weeks from positive test)	Invited by NHS - can attend a drop-in or book if overdue (using your original invite letter)
16/17: no additional risk factors	✓	✓	✗	✓	12 weeks between all doses (12 weeks from positive test)	Book by phone or online or attend drop-in
16/17: At risk for specific medical conditions (not those severely immunosuppressed)	✓	✓	✗	✓	8 weeks between primary doses; 12 weeks from primary course to booster (4 weeks from positive test)	Book by phone or online or attend drop-in
16/17: Severely immunosuppressed	✓	✓	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster (4 weeks from positive test)	Invited by NHS - can attend a drop-in or book if overdue (using your original invite letter)
12 to 15: No additional risk factors	✓	✓	✗	✗	12 weeks between primary doses (12 weeks from positive test)	Invited by NHS - can attend a drop-in or book if overdue
12 to 15: Specific medical conditions or household contacts of a person with immunosuppression	✓	✓	✗	✓	8 weeks between primary doses; 12 weeks from primary course to booster (4 weeks from positive test)	Invited by NHS - can attend a drop-in or book if overdue
12 to 15: Severely immunosuppressed	✓	✓	✓	✓	8 weeks between primary doses; 12 weeks from primary course and booster (4 weeks from positive test)	Invited by NHS - can attend a drop-in or book if overdue (using your original invite letter)
5-11: No additional risk factors	✗	✗	✗	✗	N/A	N/A
5 to 11: Specific medical conditions or household contact of a person with immunosuppression	✓	✓	✗	✗	8 weeks between primary doses (4 weeks from positive infection)	Invited by NHS (From late January 2022)
5-11: Severely immunosuppressed	✓	✓	✓	✗	8 weeks between primary doses (4 weeks from positive infection)	Invited by NHS (From late January 2022)

Appendix 2: CMO Letter SGHD/CMO (2022)6

(Also available online: [https://www.sehd.scot.nhs.uk/cmo/CMO\(2022\)06.pdf](https://www.sehd.scot.nhs.uk/cmo/CMO(2022)06.pdf))

Chief Medical Officer Directorate



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Dear Colleague(s)

COVID-19 VACCINATION PROGRAMME:

- **SPRING DOSE PROGRAMME**
- **UNIVERSAL OFFER FOR 5 TO 11 YEAR OLDS**

KEY OBJECTIVES

1. To provide an update and clarify operational guidance on the JCVI advice regarding:

- Spring dose vaccinations
- Universal offer of COVID-19 vaccinations for children aged 5 to 11 years old.
[JCVI statement on vaccination of children aged 5 to 11 years old - GOV.UK \(www.gov.uk\)](#)

BACKGROUND

2. The JCVI continues to advise on the COVID-19 vaccination programme.
3. The Scottish Government is guided by the clinical and scientific advice on vaccination as provided by the JCVI.
4. The Scottish Government remains fully committed to ensuring that everyone who is eligible has access to a COVID-19 vaccine.

SPRING DOSE

5. In its advice of [21 February 2022](#), the JCVI advised that the primary aim of the COVID-19 vaccination programme continues to be the prevention of severe disease, hospitalisation and mortality arising from COVID-19.

From the Chief Medical Officer Chief Pharmaceutical Officer

Professor Sir Gregor Smith
Professor Alison Strath

28 February 2022

SGHD/CMO(2022)8

Addresses

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
Operational Leads

For information

Chairs NHS Boards,
Infectious Disease Consultants,
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Pharmaceutical and Vaccine Supply
Issues
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6. Many of the oldest adults, and therefore most vulnerable, will have received their most recent COVID-19 vaccine dose in autumn 2021. Therefore, as a precautionary strategy for 2022, the JCVI has advised a COVID-19 spring dose for these individuals, around 6 months after their last vaccine dose.
 7. This will be offered to:
 - Adults aged 75 years and over;
 - Residents in a care home for older adults; and
 - Individuals aged 12 years and over who are immunosuppressed, as defined in tables 3 and 4 of the [Green Book](#).
 8. These individuals are at a higher risk of severe COVID-19, and with the lapse of time, their immunity derived from vaccination may wane substantially before autumn this year.
 9. Eligible persons aged 18 years and over may be offered booster vaccination with Pfizer-BioNTech COVID-19 (Comirnaty®) 30mcg vaccine or Moderna (Spikevax®) 50mcg vaccine.
 10. Eligible persons aged between 12 and 18 years may be offered booster vaccination with Pfizer-BioNTech COVID-19 (Comirnaty®) 30mcg vaccine.
 11. Cohorts will become eligible for a spring dose at 24 weeks (6 months) since their previous vaccine dose. There are, however, circumstances where this gap can be reduced to 3 months as detailed in the updated Green Book chapter.
 12. The Green Book states that someone in an eligible group who has received a full course of primary vaccination (two or three doses depending upon eligibility group) but has not received their first booster by March 2022, may be given the spring dose in the campaign provided there is at least three months from the previous dose. An additional dose is not then recommended before the autumn. The vaccines offered should follow the age-appropriate advice as for other reinforcing doses.

UNIVERSAL OFFER FOR CHILDREN AGED 5-11 YEARS OLD

13. In its advice of [16 February 2022](#), the JCVI advised that a non-urgent offer of two doses of the Pfizer-BioNTech COVID-19 (Comirnaty®) 10mcg vaccine be offered to children aged 5 to 11 years of age who are not in a clinical risk group. The two doses should be offered with an interval of at least 12 weeks between doses.
14. When considering the deployment of its advice, the JCVI noted that:
 - The offer of COVID-19 vaccination to 5 to 11 year olds who are not in a clinical risk group should not displace the delivery of other paediatric non-COVID-19 or COVID-19 immunisation programmes;
 - Delivery of paediatric non-COVID-19 immunisation programmes across all ages should receive due attention, particularly where vaccine coverage has fallen behind due to the COVID-19 pandemic and where there is evidence of health inequalities;
 - Use of the Pfizer-BioNTech COVID-19 (Comirnaty®) 10mcg paediatric formulation vaccine should be encouraged for all pupils in the relevant academic year for children aged 11/12 years to reduce complexity in programme delivery and expected reactogenic events for individuals.

15. This advice on the offer of vaccination to 5 to 11 year olds, who are not in a clinical risk group, is considered by the JCVI as a one-off pandemic response programme. This one-off programme applies to those currently aged 5 to 11 years, including those who will turn 5 years of age by the end of August 2022.
16. As the COVID-19 pandemic moves further towards endemicity in the UK, the JCVI will review whether, in the longer term, an offer of vaccination to this, and other paediatric age groups, continues to be advised.
17. The total cohort size for children in Scotland aged 5 to 11 years is estimated to be approximately 419,000. Of this, approximately 32,000 are considered to be in a clinical risk group or a household contact of someone who is immunosuppressed and are already eligible for vaccination under the [JCVI's previous advice](#) of 22 December 2021.
18. This leaves an estimated cohort size of approximately 387,000 children aged 5 to 11 years old who will be eligible for vaccination under this universal offer.

INFORMED CONSENT

19. In all instances, the offer of vaccination must be accompanied by appropriate information to enable children (where appropriate), and those with parental responsibility, to provide informed consent prior to vaccination. Teams responsible for the implementation and deployment of COVID-19 vaccination for persons aged 5 to 11 years should be appropriately trained and confident regarding the information relevant to the vaccination of these persons.
20. We already have a suite of resources relating to COVID-19 vaccines available that enable children and young people and those with parental responsibility to give informed consent, and dedicated leaflets including easy-read versions of these resources have been developed. In addition, training resources for vaccinators have been updated to enable them to provide information in a child-appropriate manner during vaccination visits.
21. Vaccinators will be required to undertake knowledge acquisition and achieve clinical competency sign off prior to administering the paediatric formulation to this age cohort. Specific education materials have been prepared by NHS Education Scotland (NES) and Public Health Scotland (PHS).

OPERATIONAL DEPLOYMENT

22. Health Boards are asked to ensure that their planning, operational, scheduling and clinical teams are fully apprised of the recent JCVI advice regarding this phase of vaccine delivery, the national delivery plan and the timescales.
23. Annexes A and B are attached and illustrate a tabular oversight of the spring expectations. Annex 2 is designed to be a simple guide clearly explaining the vaccine dose for each individual, how and where it will be offered and the interval between doses.

Older adult care home residents

24. Care home residents (older adults) who received their booster in September 2021 as part of the Autumn/Winter Vaccination Programme will have been amongst the earliest individuals to receive their booster vaccination. To ensure that these individuals receive

their next dose as close to 24 weeks as possible, Health Boards are asked to schedule these as a priority from the week commencing 7 March 2022 at the earliest.

25. Some operational flexibility around the timing of the spring dose in relation to the last vaccine dose is considered acceptable as detailed in the Green Book. For example, individuals in care homes may be offered the spring dose alongside other residents providing there is at least 3 months from the previous dose. In addition, if the care home is for older people and there is a small number of individuals aged under 65 years in this setting, then they can also be vaccinated as part of this offer.

Individuals aged 75 years and over and Individuals aged 12 years and over who are immunosuppressed

26. Individuals who are 75 years and over will generally be scheduled by Health Boards through the National Vaccine Scheduling System (NVSS) as they become eligible and will receive an appointment inviting them to attend; this is likely to be from the 2nd or 3rd week in March onwards. These individuals will be invited to community clinics (unless a home visit is required) for their vaccinations. If they should need to reschedule they can use the online portal or the National Contact Centre (NCC) by telephone and schedule a more suitable time.
27. The aim is to vaccinate these citizens at 24 weeks, and no later than 28 weeks, from their last booster dose (the latter week limit is an operational aim for the national programme and local delivery).
28. The Green Book again supports some operational flexibility; for example, if a domiciliary visit is taking place to an elderly couple they may be offered their vaccinations at the same time providing there is at least 3 months from their previous dose.
29. The cohort for the general 75 years and over population will be extracted by Public Health Scotland (PHS) and placed on the SEER platform for Health Boards to extract and organise their files for sending for rescheduling. As this is a specific spring offer this extract will contain people who are or who turn 75 years up to 30th June 2022.
30. Individuals aged 12 years and over who are immunosuppressed will also be invited for a spring dose. This file is being planned at present and will be extracted from the same variety of sources as previously for the programme, that is to say an Albasoft extract. This file will also be uploaded onto the SEER platform for Health Boards to review and organise scheduling.

Children aged 5 to 11 years

31. We will continue to prioritise 5 to 11 year olds who are in a clinical risk group, or who are a household contact of someone who is immunosuppressed as they (or their household contacts) have higher risk factors for COVID-19 related ill-health. At present we have seen only an 18% uptake for first doses from children aged 5 to 11 years old with at risk medical conditions. All parents were contacted previously (either by a national letter inviting them to call to book an appointment, a local letter or local phone call) and Health Boards will now also be asked to de-duplicate and proactively schedule the remaining children. This will allow this group another opportunity to be vaccinated ahead of their universal age-matched peers.

32. Appointments will be scheduled via NVSS for the universal offer of vaccination of children aged 5 to 11 years. This is a non-urgent offer as per the JCVI's advice, and therefore the amount of scheduling per month will be at a proportionate level alongside the higher priority adult and 12-plus spring dose programme. This may be approximately a 2:1 ratio of appointments (adult spring dose/higher risk children spring dose: universal 5 to 11 year olds).
33. Health Boards will be asked to accommodate family appointments where possible for siblings and family members attending together, so the numbers of families requiring multiple visits are minimised.
34. Whilst spring booster doses should take priority over the universal offer for 5 to 11 year olds, there is still a need to pragmatically maximise uptake potential by using capacity for appointments for the 5 to 11 year old cohort during evenings, weekends and the Easter holidays. Therefore, a parallel offer is expected, with options like spring doses Monday to Friday with 5 to 11 year olds at evenings and weekends considered in local planning.
35. Boards are asked to implement a range of community clinic locations that can accommodate spring dose needs and child friendly sections for the 5 to 11 year olds. PHS and the National COVID Vaccination Team have been working on a range of branding and child friendly material that can support Health Boards in their local planning to make sections of clinics welcoming to children and their families. This will be supplemented by materials for those with parental responsibility via leaflets, videos and material on NHS Inform. Health Boards need to ensure sufficient access in suitable locations and settings to ensure maximum uptake in both the spring doses and the 5 to 11 universal offer.
36. Scheduled appointments in blue envelopes will be sent to those who have parental responsibility for 5 to 11 year olds. The online booking portal is not set up to rebook children's appointments, so the NCC will be used instead to reschedule any unsuitable appointments. It is proposed that scheduling will permit appointments to commence from 19th March 2022. This will enable first and second doses to largely be offered prior to schools returning in August 2022 after the summer holidays.

COMMUNICATIONS

37. Some interim messaging has already been shared with Health Boards to clarify the recent JCVI announcements. Further updates and materials will be provided to Health Boards to communicate via their local channels and networks in due course. We are also working with stakeholders to deploy appropriate messages via their channels and networks. NHS Inform has been updated. The ongoing analysis of experience and evidence will continue to inform our approach to communications and engagement – this is particularly important for children and their parents.

ACTIONS

38. Health Boards are asked to note and operationalise the JCVI advice regarding:
 - the spring dose programmes for those eligible;
 - the universal offer of COVID-19 vaccination for children aged 5 to 11 years.

We remain very grateful for your continued support and ongoing efforts in relation to the national COVID vaccination programme.

Yours sincerely

Gregor Smith

Professor Sir Gregor Smith

Chief Medical Officer

Alison Strath

Professor Alison Strath

Chief Pharmaceutical Officer

Annex A

SUMMARY OF ONGOING AND NEW FVCV: MARCH – AUGUST 2022 (2 pages)

Who	Vaccine & Gap Period	When in Delivery Year	How – invite	Where
Adults 16+ (universal) (Autumn/Winter Booster 1 mop up)	• Covid-19 vaccine mRNA booster * 12 wks gap since primary course and 4 weeks post infection	• Ongoing through Jan – March – to reach people not yet boosted in the pre-New Year period	• All remaining adults had a reminder and now appointment issued. • City remaining route (for people that do not take up any booster offer to date) is via self book or drop in. • Health and social care (health care teams, community nursing)	• Local vaccination clinics • Some bespoke pregnancy clinics
Autumn/Winter Flu mop up offer to any remaining 16-64 at risk groups (65+ pregnant)	• Flu vaccine only	• Ongoing Jan – March	• Any remaining high risk Flu people that have not taken up offer to date can have a flu vaccine via their GP, book up to end of March and then flu vaccination season closes for the past Autumn/Winter period	• If pregnant, via your midwife • A local vaccination centre
16-17 year olds (universal) Covid 16-17 at risk were part of initial 3rd, 1-9 as part of CRV, or underlying health conditions in trachea 1 and also for initial booster 1 – so should be ahead of their age peer group for primary and booster doses	• 2 nd primary dose Pfizer 30 90% , 12 weeks from 1 st dose or 10 weeks from confirmed positive Covid infection (whichever comes last) • Booster Pfizer dose 30 90% , (12 weeks post primary course or 12 weeks post infection)	• Early November onwards. Many of this group are outstanding for 2 nd dose (over 42% currently) • Early February onwards (for those with prompt primary courses)	• All were initially asked to self book or self book and have subsequently been contacted via dedup letters/texts to remind them of outstanding second doses. • CGA should continue to discuss importance of the need to complete primary course and be boosted also (linking this to positive health benefits for vaccination such as summer vacations) • People can attend drop in, phone and book via NGC book via portal • CGA should use national contacts and local contacts to promote self booking or drop in for 16/17 boosters • CGA can submit cohort files for NGC route for people they know to be eligible (but need to co-ordinate this with the number of files they are sending to via the national team and NSS)	• A local vaccination clinic
12-15 year olds (clinically at risk, and household contacts of immunosuppressed) Confirmed Mop Up/completion Phase	• 3 rd dose for those who are themselves SIS – Pfizer 30 90% , (8 weeks after last dose, or 6 weeks post infection) • Booster Doses Pfizer 30 90% , Pfizer 30 90% , (12 weeks after primary course completion, or 4 weeks post infection)	• Offered early December 2021 onwards • Offered early December 2021 onwards (at risk but not SIS) OR, early Feb onwards if SIS 4 th booster dose	• NSS scheduling • CGA should check that they are complete on all their scheduling of these 3 rd dose and booster offers	• A local vaccination clinic
12-15 year (Universal)	• 1 st dose Pfizer 30 90% • 2 nd dose Pfizer 30 90% , (10 weeks post 1 st dose or 12 weeks post infection)	• 1 st scheduled offer was late Sept/1 st onwards via lettered appointment • 2 nd dose offers commenced from 31 st January onwards (12 weeks from 2 nd dose) via drop ins and appointments through January 22	• All outstanding 1 st and 2 nd dose people were invited as mop up advising to phone book or drop in to complete primary course. Currently at 70% 1 st dose uptake and 41% at 2 nd dose uptake. • CGA should continue to promote uptake via drop in and also explore multiple in various settings (e.g. if in schools going over childhood program week)	• A local vaccination clinic
5-11 year olds – at risk (clinically at risk, and household contacts if IS)	• 1 st Dose – Paediatric Pfizer 10 90% , (8 weeks after 1 st dose, or 4 weeks post infection) • 2 nd Dose – Paediatric Pfizer 10 90% , (8 weeks after 1 st dose, or 4 weeks post infection) • 3 rd Dose (ONLY for those with SIS) – Paediatric Pfizer 10 90% , (8 weeks after 2 nd dose, or 4 weeks post infection)	• From around 27 th January onwards • From late March onwards (at least 8 weeks after 1 st dose) • From late May onwards (at least 8 weeks after 2 nd dose)	• All were lettered or locally phoned asking them to either self book via NGC or offered locally • From the National cohort offered for those with specific medical conditions – uptake currently at 10% • CGA should dedup and look at ways to engage further with these families to encourage uptake prior to the winter universal offer • CGA should consider a wider range of locations for parent/carer clinic with their child now that 5-11 universal are also commencing • National and local child friendly branding and spaces should be created (e.g. posters for main centres) • For second appointments 8 weeks later (unless the child has Covid infection and subject to the 12 week wait gap): • CGA need to organise the 2 nd appointment for all individuals via their chosen route – local appointment or NSS • For children who are SIS and requiring a 3 rd dose • CGA need to organise the 3 rd appointment for individuals via their chosen route – local appointment or NSS	• A local vaccination clinic (or clinic area with Paediatric and/or family trained staff)
5-11 – New urgent Universal Offer (up to those who turn 5 up to 31 st August – offer won't extend for any child turning 5 after this – BUT to note children CANNOT have until they ARE 5 – so we will vaccinate this group into Sept)	• 1 st Dose – Paediatric Pfizer 10 90% , (12 weeks post infection) • 2 nd Dose – Paediatric Pfizer 10 90% , (12 weeks after 1 st dose, or 12 weeks post infection)	• From Mid-March onwards • From Mid-June onwards	• NSS appointment – • PHC will do the invitation and to SLIM for SGA to do file for appointment and send via NGC • NSS appointment – CGA send in files for a mailing	• A local vaccination clinic (or clinic area with Paediatric and/or family trained staff)

Key: National co-ordinated actions (National team = SG/NHS National Team)
HB actions

SUMMARY OF ONGOING AND NEW FVCV: MARCH – AUGUST 2022 (2 pages)

Who	Vaccine & Gap Period	When in Delivery Year	How - Invite	Where
<p>• Spring Booster – Adults 75 years plus</p>	<p>• Covid-19 vaccine mRNA booster (>24 weeks since last dose and/or 4 weeks post infection)</p> <p>• Aim not later than 28 weeks for operational target</p> <p>• Green Book offers operational flexibility – e.g. in households if visiting a couple and one under the 74 weeks – as long as 3 months gap – they can have at same time</p>	<p>• From Mid-March onwards</p>	<p>• Home appointment –</p> <p>• Find out as per research and lead to GGP or GGA to do this for appointments and send to NCC</p>	<p>• Local vaccination clinics</p> <p>• Doorkey visits</p>
<p>• Spring booster – residents older adult care homes (assumption of 65 years plus)</p>	<p>• Covid-19 vaccine mRNA booster (>24 weeks since last dose and/or 4 weeks post infection)</p> <p>• Aim not later than 28 weeks for operational target</p> <p>• Green Book offers operational flexibility – e.g. for care homes – as long as 3 months gap – the residents can be done in a collective visit, even if some under 24 weeks. As long as they have a 3 month gap</p>	<p>• From end of March onwards</p>	<p>• Home visits with opportunity for</p>	<p>• Care home setting</p>
<p>• Spring Booster – people age 12+ who are immunosuppressed</p>	<p>• Covid-19 vaccine mRNA booster (>24 weeks since last dose and/or 4 weeks post infection)</p> <p>• Aim not later than 28 weeks for operational target</p> <p>• Green Book offers operational flexibility - Severely immunosuppressed individuals who have received an additional (primary dose) may have received the fourth (fourth) dose more recently and should also be offered the booster during the spring campaign provided there is at least three months from the previous dose.</p>	<p>• From Mid-March onwards as individuals become eligible</p>	<p>• Home appointment –</p> <p>• Find out as per research and lead to GGP or GGA to do this for appointments and send to NCC</p>	<p>• A local vaccination clinic</p> <p>• Doorkey visits</p>

Key: National co-ordinated actions (National team = SG NHS National Team)
 HB actions



Annex B

	Primary Course Doses			Booster Doses		Interval Between Doses* (There is a minimum time you need to wait after a Covid infection to have a vaccine, even if you are due another dose)	How & When
	1 st	2 nd	3 rd	1 st	2 nd		
Over 75	✓	✓	✗	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose; 24 weeks between booster doses; (8 weeks from first symptoms or positive test)	Invited by NHS – Spring (booster 2) invite will come out via post from mid-March onwards
Elderly care home residents	✓	✓	✗	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose; 24 weeks between booster doses with flexibility; (8 weeks from first symptoms or positive test)	Delivered through care home – Spring (booster 2) will be offered from mid-March onwards
Over 18: Except those who are severely immunosuppressed	✓	✓	✗	✓	✗	8 weeks between primary doses; 12 weeks from primary course to booster dose; (8 weeks from first symptoms or positive test)	If not completed the primary course or had booster 1 yet – Book by phone or online or attend a drop in.
Over 12: Severely immunosuppressed	✓	✓	✓	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose 12 weeks between booster doses (8 weeks from first symptoms or positive test)	Invited by NHS – Spring (booster 2) invite will come out via post from mid-March onwards
Over 12: Immunosuppressed (but not severely immunosuppressed)	✓	✓	✗	✓	✓	8 weeks between primary doses; 12 weeks from primary course to booster dose; 24 weeks between booster doses; (8 weeks from first symptoms or positive test)	Invited by NHS – Spring (booster 2) invite will come out via post from mid-March onwards
16/17: No additional risk factors	✓	✓	✗	✓	✗	12 weeks between all doses; (12 weeks from first symptoms or positive test)	Book by phone or online or attend drop-in
16/17: At risk for specific medical conditions (not those immunosuppressed)	✓	✓	✗	✓	✗	8 weeks between primary doses; 12 weeks from primary course to booster; (8 weeks from first symptoms or positive test)	Book by phone or online or attend drop-in
12 to 15: No additional risk factors	✓	✓	✗	✗	✗	12 weeks between primary doses; (12 weeks from first symptoms or positive test)	Invited by NHS – can attend a drop-in or book if overdue
12 to 15: Specific medical conditions or household contacts of a person with immunosuppression	✓	✓	✗	✓	✗	8 weeks between primary doses; 12 weeks from primary course to booster; (8 weeks from first symptoms or positive test)	Invited by NHS – can attend a drop-in or book if overdue
5 to 11: No additional risk factors	✓	✓	✗	✗	✗	12 weeks between primary doses; (12 weeks from first symptoms or positive test)	Invited by NHS and can reschedule using helpline (From mid-March 2021)
5 to 11: Specific medical conditions or household contact of a person with immunosuppression	✓	✓	✗	✗	✗	8 weeks between primary doses; (8 weeks from first symptoms or positive test)	Invited by NHS – can book or reschedule using helpline
5 to 11: Severely immunosuppressed	✓	✓	✓	✗	✗	8 weeks between primary doses; (8 weeks from first symptoms or positive test)	Invited by NHS – can book or reschedule using helpline

*To support operational delivery, the [Green Book](#) sets out additional flexibility for this time to be reduced in some instances – e.g. the time between the first and Spring booster can be reduced from 24 weeks, to a minimum of 12 weeks, where people are co-residents in older adult care homes, living together and having a domiciliary visit, or where an immunosuppressed individual has had an additional primary dose followed by booster 1 at a later date

Appendix 3: Spring/Summer Vaccination Planning

Week Commencing	Dates	Days	Who	Numbers	What	Dose Gap	Discussion Points	Lead
07-Mar	7th-11th	Mon-Fri	Evergreen	Self Book	Evergreen		NVSS Scheduled	Graeme
07-Mar	12th - 13th	Sat & Sun	16&17 Booster	1,250	Booster	12 weeks from 2nd dose	Locally scheduled to address poor uptake	Graeme
07-Mar	TBC	TBC	Housebound	TBC	Booster	24 weeks from booster	Nursing Scheduled	Lynne
14-Mar	14th - 18th	Mon-Fri	Care Homes over 65	1,000	CB and Pn	24 weeks from booster	Nursing Scheduled	Lynne
14-Mar	14th - 18th	Mon-Fri	Housebound	TBC	Booster	24 weeks from booster	Nursing Scheduled	Lynne
14-Mar	14th - 18th	Mon-Fri	Evergreen	Self Book	Evergreen		Very small number of clinics on NVSS	Graeme
14-Mar	19th-20th	Sat & Sun	5 to 11 Years	6,800	1st Dose	Not applicable	NVSS Scheduled and will include "at risk" mopup	Graeme
21-Mar	21st - 25th	Mon-Fri	Care Homes over 65	1,000	Booster	24 weeks from booster	Nursing Scheduled	Lynne
21-Mar	21st - 25th	Mon-Fri	Housebound	TBC	Booster	24 weeks from booster	Nursing Scheduled	Lynne
21-Mar	21st - 27th	Mon-Fri	5 to 11 Years	15,000	1st Dose	Not applicable	NVSS Scheduled	Graeme
28-Mar	28th-31st Mar	Mon-Thu	5 to 11 Years	7,000	1st Dose	Not applicable	NVSS Scheduled	Graeme
28-Mar	1st-3rd Apr	Fri-Sun	Over 75s	2,500	Booster	24 weeks from booster	NVSS Scheduled + Wider Venues	Graeme
04-Apr	4th-10 Apr	Mon-Sun	Over 75s	7,500	Booster	24 weeks from booster	NVSS Scheduled + Wider Venues	Graeme
11-Apr	11th-17th Apr	Mon-Sun	Over 75s	7,500	Booster	24 weeks from booster	NVSS Scheduled + Wider Venues	Graeme
18-Apr	18 Apr - 24 Apr	Mon-Sun	Over 75s	7,500	Booster	24 weeks from booster	NVSS Scheduled + Wider Venues	Graeme
Cohort	Size	Delivery Period						
16&17 Booster	1,200	March						
Housebound		March						
Care Homes	4,000	March						
Universal 5-11	28,000	March						
Spring Booster	25,000	April/early May						

Appendix 4: Funding for Sustainable Vaccinations Workforce Letter

**Health Finance, Corporate Governance &
Value Directorate**
Richard McCallum, Director



Scottish Government
Riaghaltas na h-Alba
gov.scot

E: richard.mccallum@gov.scot

NHS Directors of Finance
via email

cc
NHS Boards Chief Executives
NHS Boards Directors of Human Resources
IJB Chief Finance Officers
Immunisation Leads (via nss.FVCV@nhs.scot)
Immunisation Planning Leads (via nss.FVCV@nhs.scot)

14th February 2022

Dear Colleagues

Funding for Sustainable Vaccinations Workforce

Further to my letter on 2 November 2021, I am writing to confirm an increase in funding to £100 million in 2022-23 to support Boards as they develop a sustainable vaccinations workforce. A breakdown of this funding can be found in **Annex A** and this confirmation should provide sufficient assurance to Boards to secure permanent employment of a vaccination workforce, in line with the letter issued by the Health Workforce Planning and Development Division on 19 October 2021.

As previously informed, work continues to determine the individual Board level workforce funding requirements to deliver a sustainable service based on the planning assumptions defined by the Vaccinations Programme. Scottish Government Health Workforce colleagues have indicated that this should be sufficient in recruiting a core workforce able to sustain a weekly run rate of 200,000 vaccinations (changing the current standing requirement for a workforce capacity to deliver 400,000 per week), which is considered in the latest assumptions regarding vaccine delivery to be warranted if delivery is smooth.

Further correspondence will follow shortly from the Future Vaccinations Workforce Advisory Group to inform Boards of the revised workforce planning assumptions and to request further refinement of the vaccination workforce requirements from Boards taking local circumstances into account.

In addition, the Finance Sub-Group of the Sustainable Vaccination and Immunisation Programme Board are reviewing the non-staff costs associated with the delivery of the programme and further work will be undertaken with Directors of Finance to assess the financial implications for 2022/23.

/cont'd

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot



Accredited
Until 2020



Once Board level workforce and non-staff costs are validated, funding allocations will be provided in year to reflect the revised planned costs on an earmarked recurring basis. I will provide further updates to NHS Directors of Finance as to the progress in confirming these total funding levels,

Yours Sincerely

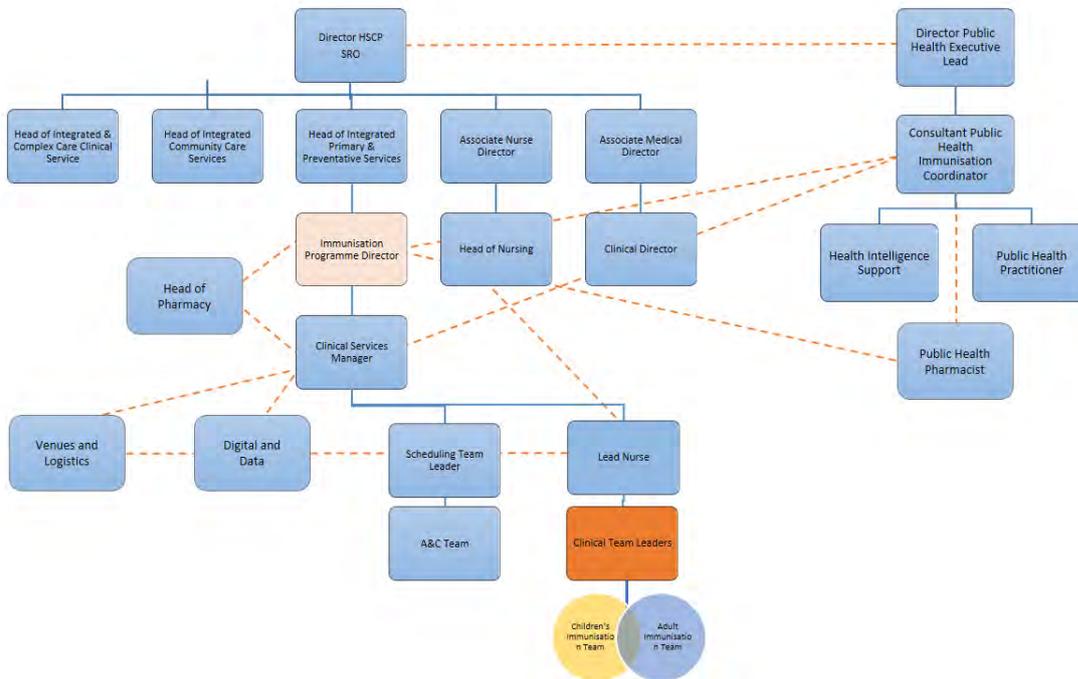


Richard McCallum
Director of Health Finance and Governance

Annex A
NRAC split of Vaccinations workforce funding

Board	NRAC 22-23	Total £'000s	Initial tranche £'000s	Additional £'000s
NHS Ayrshire & Arran	7.35%	6,985	1,838	5,147
NHS Borders	2.15%	2,040	537	1,503
NHS Dumfries & Galloway	2.99%	2,840	747	2,093
NHS Fife	6.86%	6,517	1,715	4,802
NHS Forth Valley	5.47%	5,200	1,368	3,832
NHS Grampian	9.77%	9,280	2,442	6,838
NHS Greater Glasgow & Clyde	22.13%	21,026	5,534	15,492
NHS Highland	6.60%	6,272	1,650	4,622
NHS Lanarkshire	12.30%	11,684	3,075	8,609
NHS Lothian	14.95%	14,203	3,738	10,465
NHS Orkney	0.49%	469	123	346
NHS Shetland	0.48%	454	119	335
NHS Tayside	7.79%	7,405	1,949	5,456
NHS Western Isles	0.66%	625	165	460
	100.00%	95,000	25,000	70,000
National Boards		5,000	5,000	-
		100,000	30,000	70,000

Appendix 5: The recommended Leadership and Management Structure



- Option 4 without Service/Programme Manager role or PMO

Meeting: Fife NHS Board
Meeting date: 29 March 2022
Title: Testing and Tracing Update
Responsible Executive: Joy Tomlinson, Director of Public Health
Report Author: Clare Campbell, Public Health Intelligence Manager; Sharon Crabb, Interim Service Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Emerging issue
- Government policy/directive

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

- Effective

2 Report summary

2.1 Situation

This overview report has been provided to assure Board members of the ongoing delivery of testing and contact tracing for COVID-19 across Fife. Community testing for Covid-19 by PCR and/or Lateral Flow Device (LFD) continues to be available through all existing means.

Boxes of LFD home tests can be collected from tests sites across Fife, local Community Pharmacies or ordered from the UK Government for home delivery. The programme of LFD distribution, run by our community testing staff, at other venues across Fife has continued throughout February and March. Both positive PCR and reported positive LFD results are provided to Test & Protect so that contact tracing can be completed either online or through telephone follow up.

2.2 Background

Following the policy changes announced by the Scottish Government on the 5th January PCR testing is mainly recommended for individuals with symptoms, and are not required to confirm a positive LFD result. At present the wider population is encouraged to test regularly using LFD tests and to use LFD tests if fully vaccinated to potentially shorten isolation periods.

Further announcements and updates to national Covid-19 strategic frameworks made in February and March by the UK and Scottish Governments are likely to have a further impact on the demand for and potentially availability of both PCR and LFD testing. The Test and Protect Transition Plan for Scotland was announced on 15th March and the implications of this are being progressed.

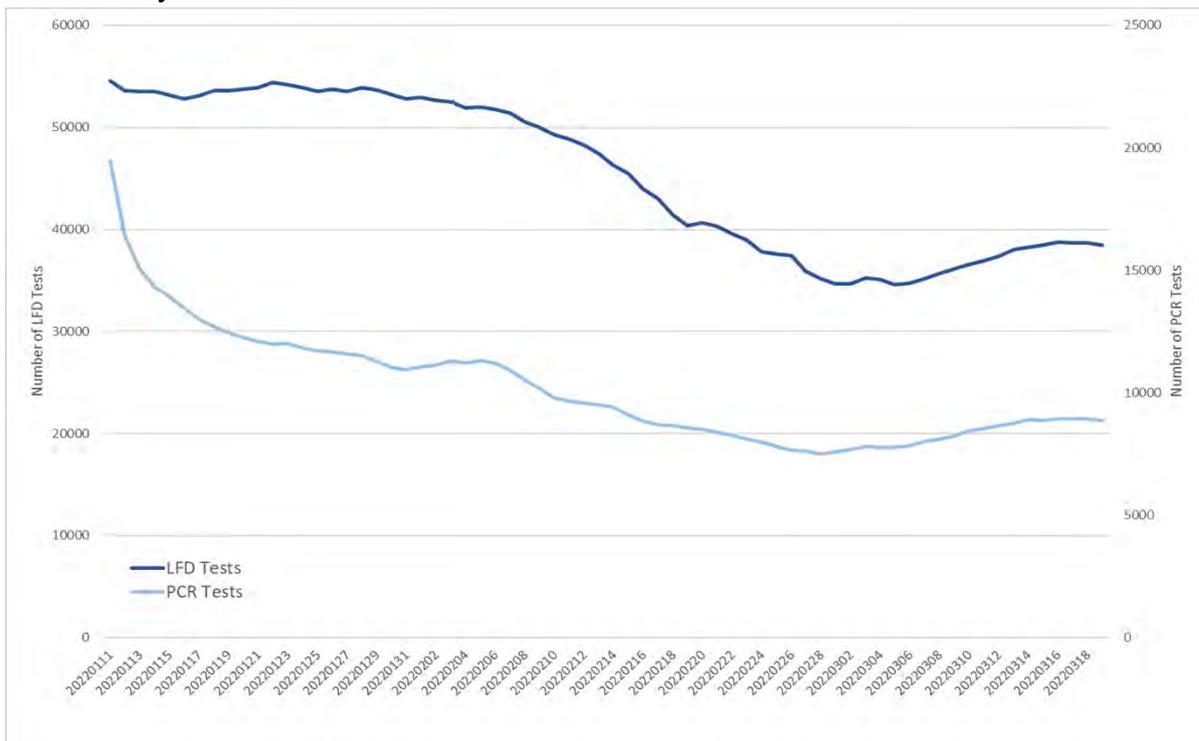
The Covid-19 case definition has been updated and now includes any individual who has a first positive PCR or first positive LFD test result or subsequent positive test 90 days after last positive test (reinfection). Figures have been retrospectively adjusted to take account of this definition change.

2.3 Assessment

Following the policy change announced in early January and the decline in demand for PCR testing seen throughout January and February demand has increased since the beginning of March. In the seven days up to and including the 19th March a total of 8,874 PCR tests were undertaken by Fife residents compared to the 7-day total of 7,487 on the 28th February (Chart 1).

A similar rise has been observed in the reporting of LFD results with a 7-day total of 38,493 results recorded on the 19th March compared to 35,200 on the 28th February.

Chart 1: Fife Resident PCR and LFD Test Results; 7-day rolling total number 11th January to 19th March 2022



Source: PHS

ONS estimates of Covid-19 infection prevalence indicate increasing infections across Scotland, with 1 in 14 survey participants testing positive in the most recent report on 18th March.¹

Reported Covid-19 cases in Fife and Scotland have also risen sharply throughout March. In the seven days up to and including the 19th March there were 5,250 Fife resident cases compared to 2,684 on the 28th February.

2.3.1 Quality/ Patient Care

Test & Protect has provided protection for the population and vulnerable settings which has reduced the risk of transmission from COVID 19 in our communities, and protected the most vulnerable groups. This has benefitted individuals from avoidance of illness and benefitted healthcare services. Symptomatic PCR testing continues for priority groups, those residing in Care homes through whole home testing and areas of essential workers e.g. Health and Social Care.

Review of internal processes is via the Test & Protect Oversight Group, working in alignment with national guidelines and expectations.

2.3.2 Workforce

Recent Ministerial announcements have created challenges within the team, with uncertainty of this operational service.

Discussions are underway at National and local levels following the First Minister announcement on 15/03/2022 and update of the Scottish government Transitional Plan, so there is clear understanding of the implications and ambitions.

2.3.3 Financial

Scottish Government has provided funding for the Test and Protect workforce throughout the pandemic.

2.3.4 Risk Assessment/Management

Testing is fully integrated within Public Health Governance and management systems. Scottish Government Transition Plan indicates symptomatic testing until end of April 2022, future intentions are awaited.

Contact Tracing contract extension financial risk assessment and organisational acceptance has been agreed by EDG for those with contracts exceeding 24 months within NHS. An assurance paper was presented to EDG.

2.3.5 Equality and Diversity, including health inequalities

Availability and provision of testing and contact tracing is across the whole population and siting of testing facilities is discussed fortnightly. Testing and contact tracing EQIA return completed for Scottish Government Sept 2020. Review of testing equality planned.

1

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurveypilot/18march2022>

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been developed in consultation with Public Health Intelligence.

2.3.8 Route to the Meeting

Some content within 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.

- Public Health and Wellbeing Committee 8th March 2022

2.4 Recommendation

- **Assurance** – For Members' information only.

3 List of appendices

N/A

Report Contact

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Clare Campbell
Public Health Intelligence Officer
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Meeting:	Fife NHS Board
Meeting date:	29 March 2022
Title:	NHS Fife Population Health & Wellbeing Strategy Development Proposal
Responsible Executive:	Carol Potter, Chief Executive
Report Authors:	Margo McGurk, Director of Finance & Strategy

1 Purpose

This is presented to the Board for:

- Approval

This report relates to:

- Population Health and Wellbeing Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

In April 2021 the Chief Executive presented to the NHS Fife Board on the proposals to commence the development of the new organisational strategy. The NHS Fife Board supported the approach and specifically the ambition to focus the new strategy on delivering both excellence in clinical care, reducing health inequalities and improving population health and wellbeing for the people of Fife.

2.2 Background

During April through to June 2021 the EDG developed the approach to 3 stages of the strategy development. This involved a review of best practice and guidance from across NHS Scotland and internationally to ensure appropriate learning from others could be woven into our approach. The Director of Public Health also initiated the planning and early work on the Population Health Assessment; developing the key set of baseline data and population

information to help shape the strategy objectives. Work also commenced on the development of a Community and Staff engagement/conversation.

In July 2021 the NHS Fife Board approved the establishment of the Public Health and Wellbeing Committee and assigned responsibility to the Committee for oversight on the development of the new strategy. At the second meeting of the Committee in November 2021 progress was confirmed in relation to the 3 stages noted above and also the introduction of the Portfolio Board to coordinate strategy development.

In December 2021 the Omicron variant of COVID 19 emerged as a significant threat to public health and NHS Scotland retracted services, stepping back all non-essential clinical and non-clinical work. Our Strategy development work was paused with the exception of the launch of the Community and Staff conversation.

2.3 Assessment

NHS services remained under challenge coming into the new year, with the Omicron wave causing significant levels of community transmission. The population benefitted from high uptake of vaccination, rapid access to testing and reduced social mixing in response to well publicised concerns about this variant. These measures together provided additional resilience. The proportion of people developing severe illness requiring hospitalisation was lower than predicted and as a result hospital admissions and specifically critical care beds were not overwhelmed.

Given this context, retracted services have begun to remobilise and preparation to restart important aspects of corporate activity including strategy development work has commenced.

As we restart this work it will be important to consider the Board Chief Executives group portfolio approach to recovery planning, redesigning for renewal and the national transformation Care & Wellbeing Programmes (C&WB). A national C&WB Portfolio has been agreed with a mission to “Improve Healthy Life Expectancy and Fairer Outcomes” through delivering the wellbeing vision, this aligns well with the ambition and focus of the NHS Fife emerging strategy.

The sections below detail a proposal to restart a phased approach to our strategy work.

Stage 1 – Transitional one-year Strategic Plan for 2022/23

Whilst activity was paused on strategy development in December 2021, work continued on our annual SPRA process and consequently we are close to finalising our proposals on specific objectives for 2022/23. This work also includes the proposed financial and workforce plans for next financial year. The proposal is that this work will continue and will be considered through committees and presented for approval by the NHS Fife Board during quarter 1 2022/23. The financial plan aspect of the SPRA was considered by the Finance Performance

& Resources Committee in March 2022 who endorsed the plan for onward consideration by the NHS Fife Board also in March 2022.

Stage 2 – Population Health and Wellbeing Strategy Development 2023/24 – 2027/28

The proposal for the progression of the more medium to longer-term strategy is that we embark on a series of specific activities during April through to December 2022 to develop this work. A draft milestone plan indicating the specific activities and sequencing of the work is shown in the table below. The sequencing importantly reflects the interdependence between activities and how they individually influence the delivery of our strategy. The table also creates the proposed governance route for each stage of the work ensuring that the EDG, governance committees and the NHS Fife Board can review, influence and prioritise as the content for the strategy develops. This iterative engagement reflects the importance of the NHS Fife Board in supporting and guiding the strategy delivery for the organisation.

The governance route is in draft form and the committee is invited to comment and advise on any changes required.

Milestone Plan	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	Outline Phased Approach to Strategy Development and Transitional 1-year Strategic Plan for 2022/23	Propose our Strategic Framework Approach for 2022-2027		Propose and Agree NHS Fife Programme Plans and Priorities as aligned to the 5 National Care Programmes		Propose enabling strategic Plans PAMS, Digital, Workforce, Financial		Review & Refine - NHS Fife Programme Plans and Priorities as aligned to the 5 National Care Programmes	Review & Refine all enabling strategic Plans PAMS, Digital, Workforce, Financial	Validate our Strategic Framework Approach for 2022-2027
	Propose Milestone Plan and Governance Route		Prepare Report detailing Outcomes from Current Clinical Strategy	Initial Prioritisation and phasing across Programmes and 5-year timeline				Final Prioritisation and phasing across Programmes and 5-year timeline		Finalise Draft Strategy & Delivery Plan
		Propose Population Health Assessment The Role of NHS Fife in Creating Health & Wellbeing	Review Community and Staff Engagement Survey - Inform Focused Engagement Approach	Finalise proposal in relation to the specific role of NHS Fife in Creating Health & Wellbeing		Launch Focussed Community and Staff Engagement Programme	Progress Focussed Community and Staff Engagement Programme	Report on Outcomes from Focussed Community and Staff Engagement Programme	Refine/Validate against Engagement Outcomes - NHS Fife Programme Plans and Priorities as aligned to the 5	Propose Draft Strategy and Delivery Plan to NHS Fife Board
Governance Route										
Public Health & Wellbeing Committee	✓	✓	✓	✓		✓	✓	✓	✓	✓
Portfolio Board		✓	✓	✓		✓	✓	✓	✓	✓
Finance Performance & Resources Committee						✓			✓	
Staff Governance Committee						✓			✓	
Clinical Governance Committee			✓	✓		✓			✓	
Audit & Risk Committee	✓									
Area Partnership Forum	✓					✓			✓	✓
Individual Programme Boards	✓			✓		✓		✓	✓	
Area Clinical Forum	✓		✓			✓			✓	✓
NHS Fife Board	✓	✓	✓	✓		✓	✓	✓	✓	✓

2.3.1 Quality/ Patient Care

Quality of patient care and safety are both significantly important in the development of the Population Health and Wellbeing Strategy.

2.3.2 Workforce

The availability of the workforce required to deliver the ambitions of the Population Health and Wellbeing Strategy will be a critical component of this work.

2.3.3 Financial

The financial framework required to support the delivery of the Population Health and Wellbeing Strategy will be a key component of this work.

2.3.4 Risk Assessment/Management

The Population Health and Wellbeing Strategy will contain a robust risk assessment that will be monitored throughout the development and implementation of the Strategy.

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment stage 1 has been completed and the plan to progress to EQIA stage 2 is in development.

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement, and consultation

Communication and engagement with our population, our staff and our partners is key to the delivery of an informed and effective strategy for the future. An initial Community and Staff survey was completed in December 2021, the response is being reviewed and will be reported to the Committee in May 2022. We will use the outcome of this review to propose a more focussed set of engagement activity with our communities to ensure full engagement with the population, this will also consider how we engage, and with the lifting of most of the COVID 19 restrictions we may be in a position to engage in more face to face conversations than has been possible thus far.

2.3.8 Route to the Meeting

The paper was considered and supported by:

- Public Health & Wellbeing Committee 8 March 2022
- Audit and Risk Committee 17 March 2022.

2.4 Recommendation

The Board is asked to **approve** on the process described in the proposal to phase the development of the strategy as set out in section 2.3.

3 List of appendices

None

Report Contact

Margo McGurk

Director of Finance & Strategy/Deputy Chief Executive

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Meeting:	Fife NHS Board
Meeting date:	29 March 2022
Title:	Implementation of Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Louise Noble, Lead Nurse/Nominated Board Lead

1 Purpose

This is presented to Board for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act was unanimously passed in December 2020 and received Royal Assent in January 2021. Officials are currently working towards commencement of the FMS Act on 1st April 2022.

Health Boards are working towards the introduction of self referral to Forensic Medical services for those who have experienced rape or sexual assault. This is to be available in each Health Board area from 1st April 2022.

The purpose of this report is to update NHS Fife Board on the progress made within Fife to assure that the suitable arrangements are in place.

2.2 Background

Self-referral services will be available in all health boards from 1 April 2022 and delivered in line with the FMS Act. A national protocol has been developed for all staff involved in the delivery of these services, to ensure a consistent approach and that the chain of evidence is maintained in a way that meets the requirements of the Scottish Criminal Justice System. NHS Education Scotland (NES) has developed and delivered “train the trainer” training on the protocol.

NHS 24 will deliver a national telephony service to enable people to request a self-referral Forensic Medical Examination (FME) 24 hours a day, 7 days a week, 365 days a year. Easily accessible information has been developed for NHS Inform with NHS Fife being one of the main contributors to this process. Referral pathway protocols have been developed with each health board for Adult and Young Person referrals. A national referral HUB has been established sited with Ayrshire and Arran Health Board to ensure appropriate pathway adherence from NHS 24 to the individual health boards.

A national awareness raising / information/ advertising campaign is also being developed to raise awareness of the availability of self –referral. This will include the information developed for NHS inform includes the creation of specific information that is required to be provided under the FMS Act.

Specific IT software has been developed to support FME under the act by CELMA.

Monthly readiness assessments are being completed by Board Nominated Leads in preparation for the implementation of self-referral. CMO Taskforce officials undertake monitoring of the assessments to ensure progress remains on track.

2.3 Assessment

In line with the readiness self assessment (appendix 2) developments to introduce Self Referral for FME are on track in NHS Fife.

- The local SARC (Sexual Assault Referral Centre) is the Fife Suite has been upgraded and equipped to ensure appropriate facilities are available to securely store wet and dry evidence taken from a self-referral examination (in line with the chapter 7 of the national protocol and SARCS spec doc¹).
- The facility is fully functioning to incorporate self-referral from 1st April 2022; it is fully secure with restricted and monitored access.
- All care pathways are complete and shared with NHS 24 and the national HUB.
- The phone number for NHS 24 has been obtained and will be shared/advertised with the media campaign. NHS Fife has been involved, with all other board leads, with the development of the media campaign.
- NHS Fife have a rota to ensure that there is a response to a self referral via NHS24 and the national HUB on a Monday to Friday basis. Out of hours referrals

will be received by NHS Lothian. FME services are provided for NHS Fife by NHS Lothian.

- All relevant staff in NHS Fife have undertaken NES essentials training.

2.3.1 Quality/ Patient Care

It is expected that the option of self referral to Forensic Medical Services without making an official Police complaint will support victims to seek medical help whilst making 3rd sector support agencies known to them and referral routes more achievable. This service will offer victims time to process the trauma they have experienced without losing the opportunity of prosecution.

2.3.2 Workforce

Self Referral will be managed in NHS Fife by the Gender Based Violence Team. This is a small team of only 2.3 WTE trained nursing staff. A rota has been developed to ensure the team can respond to self referrals in the agreed timeframe however close observation will be required to assess and review the level of increased demand the development brings and the workforce required to respond to this appropriately.

2.3.3 Financial

Scottish Government previously funded 0.8wte band 6, however due to the unpredictability of the demand for the self referral service it is difficult to assess if there will be additional resource required to maintain the standard of care currently being provided .

The costs of the national infrastructure will be met by Scottish Government. Digital and Information Services Leads have agreed to meet the costs of the IT System.

2.3.4 Risk Assessment/Management

There is risk of contamination of the SARC. In mitigation there are national decontamination and access protocols along with monitoring and security which has been upgraded for the purpose of Self Referral and storage of evidence on the site.

2.3.5 Equality and Diversity, including health inequalities

This brings access to health services and to FME for victims of rape and sexual assault who would otherwise have had to make a Police complaint to access FME.

2.3.6 Other impact

Self referral to FME may increase numbers accessing Sexual Health Services following rape and/or sexual assault.

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has been actively involved in the CMO taskforce from the beginning working alongside partners in all NHS Boards in Scotland, Police Scotland and Rape Crisis.

2.3.8 Route to the Meeting

This report was discussed at the Health and Social Care Partnership SLT and the Executive Directors Group in February 2022. It was also considered that NHS Fife Clinical Governance group on 10 March 2022.

2.4 Recommendation

NHS Fife Board is invited to take assurance that in line with the readiness self assessment developments to introduce Self Referral for FME are on track in NHS Fife.

3 List of appendices

The following appendices are included with this report:

Appendix 1 CMO Taskforce and Asks of Chief Executives

Appendix 2 Readiness assessment

Report Contact

Louise Noble, Lead Nurse, nominated board lead for CMO Taskforce

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Heather Bett Interim Senior Manager

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**CMO Taskforce and Asks of Chief Executives
(updated 27/01/22)**

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
Legislation	<p>The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act was unanimously passed in December 2020 and received Royal Assent in January 2021.</p> <p>Officials are currently working towards commencement of the FMS Act on 1 April 2022 which includes bringing forward secondary legislation which will: Commence the FMS Act 2021.</p> <ul style="list-style-type: none"> • Commence section 9 of the Victims and Witnesses Act 2014 which will enable individuals to request the sex of the examiner involved in their care. • Set the retention period for health boards to retain evidence collected during a forensic medical examination in cases of self-referral. The Scottish Government carried out a public consultation to seek views on a retention period of 26 months (based on experience elsewhere, clinical guidance and the views of survivors). A consultation report will be published in due course. • Ensure parity between the functions of reserved police forces (i.e. the British Transport Police, Ministry of Defence police and the armed services police forces), investigating a rape or sexual assault that has occurred in Scotland and that of Police Scotland. • Enable Scottish Ministers to confer functions to other bodies. <p>For further details see https://www.gov.scot/policies/violence-against-womenand-girls/forensic-medical-services-for-rape-victims/.</p>	Ensure all your staff working within this service are preparing for the commencement of the Act and the introduction of self-referral services across Scotland.	8	<p>NHS Fife is on track to go live with Self Referral in April 2022</p> <p>Retention period of 26 months agreed nationally.</p>

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
Self-Referral	Self-referral services will be available in all health boards from 1 April 2022 and delivered in line with the FMS Act. A national protocol is currently being developed for all staff involved in the delivery of these services, to ensure a consistent approach and that the chain of evidence is maintained in a way that meets the	Ensure all your staff working within this service are preparing for the introduction of	8	Fife has contributed to all meetings and development of the national protocols and

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
	<p>requirements of the Scottish Criminal Justice System. Work is ongoing with NHS Education Scotland (NES) to develop and deliver the necessary training on the protocol.</p> <p>Work is progressing with NHS 24 to develop and deliver a national telephony service, so that when the Act is commenced, people can request a self-referral FME, 24 hours a day, 7 days a week, 365 days a year. Regional engagement with health boards is ongoing to ensure preparedness for the implementation of the telephony service and the necessary workforce to support the referral pathway from NHS 24 to health boards.</p> <p>A national awareness raising / information campaign is also being developed in partnership with NHS Inform and other key partners, which will include the creation of specific information that is required to be provided under the FMS Act.</p> <p>Monthly readiness assessments are being completed by Board Nominated Leads in preparation for the implementation of self-referral. CMO Taskforce officials undertake monitoring of the assessments to ensure progress remains on track.</p>	<p>self-referral services across Scotland, including the implementation of the national telephony service and ensure the necessary workforce models are in place to support the service.</p>		<p>associated training.</p> <p>All national protocols are now complete and under final review. NHS Fife has been actively involved in the development of these.</p> <p>There is now a designated national telephone number and this will be promoted in the national awareness campaigns.</p> <p>Awareness campaigns for all forms of media currently under review and being “tweaked”.</p> <p>NHS Fife GBV staff have led the development of content for NHS inform.</p> <p>Process in place for all in hours (9-5) calls to be picked up by NHS Fife and directed to Gender Based Violence Service. Work undertaken with switchboard to ensure staff are aware of the service and potential for calls to be received. It is planned and expected</p>

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
				<p>that all in hour's calls will be answered within 1 hour of receipt. Out of hours calls will be answered by the FME service regionally.</p> <p>Monthly readiness assessments submitted and regular meetings to review performance are in place with CMO Taskforce officials.</p>
<p>Delivery and Performance</p>	<p>All Board Nominated Leads have been supported to develop and implement a local improvement plan in line with the HIS Standards, Taskforce vision and the Sexual Assault Response Coordination Service (SARCS) national specification document.</p> <p>Taskforce funding has been provided to support the creation of SARCS in each territorial health board where these did not previously exist; to make improvements to existing facilities; and to develop regional centres of expertise. It is recognised that some capital projects have been impacted by COVID-19 but that positive progress is now being made to move these to completion.</p> <p>Health board performance against the Healthcare Improvement Scotland Standards and Quality Indicators is currently monitored on a quarterly basis through an Interim Performance Framework (IPF). The data provided by health boards to the SG in IPF returns, is not published but a summary of key performance information is shared with the CMO Taskforce and areas for improvement are followed up directly with Board Nominated Leads as appropriate. Public Health Scotland will collate and publish a full set of performance data against the HIS QIs from Spring 2023, following the first year of the operation of the FMS Act.</p> <p>An environmental monitoring regime will be published shortly and will be</p>	<p>Plan for the sustainability and continuous improvement of the service from April 2022.</p> <p>Ensure local pathways of care and rota coverage enable the three hour standard to be met where possible (for police and self-referral).</p> <p>Ensure each health board Information Governance and eHealth lead is</p>	<p>1, 2, 6, 7, 9 and 10</p>	<p>Local Improvement Plan currently being reviewed and updated for 2021-2023.</p> <p>Rota is managed by East SEAT services. 3 hour standard continues to be achieved in the majority of referrals</p> <p>DPIA assessments carried out by NHS Fife</p>

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
	<p>accompanied by a series of internal audits. This will ensure a robust process is in place to check compliance with the decontamination protocol. Through the IPR process health boards are reporting a very high level of compliance with the decontamination protocol.</p> <p>The HIS Quality Indicators (QI) underpinning the HIS Standards, specify that a forensic medical examination should commence within three hours of the person being referred in to or making contact with the service to request an examination. A person-centred, trauma-informed approach should always be taken by the health board SARCS when considering a referral from NHS 24 for an Out of Hours self-referral examination. Appropriate OOH risk assessments (and any necessary mitigating action) should be developed as part of the board's readiness assessment exercise. Self-evaluation against the HIS standards should be monitored as part of the continuous improvement of the service.</p> <p>This subgroup has oversight of the Information Governance Delivery Group (IGDG) which is working to develop the national documentation needing to be in place prior to commencement of the FMS Act. This includes a template for the Data Protection Impact Assessment and Information Sharing Agreements. All health board Information Governance and e-health leads will need to be involved in this work and will be responsible for ensuring these reflect local processes and circumstances.</p>	<p>engaged in the work of the Information Governance Delivery Group and that the relevant national documentation is completed in time for commencement of the FMS Act.</p>		<p>Information Governance, IG and eHealth working in partnership with CMO taskforce IT lead.</p> <p>Ayrshire and Arran healthboard will be fielding all calls from NHS 24 and directing them to the appropriate SARCs nationwide.</p>
Workforce and Training	<p>The availability of a female examiner is the first QI underpinning the HIS Standards and work to continuously improve this remains a top priority for the Taskforce and the Cabinet Secretary for Health and Social Care.</p> <p>The Taskforce continues to provide funding for NHS Education Scotland (NES) to deliver 'essentials' trauma training in sexual offence examinations with the aim of increasing the number of females available to undertake this work. The training has been adapted to provide joint inputs for nurses involved in providing healthcare and support to victims of sexual crime. The application process for the NES essentials course includes a commitment from boards to ensure that those who undertake the training transition into rotas and continued review of this is</p>	<p>Ensure all staff involved in the delivery of sexual offence examinations that have completed the required NES training have transitioned on to rotas.</p> <p>Prioritise improving the availability of female</p>	3, 4, 5 and 7	<p>Staff training being undertaken by East region SEAT. Training continues with a noted disparity between numbers undertaking the training and subsequently transitioning to rotas.</p> <p>SG are focusing work on understanding the</p>

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
	<p>undertaken by CMO Taskforce officials and Board Nominated Leads.</p> <p>Work is also underway to develop national initiatives to raise awareness of the Sexual Offence Examiner (SOE) role with a view to attracting more females in to SARCS.</p> <p>In January 2021, two appropriately qualified and experienced nurses were recruited to the nurse examiner Test of change, funded by Scottish Government and hosted in NHS Greater Glasgow and Clyde, to explore the potential role nurses could play as part of a female led, multi-disciplinary workforce for the future.</p> <p>Taskforce funding has paid for priority places on a new Post Graduate Qualification in Advanced Forensic Practice at Queen Margaret University (QMU) in Edinburgh. Fourteen nurses from eight health boards are undertaking this qualification – the first of its kind in Scotland.</p>	<p>examiners in line with the requirements of the HIS Standards and QI.</p> <p>Ensure staff are engaged and supportive of the implementation of the national initiatives for raising awareness of the SOE role.</p>		<p>reasoning behind this and addressing.</p> <p>Availability of female examiners is improving however increasing numbers remains critical and work continues as described above.</p> <p>Fife will work with Lothian to identify any support that can be offered from the sexual health workforce</p> <p>Staff are committed to the implementation of the SOE role.</p>
Clinical Pathways	<p>The CMO Taskforce launched a package of resources in November 2020 to ensure a consistent, national approach to the pathways of care for adults, children and young people, as well as for the recording, collation and reporting of data in relation to these services. The clinical pathways for all ages are being updated ahead of commencement of the FMS Act and self-referral services. The children and young people’s pathway will also reflect other national developments around Barnahus, the incorporation of UN Convention on the Rights of the Child (UNCRC) and the updated national Child Protection Guidance.</p> <p>To support the implementation of the FMS Act and the children and young people’s clinical pathway, the former Cabinet Secretary for Health and Sport committed to developing the role of Child and Family Support Workers (CFSW) across Scotland. Reflecting on the nurse coordinator role for adults, a CFSW will provide a consistent</p>	<p>Ensure that all staff involved in the delivery of these services continue to follow the clinical pathways and are appropriately supported to access the ongoing through care they require.</p>	7 & 9	<p>The adult clinical pathway continues to be followed ensuring high quality person centred ongoing through care.</p> <p>The Gender Based Violence team work closely with partner services and agencies and user feedback of the service remains overwhelmingly positive.</p>

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
	<p>point of contact for children, young people and their non-abusing parents/carers and help to ensure a smooth pathway of care to support their onward recovery. Following discussion with Regional Planners, funding will be provided from 2021/22 to 2022/23 to build on the learning of the West of Scotland pilot. The funding will be utilised by the three regions to work with multiagency partners to undertake further scoping work to ascertain what resources are currently in place across Scotland, where the CFSW is best placed and how the roles can be sustained. A report will be prepared by the three regions and relevant partners which will be brought to BCEs and ministers following completion of the scoping work.</p>			<p>Fife continues to provide an ongoing contribution to clinical pathway development.</p>
<p>Quality Improvement</p>	<p>This subgroup continues to progress work on the development and implementation of a national clinical IT system. Confirmation of the go live date will be communicated to health board leads shortly. Work is also underway on the data processing and data sharing agreements specific to the FMS IT system that need to be in place (these are separate agreements to those required to be in place within health boards for implementation of self-referral).</p> <p>A wide range of health board staff are involved in this work (including clinicians, information governance and e-health leads), to ensure that the system best meets the requirements of both staff and people using the service. Paper-based national forms (health assessment and forensic form) should be used consistently until the national clinical IT system goes live.</p>	<p>Ensure that all relevant staff continue to support work on the development and implementation of the national clinical IT system.</p>	<p>9</p>	<p>.Regular meetings taking place to guide the testing and implementation of the CELMA IT system which is on track to be live for 01/01/22.</p> <p>Hardware for CELMA being distributed at this time.</p>

Health Board Readiness Assessment – Updated March 2022 Self-Referral Implementation

Background

The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 (FMS Act) was unanimously passed by the Scottish Parliament on 10 December 2020 and received Royal Assent on 20 January 2021. Once commenced, the FMS Act will provide a statutory basis for health boards to provide forensic medical services (FMS) for people who have experienced rape, sexual assault or child sexual abuse, and will establish a legal framework for consistent access to “self-referral” so a person can access healthcare and request an FMS without first having to make a report to the police.

Process

To ensure that Health Boards are prepared for the implementation of the FMS Act, a Health Board Readiness Assessment has been developed using the criteria set out below. The intention of this initial assessment is to provide a framework for the CMO Taskforce to evaluate Health Board readiness across all 14 Health Boards, to ensure the consistent implementation of a self-referral service across Scotland and what further work is required before go-live.

- Health Board Nominated Leads are responsible for undertaking a monthly assessment of their board’s state of readiness and for submitting this to the CMO Taskforce Mailbox CMOTaskforce.Secretariat@gov.scot on the last working day of each month.
- The assessment template should also be updated and circulated by the Nominated Lead prior to each quarterly review meeting with the Scottish Government CMO Taskforce team.
- Nominated leads are responsible for ensuring that all relevant NHS and multi-agency colleagues have the opportunity to contribute to the assessment; that the necessary approvals are obtained and that key personnel including the Chair and Chief Executive are appropriately briefed prior to submission to the SG.

If concerns are raised by the Health Board out with the meeting cycle, extraordinary meetings can be convened.

Go-live

We are working towards commencement of the FMS Act. This includes the roll out of a national self-referral service.

RAG Rating

RAG Status and scoring	Definition	Action Required
■ Green (10)	10 – System / Process / Workforce requirements are fully in place & tested where appropriate. Ready to implement	Ready to go Live
■ Amber (6 – 9)	9 – System / Process / Workforce requirements are in place and partially tested 8 – System / Process / Workforce requirements are in place but not tested 7 – System / Process / Workforce requirements are in development (80% - 100% complete) 6 – System / Process / Workforce requirements are in development (50% - 70% complete)	Active Monitoring and Review
■ Red (1 – 5)	5 – System / Process / Workforce requirements are in development (<50% complete) 1 – 4 – System / Process / Workforce requirements are not in place and there is no implementation plan	Urgent Action Required
■ Awaiting National Guidance	Awaiting further information / national guidance before local work can be progressed	Please include update where appropriate

**Asses
sment
templa
te (to
be
compl
eted
by
each
board)**

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
Facilities				
F001	Local SARCS facility operational. Taskforce update All health boards should ensure their SARCS facility is fully operational ahead of go-live, with relevant SOPS and processes tested and in place	3 months before go-live	10	Completed and ready
F002	Appropriate facilities are available to securely store wet and dry evidence taken from a self-referral examination (in line with the	1 month before go-live	10	Completed and ready

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>chapter 7 of the national protocol and SARCS spec doc²).</p> <p>Taskforce Update All health boards should ensure that they have, or have plans in place, to ensure the necessary storage facilities are available in each SARCS before go-live.</p> <ul style="list-style-type: none"> • Dry evidence must be stored securely in a locked cupboard with controlled access with a log book to track who has accessed the room. • Shelving used for dry item storage should have location markers so items can be easily tracked. • The exact location of any dry items within the room should be recorded on the Police Scotland Production Book. • Any paper logs should be duplicated and backed up electronically. • The majority of items being stored for self-referral cases will be 'wet' samples, which require frozen storage. This includes intimate swabs, skin swabs, underwear, condoms and sanitary wear. 			
F003	<p>The SARCS facilities meets the minimum security requirements set out in the SARCS spec doc.</p> <p>Taskforce Update It is recommended that facilities consider several levels of secure access. Video access and electronic or mechanical numeric keypad entry are recommended. This reduces the likelihood of lost keys or swipe cards which would require to be reported through DATIX, or a similar incident reporting system. A log of those who know the code should be maintained. See the separate document attached to this email communication for the minimum standards for building security requirements.</p> <p>The self-referral protocol does not contain this detail however the updated SARCS specification document will provide specific guidance on security. An extract of the SARCS specification document has</p>	1 month before go-live	10	Completed and ready

² [Sexual Assault Response Coordination Service \(SARCS\) specification document - gov.scot \(www.gov.scot\)](http://www.gov.scot) – currently being updated

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	been provided to all boards which contains this detail as well as the specific specification for freezers.			
F004	<p>Appropriate freezer management processes in place, in line with the SARCS spec doc (<i>SARCS spec doc currently being updated to include this</i>)</p> <p>Taskforce Update The updated SARCS specification document will provide specific guidance the freezer spec A freezer specification was provided to all health board leads in June 2021 and has been included in the attached document again for clarification. An extract of the SARCS specification document has been provided to all boards which contains this detail as well as the specific specification for freezers. Health boards must flag to the Taskforce if they do not currently have a freezer and the remedial action to ensure this will be in place for 1st April 22.</p>	1 month before go-live	10	
F005	<p>Police Scotland production book available in each SARCS to record all evidence retained from self-referral examinations.</p> <p>To obtain additional Police Scotland production books please contact SCDRapeTaskForceReview@scotland.pnn.police.uk</p> <p>Taskforce Update Police Scotland are printing and sending out to all SARCS.</p>	1 month before go-live	9	Wider SEAT group confirming process for obtaining i.e. whether can be obtained centrally by Lothian for distribution or whether each board needs to have board specific.
F006	<p>Necessary stock of tamper evident bags and window production bags available in the SARCS facility.</p> <p>Taskforce Update SARCS staff should ensure that the facility has a sufficient stock of tamper evident bags and window production bags and should contact Police Scotland via 101 to request more stock when necessary.</p>	1 month before go-live	9	Wider SEAT group confirming process for obtaining i.e. whether can be obtained centrally by Lothian for distribution or whether each board needs to have board specific.
Workforce				
W001	Arrangements are in place locally / regionally to ensure that all calls transferred from the national telephony service will be picked up and triaged by a suitably trained Health Care	3 months before go-live	10	NHS Lothian will be receiving initial calls as part of a coordinated response

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>Professional within 1 hour of receipt, in and out of hours.</p> <p>Taskforce Update As a national hub is being established, all health boards should have the necessary staff available 24/7 to pick up referrals sent from NHS 24 to the national hub and then to the local health board. Due to the nature of these calls and the possibility of 13-15 year olds being referred from NHS 24, a timeous response from health boards is required to ensure all calls are responded to and that people are phoned back to discuss their health care needs and the options available to them e.g. an FME.</p>			
W002	<p>Arrangements are in place locally / regionally to ensure that all required staff (for both police and self-referral), are available so that examinations commence within three hours of the person making contact with the service to request an examination in all SARCS facilities.</p> <p>Taskforce Update The health board should ensure that arrangements are in place to ensure that self-referral services are available to be activated at the appropriate time, while taking cognisance of the health and safety of the person and staff, and putting in place / taking appropriate mitigating action where appropriate, as well as employing professional and clinical judgement.</p>	3 months before go-live	10	NHS Lothian will provided a coordinated response to meet this requirement taking cognisance of health and safety of staff in relation to out of hours/overnight FME.
W003	<p>Appropriate regional arrangements are in place to ensure appropriate handover of cases where the staffing model (e.g. a peripatetic workforce) means that staff are required to travel to other Health Boards SARCS facilities to undertake examinations.</p> <p>Taskforce Update For those health boards who operate within a peripatetic workforce model, there should be seamless handover processes in place, from the</p>	2 months before go-live	10	In place.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	staff who carry out the FME to the local staff who will be responsible for the follow up and ongoing care of the person who has had an FME e.g. the Nurse Coordinator.			
W004	<p>All staff involved in forensic medical services have undergone, at a minimum, mandatory NES training on the self-referral protocol and NES Essentials Training.</p> <p>All boards to identify a clinical and operational lead to attend the train the trainer session on 14 January 2021.</p> <p>All boards to develop local training plans to ensure all staff are trained on the self-referral protocol before go-live.</p> <p>Taskforce Update All boards should have attended the NES self-referral train the trainer session on Friday 14th January and now developing plans to deliver this training locally to all staff. These plans should be submitted to the CMO Taskforce Team along with the January HBRA.</p> <p>Boards who outsource SOE's to undertake examinations should ensure the training is also disseminated to them so they are aware of the protocol and the processes that must be followed for self-referral examinations.</p>	1 month before go-live	10	Completed
Technology				
T001	<p>Ensure locally that any necessary technology for the electronic transfer of people who call the national telephony service for accessing self-referral is in place (work ongoing with the Access to Services group to establish processes between NHS 24 and Cellma).</p> <p>Taskforce Update Each board will have a requirement to arrange Cellma access via laptop / desktop and Cellma training for all workforce that will be accessing self-referrals via the national service / hub. Depending on the</p>	3 months before go-live	9	<p>IT equipment has been received and is with eHealth for configuration. Need to expedite escalated to head of eHealth 22/2/22.</p> <p>Email address provided to the HUB.</p>

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>workforce model, this may require access to multiple NHS sites e.g. Lothian will require access to Borders, Fife, Lothian and Forth Valley as a peripatetic model in place.</p> <p>For business continuity, all health boards must provide the national hub (NHS Ayrshire and Arran) with a generic SARCS mailbox address in case of system outage. A referral can be transferred via secure email.</p> <p>Local SOPs should be in place to ensure that all relevant workforce have access to the mail box.</p>			SOP's being updated across SEAT
T002	<p>Ensure all staff understand how to record information on Cellma for self-referral, and are aware of the information that is to be shared / not to be shared and when.</p> <p>Taskforce Update Training dates TBC but will be ran 7th - 29th March - will be morning and afternoon slots and sessions will be recorded. Will also provide a written user guide.</p>	1 month before go-live	10	
IT001	<p>Ensure required IT hardware in place (Other than the new Tablet to be provided by the taskforce) e.g. printers, scanners, etc. If hardware required for the service assistance may be provided by the Taskforce.</p> <p>Lead Responsibility: eHealth</p> <p>Taskforce Update Tablet, keyboard, pen and covers to be provided. Access to printer required in each SARCS so Cellma output can be printed and wet signed.</p>	Early Feb 2022	10	In place
IT002	<p>Local HB configures new tablet and digipen for use.</p> <p>Lead Responsibility: eHealth</p> <p>Taskforce Update Will provide basic guidance for how to set up - should match local policies.</p>	TBC (Jan/Feb 2022)	10	Tablet and digipen currently with IT for configuration.
IT003	Cellma users identified in each HB for each Cellma access role	Jan 2022	10	

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>(Clinical, admin, etc) Lead Responsibility: Board Nominated Lead</p> <p>Taskforce Update Health boards will be provided with current user list - nominated leads to confirm if correct or amend.</p>			
IT004	<p>Cellma testing users identified and allocated time to complete testing (at least one SOE from each HB) Lead Responsibility: Board Nominated Lead</p> <p>Taskforce Update Testing 7 - 11th Feb (also other testing activity in Feb to ensure all elements tested and any defects fixed and retested - each board provide 1 or 2 testers for adults and at least 1 for CYP (may not need to test CYP in all 14 boards).</p>	Feb 2022	10	
IT005	<p>Cellma Testing carried out and signed off once completed. Lead Responsibility: Board Nominated Lead</p> <p>Taskforce Update Testing will be co-ordinated by national programme but requires sign off by board leads. Need to ensure each board is content that Cellma works as expected in the board.</p>	Feb 2022	10	
IT006	<p>Local IT Helpdesk staff engaged and agree local responsibilities. Lead Responsibility: eHealth</p> <p>Taskforce Update Will provide guidance and support model - local support to be agreed in place by local leads. Limited responsibility for local helpdesks. Need ability to have a process to route issues to NSS helpdesk if not a local issue.</p>	Jan/Feb 2022	10	
IT007	<p>Staff available for Cellma training. (Clinical, admin and system roles). Lead Responsibility: Board Nominated Lead</p> <p>Taskforce Update Training dates TBC but will be ran 7th - 29th March - will be morning</p>	TBC (Feb/Mar 2022)	10	

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>and afternoon slots and sessions will be recorded. Will also provide a written user guide.</p> <p>A user list will be provided to ensure all Cellma users identified and clarify the correct access required (clinical or admin) Requires board leads to review the user list and provide any changes.</p>			
IT008	<p>Training provided and signed off by HB as complete. Lead Responsibility: Board Nominated Lead</p> <p>Taskforce Update Training will be co-ordinated by national programme but requires sign off from board leads that training provided and staff can use the system.</p>	Mar 2022	10	
IT009	<p>Local HB person appointed to lead PHS reporting. (run monthly report and provide to PHS). Lead Responsibility: Board Nominated Lead</p> <p>Taskforce Update Appoint person - programme will then provide training and confirm if tested and working.</p>	Jan 2022	10	This will be carried out regionally by the Lothian Data Analyst
IT010	<p>Local reporting person completed Cellma reporting testing & training. Lead Responsibility: Board Nominated Lead</p> <p>Taskforce Update As above. Sign off that reporting lead trained and can carry out reporting.</p>	Mar 2022	10	This will be carried out regionally by the Lothian Data Analyst
IT011	<p>Local HB lead appointed for user management of Cellma. (Lead person to approve new / remove users and local processes in place to add / remove users of Cellma). Lead Responsibility: Board Nominated Lead</p> <p>Taskforce Update Envision board lead or clinical lead to provide authority and local ehealth to add / remove users based on notification from leads.</p>	Feb 2022	10	Lead Nurse for Sexual Health/GBV and CSM for Sexual Health and GBV.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
Processes and Systems				
P001	<p>The necessary national → regional → local pathways are in place between the telephony service, the national hub and the Health Board to ensure safe handoff of callers from the telephony service and hub to the local SARCS including any relevant information that has been provided to the call handler on the initial call.</p> <p>Taskforce Update As communicated in December, to ensure a safe and robust handoff, a national hub (delivered by NHS Ayrshire and Arran) is being established. All health boards must work with NHS A&A to ensure the necessary processes are in place to allow handover of referrals from A&A to each board. All health boards must provide the National Hub with:</p> <ul style="list-style-type: none"> • On-call Forensic rota (rotas would be distributed to Police Scotland for police referrals in non 27 x 7 staffed SARCS). Notify the hub of any changes so the hub can call the on call staff to notify that a referral has been received. • Provide national hub with local escalation process in case the on call HCP does not respond. • Any changes to board contacts details. • Local pathway for those who call the national telephony service >7 days post assault when an FME is not required. • Pathway for anyone aged 13-15 who calls the telephony service as they will also be referred via the hub. <p>Health boards must ensure staff are available to pick up referrals / calls from the national hub timeously (24/7) and take appropriate action e.g. call the person back to organise an appointment for a FME, in line with HIS Standards and Self-Referral Protocol.</p> <p>When an FME is not required, ensure relevant SARCS staff are available, who can ensure a smooth pathway of onward, person centred healthcare, in line with the requirements of the FMS Act, the</p>	3 months before go-live	10	Pathway complete within NHS Fife for coordinated care response

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>HIS Standards and the Adult Clinical Pathway.</p> <p>A process must be agreed with the hub so that confirmation can be provided that a referral has been picked up and actioned by the local SARCS.</p>			
P002	<p>The numbers for the local SPA lab and out of hours are available to all SARCS staff in the event that advice is required to be sought from an SPA scientist regarding the retention of evidence.</p> <p>Taskforce Update Daytime numbers will be the local lab contact number. Aberdeen – 01224 306 700 Edinburgh – 0131 6661 212 Scottish Crime Campus (Glasgow/West) – 01236 818243 or 01236 808296 Dundee – 01382 315 890 For out of hours; Biology on call co-ordinator – 07584 330 382 (in first instance) Carol Rogers, Lead Forensic Scientist, Scottish Police Authority - 07825236098</p>	1 month before go-live	10	
P003	<p>Process in place for the management and destruction of evidence to ensure any evidence collected from a self-referral examination is not being retained after the agreed retention period as per chapters 7 & 9 of the national protocol.</p> <p>Taskforce Update The Self-Referral Protocol includes guidance on the destruction of evidence. All health boards must ensure they have local processes in place to manage all evidence they are storing, to ensure this is stored in line with the protocol. This process should be developed and shared with all staff in the health board who are involved in the delivery of forensic medical services. Based on the responses received to the consultation and all the evidence gathered, the Scottish Government proposes to set the retention period at 26 months under regulations, these will be put</p>	1 month before go-live	9	NHS Fife documentation being developed in collaboration with SEAT. In finishing/review stages.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>before the Scottish Parliament towards the end of the month for final approval.</p> <p>All forensic evidence captured or taken must be destroyed with no distinction made between different types. Disposal / destruction of any biometric data taken as evidence should be carried out in accordance with the health board destruction policy on biological material disposal.</p> <p>Section 8 of the FMS Act states that evidence should be destroyed 'as soon as reasonably practicable' at the expiry of the retention period. Whilst the Act does not specify a timeframe for this, subject to any UK GDPR or Data Protection obligations, health boards should ensure that this happens within at least 5 working days of the end of the retention period, to ensure consistency in practice across the country.</p>			
P004	<p>Process in place for the returning of evidence to the person when requested (in line with chapter 8 of the national protocol).</p> <p>Taskforce Update</p> <p>The Self-Referral Protocol includes guidance on the return of evidence when requested.</p> <p>All health boards must ensure they have local processes in place to manage all evidence they are storing, to ensure this is stored in line with the protocol.</p> <p>A process for the return of certain items (if requested) should be developed and shared with all staff in the health board who are involved in the delivery of forensic medical services.</p> <p>For self-referral, before returning evidence under section 7 of the FMS Act, health professionals must consider if:</p> <ul style="list-style-type: none"> • The item requested to be returned belongs to the person who made the request. The health board should ensure it is satisfied that the request has come from the person whom the items belong to and not from anyone else prior to returning items. If it is not satisfied, the health board must refuse the request and explain to the person why the item of evidence will not be returned to them. • The item is safe to return to the person. There could be 	1 month before go-live	8	Being developed by NHS Lothian.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>exceptional circumstances where an item has become biologically hazardous and it would be unsafe for it to be returned to the person. For example, if there were remnants or traces of a “date rape” drug on the item. If it established that the item is not safe to return, the health board must refuse the request and explain to the person why the item of evidence is not being returned to them.</p>			
Information Governance				
I001	<p>All necessary Data Protection Impact Assessments (DPIAs) in place, to identify, assess and mitigate any actual or potential risks to privacy due to requirement to share information with the police.</p> <p>This will be in line with current GDPR and Data Protection obligations, and signed off through local Information Governance structures, including oversight by the Health Board’s SIRO.</p> <p>(Board Chairs have been made aware of the need to identify resource to develop IG documentation required. In your return let us know if your board is planning on developing their own DPIA or has offered resource to help develop this centrally and then modify locally. You will need to liaise with your SIRO/IG lead to respond to this)</p> <p>Taskforce Update</p> <p>An information governance short life working group (IG SLWG) has been convened to ensure there is a DPIA template for all health boards to follow. Work is progressing well and the DPIA will be easy to adapt to local circumstances.</p>	1 month before go-live		
I002	<p>All necessary Information Sharing Agreements in place, based on a centrally agreed template, to set out the arrangements for the sharing of information between the Health Board and the police.</p>	1 month before go-live		

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>(Board Chairs have been made aware of the need to identify resource to develop IG documentation required. In your return let us know if your SIRO/IG lead has started discussions with other boards about how to develop this document).</p> <p>Taskforce Update Central Legal Office will write an ISA to cover information sharing with police. A draft will be ready in late January for consideration by the IG SLWG. Once complete there will be very little to modify for each Health Board.</p>			
I003	<p>Privacy notices developed and available in a range of appropriate formats for anyone who accesses forensic medical services and has their information stored by the Health Board.</p> <p>Taskforce Update A short life working group under the Clinical Pathways and Access to Services subgroups is working to update the patient information leaflet for police referral FME and is developing the patient information leaflet for self-referral FME. In tandem the group will develop an information card that people accessing services can refer to which will provide the relevant information regarding their data rights, including the ability to request return of personal items stored by the health board under the retention service, or destruction of their evidence. This information will also require a privacy notice that will be developed by the group, with IG input.</p> <p>Board Nominated Leads should check that their health board generic privacy notices are up-to-date, and whether any references to the FMS Act need to be included in references to 'legal basis' for using personal info.</p>	1 month before go-live	10	
I004	<p>Process in place, working with e-health leads to ensure any photographs can be stored securely in line with GDPR, data protection and the FMS Act.</p> <p>Taskforce Update</p>	1 month before go-live		Local training in photography dates arranged for 23 and 24 March

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>The CMO Taskforce is currently working with medical illustration staff within NHS GG&C to develop guidance and training for clinicians in the event they are required to take photographs of external injuries as part of an FME (e.g. when medical illustration are not available)</p> <p>In November 2021, Board e-health leads were briefed on the requirement for all boards to have a secure way to store photographs, in line with GDPR, data protection and the FMS Act and asked to liaise with board leads to ensure that from 1st April, their respective boards have processes in place, in the absence of a national photo storage solution.</p> <p>The guidance currently being developed will outline the guiding principles by which photographs should be stored, but will not prescribe the solution for health boards due to the differences in practice currently across health boards.</p> <p>Medical illustration within GG&C are developing a video to provide an overview on the process of taking forensic photographs. Two dates for training have also been identified in March (23rd from 10am – 11am and 24th from 2pm – 3pm) and BNLs have been asked to send the invites on to all clinicians within their board areas to ensure they can join one of these sessions.</p>			
General				
G001	<p>All Health Board Nominated Leads engaged directly (or indirectly via a regional rep) on the development of the national telephony service.</p> <p>Taskforce Update All health boards should ensure they are engaging with the national hub board to provide local pathways and ensuring processes are agreed for handover. Testing of processes will be required before go-live and therefore all boards should ensure they are engaged on this</p>	June 2021	10	
G002	All Health Board Nominated Leads contributed to the	May 2021	10	

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	<p>development of the National Self-Referral Protocol to ensure it is fit for purpose and the key requirements of the protocol have been communicated to wider Health Board staff.</p> <p>Taskforce Update This document has been approved by the CMO Taskforce and the Lord Advocate.</p> <p>Please note, the protocol is subject to minor change before 1st April when the final version will be sent to all health boards. Any versions previously sent to board leads should only be utilised to inform service planning between now and 1st April.</p>			
G003	<p>All Health Board Nominated Leads to ensure they have appropriate processes in place to provide the necessary information (as provided for in the FMS Act and detailed in chapter 6 of the national protocol), before a self-referral examination, in line with the nationally agreed format.</p> <p>Taskforce Update A SLWG is currently developing a Self-Referral leaflet and an important/necessary information leaflet that will be given to all persons who attend SARCS. Electronic access to these along with appropriate Easy Read and translations will be made available to all SARCS for go live date.</p> <p>SARCS are to ensure they have storage capacity for the leaflets and process in place to ensure they are handed out.</p>	1 month before go-live	10	Facility available and national leaflet imminent.
G004	<p>Each SARCS facility where examinations take place have all other necessary leaflets (take away information for victims) to provide before and following a self-referral examination</p> <p>Taskforce update As above under development by the SLWG.</p>	1 month before go-live		As per taskforce update

Meeting: Fife NHS Board
Meeting date: 29 March 2022
Title: Annual Duty of Candour Report 2020/2021
Responsible Executive: Dr Chris McKenna, Medical Director
Report Author: Gemma Couser, Associate Director for Quality and Clinical Governance

1 Purpose

This is presented to the Board for:

- Awareness
- Decision
- Discussion

This report relates to a:

- Government policy/directive
- Legal requirement
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Annually there is a requirement for Health Boards to publish an Annual Duty of Candour (DoC) Report. Incidents which trigger DoC are typically identified through the adverse event review process.

2.2 Background

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour (DoC). The purpose of organisational DoC is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness

or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

NHS Fife monitors compliance with the Regulations across the following domains:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

2.3 Assessment

The Annual Organisational Duty of Candour Report 2020/2021 is included in appendix 1. This report shows that during 2020/2021 there were 27 adverse events reported where DoC applied. The report sets out that the most common DoC outcome which adverse events have resulted in is an increase in a person's treatment. Also contained within the report is a summary of compliance with the DoC procedure.

Review of Annual Organisational DoC Reports for 2018/2019 and 2019/2020 indicated the requirement for the report to include a look back at previous years to ensure completeness. In previous years DoC applied to cases which concluded review after the submission of respective annual submissions and as such these were not represented in the annual report. Going forward the annual report will now include a look back at previous years.

2.3.1 Quality/ Patient Care

The learning from adverse events and DoC incidents continues to be a priority. Each review provides an opportunity to learn and improve to increase the safety of care delivered. Development of this work will be supported through the Clinical and Care Governance Framework.

2.3.2 Workforce

Being involved in an adverse event can be distressing. Support for staff involved is available through line management structures and through Staff Wellbeing.

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The learning and improvement actions from adverse events, including those which trigger DoC, is of critical importance to mitigate the recurrence of future events. The annual report summarises some of improvement actions which have been implemented.

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

To support a systems wide learning approach this report will be shared with leadership teams and made available for staff.

2.3.8 Route to the Meeting

The impact of the pandemic resulted in delays to the completion of adverse event reviews. As such Interim Annual Duty of Candour Reports for 2020/2021 were presented at the Clinical Governance Committee on the following dates:

- 3rd November 2021
- 15th January 2022

2.4 Recommendation

NHS Fife Board is recommended to:

- Note the Clinical Governance Committee's review of the report;
- Be assured of the local processes in place to comply with Duty of Candour (Scotland) Regulations 2018; and
- Approve the Annual Organisational Duty of Candour Report 2020/2021

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Annual Organisational Duty of Candour Report, 2020/2021

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Annual Organisational Duty of Candour Report 2020-2021



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1. Introduction and background

NHS Fife

NHS Fife serves a population of approximately 368,000 people. Our vision is to enable the people of Fife to live long and healthy lives. We strive to achieve this by transforming health and care in Fife to be the best.¹

Content of Report

This report describes how NHS Fife has implemented the organisational Duty of Candour (Doc) Regulations during the period 1 April 2020 to 31 March 2021 (2020/2021). NHS Fife identified these events mostly through its adverse event management processes. The organisation adopts a consistent approach to the identification, reporting and review of all adverse events. This is reflected through the local NHS Fife Adverse Events policy and which is aligned with a national framework³.

The Covid-19 pandemic has resulted in a delay to the completion of adverse event reviews. This is reviewed regularly with processes in place to ensure reviews are progressed and completed. Consequently there are a number of events reported during this period which are currently under review and which may be reported as activating organisational DoC. It is therefore possible that the number of reported DoC events may be higher than stated in this report. Only those events with a confirmed decision have been included in this report.

A look back at year 1 (2018/2019) and year 2 (2019/2020) is also included in this report. Previous years are included for completeness as DoC applied to cases which concluded review after the submission of respective annual reports. Also contained in appendix 1-4 are organisational DoC reports from the four health board managed general practices in NHS Fife.

Organisational Duty of Candour

As of 1 April 2018, all health and social care services in Scotland have an organisational Duty of Candour. The purpose of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.

The Organisational Duty of Candour guidance² outlines the procedure which must be followed as soon as reasonably practicable after an organisation becomes aware that:

- an individual who has received health care has been the subject of an unintended or unexpected incident and
- in the reasonable opinion of a registered health professional not involved in the incident:
 - (a) the incident appears to have resulted in or could result in any of the outcomes below (see Table 1).
 - (b) the outcome relates directly to the incident rather than to the natural course of the person's illness or underlying condition.

This means if a patient suffers from an unintended or unexpected harm as a result of an adverse event then the following should happen:

- The patient or relative is notified and an apology is offered;
- An investigation is undertaken; and
- The patient/relative is given the opportunity to raise questions they wish to be considered and answered as part of the investigation

NHS Fife has an embedded process for the decision making for activating organisational DoC and ensuring all necessary actions are undertaken in accordance with national guidance. On review, any event which is considered to activate duty of candour is escalated to the Board Medical Director for ratification and confirmation of decision. This process is summarised in the following:

- On completion of the investigation the findings and report are offered to be shared with the patient or relative;
- A meeting is offered; and
- Throughout the review and investigation support is to be offered to the people affected which may include staff members involved.

The outcome for organisations is to learn from the investigation and make changes identified as part of the review.

¹ NHS Fife Strategic Framework. 2015.

² Organisational Duty of Candour guidance. The Scottish Government. March 2018

³ Learning from adverse events through reporting and review: A national framework for Scotland, revised July 2018, NHS Fife review all adverse events.

2. How many adverse events happened to which the duty of candour applies?

Between 1 April 2020 and 31 March 2021, there were 27 adverse events reported where DoC applied. The main categories of event which activated DoC during this period were:

- Other clinical events
- Patient fall
- Tissue viability

Table 1 details the outcomes which were reported across NHS Fife after 1 April 2020 to 31 March 2021.

Table 1

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred
The death of the person	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5
An increase in the person’s treatment	10
Changes to the structure of the person’s body	0
The shortening of the life expectancy of the person	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	<5
The person requiring treatment by a registered health professional in order to prevent: <ul style="list-style-type: none"> • the death of the person, or • any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above 	<5

The most common outcome which these events have resulted in is an increase in the person’s treatment. This can range from additional antibiotics required to additional nightsstay in hospital.

Summary of Years 1-3

Table 2 sets out the events where DoC applied in 2018/2019, 2019/2020 and 2020/2021. This additional information is being included for completeness as DoC was applicable to events which concluded review after respective annual reports were submitted.

The number of events where DoC applied in year 1 is higher than the subsequent years. This can be attributed to the development of learning and understanding of the application of DoC Regulations. Table 3 sets out the DoC outcomes for the three year period. Across this period the most common outcome is an increase in the person's treatment.

Table 2

	Year 1 18/19	Year 2 19/20	Year 3 20/21
Number of events where DoC applied and where included in respective annual report	46	28	27
Number of events where DoC applied and where not included in annual report	10	10	To be determined and included in 21/22 annual report
Total number of events where DoC applied	56	38	To be determined and included in 21/22 annual report

Table 3

Duty of Candour outcome arising from an unexpected or unintended incident	Number of times this occurred		
	Year 1 18/19	Year 2 19/20	Year 3 20/21
The death of the person	<5	<5	<5
Permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	<5	<5	<5

An increase in the person's treatment	34	22	10
Changes to the structure of the person's body	<5	0	0
The shortening of the life expectancy of the person	<5	<5	<5
An impairment to the sensory, motor or intellectual functions of the person which has lasted, or is likely to last, for a continuous period of at least 28 days	<5	0	0
The person experiencing pain or psychological harm which has been, or is likely to be, experienced by the person for a continuous period of at least 28 days	8	<5	<5
The person requiring treatment by a registered health professional in order to prevent: <ul style="list-style-type: none"> • the death of the person, or • any injury to the person which, if left untreated, would lead to one or more of the outcomes mentioned above 	<5	7	<5

3. To what extent did NHS Fife follow the duty of candour procedure?

Of the 27 identified cases, each one was reviewed to assess for compliance with the procedure for the following elements:

- Providing an apology
- Patient and or relative were notified and informed of the adverse event
- A review was undertaken
- The opportunity for the patient or relative was given to ask any questions
- The review findings were shared
- An offer of a meeting, which is arranged if required
- Giving consideration to support and assistance for the relevant person/ and or staff

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified. These are:

- Notifying the person and providing details of the incident
- Provision of an apology
- Reviewing all cases

Areas for improvement which are attributable to the pressures as a result of the pandemic include:

- Arranging the meeting following offer to meet
- Providing the patient with a written apology

We know that witnessing or being involved in an adverse event can be distressing for staff as well as people who receive care. Support is available for all staff through our line management structures as well as through Staff Wellbeing and Safety.

4. Information about our policies and procedures

Every adverse event which occurs is reported through our local reporting system as set out in our Adverse Events policy and associated processes. Through these, we can identify events that activate the DoC procedure.

The policy contains a section on implementing the organisational DoC, and a detailed section about supporting staff and persons affected by the adverse events, with examples of the types of support available.

Each adverse event is reviewed to understand what happened and the actions we can take to improve the care we provide in the future. The level of review depends on the severity of the event as well as the potential for learning. Recommendations are made as part of the review, and local management teams develop action plans to meet these recommendations.

The decision on whether an event activates the DoC procedure has been taken by senior clinical staff including the Board Medical Director, Board Director of Nursing, Director of Pharmacy, Associate Medical and Nurse Directors, Associate Director of Allied Health Professionals, Clinical Directors and Heads of Nursing.

To support implementation of DoC, staff are encouraged to complete the NHS Education Scotland on line learning module. This has been made available to staff through the intranet. In addition to the above policy to ensure our practice and services are safe, the organisation has clinical policies and procedures. These are reviewed regularly to ensure they remain up to date and reflective of current practices. Training and education are made available to all staff through mandatory programmes and developmental opportunities relating to specific areas of interest or area of work.

5. What has changed as a result?

Further to reviews of DoC events in 2020/2021 the following changes have been implemented:

- Improvement work to increase compliance with the pressure ulcer risk assessment (PURA) including training, education and introduction of a PURA sticker on admission to increase compliance
- Updates to wound care guidance supported by clear escalation plans
- Daily input from off site Plastic Consultant team inputting into multi speciality reviews
- Identification of additional ward Falls Champions to lead improvement work to reduce patient falls
- Review of the pathway for paediatric patients requiring rapid review
- Development of a standard operating procedure to support clinical teams with Warfarin prescribing, monitoring and follow up which includes communications with GPs.
- Development of a neonatal specific guideline for difficult airway management.
- Updated guidance on co-bedding of twins or higher multiples whilst receiving respiratory support.
- Educational update provided for medical staff on the criteria and referral process for the Infection Consult Service.

Given the delays described in this report it is anticipated that more changes will be implemented following conclusion of events which are still under review. These will be captured in the 2021/2022 annual report.

If you would like more information about this report, please contact

Board Medical Director Office

NHS Fife
Hayfield House
Hayfield Road
Victoria Hospital
Kirkcaldy
KY2 5AH
Telephone: 01592 648077

Appendix 1: Linburn Road Health Centre

Linburn Road Health Centre

124 Nith Street
 Dunfermline, KY11 4LT
 Tel: 01383 733490
 Fax: 01383 748758
 Email: Fife-UHB.F20502LinburnRoad@nhs.net



Duty of Candour Report

Report period: 1 April 2020 to 31 March 2021

Completed by: Sharon Duncan, Practice Manager (Job Share)

Linburn Road Health Centre provides Health Care to patients within the Dunfermline and Rosyth area. The Health Centre’s aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
----------------------------------------------------------------------	---

Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2020 and 31 March 2021)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

To what extent did Linburn Road Health Centre follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on <http://intranet.fife.scot.nhs.uk/>

What has changed as a result?

N/A

Other Information

N/A

Appendix 2: Kinghorn Medical Practice

Kinghorn Medical Practice

Rossland Place
Kinghorn
Fife
KY3 9RT
Tel: 01592 890217



Duty of Candour Report

Report period: 1 October 2020 to 31 March 2021

Completed by: Fay Paterson, Practice Manager

Kinghorn Medical Practice provides general medical services to around 3360 registered patients residing within the practice boundary which encompasses Burntisland, Kinghorn and the bottom part of Kirkcaldy and some surrounding rural areas. Our mission is to provide a personal quality service making the best use of available resources.

How many incidents happened to which duty of candour applies?	0
----------------------------------------------------------------------	----------

Type of unexpected or unintended incident (not related to the natural course of someone's illness or underlying condition)	Number of times this happened (between 1 October 2020 and 31 March 2021)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person's treatment increased	0
The structure of a person's body changed	0
A person's life expectancy shortened	0
A person's sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

To what extent did Lochgelly Medical Practice follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice Manager will record the incident and investigate as necessary.

Procedures to be followed:

- a. to notify the person affected (or family/relative where appropriate)
- b. to provide an apology
- c. to carry out a review into the circumstances leading to the incident
- d. to offer and arrange a meeting with the person affected and/or their family, where appropriate
- e. to provide the person affected with an account of the incident
- f. to provide information about further steps taken
- g. to make available, or provide information about, support to persons affected by the incident
- h. to prepare and publish an annual report on the duty of candour

When an incident has happened, the Practice Managers, Clinicians and staff set up a learning review. This allows everyone involved to review what happened and identify changes for the future.

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on <http://intranet.fife.scot.nhs.uk/>

What has changed as a result?

N/A

Other Information

N/A

Appendix 3: The Links Practice

The Links Practice

Masteron Health Centre
74 Somerville Street
Burntisland
Fife, KY3 9DF

Tel: 01592 873321

Dr J Yule

M.B.,Ch.B.,D.C.H., M.R.C.G.P.

Dr C Fleming

M.B., Ch.B., M.R.C.G.P.



This short report describes how our care service has operated the duty of candour during the time between 1st April 2020 to 31st March 2021. We hope you find this report useful.

Our Practice serves a population of 1947 patients within the Burntisland, Kinghorn, Aberdour area.

How many Incidents happened to which the duty of Candour applies?

In the last year, there have been no incidents to which the duty of candour applied.

Information about our policies and procedures.

Where something has happened that triggers the duty of candour, our staff report this to the Practice Manager who has responsibility for ensuring that the Duty of candour procedure is followed. The Practice Manager records the incident and reports as necessary to the Health Board. When an incident has happened, the Manager and staff set up a learning review. This allows everyone involved to review what happened and identifies changes for the future.

If you would like more information about The Links Practice, please contact us using these details.

**The Links Practice
Masteron Health Centre
74 Somerville Street
Burntisland
Fife
KY3 9JD**

Tel: 01592 873321

Email: Fife.F20184LinksPractice@nhs.scot

Appendix 4: Valleyfield Medical Practice

Valleyfield Medical Practice
 Chapel Street, High Valleyfield
 Fife, KY12 8SJ
 Tel: 01383 880511
 Email: Fife-UHB.F20729valleyfield@nhs.net



Duty of Candour Report

Report period: 1 April 2020 to 31 March 2021

Completed by: Michelle Parker, Practice Manager

Valleyfield Medical Practice provides Health Care to patients within the High Valleyfield, Low Valleyfield, Culross, Torryburn, Newmills, Cairneyhill and Crossford. The Health Centre’s aim is to provide high quality care for every person who uses our services.

How many incidents happened to which duty of candour applies?	0
----------------------------------------------------------------------	----------

Type of unexpected or unintended incident (not related to the natural course of someone’s illness or underlying condition)	Number of times this happened (between 1 April 2020 and 31 March 2021)
A person died	0
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
A person’s treatment increased	0
The structure of a person’s body changed	0
A person’s life expectancy shortened	0
A person’s sensory, motor or intellectual functions was impaired for 28 days or more	0
A person experienced pain or psychological harm for 28 days or more	0
A person needed health treatment in order to prevent them dying	0
A person needing health treatment in order to prevent other injuries as listed above	0
Total	0

To what extent did Valleyfield Medical Practice follow the duty of candour procedure?

All Staff are aware of the NHS Fife Complaints and Significant Event procedures and will report any incidents to the Practice Managers or Senior Members of Staff. Incidents falling into the category of Duty of Candour will be the responsibility of the Practice Manager to ensure that the correct procedures are followed. The Practice

Information about our Policies and Procedures

See NHS Fife Policies and Procedures available on <http://intranet.fife.scot.nhs.uk/>

What has changed as a result?

N/A

Other Information

N/A

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

 [facebook.com/nhsfife](https://www.facebook.com/nhsfife)

 [@nhsfife](https://twitter.com/nhsfife)

 [youtube.com/nhsfife](https://www.youtube.com/nhsfife)

 [@nhsfife](https://www.instagram.com/nhsfife)

Meeting:	Fife NHS Board
Meeting date:	29 March 2022
Title:	Annual Procurement Report 2020/21
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Kevin Booth, Head of Financial Services

1 Purpose

This is presented to the Board for:

- Approval

This report relates to:

- Annual Operational Plan
- Legal requirement

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

- Safe
- Effective

2 Report summary

2.1 Situation

The Board is asked to review the content of the Annual Procurement Report and approve prior to this being published.

2.2 Background

To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish an Annual Procurement Report. The Annual Report demonstrates to our stakeholders how NHS Fife procurement spend is delivered to achieve better public services, improvements to social, economic and environmental outcomes in the local area and aiding a range of local and national policies including those tackling inequality and climate change obligations.

2.3 Assessment

The Annual Procurement Report provides a summary of regulated procurements within the period (the 2020/21 financial year) and performance against the Procurement Strategy.

The Report provides information on 56 call-off contracts where the value exceeded the regulated threshold (£50,000 for goods and services). The total value of these call-offs was £10m with contracts for HEPMA, an MRI Scanner and a Robotic Surgical System and Accessories making up almost half of this value (45%).

The Report clarifies the procedure that NHS Fife Procurement team follow when any contract is awarded which should have gone through a regulated procurement process and where instead a tender waiver procedure was applied.

Section 3 of the Annual Report demonstrates how NHS Fife Procurement has contributed to the achievement of its objectives and to the general duties in the Procurement Reform (Scotland) Act 2014. The formation of the Procurement Governance Board is highlighted in this section and its role in monitoring and driving improvement in the procurement service.

NHS Fife's adoption of the principles of an Anchor Institute are also clarified in the annual report.

2.3.1 Quality/ Patient Care

Effective compliance with appropriate procurement regulations contributes to cost effectiveness and maintaining quality of care.

2.3.2 Workforce

The report highlights work and activity undertaken within the procurement team to enhance the capacity and capability of our local arrangements.

2.3.3 Financial

Effective procurement supports delivery of best value.

2.3.4 Risk Assessment/Management

All risks pertinent to the procurement responsibilities of NHS Fife are considered by the Procurement Governance Board.

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

The Procurement Governance Board has the lead role in communicating the outputs from this report.

2.3.8 Route to the Meeting

The 2020/21 Annual Report was reviewed and approved at the Procurement Governance Board on 28 January 2022. It was then considered at Finance, Performance and Resources Committee on 15 March 2022, where the committee agreed to recommend approval to the Board.

2.4 Recommendation

- **Decision** - The Board is asked to approve the Report for publication.

3 List of appendices

The following appendices are included with this report:

- NHS Fife Annual Procurement 2020-21

Report Contact

Kevin Booth

Head of Financial Services & Procurement

Kevin.Booth@nhs.scot

Procurement Report

April 2020 to March 2021

Date of Issue: September 2021

Date of next review: April 2022

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DRAFT

1 Purpose

The purpose of this annual report is to aid visibility of NHS Fife’s (“the Authority”) purchasing activities and to allow us to record and publicise our performance and achievements in delivering our Procurement Strategy. This report allows us to demonstrate to our stakeholders that our procurement spend is being used to best effect to achieve:

- Better public services;
- Social, economic and environmental outcomes in our area; and,
- A range of local and national policies e.g. those relating to tackling inequality and meeting climate change obligations.

The Annual Report provides information on how we consult and engage with our stakeholders, as we follow our approved procurement strategy. The Annual Procurement report is a key document in enabling informed engagement with our external or internal clients, our strategic partners, suppliers and potential suppliers, and the general public.

As detailed within our Procurement Strategy, this report will focus on the Board’s trade expenditure, which was circa £120 million in 2020/21.

2 Summary of Regulated Procurements Completed

2.1 Definition

In accordance with the Procurement Reform (Scotland) Act 2014, any Public contract (other than a public works contract) of £50,000 or greater and public works contract of £2,000,000 or greater is considered a Regulated Contract. A regulated procurement is any procedure carried out by a contracting authority in relation to the award of a proposed regulated contract which is completed when the award notice is published or where the procurement process otherwise comes to an end. This includes both contracts and framework agreements.

2.2 Summary of Procurements

The following tables summarise NHS Fife's regulated procurements in 2020/21.

Type of Regulated Procurement	Qty in Period	Estimated Value
Contract Awards	56	£10,037,261
Total regulated procurements	56	£10,037,261

2.3 Awards without a competitive procurement process

We identify and log all contract awards which should ordinarily have gone through a Regulated Procurement process, through our Tender Waiver procedure approved by the Director of Finance and Strategy and the Chief Executive.

The Tender Waiver Process identifies spend that has not been subject to the procurement regulations and can normally be categorised within the following criteria:

1. The requirement falls under the general exclusions and Specific Situations of the Public Contracts (Scotland) Regulations 2015 Sections 4 or 7 through 18 or by being a service listed in Schedule 3 of the aforementioned regulations; examples being;
 - a. Property rental.
 - b. Client legal representation
 - c. Legal advice.

- d. Public Sector to Public Sector contracts under regulation 13(8) of the aforementioned regulations.
- 2. The requirement can only be delivered by a certain supplier through an exclusive right under regulation 33(1) of the aforementioned regulations.

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3 Review of Regulated Procurement Compliance

3.1 Introduction

This section demonstrates how NHS Fife procurement has contributed to the achievement of our specific objectives and to the general duties in the Procurement Reform (Scotland) Act 2014.

3.2 How we review our Regulated Procurements

NHS Fife Procurement observes the Procurement Journey methodology including application of the Sustainable Procurement tools highlighted in 3.4 & 4.1 for all of its Regulated Procurements where a tendering process is required. Route 2 of the Procurement journey methodology is followed when procurement activities fall below the OJEU level, whilst route 3 of the procurement journey methodology is followed for OJEU procurements. Any Call-off contracts are checked with the host organisation, including NHS National Procurement, Scottish Government, and where necessary Crown Commercial Service for compliance with regulations and policy before we enact these.

From 01 January 2021, following the UK exiting the European Union, any procurement activity requiring tenders are now published on a new e-tendering portal, called Find a Tender Service (FTS) instead of the previously used OJEU.

3.3 Delivering against our Mandatory Obligations

This section provides a retrospective review of our performance against the commitments stated in our Procurement Strategy for 2019 onwards.

Commitment 1 – Regulated and OJEU/FTS Procurements

We have committed to advertising opportunities and placing award notices on Public Contracts Scotland to maintain our Public Contract Register.

Commitment 2 – Achieving our purpose

We have committed to working closely with colleagues in Regulated and OJEU/FTS procurements and to use Procurement Journey Route(s) 2 & 3. Each of the specifications and evaluation criteria were informed by an expert user intelligence

group made up of internal colleagues and supported by external colleagues if the Procurement was collaborative in nature.

Commitment 3 - Delivery of value for money

We have committed to obtain value for money through best practice contracting and supplier management and through undertaking key strategic procurement activities. Due to the initial reallocation of resource in response to the COVID-19 pandemic, and in support of service remobilisation, the Director of Finance and Strategy has established a Procurement Governance Board to monitor and develop the Procurement Departments contribution to this objective.

Commitment 4 - Utilising the Scottish Model of Procurement

We have committed to ensuring our procurement activity was optimised to the Scottish model of procurement. We achieved this by ensuring we utilised central framework agreements from our Procurement Centre of Expertise (CoE), NHS National Procurement and the Scottish Government.

Commitment 5 - Engaging with our service users

We have pledged to work with colleagues in NHS Fife to utilise NHS Fife's embedded approaches to facilitate better engagement with the public. We continue to engage with colleagues who have a public facing role to understand where we can support them better in their activities.

Commitment 6 - Engaging with Suppliers

We have committed to devise a market engagement strategy in order to inform priorities and direction of travel for the Procurement function in this area. While our focus in the period was responding to the COVID-19 pandemic, we supported the virtual P4H (Procurement for Health) Conference in September 2020 and, where practical, held virtual supplier engagement sessions.

We will continue to reduce barriers to our opportunities to suppliers and identify ways of opening up opportunities to new suppliers and to ease the administrative burden on small and micro suppliers. We will support the Supplier Development Programme,

support the P4H Conference and, where practicable, hold 'Meet the Buyer' events to encourage wider engagement in the local economy.

Commitment 7 - Community Benefits

NHS Fife has adopted the principles of an Anchor Institute and has created a Programme Board to consider and develop ways that it can use its influence to enhance the community benefits of the people of Fife. NHS Fife Procurement will play a key part of this programme in the coming years using its considerable influence to help maximise the benefits an Anchor Institute can provide in the local community.

Commitment 8 – Food Procurement

NHS Fife Procurement have committed to engage appropriate internal colleagues in food procurements and to support Healthy Choices being available to staff and patients. This has and continues to be developed in NHS Fife.

A number of national food contracts have been organised into lots to encourage and assist engagement from a wider variety of suppliers in the local area.

Commitment 9 – Scottish Living Wage

NHS Fife Procurement will work with its suppliers through its contracting and relationship management to look at opportunities to encourage its suppliers to implement the Living Wage within their staff structures where this does not already apply. NHS Fife are utilising the Scottish Government's Workforce Matters Procurement Policy to assist with this commitment.

NHS Fife Procurement Team will further engage with its suppliers and attempt to increase its understanding of the supply chains wage policies.

Commitment 10 - Compliance by contractors and sub-contractors with the Health and Safety at Work etc. Act 1974

NHS Fife have stated that all non-NHS Fife personnel working on site are expected to adhere to NHS Fife health and safety processes and procedures. NHS Fife's

Estates team are construction site safety management certified which includes legal and practical knowledge of health and safety management on construction works including the Health and Safety at Work, Etc. Act 1974. This supports our in-house capability to ensure that any works completed on behalf of the NHS Fife are performed to the current Health and Safety standards. All building tenders and quotes are run in accordance with the Construction (Design and Management) Regulations 2015.

3.4 Strategy Performance Review

Within our 2019 Procurement Strategy our objectives are set out and the status of these objectives is reported in Section 8.

3.5 Invoice Payment Performance

A key feature of Procurement's element of NHS Fife's Anchor Institute Programme is ensuring that our suppliers are paid promptly to influence enhanced cashflow between suppliers in the economy. Payment times measured and reviewed on a monthly basis. The table below details our performance against the 30 day target and the aspirational 10 day target across the 2020/21 financial year.

Invoice Payment Policy	
Average number of days credit taken	23
Contractual 30 day payment policy	
Total number of invoices	111,753
Total number of invoices paid within 30 days	102,626
% by volume of invoices paid within 30 days	92%
% by value of invoices paid within 30 days	95%
Aspirational 10 day target	
Total number of invoices	111,753
Total number of invoices paid within 10 days	93,058
% by volume of invoices paid within 10 days	83%
% by value of invoices paid within 10 days	90%

4 Community Benefit Summary

4.1 General Policy

NHS Fife's Community Benefits in Procurement Policy states that all regulated Procurements (£50k plus) will be considered for Community Benefits Clauses. The following tools can be applied to ascertain whether to include Community Benefit Clauses or not:

- *Scottish Public Procurement Prioritisation Tool;*
- *The Sustainability test;*
- *Life Cycle Impact Mapping; and*
- *the Scottish Flexible Framework.*

4.2 Benefits delivered in period

As a consequence of the Covid-19 Pandemic and the initial reallocation of resources as a response, no Community Benefit Clauses were applied to contract in the report period. It is anticipated however that in the coming years with the introduction of the NHS Fife Community Benefits in Procurement Policy, progress will be made and demonstrated in subsequent Procurement Reports.

5 Supported Businesses Summary

5.1 Trade with Supported Business

NHS Fife Procurement recognise the need to ensure spend to Supported Business is maximised. Over the period of this report, one supported business (a local supported business, Matrix Fife) has received orders from NHS Fife. NHS Fife review all opportunities to engage with this supplier and other Support Businesses.

5.2 Engagement work

Due to the pressures of the pandemic and the initial reallocation of resources, no engagement work with supported businesses was undertaken in the period. NHS Fife however remains committed to supporting Supported Businesses and the importance of social enterprises and intends to identify ways to increase spend in this sector and report in future Annual Procurement Reports.

6 Future Regulated Procurement Summary

Below we present our current view of upcoming regulated procurements over the next 2 years.

Subject Matter	Expected Notice Publication Date	Estimated Contract Value
Funeral Directors	October 2021	£100,000
Medical Services at NHS Hospital (Neurology)	September 2021	£100,000
Medical Services at NHS Hospital (Oral Maxillofacial)	September 2021	£70,000
Taxi Services	December 2021	£350,000

7 Report Ownership

In line with the Reform Act and to ensure our Annual Procurement report details our performance against strategy, this report will be subject to formal annual review and approval. The report is owned by the Head of Financial Services & Procurement.

8 Procurement Strategy 2019

The 2019 Procurement Strategy was approved by the Board's Finance, Performance & Resources Committee and has been published on the NHS Fife website. Procurement Strategy Objectives will be detailed and reported in subsequent reports.

Number	Action	Status
1	NHS Fife will assess all regulated procurements for inclusion of Community Benefit Clauses.	Continues to form part of NHS Fife's procurement process.
2	Utilise the National Supported Business Framework.	Framework suppliers not utilised in the period but NHS Fife has engaged with another supported business (Matrix Fife).
3	Consider Supported Business wherever possible.	Continues to form part of NHS Fife's procurement process.
4	Increase Supported Business expenditure year on year.	Increases to be measured year-on-year in subsequent Procurement Reports.
5	Consider Social Enterprises wherever possible.	Continues to form part of NHS Fife's procurement process.
6	Apply Community Benefits Clauses wherever possible.	Continues to form part of NHS Fife's procurement process. This will form a key focus for Procurement in the Anchor Institute Programme.
7	Increase Social Enterprise Expenditure year on year.	Increases to be measured year-on-year in subsequent Procurement Reports.
8	NHS Fife will specify recycled products or ensure they come from sustainable sources in specifications wherever possible in line with our Sustainable Procurement agenda.	Continues to form part of NHS Fife's procurement process.
9	NHS Fife will specify recyclable product/packaging from contracted suppliers.	Continues to form part of NHS Fife's procurement process.
10	Implement Technical User Groups for all	Continues to form part of NHS Fife's

	key procurement projects.	procurement process.
11	Ensure public/patient participation is used wherever appropriate.	Continues to form part of NHS Fife's procurement process.
12	Provide representation to National Clinical/Commodity Advisory Groups.	Continues to form part of NHS Fife's procurement process.
13	NHS Fife will promote compliance of contractors and subcontractors to the Health and Safety at Work Act 1974 with our Terms and Conditions of contract and or specific contract clauses where appropriate.	Continues to form part of NHS Fife's procurement process.
14	Engaging Public Health and Dietician colleagues onto Technical User Groups for food procurements.	Continues to form part of NHS Fife's procurement process.
15	Ensuring Healthy Choices are available to patients and staff.	Actioned within NHS Catering units.
16	NHS Fife will promote the highest standards in animal welfare in the supply chain by way of contract Terms and Conditions and specific clauses where appropriate.	Continues to form part of NHS Fife's terms and conditions of contract.
17	NHS Fife will by way of Terms and Conditions specify that <ul style="list-style-type: none"> • <i>all subcontractors are paid by no later than thirty days from date of receiving an invoice; and,</i> • <i>subcontractors pay their subcontractors no later than thirty days from date of receiving an invoice.</i> 	Continues to form part of NHS Fife's terms and conditions of contract.
18	NHS Fife will continue to use Public Contracts Scotland as above and utilise the Public Contracts Scotland Tender (PCST) tool for regulated procurements.	Continues to form part of NHS Fife's procurement process.
19	NHS Fife will use the Procurement Journey process and documentation for all regulated procurements.	Continues to form part of NHS Fife's procurement process.

20	NHS Fife will continue to seek opportunities to nurture Procurement Talent wherever possible.	Continues to form part of NHS Fife's procurement process.
21	NHS Fife will ensure that Procurement staff can perform to their full potential and ensure activity undertaken is compliant with the most current regulation and governance, formal and informal training will be encouraged and supported.	Continuing professional development applied through application of NHS Scotland TURAS process and workplace development programme.
22	NHS Fife will maintain and improve performance within the PCIP status of "Superior Performer" using a single improvement plan and demonstrate making evidence and resource available to assist peer organisations at regional and national level.	NHS Fife will engage in future PCIP assessments, develop an improvement plan and report in future Procurement Reports.
23	NHS Fife will carry out bi-annual PCIP assessments of Pharmacy/Construction and Estates.	This is yet to be established and will be reported on in future Procurement Reports.
24	NHS Fife will support Continuous Improvement through the central Procurement Team carrying out bi-annual PCIP assessments within areas such as Pharmacy, Estates and Digital and Information, with targeted work sessions and ongoing support and advice.	This is yet to be established and will be reported on in future Procurement Reports.
25	NHS Fife Procurement will ensure the Board are informed of progress and positioning of the East and North Procurement Programme; the Head of Procurement will include a progress update (from the Programme Lead) in the formal annual report to the Finance, Performance & Resources Committee.	The Programme activity was paused during the COVID-19 pandemic but recommences during 2021/22.

	This will be in addition to the conventional Programme Board reporting structure to SGHSCD, Boards and associated national partners.	
26	NHS Fife will optimise the online Self Service approach for Procurement.	Implementation of helpdesk software was delayed due to the COVID-19 pandemic but is launched at the beginning of the 2021-22 financial year.
27	NHS Fife will continue to consider the One-Touch/Automation agenda when designing internal procurement processes.	Procurement are a key member of the Medicines Automation Programme and continue to engage with Digital and Information Colleagues to consider automation where appropriate
28	NHS Fife will ensure local, regional, and national collaboration is optimised, joint working of National Procurement (NP) and NHSF officers should be evident and implementation and compliance systems embedded as business as usual.	Regional and National Collaboration has increased as a result of the Pandemic and continues to form part of NHS Fife's procurement process.
29	NHS Fife will work with the NDC to optimise throughput through regular work sessions.	Regular meetings are held to discuss progress and collaborate on emerging issues.
30	NHS Fife will ensure consistent and professional management of expenditure across the three best value supply chain dimensions; Purchase Demand Management; Supply Base Management; and Total Cost Management, the Procurement Journey toolkit will be used to manage all expenditure.	Critical focus for board with formal engagement plan with drive for management of expenditure through best value supply chain dimensions.
31	NHS Fife will ensure that clinical stakeholders are fully supported in the achievement of their HAI objective, the Procurement Team will respond to any needs and change as priority tasks.	A Technical User Group has been established which assists clinical colleagues to support their HAI objectives
32	NHS Fife will maintain a programme of	A Plan has been approved to create an

	Business Assurance and ensure reporting is timely and accurate by maintaining Action Logs to track continuous improvement.	Additional post of Deputy Head of Procurement, which will have responsibility for the programme of Business Assurance. Including the maintenance of action logs to assist with progressing improvements.
33	NHS Fife will ensure performance measurement matches the needs of the organisation and our stakeholders at local, regional, and national level, KPIs and the Balanced Scorecard will be subject to annual review.	A Procurement Governance Board has been established which will oversee performance measurement to ensure it is in line with the organisation's needs.
34	NHS Fife will continue to deliver Spend Analyser to budget holders and invest time in supporting them in getting maximum value from the tool.	The Spend Analyser tool was decommissioned; however, we will engage with budget holders to identify and support alternative means to monitor spend.
35	<p>The Procurement Team will harness these new technologies by continuing to offer to be a pathfinder for national initiatives such as:</p> <ul style="list-style-type: none"> • <i>Scan for Safety</i> • <i>Blockchain Logistics</i> • <i>Artificial Intelligence</i> • <i>Automation of Processes and Logistics</i> 	The Procurement Department continues to look for opportunities to harness new technologies to provide a better service to stakeholders and consider value creating opportunities.

Meeting:	Fife NHS Board
Meeting date:	29 March 2022
Title:	Fife Health & Social Care Integration Scheme Approval
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Author:	Nicky Connor, Director of Health and Social Care

1 Purpose

This is presented to the Board for:

- Assurance

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. This report is presented to NHS Fife Board for assurance that the Integration Scheme which was agreed by NHS Fife and Fife Council has now been approved by Scottish Ministers.

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 and the Scheme was formally signed off by Scottish Ministers on 8 March 2022.

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 stage 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 2021. The revised scheme was then submitted to Scottish Ministers for formal sign off and this was granted on 8 March 2022.

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

The integration scheme includes clarity for financial arrangements.

2.3.4 Risk Assessment/Management

The integration scheme includes risk management.

2.3.5 Equality and Diversity, including health inequalities

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.

2.3.6 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. Integration Scheme Working Group consisting of representatives from the IJB, NHS Fife and Fife Council. A public consultation was conducted and the results of the consultation were incorporated into the Scheme.

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.

A public consultation was conducted and the results of the consultation were incorporated into the Scheme.

This report was discussed at the Finance, Performance & Resources Committee on 7 September 2021 and the Clinical Governance Committee on 17 September 2021. The Committees recommended approval to the Board of the revisions to the Integration Scheme, to enable NHS Fife Board to formally approve this prior to it being submitted to Scottish Government for Ministerial approval which has now been granted on 8 March 2022.

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 approved Scheme is attached as Appendix 1.

2.5 Recommendation

Assurance – the Board can be assured that the attached Integration Scheme for Fife Health and Social Care Partnership has been formally signed off by Scottish Ministers to support the integration of Health and Social Care in Fife.

3 List of Appendices

The following appendices are included with this report:

1. Ministerial Signed Integration Scheme (March 2022)

Report Contact

Norma Aitken

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Fife Health & Social Care Partnership

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Fife Health and Social Care Integration Scheme

between

Fife Council and NHS Fife

March 2022

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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.

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

Between Fife Council and NHS 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 its voting members are appointed by the relevant Health Board and 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. This work is carried out 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 this Integration Scheme. This Integration Scheme should be read in such a way as to follow the spirit of the agreement. Any questions on interpretation should be based on reading the implied terms in order to make the interpretation compatible with the purpose of the agreement. This purpose is to achieve a unified and seamless health and social care service for the people of Fife. All individuals work together to achieve the same outcomes and follow the same vision, philosophy and principles.

AIMS, OUTCOMES AND VALUES OF THIS 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. This 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, effective, high quality and based on achieving personal outcomes. This will be underpinned by our agreed values to be person focused, respectful, inclusive, empowering and acting with integrity and care. The IJB is committed to the protection and enhancement of equality and human rights.

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

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

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

THE HEALTH AND SOCIAL CARE INTEGRATION SCHEME FOR FIFE

The Parties:

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

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;

The “Chief Officer” (Director of Health and Social Care) undertakes a joint function and is the Accountable Officer to the IJB.

“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 are to be delivered using the integrated budget to achieve to agreed outcomes.’

The “Director of Health and Social Care” is the operational Director jointly responsible to the Chief Executives of the Health Board and Local Authority.

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

“Integration Joint Board” or “IJB” means this Integration Joint Board for Fife established by an order made 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 this Integration Joint Board.

“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;

“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.

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 this Integration Joint Board are that Fife Council will appoint 8 Councillors and NHS Fife will appoint 8 Board members to be members of this Integration Joint Board in accordance with article 3 of this 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) of the IJB Order 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 Integration Joint Board has a responsibility for the planning of Services. This will be achieved through the Strategic Plan.
- 4.2 The Integration Joint Board 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 pathways, alongside primary and community health care and social care. The Act and regulations require that the budget for these hospital services for Fife's 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 NHS Fife 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 has been developed between the Parties to ensure there is a clear understanding of the balance of risk between this integration authority and NHS Fife 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. This 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. This Integration Joint Board will receive reports for performance monitoring and for informing the future Strategic Plans 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 this 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 is taken into account by this Integration Joint Board when preparing the Strategic Plan and is 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 this Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by this 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 this 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 this 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 this 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 Fife Council will share with this 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 this 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 this 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 this 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 this 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 This 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 this 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 this Integration Joint Board to carry out its functions.
- 7.2 Workforce planning information continues to be provided by the Human Resource functions in Fife Council and NHS Fife. The parties will ensure that the IJB is consulted on their Strategic Workforce Plans which must incorporate the IJB Joint Workforce and Organisational Development Strategy. The parties will provide assurance to the IJB on the delivery of those aspects relevant to the functions of the IJB as well as on the implementation of staff governance standards and training and development where relevant to the Strategic Plan.
- 7.3 Core Human Resource services continue to be provided by the appropriate corporate Human Resource and workforce functions in Fife Council and NHS Fife.
- 7.4 The employment status of staff has not changed as a result of this Integration Scheme i.e. 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 trade unions and professional organisations involved in Health and Social Care Integration.
- 7.6 Trade Union and professional organisation representatives continue to be very much involved in the process of health and social care integration. Senior staff-side representatives from the Parties are members of the Strategic Planning Group.
- 7.7 The establishment of any group including employees or trade union representatives will not replace or in any way supersede the role and functions

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

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

8 FINANCE

8.1 Resources

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

Allocations to the IJB for delegated functions

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

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

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

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

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

Method for determining the resources set aside for large hospital services

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

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

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

8.2 Financial Management Arrangements and Budget Variations

Process for resolving budget variances in year - Overspend

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

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

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

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

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

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

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

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

Process for Resolving Budget Variances in Year - Underspend

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

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

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

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

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

8.3 Reporting Arrangements

- 8.3.1 Fife Council's Section 95 Officer, NHS Fife's Director of Finance and the IJB Chief Finance Officer have established a process of regular in-year reporting and forecasting to provide the Director of Health and Social Care with management accounts for both arms of the operational budget and for the IJB as a whole.
- 8.3.2 The Chief Finance Officer provides the Director of Health and Social Care with financial advice for the respective operational budgets.
- 8.3.3 The preparation of management accounts in respect of the delegated functions includes an objective and subjective analysis of budget and estimated outturn and is provided monthly in arrears to the Director of Health and Social Care. This may be amended to a monthly accruals basis should Fife Council change its accounting basis.
- 8.3.4 NHS Fife provides financial monitoring reports to the IJB in respect of the set aside functions at least quarterly in arrears. The report includes activity, the content of which will be agreed with the Director of Health and Social Care.
- 8.3.5 The IJB receives financial management support from the Chief Finance Officer.
- 8.3.6 Accounting records and financial ledgers are held independently by Parties. IJB Financial Reporting and year-end accounts are consolidated using Excel spreadsheets.
- 8.3.7 Financial services are provided to the Director of Health and Social Care and the IJB, as appropriate, to carry out their functions i.e. 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 and public involvement in the decisions made by the Integration Joint Board.

9.2 The IJB will approve a Participation and Engagement Strategy to fully implement the recommendations within the National Planning for People Guidance (2021) And some of the recommendations made in the Independent Adult Review of Adult Social Care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and families, and the experience of people who work in adult social care. 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 and be involved in the planning, design and delivery of health and social care services.

- 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 the third and independent sectors 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 IJB have developed and agreed an overarching Information Sharing Agreement (“ISA”) which governs and supports the sharing of personal information between the Fife partner agencies.
- 10.2 The ISA utilises the templates and guidance provided in the Scottish Government’s Information Sharing Toolkit, which was developed as a data sharing standard for public bodies. The Toolkit aligns with the Data Sharing Code of Practice published by the Information Commissioner and takes account of changes introduced through the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018.
- 10.3 The ISA will be reviewed by the IJB every two years, or sooner if appropriate. 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 in terms of the Civil Contingencies Act 2004.

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 following 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, 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 have jointly agreed 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 this Integration Joint Board's delivery of the Strategic Plan regardless of whether these are held by the IJB, NHS Fife or Fife Council. This included 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 this Integration Joint Board. The Risk Management Strategy allows for any subsequent changes to the Strategy to be approved by this 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 also sets 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 this Integration Joint Board on a timescale and format agreed by this Integration Joint Board, this not to be less than twice per year.
- 13.6 The process for amending this Integration Joint Board Risk Register is set out in the risk management strategy.
- 13.7 The Parties provide sufficient support, from their existing risk management resources, to this Integration Joint Board to enable it to fully discharge its duties in relation to risk management. The Parties also make appropriate resources available to support this Integration Joint Board in its risk management.

14. DISPUTE RESOLUTION MECHANISM

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

PART 1 - Functions Delegated by NHS Fife to the IJB

Column A	Column B
The National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of -
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	<ul style="list-style-type: none"> 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 38 (care of mothers and young children) section 38a (breastfeeding) section 39 (medical and dental inspection, supervision and treatment of pupils and young persons) section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 (use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency) section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of (Non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;

National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2018.
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.

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 3 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2018.; and

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

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

PART 2A**Provision for People Over the Age of 18**

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

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

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

PART 2B

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

Provision for People Under the Age of 18

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

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

Part 1A

Functions Delegated by Fife Council to the IJB

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

Column A

Enactment conferring function

Column B

Limitations

National Assistance Act 1948

Section 48

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

The Disabled Persons (Employment) Act 1958

Section 3

(provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968

Section 1

(local authorities for the administration of the Act)

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

Section 4

(provisions relating to performance of functions by local authorities)

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

Section 8

(research)

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

Section 10

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

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

Section 12

(general social welfare services of local authorities)

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

Section 12A

(duty of local authorities to assess needs)

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

Section 12AZA

(assessments under section 12A - assistance)

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

Section 13

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

Section 13ZA

(provision of services to incapable adults)

So far as it is exercisable in relation to another integration 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)

Section 39

(matters which may be managed)

Section 41

(duties and functions of managers of authorised establishment)

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

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

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)

The Housing (Scotland) Act 2006

Section 71(1)(b)
(assistance for housing purposes)

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

The Adult Support and Protection (Scotland) Act 2007

Section 4
(council's duty to make inquiries)

Section 5
(co-operation)

Section 6
(duty to consider importance of providing advocacy and other services)

Section 11
(assessment Orders)

Section 14
(removal orders)

Section 18
(protection of moved persons property)

Section 22
(right to apply for a banning order)

Section 40
(urgent cases)

Section 42
(adult Protection Committees)

Section 43
(membership)

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

Section 5
(choice of options: adults)

Section 6
(choice of options under section 5: assistances)

Section 7
(choice of options: adult carers)

Section 9
(provision of information about self-directed support)

Section 11
(local authority functions)

Section 12
(eligibility for direct payment: review)

Section 13
(further choice of options on material change of circumstances)

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

Section 16
(misuse of direct payment: recovery)

Section 19
(promotion of options for self-directed support)

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

Column A
Enactment conferring function

Column B
Limitation

The Community Care and Health (Scotland) Act 2002

Section 4
The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002

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

PART 1B

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

PART 2

Services Currently Provided by Fife Council Which Are to be Integrated

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

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

PARTICIPATION AND ENGAGEMENT

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

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

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

Meeting: Fife NHS Board
Meeting date: 29 March 2022
Title: Risk Management Framework Refresh
Responsible Executive: Margo McGurk, Director of Finance and Strategy
Report Author: Gemma Couser, Associate Director of Quality and Clinical Governance and Pauline Cumming, Risk Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Operational Plan
- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

NHS Fife is committed to embedding an effective risk culture. Further to the risk management session with EDG on 23 September 2021 and the Board Development Session on 21 December 2021, this paper provides a summary of the plan to refresh the NHS Fife Risk Management Framework. Included in this paper is an overview of the plan to develop and implement the following:

- I. A Board Strategic Risk Profile
- II. A Corporate Risk Register to replace the current Board Assurance Framework
- III. Risk dashboard to complement the updated Integrated Performance and Quality Report (IPQR) and to support effective performance management
- IV. An updated process to support the escalation, oversight and governance of risks

V. A Risks and Opportunities Group

This year there has been a reset across NHS Fife with two key strategic workstreams being progressed:

1. In the last financial year a new consolidated and system wide Strategic Planning and Resource Allocation (SPRA) process was launched. The SPRA is intended to create a planning and resource allocation framework to support the development and delivery of a 3-year organisational plan for NHS Fife. This collaborative approach will identify priorities and ensure alignment of resource to deliver these across the full organisation including the Health and Social Care Partnership.
2. Refresh of the Clinical Strategy for NHS Fife which will be taken forward as part of the development of the Population Health and Wellbeing Strategy for NHS Fife, with NHS Fife aspiring to become an Anchor Institution.

In order to deliver these crucial workstreams it is paramount that organisational risk management is fully integrated in the process. Effective risk management arrangements will contribute to successful delivery of these two workstreams through:

- Supporting operational teams to identify and manage operational risks effectively;
- Alignment with the SPRA process to identify organisational risks to assist in informing organisational objectives;
- Identifying risks which may comprise delivery of the objectives;
- Managing and foreseeing risks generated through delivery of the Population Health and Wellbeing Strategy and;
- Supporting the organisation to identify possible opportunities for innovation.

2.2 Background

Risk Management in NHS Fife

NHS Fife is committed to embedding a risk management culture which:

- Ensures the safety of patients and staff
- Fully integrates risk management with the strategic planning process
- Foresees operational, financial and strategic risks that may comprise delivery of organisational objectives through proactive planning and mitigation
- Is supported by an effective and visible risk management framework which is used proactively across the organisation from ward to Board

Resource and Leadership for Risk Management

In April 2021, EDG approved funding band 8A funding for 1 year to release the Risk Manager from Adverse Events to provide dedicated leadership for risk and drive forward the refresh of the Risk Management Framework. The need for dedicated risk expertise is recognised and in order to sustain this position it is recommended that this funding is allocated on a substantive basis.

2.3 Assessment

Strategic and operational risks are an inherent part of healthcare delivery. An effective risk management structure and approach is paramount in supporting the organisation to achieve strategic priorities. The objective is to deliver:

- A structured approach where risks are reviewed, addressed and controlled through governance structures of the Board
- Alignment of the organisational risk profile to the strategic planning agenda
- Promotion of a just culture to encourage the proactive identification and mitigation of risks from ward to Board
- Development of an annual Board risk appetite statement; stating the nature/level of risks to be accepted/tolerated and the balance of risk versus reward

The current Risk Management Framework will be replaced with the following structure:



A summary of the plan to refresh the Risk Management Framework is summarised below:

	Workstream	Description/ Actions	By when
1	Board Strategic Risk Profile	<p>Development of a risk profile against our strategic priorities:</p> <ol style="list-style-type: none"> 1. To improve health and wellbeing 2. To improve the quality of health and care services 3. To improve staff experience and wellbeing 4. To deliver value and sustainability 	Draft Complete (see appendix 1)
2	Corporate Risk Register to replace Board Assurance Framework	<p>Corporate Risk Register (CRR) - contains the highest scoring risks from across the organisation that have the potential to affect the whole organisation, or operational risks which have been escalated e.g. can no longer be managed by a service or require senior ownership and support to mitigate. The register will be routinely reviewed and monitored by Executive Directors.</p> <p>The CRR will be comprised of the following components:</p> <ol style="list-style-type: none"> 1. Clinical Quality and Safety 2. Property and Infrastructure (including Digital and Information) 3. Workforce 4. Finance <p>Engagement sessions will be held in March and April with Senior Leadership Teams for Acute Services, HSCP, Workforce, Finance, Pharmacy, Digital and Information, Property and Asset Management</p> <p>Review of risks to clarify strategic risks v corporate risks v operational risks</p> <p>There will be a containment of number of risks on the CRR to ensure focus and impact</p>	June 2022
3	Risk Dashboard	<p>This will support a proactive risk management culture in supporting performance management. The dashboard will consider current risk level, target risk level, and related improvement or deterioration. It will consider risk mitigation and anticipated timescales to achieve risk reduction.</p> <p>The dashboard will also align to the refreshed IPQR. For risks which are deteriorating, it is proposed a 'deep dive' summary risk profile will be provided.</p>	April 2022

4	Escalation Process	<p>All staff throughout the organisation have a responsibility for identifying risk. To ensure that risks are managed effectively, they must be escalated to the appropriate levels in the organisation and to external stakeholders where necessary.</p> <p>Directors will have overall responsibility for establishing effective risk escalation procedures supported by:</p> <ul style="list-style-type: none"> • Risk reviews; • Governance group risk reviews; and Risk Leads who chair the Management Groups and provide advice on risk under the following broad categories :Clinical Quality and Safety, Property and Infrastructure (including Digital and Information), Workforce and Finance • EDG review risks and escalate to the Board any strategic risks <p>ESCALATION PROCESS</p> <p>This will include consideration of the following:</p> <p>EDG</p> <ul style="list-style-type: none"> • Discuss risk at EDG or proposed Risk & Opportunities Group • Develop action plan • Manage through risk register and Directorate or equivalent Management Group <p>Executive Risk Owner</p> <ul style="list-style-type: none"> • Can this risk be managed with directorate? • Does the risk impact on the wider organisation? • Share with EDG. <p>Line Manager, Risk Owners, Portfolio, Project and Programme leads</p> <ul style="list-style-type: none"> • Can this risk be managed locally? • Is the risk on the register? • Who is the risk owner? Other directorate? Escalate to appropriate Directorate senior manager • Escalate to Executive risk owner. 	June 2022
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		<p>All Staff</p> <ul style="list-style-type: none"> • Can the risk be managed as part of Business As Usual (BAU)? • What is the impact and likelihood of the risk? • Escalate to line manager 	
5	Risks and Opportunities Group	<p>Establish a Risks and Opportunities Group to:</p> <ul style="list-style-type: none"> • Promote leadership to ensure the organisation gives risk management the appropriate priority; and facilitates and delivers effective risk management arrangements within NHS Fife • Provide assurance that appropriate systems are in place to support delivery of the strategic objectives • Develop, implement and monitor the implementation of the risk management framework to ensure processes are in place and operating effectively to identify, manage, and monitor risks across the organisation; • Identify risks and opportunities to the strategic objectives of the organisation • Assess risks, opportunities, issues and events that arise and respond accordingly • Horizon scan for future opportunities, threats and risks linked to the delivery NHS Fife's strategic priorities • Consider the external environment for review of risks and opportunities in the context of national directives • Ensure continuous improvement of the organisation's control environment 	August 2022

2.3.1 Quality/ Patient Care

Elevating the risk management framework in NHS Fife will support the further development of the quality and patient safety agenda through improved operational governance and strategic planning.

2.3.2 Workforce

There is a requirement to ensure that the appropriate workforce is in place to support the changes to the framework including updates to the Datix system. Arrangements for this are currently being explored.

The refresh of the Risk Management Framework will also include a training needs analysis to design an effective training and education strategy to support this change.

2.3.3 Financial

Once the workforce arrangements to support this change are confirmed an update to summarise the financial impact will be provided.

2.3.4 Risk Assessment/Management

This paper summarises actions to enable NHS Fife to progress an effective risk management framework and culture to support the achievement of the strategic priorities.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been conducted.

2.3.6 Other impact

The separation of risk management and adverse events will have a beneficial impact of providing equal focus on these respective fundamental activities.

2.3.7 Communication, involvement, engagement and consultation

This paper has been developed in discussion with key stakeholders.

2.3.8 Route to the Meeting

This paper was considered and supported by:

- EDG, 17 February 2022
- Audit & Risk Committee, 17 March 2022

2.4 Recommendation

The Board is asked to take assurance from the proposed workplan to refresh the Risk Management Framework.

Report Contact

Gemma Couser

Associate Director of Quality and Clinical Governance

Email gemma.couser2@nhs.scot

Appendix 1

DRAFT STRATEGIC PRIORITIES AND RISKS

STRATEGIC PRIORITY	Comments
To Improve Health and Wellbeing	
RISKS	
<p>1. There is a risk that after more than 23 months of reduced levels of healthcare service as a consequence of the COVID -19 pandemic, and foreseeable continuation into the future compounded by the challenges of emerging variants and other respiratory pathogens, population health and wellbeing will be adversely affected which could result in:</p> <ul style="list-style-type: none"> • increased population morbidity and mortality • increased pressure on healthcare and support services affecting service delivery • reduced capacity for non urgent services • high levels of employee absence due to personal illness and caring responsibilities • limited capacity to develop, transform and sustain services • non delivery on key quality performance measures 	
<p>2. There is a risk that the development and the delivery of the NHS Fife Population Health and Wellbeing Strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements, resulting in delays to progression and implementation of this critical component of Fife's strategic approach to delivering the 4 national Care Programmes: Integrated Unscheduled Care, Integrated Planned Care, Place and Wellbeing and Preventative and Proactive Care.</p>	
<p>3. There is a risk that if the Population Health & Wellbeing Strategy does not incorporate learning from the COVID-19 pandemic and align with the motivations, aspirations and expectations of the people of Fife, the Board's vision, corporate objectives and key priorities will not be achieved, resulting in services that are neither transformational nor sustainable in the long term.</p>	
To Improve the Quality of Health and Care Services	
RISKS	

<p>1. There is a risk that due to failure of clinical governance, performance and management systems (including information governance & information security), NHS Fife may be unable to provide safe, effective, person centred care. Additionally, there is a risk that the effects of the COVID - 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery.</p>	
<p>2. There is a risk that sustained whole system pressures due to factors including COVID -19, and demand outstripping capacity within acute, primary and social care services will result in:</p> <ul style="list-style-type: none"> • inability to timeously discharge medically fit patients, thus increasing their length of stay resulting in: <ul style="list-style-type: none"> ○ increased clinical risk including healthcare associated infection and deconditioning ○ reduced number of downstream beds ○ delayed patient pathways and negative impacts on safe capacity and patient flow ○ financial and workforce impacts due to the need to open and staff additional beds ○ increased Emergency Department (ED) attendances ○ unmet performance targets including those relating to: <ul style="list-style-type: none"> • 4 hour ED access • patients in delay • waiting times • treatment times • Remobilisation Plan • sub optimal patient experience and outcomes • reputational harm 	
<p>3. There is a risk that if we do not implement effective strategic workforce planning (including aligning funding requirements), we will not have the right size of workforce, with the right skills and competencies, organised appropriately within an affordable budget, to deliver business as usual services, respond to the ongoing challenges of COVID-19, and implement necessary transformation, resulting in sub optimal delivery, reputational harm, and further impacts on staff wellbeing and recruitment / retention rates.</p>	
<p>4. There is a risk that failure to invest appropriately in D&I resilience including the D&I Strategy and current operational lifecycle commitment, may result in an inability to make essential transformation across Health and Social care to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation including Cyber Essentials and Network & Informations Systems Regulations, and future proofed as far as reasonable and practicable.</p>	
<p>To Improve Staff Experience and Wellbeing</p>	

<p>RISKS</p>	
<p>1. There is a risk that because of current pressures and capacity challenges, staff may be unable to fully engage with the development of the Population Health and Wellbeing Strategy which underpins our aspiration to be an Anchor Institution i.e. one that positively influences the health and wellbeing of our communities. This may result in a strategy which does not:</p> <ul style="list-style-type: none"> • recognise staff opinions and experiences • reflect staff values and motivations • reinforce the vital contribution of staff to creating a listening and learning organisation • relate to staff understanding of how we will achieve our ambition to develop and deliver a person-centred health and care system that reduces health inequalities and improves health and wellbeing for all citizens across Fife 	
<p>2. There is a risk that operating under restrictions including social distancing and working from home through subsequent waves of the pandemic whilst trying to recover / maintain services and manage increased public need, expectations and tensions, may result in result in:</p> <ul style="list-style-type: none"> • sub optimal working relationships • staff feeling isolated • reduced staff resilience • increased staff absence • impact on safety and quality of patient care and services 	
<p>3. There is a risk that at a time of significant pace and scale of change, we are unable to meet our obligations in relation to required staff training and development, resulting in:</p> <ul style="list-style-type: none"> • staff feeling unsupported and vulnerable due to not having the correct competencies • reduced staff resilience • reduced job satisfaction • negative impacts on role performance and the safety and quality of patient care and services • reputational damage • impacts on retention and recruitment rates 	
<p>To Deliver Value and Sustainability</p>	
<p>RISKS</p>	

<p>1. There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the EU exit and the COVID - 19 pandemic, and associated supply chain issues and increased prices, will not match costs incurred, which may result in an inability to maintain and develop services and meet legislative requirements.</p>	
<p>2. There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework, including fully identifying the level of savings required to achieve recurring financial balance, may result in the Board being unable to deliver on its required financial targets.</p>	
<p>3. There is a risk that failure to assess our property and assets, and secure resources to support improvements to the condition, capacity and resilience of the estate and infrastructure may:</p> <ul style="list-style-type: none"> • affect compliance with statutory obligations in relation to environmental & sustainability legislation • limit our ability to redesign and accommodate reconfigured services and different models of care to meet clinical demand • impede delivery of the Population Health and Wellbeing Strategy 	

Meeting:	Fife NHS Board
Meeting date:	29 March 2022
Title:	Indicative NHS Board Workplan 2022/23
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The NHS Fife Code of Corporate Governance states that the Board and all its Committees “will draw up and approve, before the start of each year, an annual workplan for ... planned work during the forthcoming year”. This paper therefore outlines the indicative schedule of items for the Board for Financial Year 2022-23.

2.2 Background

This workplan is largely derived from the role, responsibilities and functions of the NHS Board as defined in the Code of Corporate Governance, particularly around strategy development, and from the schedule of issues to be considered annually by the NHS Board. As we move out of the Covid emergency footing, it is helpful to plan the bi-monthly Board agendas via a more scheduled approach, reflecting both Committee cycles and the strategy development timeline, as outlined in a separate agenda item earlier in the Board meeting’s agenda.

2.3 Assessment

The attached workplan is the indicative forward plan for the new Financial Year 2022/23, detailing proposed topics and timings for each. A significant driver this year is the development of the new strategy, as detailed within that section of the workplan. The

publication later this spring of the National Care & Wellbeing Portfolio will also sharpen the focus around the timing of some of these agenda items, thus an updated draft of the workplan will be brought back to the Board should circumstances require this.

This workplan also builds on the individual governance committee workplans, each of which were considered and approved by the respective committee at their March 2022 meetings.

A complementary schedule for Board Development topics is also being developed, with planned agendas for these sessions over the next few months largely tied to the timetable for strategy development. This will ensure that the Board has appropriate discussion time to input into key aspects of the strategy and its various workstreams before proposals are brought formally to full session for approval.

2.3.1 Quality/Patient Care

There are no quality or patient care implications arising from this paper.

2.3.2 Workforce

There are no workforce implications arising from this paper.

2.3.3 Financial

There are no financial implications arising from this paper.

2.3.4 Risk Assessment/Management

There are no specific risk implications arising from this paper. The review and approval of an annual workplan for NHS Board business, however, ensures appropriate governance across all areas and that effective assurances are provided

2.3.5 Equality and Diversity, including health inequalities

There are no equality or diversity implications arising from this paper.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This workplan builds on the governance committee workplans, each of which were considered and approved by the respective committees at their March 2022 meetings. The paper has also been considered by the Chair, Chief Executive and Deputy Chief Executive. A draft version of the Board workplan was considered by EDG at its meeting on 10 March 2022 for input by individual Directors.

2.4 Recommendation

The paper is presented for decision. The Board is asked to **approve** the indicative workplan for 2022/23 as attached, noting that future updates will be reported back to the Board following the publication of the National Care & Wellbeing Programmes later this Spring.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Indicative Board Workplan 2022/23

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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INDICATIVE FIFE NHS BOARD – ANNUAL WORKPLAN 2022/23

	Lead	May	July	August	September	November	January	March
Regular Items								
Annual Board Workplan	Board Secretary							✓
Annual Review of Code of Corporate Governance	Board Secretary	✓						
Corporate Calendar – Board and Committee Dates to March 2024	Board Secretary				✓			
Integrated Performance & Quality Executive Summary & Report	CEO / Directors	✓	✓		✓	✓	✓	✓
Minutes of Previous Meetings	Chair	✓	✓		✓	✓	✓	✓
Note of Board Development Sessions	Chair	✓	✓		✓	✓	✓	✓
Statutory and Other Committee Minutes	Committee Chairs	✓	✓		✓	✓	✓	✓
Governance								
Internal Audit Operational Plan	DoFS		✓					
Ministerial Review Response (<i>time dependent following Annual Review</i>)	CEO							
NHS Fife Corporate Objectives	CEO	✓						✓
Community Asset Transfer Request for Land at Stratheden	DoPAM	✓						
Model Code of Conduct for Board Members	Board Secretary		✓ tbc					
Performance / Delivery								
Remobilisation Plan 2022-23 (Private)	DoFS		✓					
Capital Investment Programme	DoFS	✓						
Financial Plan & Budget Setting	DoFS							✓
Workforce Plan 2022-25	DoW		✓					
Whistleblowing Standards Reporting	DoW	✓	✓		✓ Annual Report	✓	✓	
Medium Term Financial Strategy (Private)	DoFS		✓					
Risk								
Board Assurance Framework (BAF)	DoFS	✓				✓		
Risk Improvement Programme	DoFS	✓						

Strategy	Lead	May	July	August	September	November	January	March
Developing our Population Health & Wellbeing Strategy: <i>Proposed Strategic Framework Approach 2022-2027</i>	CEO / DoFS	✓						
Developing our Population Health & Wellbeing Strategy: <i>An Assessment of the Population Health Needs in Fife and the Role of NHS Fife in Supporting Health & Wellbeing</i>	DoPH	✓						
Developing our Population Health & Wellbeing Strategy: <i>Plans, Priorities and the National Care & Wellbeing Portfolio</i>	DoFS		✓					
Developing our Population Health & Wellbeing Strategy: <i>Update on Community & Staff Engagement</i>	DoN / DoW				✓			
Developing our Population Health & Wellbeing Strategy: <i>Update on Enabling Plans: PAMS, Digital, Finance & Workforce</i>	DoFS / DoW /					✓		
NHS Fife Population Health & Wellbeing Strategy 2022-27: <i>Living Well and Flourishing in Fife</i>	CEO						✓	
Joint Health Protection Plan (2022)	DoPH		✓					
Annual Accounts								
Committee Annual Assurance Statements	DoFS			✓				
Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland	External Auditor			✓				
Letter of Representation	External Auditor			✓				
Annual Assurance Statement from the Audit & Risk Committee	Chair A&R Committee			✓				
Annual Accounts & Financial Statements	DoFS			✓				
Patients' Funds Accounts	DoFS / External Auditor			✓				
Other/Adhoc								
Annual Return of Health Promoting Health Service	DoPH				✓			

	Lead	May	July	August	September	November	January	March
Director of Public Health Annual Report	DoPH	✓						
Organisational Duty of Candour Annual Report	MD					✓		
Elective Orthopaedic Centre Update	DoN	✓				✓		
Public Sector Duty Update – Equality & Human Rights	DoN							✓
Kincardine & Lochgelly Business Case	DoFS	✓						
Mental Health Business Case	MD				✓			
Medicines Automation Programme	MD / DoPM					✓ tbc	✓ tbc	
Briefing Paper on NHS Scotland Policy for Climate Emergency and Sustainable Development	DoPAM	✓						

	Lead
Beyond 2022-23	
Property & Asset Management Strategy (every two years, therefore 2023, with interim report in between)	DoPAM
Joint Health Protection Plan (every two years, therefore March 2024)	DoPH
Workforce Strategy (every three years, therefore March 2025)	DoW

AUDIT & RISK COMMITTEE
(Meeting on Thursday 17 March 2022)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 17 MARCH 2022 AT 2PM VIA MS TEAMS

Present:

M Black, Non-Executive Member (Chair)
D Graham, Non-Executive Member (*part*)
K MacDonald, Non-Executive Member

In Attendance:

K Booth, Head of Financial Services & Procurement
A Clyne, Audit Scotland
G Couser, Associate Director of Quality & Clinical Governance
P Cumming, Risk Manager
T Gaskin, Chief Internal Auditor
T Fraser, Audit Scotland
B Hudson, Regional Audit Manager
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy (*part*)
M Michie, Deputy Director of Finance
H Thomson, Board Committee Support Officer (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to the meeting and extended a warm welcome to M Michie who is attending alongside M McGurk.

Apologies were received from members A Grant (Non-Executive Member) and A Lawrie (Non-Executive Member) and from attendee C Potter (Chief Executive).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 9 December 2021

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

4. Action List / Matters Arising

The Committee **noted** the updates and also the closed items on the Action List.

National Datix System

The Risk Manager advised that a business case is being developed in April 2022 for NHS Fife, and the preferred upgrade package is Datix Cloud IQ. It was noted this may not be the same approach taken nationally. An update will be brought back to the Committee on developments as the business case is finalised.

Corporate Risk Register

The Director of Finance & Strategy advised that the Corporate Risk Register will be available in June 2022, and an update on progress of each of the workstreams on the risk management improvement plan will be provided to the Committee at the May meeting. The action list will be updated accordingly.

5. STRATEGY / PLANNING

5.1 NHS Fife Population Health & Wellbeing Strategy Development Proposal

The Director of Finance & Strategy advised that it was important that the Audit & Risk Committee review and take assurance from the proposed process in terms of the strategy development work, and the proposed governance route for each of the different aspects of work in phase 2. The proposal tabled was presented to all the Standing Committees this month and will also go to the full Board.

The paper sets out the journey so far in terms of taking forward the strategy development. Although Covid has held back progress, some of the initial stages and governance arrangements have progressed. The Public Health & Wellbeing Committee and the Portfolio Board will both have a significant role in terms of oversight and scrutiny in relation to the strategy development work as it develops.

The phased approach to the strategy work and milestone plan was outlined, and it was advised that the Board and Governance Committees will have an ongoing involvement and review, with the ability to influence each of the specific parts of the strategy work.

The Chief Internal Auditor stated the strategy work will feature in audit plans and will be considered in detail.

The Committee took **assurance** on the process described in the proposal to phase the development of the strategy as set out in section 2.3 of the paper.

6. GOVERNANCE – GENERAL

6.1 Losses & Special Payments Quarter 3 Report (Oct – Dec 2021)

The Head of Financial Services & Procurement advised that a 12-month comparison has been added to the report, to give context on spend and the volume of payments.

It was highlighted that there are two negligence payments (one clinical payment and one non-clinical payment) that have significantly increased the figures in this reporting period. Vandalism claims have increased in Quarter 3, and work is planned at year end in terms of an analysis on the spend categories. An update will be provided in the next report.

Further detail was requested on the ex-gratia payments, and it was advised £2.8m was the total amount of clinical payments and non-clinical payments was £260k. It was noted that it was not appropriate to provide detail on specific claims from a confidentiality perspective.

The governance process for approval of payments was queried. In response, it was advised that there is both a national and local process in place to respond to any claims relating to negligence and that it can be a lengthy process involving national bodies such as the Central Legal Office. The process was explained, and it was advised that large claims are approved at Scottish Government level and funded through the CNORIS scheme. An explanation was provided on the Scottish Government's involvement in larger claims, in addition to the local consideration of such claims.

The Committee **noted** the Losses & Special Payment Quarter 3 Report and specifically took assurance on the approvals process.

6.2 Annual Review of Committee's Terms of Reference

The Board Secretary advised that the Terms of Reference (ToR) paper is presented to the Committee annually at the March Committee meetings for review. It was reported there are no substantial changes proposed in the ToR.

A request was made to consider including explicit reference to the new national Whistleblowing Standards, as there is a section within the internal audit plan on Whistleblowing. The Chief Internal Auditor advised that the primary responsibility of Whistleblowing, and its processes, sits with the Staff Governance Committee. It was also noted the general elements of staff concerns are covered under the existing wording of section 5.33 of the ToR.

K MacDonald, Non-Executive Member, advised she will have a discussion with the Staff Governance Committee on adapting the report on Whistleblowing to include more information (including metrics on the number of concerns, outcomes, themes and responses), which can then be used in conjunction with the audit findings report that goes to the Board. This would give a more nuanced report than one focused solely on the number of cases. The Board Secretary advised that there is a Board Away Day scheduled for the end of April 2022. Values and having an open and transparent culture will form part of the discussion, with a dedicated session on the Whistleblowing Standards.

The Committee **considered** the remit and **approved** the final draft version for further consideration by the Board.

6.3 Committee Self-Assessment Report

The Board Secretary thanked everyone involved for their honest and open feedback in completing the self-assessment survey at a busy time of Covid-related activity, noting the importance of receiving feedback and taking time to reflect on the operations of this Committee.

The paper summarises the main points from the self-assessment report, and it was advised there are common themes apparent across all of the Board's Standing Committees. The main findings from the self-assessment exercise were outlined, including the need for completion of the risk management improvement programme and ensuring scrutiny around the governance statement in preparation of the Annual Accounts. It was advised the Audit Scotland Technical Bulletins will be reintroduced into the Committee.

The Committee welcomed and agreed to have a development session, twice a year, to delve deeper into topics relevant to the Committee's remit. Members and attendees were requested to suggest topics to be covered.

Action: Committee Members & Attendees

The Committee **noted** the outcome of this year's self-assessment exercise and **took assurance** from its findings.

6.4 Annual Audit & Risk Committee Workplan 2022/23

The Director of Finance & Strategy advised that the workplan is presented annually to the Committee and noted there are no major changes that are being proposed.

The Governance and Assurance Statements for the Annual Accounts will be presented to the Committee in draft format at the June meeting, where comments on the assurance statements can be taken and actioned in advance of the accounts being considered. The additional meeting scheduled for the July will focus solely on the Annual Accounts, and the Board will conclude the review and approvals process for the Annual Accounts at their meeting on 2 August 2022. It was noted the timeline for approval of the Annual Accounts is an improved position compared to the previous year.

The Committee **approved** the Audit & Risk Committee Workplan 2022/23.

7. RISK

7.1 Risk Management Framework Refresh

The Associate Director of Quality & Clinical Governance provided an update and advised that the ethos of the refresh of the risk management framework is to raise the profile of risk management within the organisation and to ensure it is being used effectively to support strategic planning and decision-making.

Five workstreams will be involved in the process, and an overview was provided on the roles of the workstreams.

The identification of strategic risks will support decision-making, particularly as we move forward with the strategic plans in relation to the Population Health & Wellbeing Strategy and other strategic frameworks that are in development across the organisation.

A draft of the Corporate Risk Register will be brought to the Committee in June 2022. The number of risks within the register will be reviewed on an ongoing basis. It was questioned if staff feedback and the staff voice could be added to elements of the risk

register. It was advised the staff voice will be integrated in various aspects of the work being carried out, and into the risk management processes themselves.

It was advised the development of an annual risk appetite statement on behalf of the Board will support the risk management framework.

The Committee thanked all those involved for their hard work in the process of the refresh.

The Committee took **assurance** from the proposed workplan to refresh the Risk Management Framework.

7.2 Board Assurance Framework (BAF)

The Risk Manager advised that the paper is a summary of the BAF reports and positions on each component of the BAF that have been reported to the Governance Committees in recent weeks.

A summary of the BAFs was provided, and it was advised there have been some improvements to the financial sustainability arrangements and the risk level has moved from high to moderate since the last report in November 2021.

It was reported there will be a transition from the BAF to a corporate risk register, and an update will be brought to the Committee in June 2022. As part of the transition, the presentation of risks will be reviewed and improved.

The Committee **approved** the Board Assurance Framework.

8. GOVERNANCE - INTERNAL AUDIT

8.1 Internal Audit Progress Report

The Regional Audit Manager advised that the amendments are provided in the cover paper and this provides the detail and rationale for the reviews, which forms part of the risk assessment for the 2022/23 audit plan development.

In terms of the improvement activity, this is now in its final stage of completion on the FTF audit website, and a link will be sent out to members in the coming weeks for comment. An update on Public Sector Internal Audit Standards requirement will be provided to the Committee in May 2022. It was noted there was a requirement for a self-assessment to be completed, and this has now been carried out and will be brought for assurance to this Committee.

It was reported that Appendix A provides the status of remaining reviews since the last Audit & Risk Committee.

The Committee:

- **Noted** the progress on the delivery of the Internal Audit Plan; and

- **Noted** the audits from the 2021/22 plan, which are to be risk assessed as part of the development of the 2022/23 audit plan

8.2 Internal Audit – Follow Up Report on Audit Recommendations

The Regional Audit Manager provided an update and advised the follow up report represents the progress and recommendations up to 28 February 2022. There are currently 34 remaining recommendations, with 3 not yet due.

Reports that have been completed and validated are highlighted within the paper.

The status of actions to address recommendations arising from the Internal Audit Annual Report and Internal Control Evaluation Report will be reported to the May Audit and Risk Committee. It was advised responsible officers had been contacted in relation to the actions, and positive feedback had been received.

The Committee **noted** the current status of Internal Audit recommendations recorded within the Audit Follow-Up system.

D Graham left the meeting at this point and the Committee was thus inquorate. The Chair advised that the meeting could continue and that any decisions to be made would be homologated by correspondence or agenda items deferred to the next meeting.

8.3 Internal Audit Framework

Assurance was provided that the framework sets out the relationship between the Internal Auditors and the organisation. The current text is generic in nature and will require further review to make this of specific relevance to NHS Fife.

Due to the meeting now being inquorate, the Chief Internal Auditor suggested any comments on the draft text be shared, and that this item will be deferred to the next meeting for further consideration.

The Committee **agreed** to this proposal.

8.4 Internal Control Evaluation – Final Report

The Chief Internal Auditor advised that the draft responses within the Internal Control Evaluation had been received, and some management responses have since been amended. The report is now in its final version.

The Committee **noted** the finalised Internal Control Evaluation, with updated management responses to the audit recommendations.

9. GOVERNANCE - EXTERNAL AUDIT

9.1 Audit Scotland Annual Audit Plan

A Clyne, Audit Scotland, highlighted the significant risks of material misstatement to the financial statements, and provided an overview of these risks.

It was confirmed the sign-off date for the Annual Accounts will be 2 August 2022, which is almost two months earlier than last year.

The Committee **noted** the Audit Scotland Annual Audit Plan.

9.2 Annual Accounts 2021/22 - Follow up Report on External Audit Recommendations

The Deputy Director of Finance spoke to the follow up report.

An update was provided on the issue of recruitment of payroll staff, and it was reported a recent review of the job description re-banded the Payroll Officer role to a Band 5, which is more comparable with other NHS Boards and will hopefully put us in a more positive position with recruitment success going forward.

In terms of the reference to reliance on funding from the Scottish Government to cover our legacy saving targets, it was confirmed that the funding from the Scottish Government was received in February 2022, and there will be a break-even position at the end of this financial year.

The Head of Financial Services & Procurement advised four out of the five recommendations are still in development and further discussion on these with Audit Scotland is anticipated during the audit process.

The Committee took **assurance** from the progress made against the 2020/21 External Audit recommendations.

9.3 NHS in Scotland 2021 Report

T Fraser, Audit Scotland, advised that the 2021 report builds on the coverage of the responses to the pandemic, which were detailed in last year's NHS in Scotland 2020 report. The report considers the Scottish Government's recovery plans and how services might be delivered in the future to meet changing demand. An overview of the report was provided.

The Chief Internal Auditor highlighted the difficult position, noting the risk for NHS Fife's recovery plan in terms of how interlinked this is with national initiatives and their delivery timescales.

T Fraser noted that, since the report was compiled, detailed strategies have since been received from Scottish Government, including the Health & Social Care Workforce Strategy, which has just been released.

Inequalities data was highlighted, and it was advised that this data is being considered and addressed and will form part of the audit work.

The Board Secretary advised that the report has been considered at the Executive Directors' Group and it has also been circulated to the full Board, as there are areas within the report of importance to other Governance Committees.

The Committee **noted** the findings of the NHS in Scotland 2021 Report.

10. COUNTER FRAUD

10.1 Partnership Agreement between Health Boards & Counter Fraud

The Head of Financial Services & Procurement provided an update and advised that the partnership agreement is due for renewal this year. The revised version of the partnership agreement has not been received to date, and an update will be brought back to the Committee.

Action: Head of Financial Services & Procurement

The Committee **noted** the update.

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

12. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Wednesday 18 May 2022 at 2pm via MS Teams

CLINICAL GOVERNANCE COMMITTEE

(Meeting on 10 March 2022)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON THURSDAY 10 MARCH 2022 AT 2PM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair)	S Fevre, Area Partnership Forum Representative
M Black, Non-Executive Member	C McKenna, Medical Director
S Braiden, Non-Executive Member	J Owens, Director of Nursing
R Laing, Non-Executive Member	C Potter, Chief Executive
A Wood, Non-Executive Member	J Tomlinson, Director of Public Health (<i>Part</i>)

In Attendance:

H Bett, Children's Services Projects Senior Manager (*Item 8.6 only*)
S Blair, Consultant in Occupational Medicine (*Item 10.2 only*)
G Couser, Associate Director of Quality & Clinical Governance
F Forrest, Interim Deputy Director of Pharmacy (*deputising for B Hannan*)
A Graham, Associate Director of Digital & Information
G MacIntosh, Head of Corporate Governance & Board Secretary
A MacKay, Deputy Chief Operating Officer (*deputising for C Dobson*)
M McGurk, Director of Finance & Strategy
E Muir, Clinical Effectiveness Manager
M Wood, Interim Associate Medical Director for Surgery, Medicine & Diagnostics
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair highlighted the easing of restrictions planned in the coming weeks in respect of the pandemic and the significant challenges ahead to adjust to living with Covid and recovering all of our services.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from members A Lawrie (Area Clinical Forum Representative) and Cllr D Graham (Non-Executive Member), and from attendees L Campbell (Associate Director of Nursing), N Connor (Director of Health & Social Care), C Dobson (Director of Acute Services), B Hannan (Director of Pharmacy & Medicines), H Hellewell (Associate Medical Director, H&SCP) and J Morrice (Associate Medical Director, Women & Children's Services).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 10 January 2022

The Committee formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

The Committee **noted** the updates and also the closed items on the Action List.

In terms of the Clinical Governance framework, members were encouraged to participate in the feedback exercise, which will be circulated by email, along with the framework, on 11 March 2022. The framework will also be circulated to Senior Leadership Teams and Operational Teams for feedback. The framework will then be brought back to the Committee for endorsement.

5. COVID-19 UPDATES

5.1. General Covid Update

The Medical Director provided a verbal update on Covid, noting we continue to deliver healthcare in the presence of the virus. There remains a pressure, on a daily basis, for all services to manage acute issues, or the consequences of acute issues, and also the pressure of staff shortages as a result of the virus. Challenges remain in adaption and ensuring we can continue to deliver quality and timely healthcare to the population of Fife. It was noted NHS Fife are well prepared and in a good position to implement lessons-learned from the pandemic, as we move into the phase of living with Covid.

The Committee **noted** the update.

5.2. Post COVID-19 Syndrome Response Oversight Group: Progress Report

The Medical Director advised that work has been ongoing for over a year. The paper describes progress, to give assurance to the Committee that Fife has taken the issue of post Covid syndrome very seriously.

It was highlighted that the consequences of long Covid can be quite significant and can include permanent organ or lung damage, due to the infection, for those who have been in intensive care. The impact of Covid, even if the illness itself has not been serious, can also be debilitating and have serious consequences for physical and mental wellbeing. For some individuals, after-effects of the illness can also negatively affect their employment.

It was noted that the Scottish Government has not provided funding, to date, for long Covid, and this is being followed up. Further detail on the financial pressures is provided in the paper. S Braiden, Non-Executive Director, noted that debates have been ongoing within the Scottish Government on whether funding should be for Covid-specific services or include in a wider scope an overhaul of all rehab services for long-term conditions.

A Wood, Non-Executive Director, requested the equality and diversity (including health inequalities) impact assessment be completed to take on opportunities to reduce inequalities and increase access. The Medical Director will take the request forward to the team, as this work develops further.

M Black, Non-Executive Director, questioned the potential of long Covid becoming a prescribed disease. The Medical Director explained long Covid is more complex than a post viral fatigue, and a lot more work needs carried out in terms of research.

S Fevre, Area Partnership Forum Representative, questioned if the number of staff who have been diagnosed with long Covid are documented. The Medical Director advised that numbers are currently held in various spaces, and could be collated, however they may be unquantified as the numbers in General Practices may be difficult to retrieve. It was advised the route for this detail would go through the Staff Governance Committee, as part of broader staff wellbeing reporting. In terms of the Occupational Health offering for staff, it was noted the difficulties for staff returning to work, who have long Covid symptoms, are complex. It was noted the route for this discussion would also be through the Staff Governance Committee.

A Wood, Non-Executive Director, noted that activity and demand information would be required for funding. The Medical Director advised there is a national record of statistics available online, however, it is unknown how many of the population affected with long Covid have ongoing needs.

The Committee **noted** the progress report update on Post COVID-19 Syndrome Response Oversight Group.

6. GOVERNANCE MATTERS

6.1. Annual Review of Committee's Terms of Reference

The Board Secretary advised the Terms of Reference (ToR) paper is presented to the Committee annually at the March Committee meetings.

In line with the Committee workplan, the ToR has been updated to reflect the work that has been carried out in relation to avoiding any potential duplication with other Board Committees. A new clause has also been added in relation to the implementation of the new Population Health & Wellbeing Strategy, currently under development.

A Wood, Non-Executive Director, queried if the wording around the Committee's roles & responsibilities section could possibly be strengthened and expanded, and an example was provided of potential topics to include. It was advised that the detail in all Committees ToRs is purposefully high level, to allow for flexibility within each workplans, where the detail on individual agenda items is contained and regularly reviewed.

The Committee **considered** the remit, **agreed** the tracked changes and **approved** a final version for further consideration by the Board.

6.2. Committee Self-Assessment Report 2021/22

The Board Secretary thanked everyone involved for their honest and open feedback in completing the self-assessment survey at a busy time of Covid-related activity, noting the importance of receiving feedback and taking time to reflect on the operations of this Committee.

The paper summarises the main points from the self-assessment report, and it was advised there are common themes apparent across all of the Board's Standing Committees. The main findings from the self-assessment exercise were outlined, including limiting duplication with the newly established Public Health & Wellbeing Committee; enhancing agenda management; completing the IPQR and risk management reviews; and creating regular summaries for NHSScotland strategies.

The Committee welcomed and agreed to have a development session, twice a year, to delve deeper into topics relevant to the Committee's remit. Members and attendees were requested to suggest topics to be covered.

Action: Committee Members & Attendees

6.3. Annual Clinical Governance Committee Workplan 2022/23

The Associate Director of Quality & Clinical Governance advised the workplan will be reviewed periodically throughout the year and be brought back to the Committee at each meeting for consideration. The workplan will be tracked throughout the year to monitor business of the Committee against our intended annual workplan. Also included are items that are ad-hoc and potential items to be added to the workplan in relation to risk profile changes.

Discussion took place, and a number of questions were responded to around the workplan.

An explanation was provided on 'Data Loch', and it was advised it is a programme of work ongoing through the regional innovation work, regarding the collation of Social Care data and the use of the data. It is on the workplan to ensure the development is brought to the attention of the Committee, as there will be changes in the way we use data going forward.

In terms of mental health, most aspects around performance that require Board oversight, now sit within the Public Health & Wellbeing Committee. The Integrated Joint Board (IJB) Care & Clinical Governance Committee are also responsible for aspects of the governance. The Clinical Governance Committee would take a view on high level mental health issues and strategies, including the Mental Health Estate Programme, to ensure it is safe and effective. It was advised further discussions are required to determine exactly where all the various aspects of mental health will sit across the governance structure.

The Associate Director of Quality & Clinical Governance agreed to discuss with key colleagues the Health & Safety workplan and how that will be incorporated into this Committee.

Action: Associate Director of Quality & Clinical Governance

The Clinical Governance Oversight Group receive reports on the Patient Safety Programme, and consideration will be given to how those reports are escalated to this Committee.

The capacity for this Committee was highlighted in terms of being able to have meaningful discussions, scrutiny and provide assurance, when the size of agendas and paper packs was considered. It was advised that Committees and Groups which link into the Clinical Governance Committee are trusted to scrutinise and feed back into this

Committee. Items that overlap need to be considered, in terms of governance leads for each.

The level of detail and data within papers was highlighted, and concern was raised for providing a level of assurance due to the length and number of papers provided to the Committee. It was suggested to add to cover papers, where appropriate, more information in relation to scrutiny already undertaken in other areas and by delegated groups, which will provide assurance and avoid overlapping discussions.

The Committee:

- **Considered** and **approved** the proposed workplan for 2022/2023; and
- **Approved** the approach to ensure that the workplan remains current.

6.4 Board Assurance Framework (BAF) – Quality & Safety

The Medical Director introduced the BAF for Quality & Safety, noting a lot of work has been carried out in relation to the BAF. The Associate Director of Quality & Clinical Governance provided an update on the changes to the iteration of the BAF presented to the Committee and explained the removal of the two linked risks, a change to the level of risk 43, and the new risk description for the 'Cancer Waiting Times Access Standards Risk'. It was advised wording for a new risk description associated with this BAF reflects discussions at the November 2021 Committee meeting.

It was reported a review of high risks across the organisation was carried out, and table 2 within the paper summaries the 12 high risks that were identified. It was advised proposals are set out in the paper for the Committee to consider in relation to amalgamating some risks. Whilst recommendations set out in the paper reflect our current BAF structures, work is underway to review the risk management framework in Fife, and a lot of recommendations within the paper will be superseded by that work.

A Wood, Non-Executive Member, questioned if only red high risks would come to this Committee, and if there is sufficient mitigation in place for those risks. The Director of Finance & Strategy advised that, at a recent Board Development Session, it was agreed that a review would be carried out on the existing BAFs, to determine if they are populated with strategic or operational risks and that this would be taken forward into our risk management improvement work. It is expected that strategic risks would come to Committees and at Board level, however, it was noted that operational risks could escalate and have a strategic impact. The Director of Finance & Strategy also highlighted risk appetite and the potential influence on scoring risks and noted that this also forms part of the risk management improvement work currently underway.

R Laing, Non-Executive member, queried why the 'Emergency Evacuation, VHK Phase 2 Tower Block' risk has been recommended to stay on the Quality & Safety BAF. The Associate Director of Quality & Clinical Governance advised a decision was made following discussions with the Estates Management Team, pending the completion of the Orthopaedic Elective Centre, and the recommendation may change and evolve through the risk management improvement work discussions.

The Committee:

- **Approved** the proposed rewording of the BAF risk;

- **Approved** the recommendations outlined in section 2.3; and
- **Approved** the updated quality and safety component of the BAF

6.5 Board Assurance Framework (BAF) – Strategic Planning

The Director of Finance & Strategy advised that this BAF is also discussed in detail at the Finance, Performance & Resources Committee. The risk level has moved to moderate, in light of the new Public Health & Wellbeing Committee and the new Portfolio Board to support the strategy development work.

A proposal was provided to the new Public Health & Wellbeing Committee offering a phased approach to the strategy development, and timeline for the phased approach to the strategy was explained. The governance route for each part of the strategy will be included in the proposal paper, which will go to the March Board meeting for approval.

It is anticipated that more detailed emerging plans for the strategy development work will support the risk sitting no higher than moderate.

Following a question, the Director of Finance & Strategy advised the Board has ultimate responsibility for managing strategic risks, and that the Board's Standing Committees' responsibilities are to scrutinise individual risks and recommend BAFs for approval at Board level.

The Committee **noted** the current position in relation to the Strategic Planning risk level of moderate and were **content** to take that level of risk.

6.6 Board Assurance Framework (BAF) – Digital & Information

The Associate Director of Digital & Information advised that the BAF is in relation to the Digital & Information strategy and the responsibilities of the Digital & Information Team in the maintenance of technologies and infrastructures.

The changes made to the BAF since the last Committee meeting were outlined, as noted in the paper. The overall rating for the Digital & Information BAF remains high.

Following a question, the Associate Director of Digital & Information assured the Committee that mitigations have still to be put in place in terms of the actions, and a number are still being worked through to reduce the risk rating down to the target. It was highlighted our prioritisation activity and our engagement are being aligned closer to the priorities of our Social Care partnership and emerging strategies.

It was reported the cyber activity attack risk, which is identified as a linked risk, has escalated due to the recent conflict in the Ukraine. Significant destabilisation activity aimed at large organisations is being seen by cyber activity groups and a report is going to the Executive Directors' Group to discuss mitigations to minimise that, working both nationally and within Scotland, to minimise and prevent any impact.

The Committee took **assurance** from the content and current assessment of the Digital & Information BAF.

7. STRATEGY / PLANNING

7.1. Strategic Planning & Resource Allocation (SPRA) (RMP 2022/23)

The Director of Finance & Strategy provided a verbal update on the SPRA and noted the Scottish Government have still to issue the guidance on the full Remobilisation Plan. The development of the financial plan has almost concluded, and this will go to the Finance, Performance & Resources Committee, followed by the March Board meeting. The financial plan has been aligned with all the information available on workforce and organisational planning, however, there is no format available yet to understand what delivery across services is expected.

The Director of Finance & Strategy outlined the timelines from the Scottish Government and advised they have confirmed the full Annual Operating Plan, or equivalent, will not be required until July 2022. Final versions of the financial plans are due by the end of March 2022, and the workforce plans are due in July 2022. The full report on organisational plans for 2022/23 will come to the Committees later than expected this year.

A final version of the corporate objectives is being worked on and will go through the Portfolio Board at their next meeting for initial discussion, followed by submission to the Committees and full Board in May.

The Committee **noted** the update on the Strategic Planning & Resource Allocation.

7.2. Redesign of Urgent Care

The Medical Director advised that the paper is provided to the Committee for assurance on the development of the redesign of urgent care initiative, which is a new way of delivering healthcare in Fife and is now a fully functioning service.

An overview of the new initiative was provided, as described in the paper. It was noted we were already covering the requirements from the Scottish Government in relation to urgent care, and the funding provided enabled us to amplify the work we are doing.

A MacKay, Deputy Chief Operating Officer, provided an update on the day-to-day of urgent care and advised the initiative allows patients to be directed to the right service, and through the Flow and Navigation Hub, this has been of substantial benefit. The Fife Referral Organisational Guidance (FROG) Improvement work complements this further. It was also noted there are a larger number of patients being directed to our Minor Injuries Unit (MIU), which is positive news in reducing pressures at the front door.

It was reported work is underway in other areas, such as discharge without delay, and updates will be provided to the Committee going forward.

The Medical Director praised the collaborative workings between Acute Services and the Health & Social Care Partnership in developing this initiative, and the Committee commended all those involved.

The Committee **noted** the update on the Redesign of Urgent Care.

7.3. Joint Remobilisation Plan 2021/22 – Winter Plan Actions

The Director of Nursing noted the paper reflects an update on the actions from the Joint Remobilisation Plan 2021/22 and focusses on the position at the end of December 2021. A further update is due at the end of March 2022.

The key indicators from the Winter performance analysis were outlined. The completed actions were highlighted, and it was advised positive work has been carried out. It was noted there are still some actions at risk or unable to meet target. A lessons learned discussion has been scheduled to take place in the coming weeks.

The Committee **noted** the progress of deliverables within Joint Remobilisation Plan 4 (RMP4).

8. QUALITY / PERFORMANCE

8.1 Position Statement on Work Underway to Reduce Incidence of Harm for Pressure Ulcers, Falls & Catheter Associated Urinary Tract Infections (CAUTI)

The Director of Nursing presented on the position statement on work underway to reduce incidence of harm for pressure ulcers, falls and catheter associated urinary tract infections (CAUTI). A high-level summary of each of the papers was given, and members were encouraged to contact her with any detailed questions on the specifics of the papers outwith the meeting.

It was questioned if there is evidence to suggest falls occurs more often when there are areas which are short staffed. In response, it was advised that there had been staffing issues previously affecting quality of care, and that this is measured through the safe staffing legislation, which triangulates staffing with quality and safety of care. It was also reported that preventive measures have been put in place, such as electronic tools to ease the collation of data, displaying data in wards for staff awareness, online training, and Falls Champions visible in the wards.

The Committee welcomed the update on this area of activity and took **assurance** from the papers.

8.2 Strategy to Reduce E. Coli Bacteraemia Infections

The Director of Nursing advised that the target to reduce E. coli bacteraemia (ECB) infections will not be achieved and a strategy is being proposed which aims to meet these targets. The proposed strategy was outlined. It was also advised that, at a national level, an infection control reporting system is being explored for all of Scotland's Health Boards to use, for consistency.

In relation to ECB infections due to urinary catheters, it was questioned if all urinary catheters will have a local adverse event review and be reported in Datix. The Director of Nursing explained that urinary tract infections (UTIs) can develop within communities and those affected can attend local pharmacies. ECB infections that require treatment at hospital would be considered for reporting into Datix, however, the time constraints for reporting also needs to be considered, and further discussion would be required on a realistic proposal. The Medical Director highlighted that ECB infections are not the sole reason for contracting UTIs, and that this is only one way in which the ECB infection can develop.

The Committee welcomed more detail on ECB infections, and the implications, to get a better understanding. This will be provided at a future Committee Development Session for questions & answers, and a PowerPoint presentation will be provided at the next Committee meeting.

Action: Director of Nursing

The Committee **discussed** and **noted** the strategy.

8.3 Integrated Performance & Quality Report (IPQR)

The Medical Director introduced this item and noted that most of the quality issues within the IPQR were covered in the presentation at item 8.1.

The Director of Nursing provided an overview on the current status of measures within the IPQR. It was advised that as we come out of the pandemic and learn to live with Covid, there will be some recovery and improvements within our complaint measures. A number of workstreams are underway, and the backlog of responses to complaints is being worked through. A review is also being carried out on the model of complaints handling, along with the development of a dashboard for data and measurements. It was noted complaints reporting will form part of the IPQR review process, and feedback was welcomed on what more could be included within the IPQR in relation to complaints reporting.

A report on the recovery plan for complaints will go to the Executive Directors' Group in the coming weeks, which will include an improvement plan to tackle the backlog going forward. An update on developments of complaints will be brought back to the Committee at the April meeting.

Action: Director of Nursing

It was agreed a sentence be added to the commentary that sits under the metrics within the IPQR, to advise if there is a concern for the Committee to be made aware of.

Delayed discharges and the sustainability around the use of surge beds was questioned. In response it was advised discussions are ongoing on retracting the surge beds that are open, and to date, there has been a slight reduction on the retraction.

The Committee **discussed, examined** and **considered** the NHS Fife performance, with particular reference to the Clinical Governance measures identified in Section 2.3 of the paper.

8.4 Integrated Performance Quality Report (IPQR) Review Process

The Director of Finance & Strategy noted the IPQR review process was agreed at the Board's Active Governance session, where it was accepted that it would be a timely process to put improvements in place. Immediate improvements have been agreed, and more work is required on the medium and long-term activity.

It was reported that, at the Public Health & Wellbeing Committee, it was agreed that when the IPQR review group are developing the next iteration of the IPQR and the tailored version for the Committees, each of the Committee Chairs, respective Executive Lead and the relevant persons within the Planning & Performance department would be involved. Further Non-Executive involvement would also be welcomed.

The balance between the remit of the Public Health & Wellbeing Committee and the clinical aspects that sit within the Clinical Governance Committee for mental health and the quality indicators were highlighted. It was agreed further consideration will take place.

The Committee took **assurance** from the report and the proposed improvements to the IPQR as part of the IPQR Review.

8.5 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided an update and highlighted that the Estates & Facilities standards are at 95.5%, which is very positive. It was also highlighted there have been no ward closures due to influenza, two ward closures due to norovirus, and six Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland reportable incidents.

An update was requested on the hand hygiene ward dashboard. The Director of Nursing agreed to take this forward, and also advised that there was no concern in this area.

Action: Director of Nursing

The Committee took **assurance** from the HAIRT report.

8.6 Implementation of Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021

H Bett, Children's Services Projects Senior Manager, joined the meeting for discussion on this item.

It was reported that there has been a movement towards the self-referral aspect of the Act, and assurance was provided that the necessary arrangements have been put in place, in advance of the implementation date of 1 April 2022.

The Chief Executive advised that the structure and governance of this Act change from 1 April 2022 and a Programme Board will report directly into Scottish Ministers on the strategic delivery of the programme going forward. Linking in will be a National Strategic Network for across the whole of NHS Scotland who will shape and prioritise work as it forms part of our core business.

An update on progress within Fife was provided by H Bett, as detailed in the paper. Demand for the service and workforce will be closely monitored. The holding and retaining of evidence have been identified as a risk, and the measures that have been put in place to mitigate this were explained.

The team were commended for all their hard work.

The Committee took **assurance** that, in line with the readiness self-assessment developments to introduce self-referral for forensic medical examination (FME), NHS Fife are on track to meet the legislative requirements.

8.7 Paediatric Audiology Report

A MacKay, Deputy Chief Operating Officer, provided an update on the Paediatric Audiology Report, and advised feedback has not yet been received, to date, on the response submitted to the Scottish Government as outlined in the paper.

Assurance was provided to the Committee on the work that has been carried out, and the review that has been conducted. Good improvement actions have been identified and will be undertaken by the Audiologist Team. Regular meetings will take place to review the action plan.

A further update will go to the Executive Directors' Group in six months' time, given the sensitivity around the subject and the media attention.

The Committee **noted** the response made to the Scottish Government on behalf of NHS Fife in relation to Paediatric Audiology.

9. DIGITAL / INFORMATION

9.1 Digital Strategy Delivery Update

The Associate Director of Digital & Information advised a measured approach to the Digital Strategy is ongoing, and the update is the second report to the Committee, provided for assurance.

It was reported that the strategy is moving into the final two years of delivery. It has been recognised that the engagement approach has had to be adapted, recognising both the financial and resource constraints. The engagement and prioritisation approach that is being adopted was outlined, along with the five key ambitions.

The Committee took **assurance** of suitable progress for the Digital and Information Strategy 2019-2024.

9.2 Hospital Electronic Prescribing and Medicines Administration (HEMPA) Programme

The Medical Director provided a detailed update on the situation for the HEMPA programme and advised it would not prevent the programme from progressing forward. The plans for next steps in delivery are set out in the paper, and it was advised that this is a priority for the HEMPA Programme Board, who are committed to moving forward with the procurement situation.

The Committee took **assurance** from the HEMPA programme update.

9.3 Information Governance and Security Steering Group Update

The Associate Director of Digital & Information spoke to the paper and highlighted the key points.

The Committee **noted** and **commended** the progress being made with the governance and assurance activities within the revised IG&S Governance framework

10. ANNUAL REPORTS

10.1 Research Development Strategy Review 2020/2021 & Research Strategy 2020-2022

- **Research, Innovation & Knowledge Annual Report 2020/2021**

The Medical Director reported on the substantial work that has been carried out in developing the service, and the work that was contributed to in terms of research, which was highly merited.

The Committee welcomed an opportunity to meet the team, and it was **agreed** they would present to the Committee at a future Development Session.

10.2 Occupational Health and Staff Wellbeing Service Annual Report 2020/2021

S Blair, Consultant in Occupational Medicine, joined the meeting for this item.

The importance of the Occupational Health Service to the health and wellbeing of our staff was highlighted as the key aspect of the report, which also includes details on occupational health clinical activity.

The role of the Occupational Health Service during the pandemic, particularly due to staff related absences due to Covid, and the support provided in that area, was outlined. It was reported two new services have been developed, which have been provided by our Mental Health Nurses and Covid Fatigue Management Occupational Service.

The Occupational Health Service were thanked for all their hard work and contributions during a time of particular pressure on staff.

The Committee **noted** the contents of the report and the Occupational Health and Staff Wellbeing Service Annual Report for 2020/2021.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee minutes.

- 11.1 Acute Services Division Clinical Governance Committee dated 26 January 2022 (unconfirmed)
- 11.2 Area Clinical Forum dated 7 February 2022 (unconfirmed)
- 11.3 Fife Drugs & Therapeutics Committee dated 9 June 2021 (confirmed) & 8 December 2021 (unconfirmed)
- 11.4 Fife IJB Clinical and Care Governance Committee dated 1 October 2021 (confirmed) & 12 November 2021 (confirmed)
- 11.5 NHS Fife Clinical Governance Oversight Group dated 26 August 2021 (unconfirmed)
- 11.6 Health and Safety Sub-Committee dated 10 December 2021 (unconfirmed)
- 11.7 Infection Control Committee dated 4 August 2021 (confirmed) & 1 December 2021 (unconfirmed)
- 11.8 Area Medical Committee dated 12 October 2022 (confirmed)
- 11.9 Information Governance & Security Steering Group Minutes dated 1 December 2021 (unconfirmed)
- 11.10 Digital & Information Board Minutes dated 19 October 2021 (confirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no items to escalate to NHS Fife Board.

10. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 29 April 2022 at 10am via MS Teams.

Finance Performance and Resources Committee

(Meeting on 15 March 2022)

The Committee reviewed and supported the key assumptions with the financial plan for 2022/23 and recommend the plan for Board approval. The Committee noted specifically the important work of the Financial Improvement and Sustainability Programme as we move into 2022/23.

The Committee also commended the work done by the finance team to attract and deliver an additional capital allocation of over £10m in 2021/22.

Unconfirmed

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 15 MARCH 2022 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)	A Morris, Non-Executive Director
C Potter, Chief Executive	Dr J Tomlinson, Director of Public Health
M McGurk, Director of Finance & Strategy	J Owens, Director of Nursing
W Brown, Employee Director	

In Attendance:

N Connor, Director of Health & Social Care
N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
K Booth, Head of Financial Services & Procurement
A Graham, Associate Director of Digital and Information
L Stewart, PA to Director of Finance (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to meeting. Acknowledgement was made of staff efforts and all their continued hard work during a challenging time of continuing high pressure.

The Chair also highlighted the exceptional work of the Finance Department within this financial year, recognising the significant additional resource both in capital and revenue that has been achieved.

Apologies for the meeting had been received from members Alastair Grant, Non-Executive Director, Aileen Lawrie, Stakeholder member, Dr Chris McKenna, Medical Director, and Mansoor Mahmood, Non-Executive Director, and attendees Claire Dobson, Director of Acute Services, and Ben Hannan, Director of Pharmacy & Medicines.

Kevin Booth and Alistair Graham were both welcomed to the meeting to present papers.

2. Declaration of Members' Interests

No interests were declared.

3. Minute of the last Meeting held on 11 January 2022

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

4. Action List / Matters Arising

The Committee **noted** the updates provided and the closed items on the Action List.

5. GOVERNANCE / ASSURANCE

5.1 Annual Review of Committee's Terms of Reference

The Head of Corporate Governance & Board Secretary introduced the paper noting that proposed amendments are identified as tracked changes in the document. One area of change includes adding a new clause to ensure the role of the Committee is clearly defined in the development of the new strategy.

Alistair Morris, Non-Executive Member, suggested that within section 1.2, the Committee should have a more strategic role than 'monitor' and asked the wording was reconsidered. After discussion, the Committee agreed that the wording should be amended in the version to be forwarded to the Board, to read 'consider, review and take assurance'.

Action: Head of Corporate Governance & Board Secretary

The Committee **approved** the refreshed Terms of Reference and **endorsed** the paper for Board approval subject to the agreed change of wording detailed above.

5.2 Committee Effectiveness Self-Assessment Report

The Head of Corporate Governance & Board Secretary presented the report to the Committee, thanking members for the time and effort put into providing valuable feedback on the Committee's operation. It was advised that the main themes from the return are common across all the Board committees. Most items highlighted are already being addressed through separate ongoing workstreams, such as review of data within the IPQR and the presentation of risks through the risk management improvement programme.

It was noted there is an ongoing requirement to review the agenda and papers being presented, to ensure that the committee make best use of time within the meeting. Alistair Morris, Non-Executive Member, highlighted that there is a need to ensure that papers presented to the Committee hold the right amount of detail, to ensure that Non-Executive Directors can review from a strategic perspective rather than getting into operational detail. The Chief Executive noted that balance is required, to ensure there is the right level of detail for individuals, as some members may prefer to see more than others. It could be part of our Active Governance actions if Non-Executives could provide feedback to authors following the meeting, to reflect on the level detail provided. It was agreed that time will be dedicated at each next agenda setting meeting to reflect on this point at each meeting and agree any improvements on a continuous basis.

The Committee agreed to the scheduling of Committee Development Sessions on a bi-annual basis and members were encouraged to contribute topics for discussion and 'deep-dives' at these sessions.

The Committee **took assurance** from this year's self-assessment exercise.

5.3 Annual Finance, Performance and Resources Committee Workplan

The Director of Finance & Strategy presented the revised workplan for the Committee 2022/23. It was highlighted that most items on the workplan are standing items. However, following discussions at the Board, the workplan may require amendments to incorporate specific activity relating to the Strategy Development as they are brought forward.

The Committee **approved** the current draft of the Workplan.

5.4 Board Assurance Framework – Financial Sustainability

The Director of Finance & Strategy presented the BAF on Financial Sustainability. It was highlighted that this iteration remains unchanged from the last presentation.

It was noted that, moving forward, there may require to be two risks reported on the Financial Sustainability BAF. One should relate to in-year financial performance and the other would be a risk on financial improvement and sustainability for the medium-term. This will be discussed and reviewed appropriately.

The Committee **considered** and **approved** the BAF and the moderate risk position reported.

5.5 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy presented the BAF on Strategic Planning noting no significant change to report and the risk remains moderate.

The Committee **considered** and **approved** the BAF and the moderate risk position reported.

5.6 Board Assurance Framework – Environmental Sustainability

The Director of Property and Asset Management presented the BAF on Environmental Sustainability. It was reported that the risk remains high in terms of statutory compliance. It was noted that the risk is being managed and mitigated and it is expected that this risk will be closed by the end of 2022.

The Committee **considered** and **approved** the BAF and the risk position reported.

5.7 Digital and Information – Business Case Process

Alastair Graham, Associate Director of Digital and Information, presented the paper which outlines a new process to the governance arrangements for digital and information activities.

The Committee took **assurance** from the report presented.

5.8 Annual Procurement Report 2020/21

Kevin Booth, Head of Financial Services and Procurement, presented the Annual Procurement Report 2020/21

The report details the 56 contracts that exceeded the £50,000 regulatory thresholds during the year, and it details future contracts which are due for renewal. It highlights the adoption of the Anchor Institution Programme, which works towards the community benefit aspirations. The report was presented to the Procurement Governance Board in January.

The Committee **agreed** to **recommend** the report for Board approval and took **assurance** that the 2021/22 report will be presented earlier in line with correct timescales.

5.9 Orthopaedic Elective Centre Financial Update

Maxine Michie, Deputy Director of Finance, introduced the paper to the Committee. It was highlighted that the Business Case for the Orthopaedic Centre was approved in late 2020 and work commenced in March 2021. The Workforce Workplan Group was then established to review the workplan in the Full Business Case. The initial workforce plans were reviewed and found to be insufficient for the expected demand. The new levels of staffing identified have now been agreed and approved by Scottish Government and reflect a significant increase in workforce.

There has been a £2m increase in staffing costs, which has increased from 30 WTE to 78 WTE members of staff.

The Director of Nursing noted that 14 applications were received for the Orthopaedic Consultant positions that were recently advertised and four Consultants have been successfully appointed.

The Committee took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Fife Capital Investment Group Report 2021/22

Maxine Michie, Deputy Director of Finance, introduced the report, noting that during 2021/22, further opportunities were made available to NHS Fife to secure additional funding from Scottish Government. An additional £10.5m has been secured. In addition, a significant grant was received by NHS Fife to support greater energy efficiency across the estate. Introducing energy efficiency schemes will help to generate savings in later years.

The Chair recognised the significant amount of work undertaken to secure the additional funding. It was recognised that the spend achieved in 2021/22 is one of the largest capital programmes in NHS Fife for a number of years.

The Committee **noted** the position and took **assurance** from the report.

6.2 Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Alastair Graham, Associate Director of Digital and Information, presented the paper which details significant issues with the HEPMA contract award and the eventual ceasing of negotiation with the preferred supplier in January 2022.

It is likely that a full re-procurement exercise will now be required, the Committee will be regularly updated on progress.

The Committee noted their disappointment that the procurement could not be concluded but were assured that this was a late decision on a major contractual term by the preferred supplier. The Committee took **assurance** from the report and specifically the lessons learned through this work.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (Inc. Q3 Review of Financial Position)

The Chair introduced the Integrated Performance & Quality Report (IPQR). It was noted that this iteration reflects the December 2021 position.

The Chief Executive provided an update on the Acute element of the IPQR report, as follows:

- A programme will be launched for urgent and unscheduled care to discuss the government position on the 4-hour access target. A milestone plan may be developed for 2022/23 to ensure interim targets are achieved.
- The A&E performance on the 4-hour target was improving and was above the Scottish average but under the 95% target.
- The OPEL framework is in place to support and manage situations on site, providing clarity to managers on what actions to take.
- On 15 March 2022, the OPEL position is purple. There have been a number of 12-hour breaches over the last two days. There has been an increase in Covid patients, with 50 Covid-positive patients currently onsite at VHK. There are long waits and increased volumes of patients in A&E.
- HSCP have been managing discharges well to support the flow.
- There is ongoing pressure on the nursing workforce.
- TTG performance from week ending 6 March 2022 saw approximately 80% of pre-Covid elective activity achieved.

The Director of Health & Social Care provided an update on the Health & Social Care element of the IPQR report:

- As of 15 March 2022, the delayed discharge position is improving in terms of trajectory. Standard delay is currently sitting at 46, including mental health, and 96 in overall delay. Total bed days lost are 486 compared to November's 1082. This has improved significantly.
- A weekly verification process is in place to examine patients on delayed discharge and the HSCP continue to utilise redirection of patients through flow and the hub.

The Deputy Director of Finance provided an update on the Capital and Revenue position.

- The December 2021 position reported an overspend of £14m due mainly to external commissioning costs and Acute services spend.
- The HSCP was reporting £600k underspend, following a cash transfer to Fife Council for £3.7m. A final transfer will be undertaken at the end of the financial year to reflect the forecast underspend within the Partnership.
- The forecast outturn of £13.7m should be achieved.
- The Board was committed to deliver £8m savings, £9.6m has been delivered due to additional in-year non-recurring savings.

The Committee **discussed** and **considered** NHS Fife performance and took **assurance** on the report.

7.2 Integrated Performance & Quality Report Review Process

The Director of Finance & Strategy presented the paper on progress with the IPQR Review Process.

The range of proposed improvements were discussed and supported by the Committee. The Director of Finance & Strategy suggested that a Non-Executive Member may wish to be involved in the development of the IPQR, this was agreed and contact will be made in due course to facilitate that engagement on this work.

The Committee took **assurance** from the report and the proposed changes as part of the IPQR Review.

7.3 Joint Remobilisation Plan 2021/22 – Winter Plan Actions

The Director of Nursing presented the report.

The Chair questioned the impact on the 'Moving On Policy' and it was noted that actions are ongoing to mitigate the risks in this area.

The Committee **discussed** the progress of deliverables within the Joint Remobilisation Plan 4 and took **assurance** from the report.

7.4 Operational Pressures Escalation Levels (OPEL)

The Chair presented the paper to the Committee. It was noted that there were significant and in-depth discussions on this at the last Board Development Session and the paper is therefore presented to the Committee for assurance.

The Committee **considered** the paper and **confirmed** that progress presented in the paper provides **assurance**.

8. LINKED COMMITTEE MINUTES

8.1 Minute of IJB Finance & Performance Committee, dated 10 November 2021

The Committee **noted** the Minutes of the Integration Joint Board Finance & Performance Committee, dated 10 November 2021.

8.2 Minute of Procurement Governance Board, dated 28 January 2022

The Committee **noted** the Minutes of the Procurement Governance Board, dated 28 January 2022.

8.3 Minute of Fife Capital Investment Group, dated 1 February 2022

The Committee **noted** the Minutes of the Fife Capital Investment Group, dated 1 February 2022.

8.4 Minute of Primary Medical Services Committee, dated 1 March 2022

The Committee **noted** the Minutes of the Primary Medical Services Committee, dated 1 March 2022.

9. ITEMS TO BE ESCALATED TO THE BOARD

The Committee reviewed and supported the key assumptions with the financial plan for 2022/23 and recommend the plan for Board approval. The Committee noted specifically the important work of the Financial Improvement and Sustainability Programme as we move into 2022/23.

The Committee also commended the work done by the finance team to attract and deliver an additional capital allocation of over £10m in 2021/22.

10. ANY OTHER BUSINESS

There were no other items of business considered.

Date of Next Meeting: Tuesday 10 May 2022 at 9.30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 8 March 2022)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON TUESDAY 8 MARCH 2022 AT 10AM VIA MS TEAMS

Present:

R Laing, Non-Executive Director (Vice Chair)	C McKenna, Medical Director
M Black, Non-Executive Director	J Owens, Director of Nursing
C Cooper, Non-Executive Director	C Potter, Chief Executive
M McGurk, Director of Finance & Strategy	J Tomlinson, Director of Public Health

In Attendance:

N Connor, Director of Health & Social Care
G MacIntosh, Head of Corporate Governance & Board Secretary
F Richmond, Executive Officer to the Chief Executive & Board Chair
H Thomson, Board Committee Support Officer (Minutes)

Vice Chair's Opening Remarks

The Vice Chair welcomed everyone to the meeting, noting that she would be chairing today's meeting due to the Chair being on leave.

The Vice Chair advised that the Cabinet Secretary for Health and Social Care, Humza Yousaf MSP, visited the Victoria Hospital in Kirkcaldy on Monday 7th March 2022 to personally welcome a group of new international nursing recruits to Fife. The Vice Chair and Chief Executive joined the Cabinet Secretary for the visit. The Vice Chair expressed how humbled she was by the positive feedback received from the new international nursing recruits on the welcome they had received, and from the wider staff they met across the various sites during the visit, despite the ongoing challenges of coping with the pandemic.

The Vice Chair expressed deep sympathy for the people of Ukraine, those local people in Fife who have family in Ukraine and for all affected by the suffering caused by the recent invasion. The potential health impact of what we are all seeing in the media's daily coverage of the conflict was also recognised.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from T Marwick (Chair) and W Brown (Employee Director), and from attendee S Fraser (Associate Director of Planning & Performance).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting held on Monday 10 January 2022

The minutes from the previous meeting was **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List.

4.1 Progress Update on Primary Care Pressures

The Medical Director provided a verbal update, providing assurance to the Committee on the plans in place to eliminate primary care pressures.

It was noted that General Practices (GPs) have been affected in the same way as other primary care services during the pandemic. However, there is good resilience within GPs, who are supporting each other and working in clusters. GPs are seeing members of the public who need to be seen on a face-to-face basis, with remote consultations in place where appropriate. It was noted that the operation of GP services was planned to change with the roll-out of the new contract. Due to the pandemic, this work has accelerated, and members of the public have been largely unaware of the impact of these changes. It was also noted that concern and negativity continue within the media around access to GP services, due to changed models of care. M Black, Non-Executive Member, noted inconsistencies with GPs' provision of face-to-face appointments, and suggested listening to concerns from communities to understand what may need to be changed. It was also important to improve communication to members of the public on the role of GPs and what sort of service they can expect, across primary care, when they require access to community-based services.

The Medical Director and Director of Health & Social Care have established a Primary Care Governance and Strategy Oversight Group, which will include all independent contractors. A focus for the group will be sustainability, beyond the implementation of the new contracts and governance arrangements. The first meeting for the group has been scheduled and a draft Terms of Reference (ToR) has been prepared. The ToR will be brought to this Committee, once finalised.

Action: Medical Director/ Director of Health & Social Care

Positive developments were reported through work with the University of St Andrews' Medical School, including enhancing the ScotGEM programme which will support primary care resilience in future.

The type of reporting and information to be provided on primary care for this Committee to consider was considered by the Vice Chair, as it was noted that there are other reporting lines already in place through the Integrated Joint Board and Clinical Governance Committee. The Medical Director, Director of Public Health and Director of Health & Social Care will provide a written report outlining what sort of reporting would be brought forward. Timeline for submission will be agreed outwith the meeting, and will be dependent on the cycle of meetings, as discussed under item 5.1.

**Action: Medical Director / Director of Public Health /
Director of Health & Social Care**

The Director of Public Health advised that she recently joined a Community Managers' meeting, which considered a range of feedback received during the pandemic. The group noted public irritation about a broad range of service provision. It is clear services cannot return to the way they were delivered previously, as pandemic restrictions ease, and communication to the public around the impact of these changes needs to be clear and unambiguous.

The Committee **noted** the progress update on primary care pressures.

5. GOVERNANCE MATTERS

5.1 Proposed Annual Public Health & Wellbeing Committee Workplan 2022/23

The Director of Public Health provided an update on the proposed annual Public Health & Wellbeing Committee workplan for 2022/23.

The elements of potential changes to be incorporated into the workplan for 2022/23 were outlined, as detailed in the paper: these include adding reporting from the Primary Care Governance and Strategy Group; the National Place & Wellbeing Programmes (including a change to have 'inequalities' as a separate heading within the workplan); and the proposal to change to a bi-monthly meeting cycle.

The Director of Nursing advised that discussions have been taking place around reshaping the Patients Relations & Equality & Diversity Team, along with having a focus on the Equality Framework and the underlying principles. This would help support the inequalities section of the workplan.

It was advised that feedback had been received in relation to the preparation of papers coming to the Committee, given the pace of a monthly meeting. There would be benefit to those reporting regularly to have a longer interval between meetings to allow time for preparing papers. The draft workplan provided illustrates what a change to the meeting cycle (from monthly to bi-monthly) would look like and how agenda items could be aligned.

The Chief Executive advised that the strengthening the Place and Wellbeing section within the workplan links into conversations that have been taking place with the Board Chief Executives' Group and the Scottish Government. The Care and Wellbeing portfolio, at Scotland-wide level, is focussed on the role of the NHS in improving population health and reducing inequalities. Development of our strategy needs to consider being aligned to the direction of travel directed by the Scottish Government. The Chief Executive stated it would also be beneficial to have more time for detailed consideration of papers within the Executive Team, and that she would welcome the proposed meeting cycle changing so that timing of meetings for this Committee would be the same as the other Standing Board Committees., This would help fit into the Executive preparatory review and approval cycle in place for other Board committees.

The Chief Executive also noted Covid updates and Flu Vaccine & Covid Vaccine (FVCV) programme updates and Testing updates will become part of business as usual and be covered within the Integrated Performance & Quality Report (IPQR), as we go through 2022/23. These will cease as stand-alone reports.

M Black, Non-Executive Director, highlighted the effects on health due to inflationary increases in the price of food and heating and queried how this would be reflected in the work of the Committee. It was advised that this will be incorporated into more detailed discussions at the Board Development Sessions.

The Board Secretary advised that the workplan reflects a recent discussion that took place with the Chairs and Executive Leads for the Public Health & Wellbeing Committee, Clinical Governance Committee and Finance, Performance & Resource Committee. They looked at identifying potential duplication and clarifying where responsibilities sit. A small number of items will go to both the Public Health & Wellbeing Committee and the Clinical Governance Committee, though covering SBARs will clearly define discussion points for each Committee relevant to their own specific remit.

The Committee **considered** and **agreed** the items within the workplan. The Committee deferred making a decision on the proposed change to the monthly cycle of meetings. A decision on the cycle of meetings will be agreed outwith the meeting. The Board Secretary agreed to arrange a meeting including the Chair, Vice Chair, Non-Executive members of the Committee and the Director of Public Health (*post-meeting note, this has now been scheduled for 29 March*).

5.2 Review of Committee's Terms of Reference

The Head of Corporate Governance & Board Secretary outlined the proposed changes to the Committee's current Terms of Reference. These are:

- Under point 5.1: bullet point 5, 'Portfolio Board' replaces 'Population Health & Wellbeing Portfolio Board';
- Under point 5.1: bullet point 6, new clause added: 'To support the work of the Primary Care Governance & Oversight Group, in its development of the Primary Care Strategy'.

If a change to the cycle of meetings is agreed, this will be subsequently reflected within the Terms of Reference, prior to submission to the Board.

The Committee **approved** a final version for further consideration by the Board, subject to agreement of the cycle of meetings.

6. STRATEGY / PLANNING

6.1 NHS Fife Population Health & Wellbeing Strategy Development Proposal

The Director of Finance & Strategy provided background information on the proposal and explained in further detail the phased approach that is being proposed for the strategy and development work, as detailed in the paper.

Dedicated time, with specific Committee discussions, is provided in the proposed milestone plan. Each activity will generate specific themes or issues for discussion. It was noted some discussions at Board level will be in Development or private sessions. The Chief Executive advised that subjects will be reviewed at the Board Development Sessions, which will be aligned and linked into the development of the strategy. Committee workplans will be updated accordingly.

The agenda item 'Reviewing the Community & Staff Engagement Survey', proposed for May 2022, was highlighted by the Vice Chair, given the timeline for changes being proposed around the Equality & Diversity Lead role. The Director of Nursing advised it is anticipated the new role-holder will commence in May 2022. However, work on the engagement strategy will commence sooner.

The Committee **approved** the proposal to phase the development of the strategy.

6.2 Strategic Planning & Resource Allocation (SPRA) process (RMP 2022/23)

The Director of Finance & Strategy provided a verbal update and noted the SPRA proposal is nearing its final draft. The Executive Directors' Group will discuss the financials in the SPRA, and a report is being provided to the Committees in March who have not yet met, with a full report to go to the March Board meeting.

The Committee **noted** the update on the Strategic Planning & Resource Allocation process (RMP 2022/23).

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Finance & Strategy highlighted the ongoing challenges on all our services, with staff availability remaining one of the key factors. Our performance, however, remains in the upper quartile/medium range, which includes CAHMS & Psychological Therapies. It was reported NHS Fife is not an outlier compared to other NHS Scotland Health Boards, and that we strive for continuous improvement.

Within the report, there is a section directly relevant to the Public Health & Wellbeing Committee, which covers measures agreed to date, and these will be considered and monitored on an ongoing basis by the Committee.

As part of the IPQR review process, the immunisation programme will be incorporated into the Public Health & Wellbeing Committee section of the IPQR, and this activity will be worked through over the coming months.

M Black, Non-Executive Director, highlighted there were no specific targets for Post Diagnostic Support (PDS) for dementia. The Director of Health & Social Care agreed to provide further clarity in the next iteration of the IPQR.

Action: Director of Health & Social Care

The Vice Chair highlighted the indicator summary on page 3 of the IPQR and noted there is no section for the Public Health & Wellbeing Committee, given it remains in its original format. It was noted this will be added going forward.

The Committee took **assurance** from the performance reporting within the IPQR.

7.2 Integrated Performance & Quality Report (IPQR) Review Process

The Director of Finance & Strategy provided background on the IPQR review process and noted that the review had started from a positive position, given that the IPQR format demonstrated best practice in many areas. Key points from the paper were highlighted.

An overview on the assessment section in the paper was provided, which sets out areas of short-term and medium-term improvement.

The team involved in the review process are currently working on what can be enhanced within the IPQR, in terms of metrics covering Patient Feedback, Information Governance and Workforce. The IPQR is being developed to be more specific to each Committee, and a full executive summary will be provided and offer an opportunity for in-depth discussions.

The Vice Chair indicated that involving Non-Executive Directors in the review process would add value, ensuring that the final document meets the requirements of Non-Executives. Following suggestions, it was agreed that when the IPQR review group are developing the next iteration of the IPQR, each of the Committee Chairs, respective Executive Lead and the relevant persons within the Planning & Performance department would be involved.

Action: Director of Finance & Strategy

The Committee took **assurance** from the report and the proposed changes to the IPQR as part of the IPQR Review.

7.3 Testing & Tracing Update

The Director of Public Health highlighted the Scottish Government intention to publish their transition plan in mid-March. It is anticipated that this will impact on future testing delivery.

It was noted within the summary paper that the reduction in testing is a consequence of policy changes that were made in January 2022.

M Black, Non-Executive member, queried if there was any correlation between the number of tests and increase in positive cases. The Director of Public Health advised this detail is analysed on a weekly basis, and if there is a mismatch between positive case numbers and testing then additional capacity is provided. The current position in Fife overall is steady with alignment between testing and case numbers.

The Committee **took assurance** from the update on Testing & Tracing.

7.4 Flu Vaccine & Covid Vaccine (FVCV) Programme Update

The Director of Health & Social Care provided assurance that the programme continues to be successful in Fife in terms of fully delivering national directions. The key points from the paper were highlighted.

There was significant activity before 1 January 2022 with the 'Boosted by the Bells' campaign. A higher 'Did Not Attend' (DNA) rate has been recorded since 1 January 2022, and significant communication campaigns have been brought forward, to include

an offer of unscheduled appointments. Targeted outreach work has been carried out, which also links to our inclusivity work.

The Spring vaccination programme was explained, and it was noted we are on track for delivery.

The Flu Vaccine & Covid Vaccine (FVCV) Programme update will transition into the IPQR, as mentioned previously in the meeting.

The Committee **took assurance** from the update on the FVCV Programme.

7.5 Update on CAMHS & Psychological Therapies

CAHMS

The Director of Health & Social Care provided an update on CAHMS in terms of the improvement work that has been carried out, as detailed in the paper.

It was noted the CAHMS performance continues to match the national average. It was also noted there has been an increase in the level of acuity of patients.

Assurance was provided that improvements continue on the developments of the CAHMS service in Fife, and the backlog in referrals is being worked through.

Psychological Therapies

The Director of Health & Social Care provided an update on Psychological Therapies, as detailed in the paper, and advised significant work is ongoing and actions are being monitored closely. Assurance was provided we are on track to achieve delivery targets by March 2023.

It was reported that those with the most complex needs are waiting too long for treatment. The challenge is within specialised areas. Work is ongoing with NHS Education for Scotland (NES) in relation to both national and international recruitment to fill vacancies in these specialist areas. Support for individuals is sought through the Community Mental Health teams in Community Care and other areas.

The improvement actions taken in recent years was highlighted, as detailed in table 1 of the paper.

M Black, Non-Executive member, noted concern for those on the longest waiting lists, particularly for those waiting over one or two years for treatment. The Director of Health & Social Care explained the support available for those on the waiting list and noted that all individuals are clinically assessed. Approximately 50% of those on the waiting lists are in the physical health group and Clinical Psychologists are being recruited specifically for this area. For others, there are complexities in relation to trauma. Detail on early intervention support and the range of services supporting individuals was provided.

C Cooper, Non-Executive member, requested more context around the patient experience and the carer experience in relation to CAHMS and the wider Psychological Therapies services.

The Vice Chair emphasised the importance of having sight of the detail on the waiting list backlog so that it was possible to understand the patient flow into and out of waiting lists. A higher level of detail will be provided going forward.

Action: Director of Health & Social Care

The Vice Chair welcomed the table, which summarises the improvement actions taken in recent years, and questioned if the referrals and Care pathways facilities defer people being referred or removed from waiting list. The Director of Health & Social Care advised for some people the services are a supplementary support whilst on the waiting list. For others, it is for early intervention, to support outcomes and their own wellbeing, and reduce dependency, potentially, on the more specialised services.

The Committee **took assurance** from the update on CAMHS and Psychological Services.

8. LINKED COMMITTEE MINUTES

The Committee **noted** the linked Committee minutes.

- 8.1 Public Health Assurance Committee dated 14 December 2021 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues from this meeting to escalate to NHS Fife Board.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

Tuesday 12 April 2022 at 10am – to be confirmed, following discussions regarding the cycle of meetings.

NHS FIFE STAFF GOVERNANCE COMMITTEE MEETING

(Meeting on Thursday 3 March 2022)

1. Current sickness absence and COVID-19 absence data (rates of 5.93% and 3.68% in January 2022 respectively):
 - The declining trend in sickness absence during 2021 / 2022 with a rate of 6.98% in December 2021. This is an increase of 0.19% from the November 2021 rate of 6.79%, with the average rate for the financial year to date of 6.12%. This is a 1.01% increase in the average rate during the same period of the previous financial year.

Given continuing workforce pressures and service challenges (and the current actions and mitigations in place), it is recognised that a reduction in sickness absence levels to meet the HEAT standard will not be achieved in the current financial year, despite the range of actions and support services in place to reduce sickness absence.
 - It was also noted that COVID-19 related absence affected approximately 2.13% of the NHS Fife workforce in December 2021, an increase from the November 2021 position of 1.20%.
2. The positive report received in relation to the 2021 iMatter Staff Engagement survey, notably:
 - The Board response rate of 59% compared with a national response rate of 56%.
 - The number of Team reports received 88% compared with 64% during the last iMatter reporting cycle.
 - The Board position in respect of completed iMatter Action Plans – 52% completed within 8 weeks in comparison with 42% during the longer reporting period of 12 weeks during the last cycle.
3. The Committee noted the information contained within the Workforce Information Overview and the ongoing challenges of increased vacancies particularly within the nursing profession. Committee members received assurance on the ongoing managerial commitment to review and refine data recording, to ensure robust reporting of vacancies.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 3 MARCH 2022 AT 10.00AM VIA MS TEAMS

Present:

S Braiden, Non-Executive Member (Chair)	K MacDonald, Whistleblowing Champion
W Brown, Employee Director	C Potter, Chief Executive
M Mahmood, Non-Executive Member	J Owens, Director of Nursing
S Fevre, Co-Chair, Health & Social Care Partnership Local Partnership Forum	A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
B Davies, Head of Primary and Preventative Care (deputising for N Connor)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
Dr H Hellewell, Associate Medical Director, Health & Social Care Partnership (for Item 6.4)
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
N McCormick, Director of Property & Asset Management (for Item 5.5)
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
L Anderson, PA to Director of Workforce (Minutes)

The Chair welcomed everyone to the meeting, noting that Neil McCormick, Director of Property & Asset Management, would be attending to deliver a presentation on Agenda Item 5.5 Staff Governance Standard – Improved & Safe Working Environment. It was also noted that Dr Helen Hellewell would be called into the meeting to speak to Agenda Item 6.4 - Workforce Implications of Memorandum of Understanding 2 (MOU) Update. A welcome was also extended to Bryan Davies, Head of Primary & Preventative Care, deputising for N Connor, Director of Health & Social Care.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the Emergency Footing that continues across NHS Scotland until at least 31 March 2022 and expressed the Committee's sincere thanks to all colleagues for their efforts during this period of extended pressure and very challenging levels of activity.

1. Apologies for Absence

Apologies for absence were received from A Morris (Non-Executive Member) and regular attendee N Connor (Director of Health & Social Care).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Wednesday 12 January 2022

The minutes of the last meeting were **agreed** as an accurate record.

4. Matters Arising / Action List

The Chair highlighted updated and outstanding actions on the Action List as follows:-

Item 1 – Closed.

Items 2 – In Progress – Deferred to May 2022 meeting in light of already full agenda for meeting on 3 March 2022.

Items 3, 4, 5, 6 and 7 – Closed.

The Committee **noted** the updates provided on the Action List.

5. GOVERNANCE MATTERS

5.1 Annual Review of Committee's Terms of Reference (ToR)

The Head of Corporate Governance & Board Secretary advised that the amendments to the Committee's ToR had been tracked within the paper and only minor changes were being proposed, which clarify wording and update terminology to current usage. Subsequent to the paper being issued it had been recommended that a clause be added to all Standing Committee remits to reflect the role of each Committee in the development of the new organisational strategy. The wording of this clause was described verbally. The Committee agreed that an updated draft of the ToR, with the proposed wording of this clause, be circulated via email for comment and approval.

It was agreed that discussion on the description attached to the Employee Director remit within the current ToR wording be taken outwith the meeting and that the final draft of the ToR will reflect any changes to this.

Action: Head of Corporate Governance & Board Secretary

The Committee **considered** the ToR and **agreed** that an updated draft be circulated to members via email for comment and final approval.

5.2 Committee Self-Assessment Report

The Head of Corporate Governance & Board Secretary expressed thanks to colleagues who had completed the survey over the recent busy period of activity. The paper, which summarises responses received, had attempted to draw out the main themes, some of which included ensuring the Committee remains focussed on

strategic matters; improving linkages to Staff Governance Standard; adding additional performance metrics within the IPQR relevant to the Committee; and ensuring information and data provided to members is clear, relevant and provides assurance in line with the report purpose. A commonly noted recommendation across all Committees was the need to enhance training of members by delivering dedicated briefing sessions outwith Committee meetings on topics relevant to the Committee's remit. It was proposed that these sessions be delivered at least twice a year and that suggestions for topics would be sought from members.

S Fevre confirmed support for the overall report and the proposed members' briefing sessions, noting that the feedback gave a number of actions for the Committee to follow up. The Chief Executive also echoed support for the standalone briefing sessions and commended the excellent work done on the report, which offered the Committee an opportunity to focus attention on the themes highlighted.

It was agreed that suggested topics for the briefing sessions would be provided to the Director of Workforce by 25 March 2022, to allow for discussion with the Chair and scheduling into the Committee Workplan. An update on the suggested topics would be brought back to a future Committee for prioritisation. The Chief Executive commented that it would be helpful for the Committee to allow for a degree of flexibility in the scheduling of these sessions, to accommodate any unanticipated topics.

Action: Committee Members / Director of Workforce

5.3 Review of Staff Governance Committee Workplan 2021/2022 and Draft Annual Staff Governance Committee Workplan 2022/2023

The Director of Workforce drew the Committee's attention to the two appendices included in the report – Appendix 1 – a review of the Staff Governance Committee Annual Workplan 2021 / 2022 and Appendix 2 – Draft of the Staff Governance Committee Annual Workplan 2022 / 2023. The latter had incorporated the feedback received from the Committee throughout the year, as well as that given via the Committee's Self-Assessment Exercise. It was reiterated that the Workplan is a live document, which is continuously reviewed and updated.

In the Annual Reports section of the 2022 / 2023 Draft Workplan, S Fevre queried the timing of the Equality, Diversity & Inclusion (EDI) Report, marked as 'To be Confirmed', emphasising that this was an area of important organisational focus that the Committee needed to see reporting on. The Director of Workforce offered assurance to the Committee and highlighted that reporting updates were routinely provided to Committee by the Director of Nursing. Additionally the BAME (Black, Asian, Minority Ethnic) Network report would be tabled at the May 2022 Committee meeting, which would include the response to the consultation on the Public Sector Equality Standards. S Fevre commented that awaiting feedback from the BAME network should not preclude the Committee from progressing the EDI agenda overall. The Director of Workforce clarified that the reporting element pointed primarily to the ordering of matters in the Workplan and did not impede the work that was continuing in terms of the overall EDI agenda.

Whilst noting ongoing efforts to ensure international recruits were aware of relevant community links, the Employee Director emphasised the importance of being able to signpost both new recruits and existing staff to a tangible internal support forum. The

Director of Workforce offered assurance to the Committee on the efforts undertaken in collaboration with staff side colleagues to welcome international recruits to Fife.

Noting the matters raised, the Head of Workforce Planning & Staff Wellbeing offered to extend the scope of the update that would be provided at the May meeting. S Fevre added that the BAME network must be supported to bring forward the issues that had been identified, in order that appropriate action could be taken.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from and **noted** the activity undertaken as demonstrated by the Staff Governance Committee Workplan for 2021 / 2022 and **discussed** and **approved** the Staff Governance Committee Workplan for 2022 / 2023, alongside the addition of the briefing sessions.

5.4 Board Assurance Framework – Workforce Sustainability and Linked Operational Risks Update

The Director of Workforce confirmed that no new or significant risks had been identified. The Committee would be updated on the linked risk pertaining to Nursing & Midwifery Staffing Levels via a presentation by the Director of Nursing.

M Mahmood enquired as to whether feedback was being sought on how staff were engaging with the various support and wellbeing services on offer and whether they were benefitting from utilising these services. The Director of Workforce commented that the information due to be presented in agenda item 7.4 Staff Health & Wellbeing Update would offer the Committee assurance on this matter.

The Committee took **assurance** from and **noted** the content of the report and **approved** the current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework.

5.4.1 Nursing & Midwifery Staffing Levels

The Director of Nursing provided a detailed presentation on Nursing & Midwifery Staffing levels, explaining that the workforce had increased by 11.5% in the last five years and 4.5% in the past year (December 2016 – 3500 WTE, December 2020 – 3781 WTE, December 2021 – 3950 WTE). Increasing demand, vacancy levels and staff health and wellbeing pre and post pandemic were noted as contributory factors. Supply and demand pressures facing the workforce such as recruitment, retention, availability of student nurses, staff absence, vacancy levels, increasing activity, surge, issues with care at home and the requirement for new workforce (e.g. Vaccination staff) were highlighted.

The Committee were updated on the ongoing actions being taken to mitigate these pressures, including but not limited to national and international recruitment, increasing student numbers in the Band 4 workforce, upskilling of the Band 3 workforce, consideration of how non-registered staff could support the registered workforce in hybrid posts such as Medicines Assistants, ensuring adequate supply of bank staff to reduce reliance on agency workers, retention activities including education, career support, health & wellbeing support opportunities for advancement and from an operational perspective Workforce Hub tools, Safe to Start Guidance, Guiding Principles and others. The Director of Nursing referred to the recent Audit

Scotland report on NHS performance, which acknowledged that NHS Scotland was operating in extremely challenging circumstances and staff were being adversely affected by occupational burnout and moral distress. Concerted efforts on a national and local level were being made to support the workforce.

A Verrecchia thanked the Director of Nursing for the informative update and enquired whether there was any data available in respect of staff retiring early at 55 as a result of proposed changes to the NHS Scotland pension scheme. The Director of Workforce noted the challenges associated with gathering such data, as staff are not obligated to share this information, and updated that pension sessions had been organised for staff in December 2021 and additional efforts would be made to alleviate staff concerns about the scheme. The Deputy Director of Workforce commented that the Scottish Public Pensions Agency (SPPA) had now issued communications to members clarifying that there would be no disadvantage from changes to pension regulations and furthermore the situation was being continually monitored across the HR community nationally as a matter of importance.

S Fevre emphasised the importance of quantifying and monitoring vacancy levels and the Committee being offered assurance around this. The Committee were reminded that whilst there was an increased workforce, there were also increased responsibilities and specific tasks that staff were recruited for e.g. Immunisation. Additionally, whilst the bank was an important source of workforce supply, an over reliance on bank staff made for an unstable workforce model. It was queried as to whether there was an optimum ratio of bank to permanent staff that the organisation was looking to achieve. The Deputy Director of Workforce commented that vacancy levels were challenging, and work was underway to find a solution to establishment gap recording and reporting so that gaps could be better assessed. It was also advised that whilst vacancies offered some explanation for the gaps, the high levels reported were reflective of the extensive work being done to mobilise candidates through the recruitment system. Whilst paying due credit to the bank workforce that had served the organisation well, especially in the current circumstances, it was acknowledged that there was an opportunity to correct the balance in favour of a sustainable core workforce.

The Employee Director suggested efforts that would support the registered workforce including upward mobilisation of the Band 3 staff, many of whom were already working beyond their remit, and better rota management to offer flexibility, both of which would improve employee morale and retention. The Deputy Director of Workforce recognised the importance of progressing the Band 4 work within the limitations of the national work being conducted. The e-Rostering solution is commencing in April 2022 and expected to be established within the next three years, would offer further scope for flexibility to meet the needs of both staff and the service from a workforce planning perspective, a challenge that would require collective efforts across staff-side, nursing and workforce operational areas.

The Committee **noted** the update provided with regard to Nursing & Midwifery Staffing levels.

5.5 Staff Governance Standard – Improved & Safe Working Environment

The Director of Property and Asset Management presented a comprehensive overview of the NHS Fife Health & Safety (H&S) function responsible for advice, training and statutory reporting across the organisation. It was reiterated that H&S is everyone's responsibility. The H&S policy had been recently updated to ensure best practice and compliance and a copy was available on the website and Stafflink. The Committee were informed that the pandemic had presented the H&S function with unique areas of focus and challenge, particularly in relation to risk assessments, to ensure a safe environment for patients, staff and the public. Furthermore, owing to the increased number of new staff and staff working in different areas, manual handling training was an important area for the H&S team. Overall the training model was being reviewed to offer targeted training geared towards the specific area of work and equipment being utilised therein. The Committee were updated about the H&S Management Assistant, a tool that managers could use to ensure departments are managed in a safe and effective way. It was noted that the previous H&S Manager had recently moved to a new post and an appointment to the vacancy was expected imminently.

S Fevre recognised the ongoing work within H&S with support from Estates and Facilities and commented that a safe and healthy environment was key to employee wellbeing, retention and patient care. The importance of progressing the establishment of permanent Staff Hubs was emphasised. The Employee Director acknowledged the informative update that had been provided and emphasised that H&S is everyone's responsibility, remarking that it may be helpful for the Area Partnership Forum (APF) to receive regular H&S updates to promote awareness of key issues. The Director of Property & Asset Management commended S Fevre for his contribution and support around establishing Staff Hubs and in recognition of the Employee Director's feedback on the benefits of raising the profile of H&S awareness across the organisation and agreed with the proposed suggestion.

The Committee **noted** the update provided in the presentation in respect of Staff Governance Standard – Improved & Safe Working Environment.

5.6 iMatter Feedback Report

The Head of Workforce Development & Engagement provided an overview of the iMatter report, explaining that iMatter is a team-based employee engagement tool developed by NHSScotland that offers managers, teams and organisations the opportunity to measure, understand and improve staff experience. It was advised that although response rates had dropped by 3 percentage points from 2019 to 2021, they were 3 percentage points higher than NHSScotland and significantly higher than the 2020 Everyone Matters Survey results. NHS Fife's 58% response rate offered robust data to inform future actions. The Employee Engagement Index (EEI) score of 75 was on par with the national average and, despite moving from a 12 to 8 week completion requirement, a 10% increase in the number of action plans completed in NHS Fife was reported.

With scores of 78% and 77% in the 'Well Informed' and 'Being Treated Fairly and Consistently' Staff Governance Standards respectively, it was reported that NHS Fife had scored significantly higher compared to national results which were 69% and 74% respectively, and in the areas of 'Involved in Decisions' and 'Appropriately

Trained & Development', NHS Fife had scored slightly higher than the national average.

In reporting on new developments, the introduction of the SMS function had seen an encouraging 53% response. For this year additional support would be offered to Directorates utilising paper surveys where a lower response rate of 17% had been reported. As the organisation emerges from the pandemic, the focus on engaging with staff on career development was emphasised. Locally created resources such as the Action Planning Tool Kit had received positive feedback and a new resource was being developed on TURAS to raise awareness and support managers.

The Employee Director commented on the need to increase engagement with staff without easy access to IT, particularly Estates & Facilities staff to improve iMatter response rates and involvement in action plans. The Head of Workforce Development & Engagement noted the work done on communication in collaboration with the Director of Property and Asset Management which can be built on this year to promote Estates & Facilities staff engagement in the iMatter process. S Fevre added that it was good to see the overall improvement in staff engagement and asked whether there was a means of locally measuring the action planning process to make sure that staff felt part of the process. It was important for the organisation to build on the work done around environments and involvement and support staff from a career development perspective, harnessing the valuable skills and experience gained over the course of the pandemic. The Head of Workforce Planning & Development advised that local guidance had been developed for managers and support had been offered to every manager who had not yet started the action planning process and further consideration would be given what more could be done to ensure staff feel involved in developing these plans.

In terms of how staff are supported going forward from the 'Appropriately Trained' strand of the Staff Governance Standard, it was advised that the data had been taken to the Learning & Development Forum, where discussions had taken place on how the organisation was ensuring the workforce are appropriately trained and what could be done differently in that space. In this regard, the Director of Workforce emphasised the importance and value of promoting staff engagement with the Personal Development & Performance Review (PDPR) process.

The Committee **noted** the detailed update provided in the iMatter Feedback presentation.

5.7 Appraisal & Revalidation Report – Wider NHS Fife Registered Workforce

The Director of Workforce advised that this paper encompasses appraisal and revalidation activities around the wider registered workforce and was being presented in response to a request from the Committee at the Staff Governance Meeting on 28 October 2021.

The Director of Nursing advised that Allied Health Professionals (AHPs) were required to register every two years. Within the period January to December 2021, revalidations had been completed by certain AHP staff groups. Initial challenges experienced with the new online re-registering system had been resolved. Nursing & Midwifery staff are required to register every year and revalidate every three years and the registration and revalidation procedure to support this process is

implemented across NHS Fife. The Committee were offered assurance that any lapses were promptly dealt with in line with NHS Fife policy, with support from the Workforce team. S Fevre suggested that the inclusion of PDPR figures for this workforce would offer the Committee greater assurances around the supervision, appraisal and Personal Development Planning element. The Director of Workforce, acknowledging this feedback, advised that efforts are being made to incorporate this information into the Workforce Information Overview Report as part of future developments.

The Committee took **assurance** from the update provided in the Allied Health Professionals Appraisal and Registration and the Nursing and Midwifery Revalidation update.

6. STRATEGY / PLANNING

6.1 Workforce Plan and Strategy Development 2022-2025

The Deputy Director of Workforce advised that the requirement for completing the Workforce Plan had now been extended from March to July 2022 for publication by October 2022. In the 2022/2023 Staff Governance Workplan, the Workforce Plan for 2022-2025 has been scheduled for initial presentation in May 2022 and final sign off in July 2022. Whilst the guidance is yet to be released, the Workforce Plan will be completed in two parts, with appropriate linkages between the NHS Fife and the Health & Social Care Partnership Workforce Plans. It was advised that the National Workforce Strategy for Health & Social Care in Scotland was due to be released later in March 2022 and this would consequently inform and direct local Workforce Strategy development. Work on aspects of the Population Health & Wellbeing (PH&WB) Strategy had been paused to Quarter One of 2022/2023 and the Workforce Strategy is now scheduled to be presented to the Committee in March 2023, per the Workplan.

The Committee **noted** the update provided in respect of the Workforce Plan and Strategy Development for 2022-2025.

6.2 Strategic Planning & Resource Allocation Report (RMP 2022/2023)

The Director of Finance & Strategy advised that a verbal update was being provided to the Committee as the final details of the 2022/2023 Strategic Planning & Resource Allocation (SPRA) proposal were currently being reviewed by the Executive Directors' Group. An initial draft of the Corporate Objectives had been presented to the Population Health & Wellbeing Portfolio Board (PH&WB) in January 2022 and discussions with individual Directors were ongoing to finalise the key objectives for each area. It is expected that a final proposal will be ready by March 2022, which will be reported into both the PH&WB Portfolio Board and NHS Fife Board for approval. With the relevant learning incorporated from last year, the second-year of the process has been considerably more embedded and there is real ambition to integrate organisational Workforce and Financial plans to ensure a consolidated plan for the 2022/2023.

The Committee **noted** the update provided in respect of the Strategic Planning & Resource Allocation (RMP 2022/2023).

6.3 Joint Remobilisation Plan 2021/2022 - Winter Plan Actions

The Director of Nursing advised that the paper highlighted the actions of the fourth iteration of the Joint Remobilisation Plan (RMP4), which had been renamed NHS Fife Operational Delivery Plan, and includes the Winter actions described. Oversight of workforce implications during remobilisation had been considered as part of the SPRA process. Actions that have been taken or are being considered include the potential long term Covid-19 health issues for staff, which are being addressed through national guidance, and ongoing monitoring to ensure Workforce Hubs are robust and flexible. The Workforce Silver Group continues to meet to review workforce deployment. Additionally, the adapting and onboarding and development delivery approach through the use of e-enabled fast track induction and training is being focussed on by the Professional Practice Development team. Focussing on Workforce, actions were noted around the consolidation of staff and bank arrangements and ensuring Personal Development Planning activities were brought back on track.

S Fevre acknowledged the paper presented was helpful and offered an account of the numbers. However, it did not appear to communicate the considerable impact of the Winter Plan on the workforce directly. The Director of Nursing confirmed that this feedback would be given due consideration in the review exercise about to commence.

The Committee took **assurance** from and **noted** the progress of deliverables within Joint Remobilisation Plan 4 (RMP4).

6.4 Workforce Implications of Memorandum of Understanding 2 (MOU2) Update

Bryan Davies, the Head of Primary and Preventative Care, advised that the paper presented was a further update on MOU2 Implementation and associated workforce implications. As previously reported, attracting and retaining the workforce to support General Practice remains a challenge. It was advised that confirmation of additional Scottish Government funding to the tune of £1.02 million has allowed further progression of MOU2 implementation across all three workstreams. Two thirds of the Community Treatment and Care workforce are in place and Vaccination Workforce recruitment is currently underway. Dr Helen Hellewell, Associate Medical Director H&SCP, drew the Committee's attention to the main areas of mitigation, which comprised closely reviewing the skill mix and ensuring that both registered and non-registered staff were appropriately used to fill posts whilst maintaining flexibility as recruitment to the programme continues.

The Committee confirmed **assurance** from the report that there has been progression in the recruitment of the MOU2 workforce, including an additional Scottish Government investment of £1.02 million. The Committee also confirmed **assurance** from the report regarding the progress of all priority areas and the mitigating actions being taken in relation to the risks identified.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce acknowledged that increasing sickness absence levels in the reporting period continue to remain a concern and drew the Committee's attention to the ongoing mitigating actions. She thanked the Employee Director, S Fevre and other staff-side colleagues for their involvement in supporting these actions. The Employee Director remarked that it was important for the Committee to prioritise their focus on how sickness absence is managed, particularly in regard to the support that staff members receive whilst on sick leave. It was highlighted that maintaining communication with staff was imperative to facilitating their return to work and it was important for managers to feel supported and empowered to consider innovative approaches to support staffs' return to work.

M Mahmood enquired about the methods used to promote positive attendance and how well these were working. A Verrecchia commented that Managers needed to be supported with the administrative requirements associated with managing sickness absence, as well as being empowered to act independently. The Director of Workforce updated on a recently held meeting with the Employee Director and staff-side colleagues to collaboratively explore what could be done differently to manage sickness absence. At this meeting, a sample of individual cases were discussed to draw learnings to support improved practice going forward.

The Chief Executive, agreeing that absence management was a high priority matter on the Staff Governance agenda, reinforced that the focus needed to be on active governance. It was noted that in progressing innovative return to work approaches, there were opportunities for better collaboration across the organisation. The Chief Executive expressed concern at comments that managers did not feel empowered to manage sickness absence, as this was contrary to the organisation's culture and values and requested that staff-side colleagues make contact with her directly to discuss this matter further. The Employee Director stressed the need for an appropriately constituted high-level group that focusses on absence management.

The Committee **discussed** the IPQR and **examined** and **considered** NHS Fife's performance, with particular reference to the levels of Sickness Absence and the caveats around this.

7.2 Integrated Performance & Quality Report Review Process

The Director of Finance & Strategy explained that the paper was an initial response to an agreed action from the Board Active Governance Workshop held in November 2021, where a commitment had been made to review the current content of the IPQR and identify opportunities for improvement. The cross functional group engaged in the review exercise had concluded that, in line with best practice stipulations, the current IPQR contained a robust level of information. However, in the spirit of continuous improvement and for the Committee's assurance, the Director of Finance & Strategy advised that it may be beneficial for the report to include quality value statements around the impact being felt on the ground and as expressed by staff. The need for a broader and more qualitative assessment of actions being taken to support staff was recognised. The Committee was informed of the medium term improvements recommended and to be implemented to improve the presentation of

the report, with an acknowledgement that staff health and wellbeing metrics also needed to be incorporated, to offer assurance to the Committee on whether actions being taken were having the desired impact.

The Committee **took assurance** from the report and the proposed changes to the IPQR as part of the IPQR review, noting that further updates would follow.

7.3 NHS Fife Workforce Information Overview

The Deputy Director of Workforce explained that the Workforce Information Overview provided an organisational level overview of various aspects of workforce data as of December 2021 and advised the Committee that workforce management information capability continues to be developed with the rollout of the Tableau dashboard to support enhanced decision-making. The Committee was reminded that the vacancy numbers reflected in the report were not a measure of the establishment gap, but rather the volume of recruitment activity. Work to identify the establishment gap was ongoing with colleagues at regional and national level, as this continues to be an area of challenge across all Health Boards. The Employee Director commented that vacancy data was key to understanding the quantum of the workforce challenge. The Chair requested that this matter be discussed outwith the meeting and brought back to the next Committee meeting.

Action: Deputy Director of Workforce / Director of Nursing

Responding to a question posed by S Fevre on the Workforce Development Appraisal section of the report, the Deputy Director of Workforce advised that local solutions to extract performance development review data were being considered, as it had not been possible to obtain this information from the regional dashboard as originally expected.

The Committee took **assurance** from the report and **noted** contents of the NHS Fife Workforce Information Overview report and the related appendices.

7.4 Staff Health & Wellbeing Update

The Head of Workforce Planning & Staff Wellbeing advised that the report provided a comprehensive overview of the staff support services offered to promote Occupational Health, which included Peer Support, Spiritual Care, Psychology Staff Support and a range of other Wellbeing approaches. It was noted that Appendix 1 of the paper provided a summary of activity and uptake. The impact of the services offered was being evaluated and this information would be incorporated into the Staff Health & Wellbeing framework due for publication later in the year.

S Fevre commented that it was good to see the information presented in the report and suggested that it may be helpful for this update to be scheduled earlier in the agenda, to allow fuller discussion on this important topic. M Mahmood sought clarification on what activities the additional funding had been utilised for. The Head of Workforce Planning & Staff Wellbeing responded that the funding had been used to support a number of measures, including additional staffing resources for staff psychology support and for Virtual Based Practice reflection activity within the Spiritual Care Service. Taking feedback from the Staff Health & Wellbeing group and staff-side colleagues into account, funding had also been used to support improved

vending facilities, benches for outdoor spaces and wellbeing retreat sessions. Additionally gym membership opportunities were also being considered.

The Committee **noted** the update provided in respect of Staff Health & Wellbeing.

8. ANNUAL REPORTS

8.1 Occupational Health and Staff Wellbeing Service Annual Report 2020/2021

The Head of Workforce Planning & Staff Wellbeing explained that the report highlights the ongoing important role being played by the Occupational Health & Staff Wellbeing service during the pandemic in terms of assisting with staff outbreaks, staff contact tracing / support and advice to managers and staff. Furthermore the investment in Occupational Health service in the previous year has enabled the addition of an Occupational Therapist to support staff returning to work following episodes of long COVID absence and a Mental Health Occupational Health Nurse. S Fevre commended the report and queried whether it could be presented to the Committee earlier on in the year. The Head of Workforce Planning & Staff Wellbeing responded that the 2021/2022 Annual Report was scheduled in the workplan for presentation at the August 2022 Committee meeting, so would be timelier. The Employee Director expressed thanks to the support offered by Occupational Health team during this very challenging time. The Director of Workforce also expressed thanks to Mandy Mackintosh and the Occupational Health team, who have been an invaluable resource and service to the organisation.

The Committee took **assurance** from and **noted** the contents of the Occupational Health and Staff Wellbeing Service Annual Report 2020/2021.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the minutes of the following meetings:

- 9.1 Minutes of the Area Partnership Forum held on 19 January 2022 (unconfirmed)
- 9.2 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 19 January 2022 (unconfirmed)
- 9.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 23 December 2021 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR & Chair's Comments

The Chair invited members to identify from this meeting issues, if any, to be highlighted at the Board meeting due to take place on 29 March 2022.

Under the IPQR, the Director of Workforce recommended that the deteriorating trend of sickness absence levels be escalated to the Board as an area of concern.

For the minutes, S Fevre requested that the positive feedback report received in relation to the 2021 iMatter Staff Engagement survey be highlighted to the Board.

The Employee Director requested that the position in respect of vacancy data should be highlighted to the Board as an area of risk. The Director of Workforce offered assurance to the Committee that this information was available and the details requested by the Employee Director would be incorporated into the information presented in the Workforce Information Overview. The Deputy Director of Workforce advised that whilst this data could be produced, it was not on an automated basis available and work in this area was being progressed.

11. ANY OTHER BUSINESS

The Committee acknowledged the current challenging situation in the Ukraine. The Chief Executive advised that an offer of support would be made to members of staff affected by this crisis.

Date of Next Meeting: Thursday, 12 May 2022 at 10.00 am **via MS Teams**

EAST REGION PROGRAMME BOARD

(Meeting on 4 February 2022)

No issues were raised for escalation to the Board.

East Region Programme Board

Unconfirmed

Date: Friday 4th February 2022

Time: 14.15-16.15

Venue: Via Microsoft Teams



MINUTES

Present:

C Potter (<i>Chair</i>)	Chief Executive, NHS Fife
C Campbell	Chief Executive, NHS Lothian
R Roberts	Chief Executive, NHS Borders
J McClean	Director of Regional Planning, East Region
J Balkan	Regional Workforce Planning Manager, East Region
L McCallum	Medical Director, NHS Borders
G Clinkscale	Director of Acute Services, NHS Borders
M McGurk	Director of Finance, NHS Fife
C McKenna	Medical Director, NHS Fife
C Dobson	Director of Acute Services, NHS Fife
J Campbell	Chief Operating Officer, NHS Lothian
C Briggs	Director of Planning, NHS Lothian
R Combe	Scottish Ambulance Service
C Myers	IJB Chief Officer, NHS Borders
B Alikhani	SCAN Network Manager
P Wynne	Chief Nurse, NHS Lothian
L Cuthell	East Region Project Support (Minutes)

In Attendance

J Hopton	Programme Director – Sustainability Lead NHS Lothian
N McCormick	Director of Property and Asset Management, NHS Fife

Apologies:

J Smyth	Director of Strategic Change & Performance, NHS Borders
W Brown	Employee Director, NHS Fife
L Douglas	Director of Workforce, NHS Fife
J Crombie	Deputy Chief Executive, NHS Lothian
A MacDonald	IJB Chief Officer, NHS Lothian
J Butler	Director of Human Resources, NHS Lothian

		ACTION
1.	Welcome & Apologies	
	C Potter welcomed everyone to the meeting. Apologies were noted as above.	
2	Minutes of Previous Meeting – 17th September 2021	
	The minutes of the meeting held on 17 th September 2021 were approved as an accurate record.	

3	Matters Arising	
	Regional RAS Strategy	
	J McClean confirmed to the group that the Regional RAS Strategic Framework had been finalised and circulated to Boards. The next step is to establish an Implementation Group which will focus on review of utilisation, data, outcomes and provide assurance on equity of access to robotic procedures across the Region. Recent discussions with Robotic Surgical Leads have taken place regarding improving the submission of East Region Board's data to Public Health Scotland for collation, as part of the national agreement. NHS Fife has shared their approach which is working well. Further updates will be provided at a future meeting.	JMcC
	Haematology SLWG	
	J McClean advised that following a pause in work, the East Region are now in the process of establishing a SLWG with Chair arrangements being confirmed. The focus will be on developing a regional approach to addressing Haematology workforce issues across the 3 Boards.	
4	NHS Scotland Climate Emergency and Sustainability - Regional Approach	
	<p>Dr Jane Hopton and Neil McCormick spoke to the previously circulated briefing paper. It was highlighted that following the publication of the draft NHS Scotland Climate Emergency and Sustainability Strategy each Region had been requested to identify a representative to sit on the newly convened National Board. Nominated Leads from NHS Fife, Lothian and Borders had met recently and agreed establishment of a regional forum. J Hopton noted that the scale of work to deliver against this strategy is significant and will prove challenging.</p> <p>The ERPB agreed the importance of this work and that it is vital to play it into regional recovery and planning post Covid. The group agreed that clarity is needed on the regional objectives for the year ahead which will add value and reduce duplication, noting that each Board will have a local action plan and priorities. The importance of weaving the strategy in to other regional workstreams was emphasised.</p> <p>C Potter suggested it would be helpful to pull together a paper summarising individual Boards plans to assist with planning and setting regional objectives.</p> <p>L McCallum asked if there will be clinical representation on the group noting the importance and benefit of having clinical involvement. J Hopton confirmed that this would be beneficial and agreed to explore how to secure clinical engagement.</p> <p>It was agreed that a paper would be presented to the next ERPB in late April addressing the points raised in discussion.</p> <p>C Potter thanked J Hopton and N McCormick for their attendance.</p>	<p>JH</p> <p>JH</p> <p>JH/NMc</p>
5	Regional Diabetes Programme – Evaluation Report and Next Steps	
	<p>R Roberts spoke to the previously circulated independent Evaluation Report commissioned by the East Region to support discussion and decision on the future programme arrangements.</p> <p>R Roberts noted that there had been a number of changes in leadership of the programme over the last 18 months with a number of gaps now in the programme team. R Roberts highlighted that decisions need to be made regarding the remaining work associated with the programme and acknowledged that there is a level of reputational risk for the Region. It was</p>	

	<p>highlighted that SG are promoting our regional approach through the national policy work so consideration needs to be given how this is handled.</p> <p>R Roberts noted that this initiative had initially been planned as a long term Programme and had not anticipated the pandemic or the significant changes in senior leaders. It was highlighted that should the recommendation for continuation be supported, additional support needs to be given to the Project or have it managed in a different way.</p> <p>J McClean highlighted that in addition to the 4 worksteams, the programme has developed out with the original scope, with stakeholders now wider than IJBs and Councils, e.g. Public Health Scotland, SG, Obesity Action Scotland and Diabetes UK. However in the first instance it was essential to engage with IJBs and Councils to clarify their position in supporting the programme.</p> <p>R Roberts noted that some of the Programme could sit neatly with the emerging Care and Wellbeing Projects.</p> <p>C Campbell asked for clarity on the role of the region. J McClean advised that an Interface Group had previously provided oversight involving Health Board Chief Executives, Local Authority Chief Executives and IJB Chief Officers, however that group had not met for some time.</p> <p>C McKenna suggested there needed to be clarity on the return for investment and noted that there was a role for IJBs.</p> <p>L McCallum noted the challenges with engaging GPs and other stakeholders, noting that there had previously been a local issue in NHS Borders. J McClean agreed to discuss this further with L McCallum out with the meeting as there is an ongoing issue.</p> <p>M McGurk queried how long the weight management work would take to complete. J McClean highlighted that SG has committed a 5 year funding programme to deliver the Standards for children and adult weight management services and that is where the funding has largely been aimed.</p> <p>R Roberts noted that SG are funding the development of weight management services regardless of regional work but there needs to be clarification on the added value of working regionally.</p> <p>Following further discussion, it was agreed that the following points would be addressed specifically:</p> <ul style="list-style-type: none"> • resources required to support the work • engagement plan for stakeholders • options to transition from regional working into local planning • clarity on benefits to the Boards of regional approach <p>An update will be provided at a future meeting.</p>	<p>JMcC/LMc</p> <p>JMcC RR</p>
6	<p>CAMHS Recovery and Renewal</p> <p>J McClean spoke to the previously circulated briefing paper noting the significant pressures around CAMHS Services, the level of demand and challenges around workforce, which SG are looking to address through significant funding allocations to Boards as part of a programme of Recovery and Renewal.</p> <p>J McClean highlighted that following the request from SG that Regional Planning supports the regional elements of CAMHS Recovery and Renewal,</p>	

	<p>it is proposed that the existing regional CAMHS Tier 4 Consortium is re-purposed to support the planning and collaboration required to deliver the key actions set out in the paper. A draft Terms of Reference was presented for agreement.</p> <p>J McClean confirmed that SG is making funding available for regional resources to support the work, specifically Project Management, Data Analytical support and Clinical Leadership in each of the 3 Boards which is largely in line with the West and North of Scotland regional arrangements. J McClean confirmed that these proposals are supported by Board leads, with acknowledgement that local capacity is very limited, with a strong appetite to work collaboratively to deliver improvements.</p> <p>ERPB was asked to support the proposal to re-purpose the Regional CAMHS Tier 4 Consortium and submission of the funding proposal for regional resources. ERPB confirmed support for both requests.</p>	
7	SMART Service	
	<p>C Briggs spoke to the previously circulated briefing paper. He highlighted that following an external review of the SMART service, NHS Lothian has committed to undertaking the following three priorities:</p> <ul style="list-style-type: none"> • Development of a performance framework. • Undertake a financial analysis in relation to the service requirements and to address waiting times. • Implementation of an action plan relating to the points noted above. <p>C Briggs confirmed that the performance framework will be completed by the end of this financial year in order to support discussions between partner Boards.</p> <p>J McClean noted that an important recommendation from the external review was to establish an appropriate regional forum which supports the regional agreement, and sought confirmation that this would be part of the update at the next meeting.</p> <p>C Briggs confirmed that this would be included in the update for the meeting.</p> <p>ERPB noted the progress and agreed to receive an update at the next meeting on 29th April 2022</p>	CB
8	Regional Ophthalmology Workstream	
	<p>R Roberts spoke to the previously circulated paper which set out the work of the Regional Ophthalmology Board. Since its establishment in 2019, a number of regional initiatives have led to improved efficiency and resilience of ophthalmology services in the Region. A number of data-led improvement initiatives have been led regionally, with a view to achieving consistency of performance across the Region. Following a decision by NHS Lothian not to proceed with the implementation of Clinical Viewer, it is proposed that the work of the Ophthalmology Board has been completed with the ERPB requested to consider standing down the formal arrangements.</p> <p>R Roberts proposed that any regional recovery work could pick up ophthalmology given the significant pressures.</p> <p>Members of ERPB supported the standing down of the Ophthalmology Board noting the work achieved.</p>	
9	Board Updates	

	<p>NHS Lothian C Campbell advised of the ongoing pressures within the board advising that the next 6 months would be about stabilising rather than a focus on recovery. Staff continue to work under extreme pressure and there is a real need to manage expectations. He highlighted a particular issue around unscheduled care noting the impact this has elsewhere in the system. J Campbell noted issues this week regarding the level of attendances in ED and the impact this has on patients and workforce.</p> <p>NHS Borders R Roberts noted that NHS Borders remains under significant pressure particularly in relation to workforce. The Board are currently trying to manage the transition from response to recovery phase. G Clinkscale noted that 5 nurses have recently been appointed through International Recruitment. L McCallum highlighted the importance of a healthy workforce and there needs to be a focus on the needs of the staff.</p> <p>NHS Fife C Dobson advised of the ongoing challenges around Acute services including issues with flow throughout the system. The Emergency Department continues to work under significant pressures with reduced performance. Surgical teams are frustrated and keen to get back to normal operating levels. M McGurk highlighted that 2022/23 will predominantly be a Covid transitional year for NHS Fife and will include plans to put together a strategy which will embrace the changes that have been made over the past few years.</p>	
13	AOB	
	No additional items raised.	
14	Date of Next Meeting	
	Friday 29 th April 2022 14.15 – 16.15 – Microsoft Teams	



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 26 NOVEMBER 2021 AT 10.00 AM

Present	Christina Cooper (CC) (Chair) Rosemary Liewald (RLi) (Vice-Chair) Fife Council – David Alexander (DA), Tim Brett (TB), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FM), David J Ross (DJR), Jan Wincott (JW) NHS Fife Board Members (Non-Executive) – Martin Black (MB), Sinead Braiden (SB), Alistair Morris (AM), Arlene Wood (AW) Janette Owens (JO), NHS Fife Board Member (Executive Director), Director of Nursing, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Ian Dall (ID), Service User Representative Morna Fleming (MF), Carer Representative Simon Fevre (SF), Staff Representative, NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associate Medical Director
Attending	Bryan Davies (B), Head of Primary & Preventative Care Services Rona Laskowski (RLAs), Head of Complex & Critical Care Services Lynne Garvey (LG), Head of Community Care Services Joy Tomlinson (JT), Director of Public Health Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Norma Aitken (NA), Head of Corporate Services Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO HEADING

ACTION

1 CHAIRPERSON'S HANDOVER

Rosemary Liewald welcomed everyone to the meeting and thanked those present for their support over the past three years whilst she has been Chair of the partnership. It has been a privilege to serve as Chair over this time and this has been helped by the commitment and professionalism of our staff who are our most valuable asset. The partnership is on a good footing to continue to improve the lives of Fife residents. Rosemary also thanked Nicky Connor and the Senior Leadership Team and was assured the Board are on the correct path to carry out the vast amount of work to be taken forward. She then handed the meeting over to the new Chair, Christina Cooper.

2 CHAIRPERSON'S WELCOME

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board (IJB). She looked forward to working with the Board and partnership staff, finding balanced ways of working and looking forward to the challenges of the new Strategic Plan and the National Care Service.

Members were reminded of the protocol for the meeting which had been circulated previously.

The Chair advised those present that the British Dietetic Association Awards event was held online on 4 November 2021 and Scotland won four awards. Fife's Media Group won the **Social Media Influencer Award**. Congratulations to the whole team.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking.

3 CONFIRMATION OF ATTENDANCE / APOLOGIES

Apologies had been received from Chris McKenna, Paul Dundas, Eleanor Haggett, Kenny Murphy, Lynn Barker, Katherine Paramore and Kathy Henwood.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 CHIEF OFFICERS REPORT

The Chair handed over to Nicky Connor for her Chief Officers Report.

Nicky began by expressing her thanks to Rosemary Liewald for her support and commitment during her time as Chair and looked forward to working with Christina Cooper as Chair.

Nicky then acknowledged achievements made by the partnership over the last three years which included refreshing the Strategic Plan and Mental Health Strategy, a new Dementia Strategy, Primary Care Improvements, ongoing Care Home Replacements and the introduction of new technology. The Senior Leadership Team has been refreshed with three new Heads of Service and two professional leads being introduced. Considerable work has been undertaken on the governance of the Board as well as improved ways of working with the independent and voluntary sectors. Fife was recently commended following an Adult Support and Protection Inspection. Work continues to balance needs between hospital discharge and care at home provision.

There will be an opportunity for Board members to meet Jane Brown, Principal Social Work Officer and Roy Lawrence, Principal Lead Organisation Development and Culture at the upcoming Development Session on Friday 10 December 2021.

An update on covid and remobilisation had been circulated to Board members prior to the IJB meeting.

5 CHIEF OFFICERS REPORT (Cont)

Nicky Connor handed over to Janette Owens who provided an update on the current situation which is an improving one. It has been possible to free up some bed capacity within Victoria Hospital and Community Hospitals, which should help support demand. Vaccine uptake in Fife is high. . Work continues on the new Elective Orthopaedic Centre and Fife Health Charity have provided funds to enhance the environment within the Centre for patients and staff.

Staffing remains challenging with significant vacancies. Interviews are being held in the coming weeks for non-registered workers on Band 2/3 posts. Band 4 posts are being introduced in the near future.

Discussion took place around staffing issues and maintaining safe staffing which is critical. This is being constantly assessed and monitored via the Gold and Silver command structure and Safety Huddles. Seven-day working should support the discharge of patients over the weekend, which in turn will create more capacity. Recruitment continues locally, nationally and internationally to increase staff numbers.

Currently nursing staff vacancies are sitting at approx 8% when it would normally sit around 6%. Updates are provided regularly to the NHS Fife Staff Governance Committee.

At the IJB Development Session on Friday 10 December 2021 there will be an update on Workforce Planning as this Strategy is being refreshed.

The Chair thanked Nicky and Janette for their updates and was assured that work was continuing to ensure patient safety was paramount and workforce issues were being addressed.

6 MINUTES OF PREVIOUS MEETING 22 OCTOBER 2021

The Minute of the meeting held on Friday 22 October 2021 was approved.

7 MATTERS ARISING – ACTION NOTE 22 OCTOBER 2021

The Action Note from the meeting held on 22 October 2021 was approved.

8 FIFE INTEGRATION JOINT BOARD 2020/2021 ANNUAL AUDIT REPORT

This report was discussed at the Audit & Risk (A&R) Committee on Friday 19 November 2021. The Chair introduced Audrey Valente who presented the report. The draft Accounts were presented to the A&R Committee in July 2021 and these had been reviewed by Tim Bridle, Audit Scotland. The Board was being asked to approve the accounts for signature.

Brian Howarth from Audit Scotland advised that there had been adjustments to the accounts since the A&R Committee in July 2021 and this had resulted in the issues of a clean audit certificate. Brian commented on the achievement of a surplus, due to Covid-19 and

NO HEADING**ACTION****8 FIFE INTEGRATION JOINT BOARD 2020/2021 ANNUAL AUDIT REPORT (Cont)**

continuing overspend pressures this year. Good progress has been made on governance, Best Value and Transformation. If the Board approved the accounts, they would be signed off via electronic signature later in the day.

Discussion took place around the wording of one section of the accounts and it was agreed to make a change prior to the accounts being signed off.

AV

The Chair then invited Dave Dempsey, Chair of A&R to comment on discussions at the Committee. Dave had no issues to raise and advised that the Committee were content that the Board sign off the Accounts as presented.

Arlene Wood raised the issue of recommendations from 2019-2020 report and how these were being dealt with. Audrey advised that going forward the revised SLT Business and Assurance meetings would consider audit actions in detail on a quarterly basis. Several of the outstanding actions require to wait until the Integration Scheme has been signed off by Scottish Government before they can be actioned.

Audrey advised that the Medium-Term Financial Strategy is being refreshed and will reflect inflationary pressures, Covid-19 funding, financial planning, the potential budget gap for the next three years and the requirement for further savings. This will be brought back to the Board in due course.

The Board agreed to approve the annual accounts for signature once the revision to wording had been done.

9 FINANCE UPDATE

This report was discussed at the Finance & Performance (F&P) Committee on Wednesday 10 November 2021. The Chair introduced Audrey Valente who presented this report, which detailed the financial position based on 30 September 2021 financial information. The forecast deficit is £4.179m and it is expected that the costs of Covid-19 will be met in full through the use of Reserves and further Scottish Government funding. It has been confirmed that Scottish Government will provide support to IJBs to deliver break even on a non-repayable basis, providing there is appropriate review and control in place.

Covid-19 spend to date is £12.596m and is projected to be £32.476 by year end. Reserves of £15m will be used in the first instance to offset these costs.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David confirmed that F&P members had scrutinised the report and had no issues to raise.

9 FINANCE UPDATE (Cont)

Discussion took place around potential uses of uncommitted reserves and Audrey advised there was an element of flexibility to use these to help with longer term financial sustainability.

The Board examined and considered the key actions/next steps, approved the financial monitoring position as at September 2021 and approved the use of Reserves as at September 2021.

10 FINANCIAL RECOVERY PLAN

This report was discussed at the Finance & Performance (F&P) Committee on Wednesday 10 November 2021. The Chair introduced Audrey Valente who presented this report. The report updated on current progress on recovery actions in the medium and longer term. The Medium-Term Financial Strategy would be an important part of this work. This will be brought back to the Board in due course.

Four main areas of spending are under review:-

- Review and refine costs to ensure expenditure is coded correctly to Covid.
- Reduce in-year non-essential spend.
- Impact on core services of Scottish Government additional funding.
- Improved projected outturn position.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David confirmed this had been discussed in length at F&P and there were no issues the Committee wished to raise.

Tim Brett asked about how the partnership would use their share of the £300m Scottish Government funding. Audrey advised that the funding letter had been clear that this funding was to be used to cover winter 2021-2022. SLT are working on detailed proposals for this funding.

The Board charged the Director of H&SC and Senior Officers to bring budgets back in line in-year as reasonably possible, discussed and agreed the actions to control costs as outlined in the Recovery Plan for 2021-22 and agreed to continue to focus on implementing effective financial management and good governance in to deliver a balanced budget moving forward. A Direction will be issued to NHS Fife and Fife Council on that basis.

11 FIFE HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT

This report was discussed at both the Finance & Performance (F&P) Committee on 10 November 2021 and the Clinical & Care Governance (C&GC) Committee on 12 November 2021 both of whom accepted the

11 FIFE HEALTH AND SOCIAL CARE PARTNERSHIP ANNUAL PERFORMANCE REPORT (Cont)

recommendations within the report and acknowledged the significant work undertaken within the partnership.. The Chair introduced Fiona McKay who presented this report.

Fiona McKay thanked Morna Fleming who had proofread the document.

Fiona McKay advised that the content of the report was as a result of Scottish Government guidance and once approved by the IJB the Annual Performance Report would be submitted to Scottish Government. It would then be published on the partnership website.

The Chair then invited Tim Brett, Chair of C&CG and David Graham, Chair of F&P to comment on discussions at these Committees before questions from Board Members.

Tim Brett congratulated Fiona McKay and her team for the sheer volume of work which had gone into producing what is the best Annual Performance Report to date.

David Graham advised that F&P discussed the report at length and agreed the last 18 months had been challenging and the committee were grateful for the work undertaken by partnership staff.

Discussion took place around The Wells, which had unfortunately been closed for most of the pandemic. The Well in Kirkcaldy has now opened in the Mercat Shopping Centre. . The Fife Council Contact Centre can now refer people virtually to Wells as part of a joint project.

It was agreed that the report provided a good insight into the scope and range of services offered by the partnership. Some sections of the final report were light on detail and this will be looked at for future reports.

FM

During 2022 the Annual Performance Report will have to be finalised by the end of June (rather than November) and will be brought to a Development Session for further discussion.

The Chair advised that this was an excellent, well-balanced report which highlights partnership working in all sectors. The Board approved the report.

12 DELAYS, WINTER AND COMMUNITY CARE

This report was discussed at both the Finance & Performance (F&P) Committee on 10 November 2021 and the Clinical & Care Governance (C&GC) Committee on 12 November 2021, both of whom endorsed the proposals and plan. The Chair introduced Lynne Garvey who presented this report which was seeking IJB support on the actions which were proposed as part of the winter planning arrangements.

Scottish Government recently approved £300m of funding for Local Authorities and Health Boards to allow them to put in place robust winter planning arrangements. For Fife the key areas will be Care at Home, Interim Care, Multi-Disciplinary Teams and Adult Social Care Winter

12 DELAYS, WINTER AND COMMUNITY CARE (Cont)

Preparedness. The report outlined the challenges, the investment required and the improvement trajectory.

The Board discussed aspects of the report including Care at Home, STAR beds, the creation of a peripatetic team to help cover staff shortages and investment in technology enabled care. Investment is being made in multi-disciplinary teams to support GP and Dental practices. With investment comes potential risk, both financial can reputational, but these are being mitigated where possible.

The Chair then invited Tim Brett, Chair of C&CG and David Graham, Chair of F&P to comment on discussions at these Committees before questions from Board Members.

Tim Brett advised C&CG welcomed the additional funding but had raised concerns around recruitment challenges. They agreed with all proposed uses of the funding.

David Graham was unable to comment as he was not in the meeting at this point.

It was agreed that the report was detailed and thorough. Recruitment challenges, particularly with external providers, had been highlighted in local media and this was being addressed in a variety of ways. Recent internal recruitment had led to a growth in staff numbers in Care at Home with 55 new recruits and 40 leavers in the last month or two. Absence has reduced slightly during this period.

Discussion took place around staffing of surge beds, which have been opened to cope with winter pressures. Substantive recruitment to cover surge beds is in the pipeline.

Work is ongoing with 45 foundation apprenticeships being undertaken by 5th and 6th year pupils and another 40 pupils are currently doing their second year. There are 44 Modern Apprentices employed by the partnership. Twelve-week work placements are being offered to people aged 16-24 to encourage them to take up care as a career.

The Board had been asked to examine and consider the report.

13 PRIMARY CARE IMPROVEMENT PLAN MOU2 UPDATE

This report was discussed at the Clinical & Care Governance Committee on 12 November 2021. The Chair introduced Bryan Davies who presented this report which was brought to the IJB to update on the risks associated with the 2018 GMS Contract Implementation Memorandum of Understanding 2 (MOU2) published on 30 July 2021.

The report updated on progress against various workstreams, pharmacotherapy, workforce challenges, financial aspects of the plan and transitional arrangements. A further report will be brought to the Finance & Performance Committee on 14 January 2022.

The Chair then invited Tim Brett, Chair of C&CG to comment on discussions at the Committee before questions from Board Members. The

NO HEADING**ACTION****13 PRIMARY CARE IMPROVEMENT PLAN MOU2 UPDATE(Cont)**

Committee agreed it was important that the public understood the proposed changes.

It was agreed that the two key themes going forward would be recruitment challenges and good communications. It was important to ensure that the public are kept up to date with changes in service provision as these happen.

The Board considered and discussed the implications of this report and the following recommendations:-

- Assurance is sought from the finance meeting with Scottish Government. Once this is obtained, it is recommended that the required posts in order to deliver CTAC and YTP and pharmacotherapy be recruited to on a permanent basis.
- PCIF funding reserves should be utilised in order to implement MOU2 Phase 2 for the next two years.
- The financial consequences and associated risks from full PCIP implementation be further explored with partners once transitional payment details are received.

Further update reports will be provided in future.

14 STATEMENT OF INTENT FOR SUPPORT FOR UNPAID CARERS

This Statement was previously discussed at the Integration Joint Board meeting on Friday 22 October 2021. The Chair introduced Fiona McKay who presented this item which has now been discussed fully with the Carers Strategy Group. Going forward this statement will be monitored and managed.

The Board considered the statement and endorsed the intent outlined therein.

15 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED

Nicky Connor asked the Chairs of the Governance Committees and Local Partnership Forum to raise issues that they wished to escalate to the IJB.

Tim Brett – Clinical & Care Governance Committee (C&CG) – 1 October 2021 (Confirmed)

Items from this minute had been dealt with at the IJB meeting on 22 October 2012.

David Graham – Finance & Performance Committees (F&P) – 10 November 2021 (Unconfirmed)

No items to escalate from this meeting.

NO	HEADING	ACTION
15	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED (Cont)	
	Dave Dempsey – Audit & Risk Committee (A&R) – 19 November 2021 (Verbal Update)	
	No items to escalate from this meeting.	
	Nicky Connor - Local Partnership Forum (LPF) – 3 November 2021 (Unconfirmed)	
	Nicky highlighted the excellent response rate to the NHS iMatter survey – the partnership had a 61% response rate, the highest ever. This has been discussed at SLT, ELT and the LPF. Teams are now preparing Action Plans based on the returns.	
16	AOCB	
	As the Chair had not been alerted prior to the meeting of any other business to be raised under this item, the meeting was closed by providing the dates of the next meetings.	
17	DATES OF NEXT MEETINGS	
	IJB Development Session – Friday 10 December 2020 at 9.30 am	
	IJB Meeting – Friday 28 January 2022 at 10.00 am	
	IJB Development Session – Friday 25 February 2022 at 9.30 am	

FIFE PARTNERSHIP BOARD
(Meeting on 15 February 2022)

There were no items for escalation to the NHS Board from this meeting.

Unconfirmed

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

15th February, 2022

10.00 a.m. – 11.35 a.m.

PRESENT: Councillors David Alexander (Convener), David Ross and Dave Dempsey, Steve Grimmond, Chief Executive, Fife Council; Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health, Tricia Marwick, Chair of NHS Fife Board, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Iain Brocklebank, Area Commander, Scottish Fire and Rescue Service; Mark McMullen, Interim Head of Partnerships, Scottish Enterprise; Gordon MacDougall, Head of Operations, Skills Development Scotland; Anna Herriman, Senior Partnership Manager, SESTran; Chief Superintendent Derek McEwan, Police Scotland and Hugh Hall, Principal, Fife College; Kenny Murphy, Chief Executive, Fife Voluntary Action.

ATTENDING: Keith Winter, Executive Director, Enterprise and Environment; Ken Gourlay, Head of Assets, Transportation & Environment; Gordon Mole, Head of Business & Employability, Economy Planning and Employability Services; Tim Kendrick, Community Manager (Development), Communities; Gavin Smith, Service Manager (Housing Management Executive), Housing Services; Paul Gillespie, Community Inspector, Police Scotland and Michelle Hyslop, Committee Officer, Legal and Democratic Services.

121. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 26th October, 2021.

Decision

The Board approved the minute.

122. COVID-19 UPDATE - VERBAL UPDATE ON RECOVERY ACTIVITY BY PARTNERS

Partners provided the board with respective updates on service delivery surrounding the Covid-19 pandemic, noting that services were focusing on recovery and renewal.

Services continued to note high levels of staff absences due to the Omicron variant, this had caused increased pressures on delivering and maintaining services during 2021/2022.

All services noted that they continued to focus on the recovery framework following the publication of the Scottish Government revised strategic framework.

123./

Unconfirmed

123. PLAN FOR FIFE DELIVERY UPDATE

The Board considered a report by the Executive Director, Communities which provided partners with an update on the progress to date in delivering the Plan for Fife recovery and renewal priorities, in taking forward work on people and place leadership and organisational change.

Decision

The Board: -

- (1) noted the progress update on the delivery of recovery and renewal priorities as detailed in Appendix 1 of the report;
- (2) agreed on the updated proposal for taking forward local people and place leadership across the Partnership;
- (3) noted the progress to date in taking forward joint work on organisational change across the Partnership; and
- (4) agreed that a further Plan for Fife report outlining the priority actions for the next 3 years would be presented at the next board meeting.

124. PLAN FOR FIFE – DRAFT ANNUAL REPORT 2020/2021

The Board considered a report by the Executive Director, Communities which presented to partners the draft annual report on the Plan for Fife for 2020/2021.

Decision

The Board endorsed the draft annual report.

125. PREVENTION OF HOMELESSNESS DUTY CONSULTATION

The Board considered a report by the Head of Housing Services, which asked partners to consider the Scottish Government Consultation on the prevention of homelessness duties, noting that additional duties would be placed on the Council and Partners from the Scottish Government Administration.

The consultation was the most significant reform to homelessness and related legislation since 2012. Partners were asked to agree to submit a fife wide response based on contributions from across all levels of the partnership.

Decision

The Board: -

- (1) approved the development of a coordinated Fife Partnership response to the Prevention of Homelessness Duty Consultation by 31st March 2022; and
- (2) agreed on a process to coordinate partnership engagement.

126./

Unconfirmed

126. PRESENTATION ON IMPROVING LEVENMOUTH TOGETHER

The Board considered a report by Chief Inspector, Police Scotland which provided partners with an update on the progress of the Levenmouth Together initiative.

Decision

The Board: -

- (1) welcomed and noted the presentation on improving Levenmouth Together;
- (2) thanked Paul Gillespie, Police Scotland for all his hard work and inspirational work within the community;
- (3) noted the importance of improving safety and wellbeing of people, places and communities within Fife
- (4) agreed that partners would support Police Scotland to look at new ways of linking into other services within the board as part of a wider response.

127. DATE OF NEXT MEETING

Decision

A date for the next meeting would be agreed and issued to board members after May 2022, following local government elections.

Fife NHS Board

Confirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 9 DECEMBER 2021 AT 2PM VIA MS TEAMS

Present:

Martin Black, Non-Executive Member (Chair)
Alastair Grant, Non-Executive Member
Cllr David Graham, Non-Executive Member
Kirstie MacDonald, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Andy Brown, Principal Auditor (*agenda item 9.3 only*)
Pauline Cumming, Risk Manager
Tony Gaskin, Chief Internal Auditor
Alistair Graham, Associate Director of Digital & Information (*agenda item 1 only*)
Barry Hudson, Regional Audit Manager
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive (*agenda item 9.3 only*)
Shona Slayford, Principal Auditor (*agenda item 9.3 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

1. MEMBERS' TRAINING SESSION – CYBER SECURITY

The Associate Director of Digital & Information gave a presentation on Cyber Security Resilience. The Chair thanked Mr Graham for an informative session, noting that the potential risks in this area were significant.

It was suggested to present the Cyber Security Resilience session to the Board at a future Board Development Session. The Board Secretary will take this forward in discussion with the Board Chair.

Action: Board Secretary

The forthcoming plan to cascade cyber security information to all staff was queried, and in response the wider communication plan was outlined. It was noted there is a commitment to share cyber security information across the organisation, so that staff are aware of the risks and how to mitigate themselves against common threats.

It was questioned if there is an expectation to raise the percentage compliance against the NIS target. It was advised there is an aspiration to reach 80% by the next audit, with incremental improvement thereafter. A benchmarking exercise is currently ongoing across all NHS Health Boards in Scotland, which will support learnings and improvements, plus identify areas in which 'quick wins' could be achieved. It was noted

that reaching nearer 100% compliance is increasingly difficult to achieve giving the changing nature of guidance in this area.

The Committee **noted** the Cyber Security Resilience update and thanked Mr Graham for his attendance at the session.

2. Welcome / Apologies for Absence

The Chair welcomed everyone to the meeting and extended a warm welcome to A Grant, who is attending his first meeting of the Committee since being appointed as a new Non-Executive Director of the Board.

Apologies were received from A Lawrie, Non-Executive Member, and attendees P Fraser, Audit Scotland and A Clyne, Audit Scotland.

3. Declaration of Members' Interests

There were no declarations of interest made by members.

4. Minutes of the Previous Meeting held on 16 September 2021

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

5. Action List / Matters Arising

National Datix System

The Risk Manager provided an update on the National Datix System, progress on which is currently in a holding position. Exploratory discussions are ongoing at a national level around procurement of risk management systems. It was noted that the preference would be for a Datix Cloud IQ, and outcomes of discussions at a national level are awaited. It was advised that the Board would need to consider whether we proceed on a unilateral basis. It was also advised an update was included in the Strategic Planning & Resource Allocation 2022/23 (SPRA) response at the end of November 2021 and is part of the strategic planning considerations being undertaken by the Clinical Governance Committee.

Corporate Risk Register

The timeline for updating the Corporate Risk Register item was confirmed as March 2022.

The Director of Finance & Strategy provided an explanation on extending the Corporate Risk Register item to March 2022 and advised that this action is closely linked to discussions that are ongoing on taking forward the review of our risk management arrangements, which will be the focus of the Board Development Session later this month.

The action list will be updated following the updates.

The Audit & Risk Committee **noted** the updates provided and the closed items on the Action List.

6. GOVERNANCE – GENERAL

6.1 Financial Operating Procedures Review 2021

The Head of Financial Services & Procurement spoke to the paper. He advised that the Financial Operating Procedures (FOPs) were last updated in 2018 and a full review has now concluded. Most sections have been updated, given the length of time since the last update. It was noted that there were a number of audit recommendations to be addressed within the FOPs and the Regional Audit Manager confirmed all the audit recommendations are concluded, which will have a positive impact on the audit follow up reporting in March 2022.

The Head of Financial Services & Procurement highlighted section 16 of the FOP and advised of improvements in process in relation to the management of losses.

It was confirmed the FOP will be widely available for staff via publication on StaffLink.

The Committee **approved** the revised Financial Operating Procedures, commending the work done to review these.

6.2 Losses and Special Payments Overview

The Head of Financial Services & Procurement noted the losses and special payments overview is a new report for the Committee's assurance. The losses and special payments form part of the statutory financial statements and annual report.

An overview of the latest quarter for losses and special payments was provided and it was noted the largest areas are within clinical and non-clinical payments.

It was questioned how assured we are that compensation payments, already paid out, will not reoccur. The Director of Finance & Strategy explained there is no guarantee these types of cases will not reoccur; however, everything is done to take learning from cases. The Chief Internal Auditor advised that alongside learning, internal systems are carefully looked at, often via Adverse Events reviews, and this is being built into the new clinical governance framework.

It was reported that all legal claims, clinical and non-clinical, go through a significant review process, and normally a serious adverse event process would be initiated immediately (and likely before) any claim. It was noted legal claims can take a number of years to work through and the process is complex, often utilising the Central Legal Office.

The Committee agreed to receiving an update on significant areas of losses and special payments on a regular basis, the timing of which will be factored into the Committee's workplan.

Action: Head of Financial Services & Procurement / Board Committee Support Officer

The Head of Financial Services & Procurement was commended for the work on losses and special payments.

The Committee **took assurance** from the overview on Losses and Special Payments.

6.3 Revised Code of Corporate Governance

The Head of Corporate Governance & Board Secretary advised that the Code of Corporate Governance is reviewed annually by the Committee, normally in April. However, with the establishment of the new Public Health & Wellbeing Committee, the Code of Corporate Governance has been reviewed earlier, to include the new Committee.

Within the Code of Corporate Governance, the Committee **agreed** to adding to the list on p.16 the new Population Health & Wellbeing Portfolio Board, which formally reports into the new Public Health & Wellbeing Committee.

It was noted the Board approved the Terms of Reference for the new Public Health & Wellbeing Committee at their meeting on 30 November 2021.

The Committee **recommended** approval to the Board of the updated Code.

6.4 Update on Board Action Plan for the Implementation of the NHS Scotland 'Blueprint for Good Governance'

The Head of Corporate Governance & Board Secretary provided background on the Blueprint for Good Governance, noting it aims to standardise governance processes across NHS Boards, through providing examples of best practice. On its release, all Boards across Scotland were asked to undertake an assessment of their current local governance arrangements (known as the Blueprint survey) against the Blueprint for Good Governance document. An action plan was subsequently developed for areas that require improvement, to ensure that we are fully implementing the Blueprint. A refresh of the survey is expected in Spring 2022. This will allow new Board members to input into the assessment of the survey.

Key areas from the action plan were highlighted, as follows: developing the IPQR and improving information that is reported to the Board; and building on the Active Governance Session (a summary of actions from the session are included in the SBAR). It was advised there have been areas of improvement since the last update. It was noted the new website is more manageable and has been kept up to date in terms of the uploading of meeting papers, and Board members' information. Standardisation of committee minutes and papers has had the helpful input of the Board Committee Support Officer, which is proving to be a vital role in delivering a quality service to the Board.

It was advised that the Board has now approved the Integration Scheme Review, and it is now with the Scottish Government for final sign off.

A review of the way we engage with the public, communities and third sector organisations need to be undertaken in light of Covid, since this has meant it impossible

to resume the face-to-face engagement sessions with the Board that were successful with in the past.

The Head of Corporate Governance & Board Secretary was thanked for all the hard work carried out and the positive progress made in improving governance arrangements in Fife.

The Committee **noted** the information provided in the paper, which closes off the previous Board action plan against the initial assessment against the Blueprint for Good Governance.

7. GOVERNANCE - INTERNAL AUDIT

7.1 Internal Audit Progress Report

The Regional Audit Manager provided an update and advised advice and input has been provided to Officers of the Board, in particular, around Whistleblowing Assurance reporting and the Quality Management Assurance Terms of Reference.

Internal Audit are developing their own website, which is almost complete, and will cover the FTF Consortium Boards and the Integrated Joint Boards (IJB). The web link will be shared as part of the next progress report in March 2022.

The remaining reviews from 2021 have now concluded, and the 2021/2022 plan is progressing. Since the June 2021 meeting, a total of 10 audits have been finalised and 7 audits are currently at fieldwork stage.

Appendix A summarises reports that have been completed. It was highlighted some of the contents in the report and related action points have progressed since they were issued, and progress updates are included in the following Internal Control Evaluation report.

The Chair thanked the team for all their hard work undertaken.

The Committee **noted** the progress on the delivery of the Internal Audit Plans.

7.2 Internal Audit – Follow Up Report on Audit Recommendations

The Regional Audit Manager advised that the report represents progress against internal audit recommendations and an overview was provided on the status of all remaining internal audit recommendations as at 30 November 2021. The number of the extended recommendations with revised dates will reduce in the coming months.

The six actions relating to the Financial Operating Procedures (FOPs) are now completed and validated, following completions of the FOP review.

It was reported all Officers responded to the audit recommendations and updates on actions from Officers have clear end dates. It is anticipated the number will reduce significantly by March 2022.

The Committee **noted** and **considered** the current status of Internal Audit recommendations recorded within the report.

7.3 Internal Control Evaluation

The Chief Internal Auditor provided background and explained the purpose of the Internal Control Evaluation, noting the report covers the entirety of the organisation's governance structures and represents a mid-year position, intended to give prior warning of any potential issues prior to the financial year-end. It was noted it is a more positive report than the previous year. Very good progress, in challenging circumstances, has been made. There are more recommendations than the previous year, however they relate to suggestions to enhance and improve ongoing improvement activity. An overview was provided on the key themes, as described in the paper.

It was noted the report is not in its final version, and still requires a final proof check, particularly around the management actions now provided.

The Internal Audit team were thanked for all their hard work.

The Committee **considered** the Internal Control Evaluation and **took assurance** from its conclusions.

8. GOVERNANCE - EXTERNAL AUDIT

8.1 Annual Accounts 2020/21– Progress Update on External Audit Annual Report Recommendations

The Director of Finance & Strategy explained the purpose of the progress update was to highlight progress against the audit recommendations.

The Director of Finance & Strategy expanded on the key five recommendations and advised the recommendations are in the process of being worked through.

The ongoing difficulty in recruitment of payroll staff was highlighted, and key challenges explained. A further recruitment campaign is being progressed. Following a question on whether recruitment in this area is a national problem or one distinct to Fife, the Director of Finance & Strategy explained recruitment is not an issue in the central belt. Location of these roles within Fife has provided challenges in attracting suitably qualified candidates. For NHS Fife to deliver a resilient payroll service, we need to operate as a regional consortium. A business case, for the new Regional model, is currently being reviewed through the Committees before going to the Board for approval. It was noted one of the key changes with a consortium is the transfer of staff to NHS National Services Scotland (NSS). It was also noted staff are engaged in the move to a consortium, and assurance was provided there will be no physical movement of staff, with staff still located in Fife (although all staff are currently working from home). If approved by the Board, the phasing of the consortium will commence from June 2022.

It was reported both Internal and External Auditors have appropriately challenged the lack of firm plans to address our underlying savings gap over the last few years, and a Financial Improvement Sustainability Programme has now been launched that reports

into the Portfolio Board which underpins the development of the new strategy. Four specific areas have been established to create productive opportunities and create capacity, and there are a range of key projects to deliver cash releasing savings next financial year. Assurance was provided that we will be in a position to respond positively with agreed management actions in place.

The most recent update on the Transformation Programmes was questioned. The Director of Finance & Strategy advised that a Portfolio Board has been created to oversee all the different programmes of work and projects that would fall into the category of transformation. Two examples of programmes of transformation work were described, and it was advised the scrutiny of progress will be managed through the Portfolio Board.

The Committee **noted** the progress made in this area.

9. RISK

9.1 Risk Management Key Performance Indicators (KPI) Report

The Risk Manager provided an update and advised a review of risk management arrangements are currently underway.

The seven indicators were outlined, and it was reported there has been some improvement in relation to risks being reviewed, with the Risk Manager supporting and encouraging staff on reviewing risks.

The Committee **noted** the Risk Management KPI Report.

9.2 Board Assurance Framework (BAF)

The Risk Manager advised that the paper explains the summary position of the BAF

The Risk Manager informed the Committee that a review of arrangements is ongoing, which is providing an opportunity to examine the baseline of the BAF and question the most appropriate model of the BAF going forward.

The Committee **noted** the Board Assurance Framework update.

9.3 Risk Management Arrangements – Reviewing our Approach

The Director of Finance & Strategy gave a presentation on reviewing our approach to risk management arrangements, with discussion from the Committee on the presentation contents.

Slide 3

The Committee broadly **agreed** the Board responsibilities in terms of their role and oversight of corporate level risks. The Chief Internal Auditor made comment and said that what was described is in line with recognised practice at Board level.

Slide 4

A definition of strategic and operational risks was discussed.

It was questioned who determines the high risks. In response, it was advised each of the risk owners have a responsibility for reviewing the scoring of the risk and are ultimately responsible for indicating if a risk is high level

Slide 5

The Committee were generally supportive of more focussed reporting on risks, this being an area recognised for improvement.

Slide 6 & 7

The Committee were generally supportive of the risk dashboard reporting format that was presented.

Slide 8 & 9

It was noted defining risk appetite of the Board will determine how we focus on active risk management.

The team were thanked for all the hard work that has already been carried out. It was noted the Board will discuss this item at their forthcoming Development Session on 21 December, which will be helpful in moving this forward.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

11. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Thursday 17 March 2022 at 2pm via MS Teams

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON THURSDAY 13 JANUARY 2022 AT 2PM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair)	A Wood, Non-Executive Member
M Black, Non-Executive Member	Dr C McKenna, Medical Director
S Braiden, Non-Executive Member	J Owens, Director of Nursing
R Laing, Non-Executive Member	J Tomlinson, Director of Public Health

In Attendance:

L Campbell, Associate Director of Nursing
N Connor, Director of Health & Social Care
G Couser, Head of Quality & Clinical Governance
C Dobson, Director of Acute Services
S Fraser, Associate Director of Planning & Performance
B Hannan, Deputy Director of Pharmacy & Medicines (*deputising for S Garden*)
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
N McCormick, Director of Property & Asset Management
M Wood, Interim Associate Medical Director
H Thomson, Board Committee Support Officer (Minutes)

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from members Cllr D Graham (Non-Executive Member), S Fevre (Area Partnership Forum Representative) and C Potter (Chief Executive), and from attendees S Garden (Director of Pharmacy & Medicines), H Hellewell (Associate Medical Director), A Lawrie (Area Clinical Forum Representative), J Morrice (Associate Medical Director of Women & Children Services) and E Muir (Clinical Effectiveness Manager).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 3 November 2021

The Committee formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

The Committee **noted** the updates and also the closed items on the Action List.

5. COVID-19 UPDATES

5.1. Testing & Tracing Update

The Director of Public Health advised the testing & tracing paper was also presented to the Public Health & Wellbeing Committee on 10 January 2022.

Chart 1: Fife Resident PCR Test Results; daily number and 7-day rolling total rate to 26th December 2021, was highlighted. It was advised that there have been changes to the testing recommendations, and in the policy changes from 5 January 2022, the total of LFT and PCR tests will be counted together. Assurance was provided that high levels of testing continue, despite the high number of positive cases.

It was reported that assurance was provided from the Scottish Government that funding will be available for testing until June 2022, and the contact tracing workforce and the wider public health team funding has been agreed to the end of September 2022.

R Laing, Non-Executive Member, questioned if PCR testing for immunosuppressed people would be fast tracked for quicker antiviral treatment. Assurance was provided that there is a local process in place and fast tracking for those cases is already taking place. It was confirmed immunosuppressed people who receive a positive LFT and cannot get access to a PCR test, will still receive the antiviral treatment in a timely manner.

A Wood, Non-Executive Member, questioned if there was an opportunity to offer testing and tracing staff, who are on temporary contracts, a substantive position. The Director of Public Health advised that advice has been sought from HR through the processes of extensions to contracts. An overview on the opportunities and complexities, due to a variety of different routes that staff were originally employed/deployed, was provided.

The Medical Director provided a general Covid update. The success of the vaccine booster programme has resulted in lower numbers currently than expected within the Acute Hospitals, however, the position could still change. Positive Covid cases within our community settings has resulted in closures of care homes and wards within community hospitals and this has affected capacity and flow. It was reported that there has recently been a different pattern of illness, compared to the previous Covid variants, which is largely attributable to the booster programme providing good protection from serious illness.

The Committee **noted** the testing & tracing update and thanked our valued staff and volunteers for their continued efforts.

5.2. Flu Vaccination & Covid Vaccination (FVCV) Programme Update

The Director of Health & Social Care provided an update.

It was reported that over 788,000 vaccines in Fife have now been delivered. The 'Boosted by the Bells' campaign exceeded the Scottish Government's 80% target, with

a reached uptake in Fife of 82.7% as of 31 December 2021, which is higher than the national average of 79.8%. It was noted that there was a number of the population receiving their first vaccination within this period, who had not come forward previously, which is positive news.

Following a question, the Director of Health & Social Care confirmed the booster and second dose vaccination data will be separated, and the projection against delivery targets data will both be included in the reporting going forward.

Action: Director of Health & Social Care

The key priorities, as provided in the paper, were outlined and it was noted that there is more work to be carried out within the younger cohort of the population.

It was advised that outreach work has been undertaken in terms of homeless shelters and the travelling communities. The impact of inequalities is recognised to ensure the vaccine is available to everyone.

It was advised that a paper is shortly being submitted to the Executive Directors' Group (EDG) on a move towards the stabilisation of the workforce and permanent recruitment to support the FVCV programme.

The staff and volunteers involved in the FVCV programme delivery were congratulated for all their fantastic work and achievements, particularly over the busy festive period.

The Committee **noted** and took assurance from the FVCV report.

6. QUALITY / PERFORMANCE

6.1. Integrated Performance & Quality Report (IPQR)

The Medical Director introduced the IPQR and advised that the slight uptake in the Hospital Standardised Mortality Ratios (HMSR) measure was not intended to be used in a pandemic situation, and it was explained that the status of this measure is currently difficult to analyse and will be closely monitored going forward.

The Director of Nursing advised that there have been continued challenges in inpatient settings due to social distancing and workforce challenges. A summary of the current status of measures was provided.

In terms of complaints, it was reported that the response rate is currently not meeting statutory timeframes for response, and discussions had taken place with the Scottish Public Services Ombudsman (SPSO) on the complaints processes. The SPSO had emphasised the importance of continuing communication with complainants and to advise them that replies could be potentially late. Challenges within the Complaints Team were due to Covid pressures and self-isolating. It was also noted that processes within complaints management are currently being reviewed.

A request was made to present the data in a different format, and it was advised that the IPQR as a whole is currently under review.

The Committee **examined** and **considered** the NHS Fife performance, focusing on the measures delegated to the Committee.

6.2. Joint Remobilisation Plan 4 (RMP4) 2021/22

The Associate Director of Planning & Performance advised the Committee that the Winter Planning actions normally separated out in a stand-alone plan are included in the Joint Remobilisation Plan 4 (RMP4).

It was reported that any actions that are unlikely to be achieved, or are at risk of not being achieved, are highlighted in the report. Some are due to the impact of Covid.

It was questioned if there is a national approach to manage the backlog of the planned care elements. It was advised there are local plans to recover the position, and that the team are in close contact with the national teams on their approach.

The Committee recognised the hard work and ongoing efforts of the teams on the completed actions, particularly during these times of difficult circumstances.

The Committee **noted** the progress of deliverables within Joint Remobilisation Plan 4 (RMP4), which includes the Winter Plan actions.

6.3. Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided an overview on the detailed HAIRT.

Following a question, it was advised there is a local concern around risk prescribing and recurrence for clostridioides difficile Infection (CDI), although work is ongoing around risk prescribing. It was also advised that there have been no issues raised by the Infection Control Team around surgical site infection (SSI).

The Director of Nursing praised and thanked the Infection Prevention Control Team for all their hard work.

The Committee **noted** the HAIRT report.

7. ANNUAL REPORTS

7.1. Organisational Duty of Candour Annual Report (Interim)

The Medical Director advised that the interim report was previously presented to the Committee, with a further interim report presented to this meeting. This was due to delays in the completion of adverse event reviews and subsequent decision-making around cases that could potentially trigger duty of candour recording.

It was reported that the detail of the final report will not change in terms of narrative, and any change to the data will be very minor. It was agreed the report was not required to come back to this Committee, and the Committee supported submission of the final report direct to the Board, once final data is available.

Following a question, the Medical Director explained the difference between the legislative and professional duty of candour, and the process and decision in which the legislative duty of candour is activated. It was noted that NHS Fife have good processes in place for duty of candour. It was also noted a review of processes around adverse events is currently underway.

The Committee **noted** the interim report and **supported** the submission of the final report to the Board.

7.2. Fife Child Protection Annual Report

The Director of Nursing provided an overview on the report, summarising the main areas relevant to the Committee.

The Committee **took assurance from** the Fife Child Protection Annual Report.

7.3. Adult Support and Protection Biennial Report 2018-2020

The Director of Nursing provided an overview on the contents of the report and advised the next report is due in October 2022.

Following a question, the Director of Nursing advised that there has been a small increase in the number of referrals, in the over 65s, for those who are unable to look after themselves, and that this may be due to the limited number of services and activities available due to Covid. The Director of Nursing will keep the Committee updated on progress.

Action: Director of Nursing

Following a question on the number of reported self-harm cases and the link to the Psychological Therapies Services and Addiction Services waiting lists, it was advised there has not been a substantive change in cases. The Director of Nursing agreed to provide further detail to the Committee.

Action: Director of Nursing

The Committee **took assurance from** the Adult Support and Protection Biennial Report 2018-2020.

8. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee minutes.

- 8.1 Acute Services Division Clinical Governance Committee dated 10 November 2021 (unconfirmed)
- 8.2 Area Clinical Forum dated 7 October 2021 (confirmed) & 9 December 2021 (unconfirmed)
- 8.3 Health and Safety Sub-Committee dated 10 December 2021 (unconfirmed)
- 8.4 Infection Control Committee dated 1 December 2021 (unconfirmed)
- 8.5 Public Health Assurance Committee dated 20 October 2021 (confirmed)
- 8.6 Area Medical Committee dated 12 October 2021 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

It was agreed to escalate to the NHS Fife Board the positive news of the development of the COPA unit.

10. ANY OTHER BUSINESS

10.1 Covid-19 Outpatient Assessment (COPA) Unit

The Committee were provided with more information on the Covid-19 Outpatient Assessment (COPA) Unit, which has opened at the Victoria Hospital. The Medical Director advised that there was direction from the Scottish Government late last year that the service was to be delivered, and that this was based on the evidence that giving antiviral treatment and immune moderated treatment to patients at high risk, early in the disease process, has a positive impact on outcomes and moderates' symptoms. The Unit is for high-risk patients, and those most at risk of harm due to Covid. The process for accessing the Unit was explained. Eligible patients can self-refer to the service directly, should they test positive for Covid.

The Committee commended the work of the Pharmacy team in establishing the COPA Unit, thanking everyone involved. Further updates will be provided to the Committee in due course.

10.2 Committee Self-Assessments Questionnaires

The Board Secretary advised that the Committee Self-Assessments Questionnaires will be circulated in the coming weeks. It was noted that, although this is a busy period for all, it is important to evaluate the work of the Committee, particularly due to the pandemic.

Date of Next Meeting – Thursday 10 March 2022 at 2pm via MS Teams.

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 11 JANUARY 2022 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)	C McKenna, Medical Director
C Potter, Chief Executive	Dr J Tomlinson, Director of Public Health
M McGurk, Director of Finance & Strategy	J Owens, Director of Nursing
A Grant, Non-Executive Director	M Mahmood, Non-Executive Director
W Brown, Employee Director	A Morris, Non-Executive Director

In Attendance:

C Dobson, Director of Acute Services
N Connor, Director of Health & Social Care
S Garden, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
K Booth, Head of Financial Services & Procurement
L Stewart, PA to Director of Finance (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to meeting. Acknowledgement was made of staff efforts and all their continued hard work during this time of unrelenting pressure on the system due to the current wave of Covid activity.

The Chair advised that this is the first meeting of Finance, Performance & Resources Committee in 2022. However, due to the current pressures faced and the need to free up Executive Directors to deal with operational issues, it is a reduced agenda.

Apologies for the meeting had been received from member A Lawrie, Stakeholder member.

2. Declaration of Members' Interests

No interests were declared.

3. Minute of the last Meeting held on 9 November 2021

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

4. **Action List / Matters Arising**

The Committee **noted** the updates provided and the closed items on the Action List.

5. **GOVERNANCE**

5.1 **South East Payroll Consortium – Business Case**

M McGurk, Director of Finance & Strategy, introduced the South East Payroll Consortium Business Case to the Committee.

It was noted that the original Business Case was discussed at Governance Committees in January 2021. The response at that time was that the Board acknowledged the resilience that the consortium approach would provide, given the critical recruitment challenges experienced for this service. However, more assurance was sought in terms of the staff TUPE transfer process and, due to the ongoing pandemic, it was highlighted that a phased implementation would be preferred. This response was fed back to the project board, who accepted the feedback and undertook to address these key concerns. The project board also established a separate group to review the original business case and the addendum presented today includes the output from that group. The addendum provides further information which strengthens the original business case.

This addendum was also presented to the Area Partnership Forum, prior to coming back to the Committee. The group were concerned that staffing levels in the local payroll team is a significant risk for NHS Fife, given the criticality of this function. The group agreed that the addendum should be agreed as the way forward to support the payroll function and the payroll team locally.

K Booth, Head of Financial Services & Procurement, highlighted the significant challenge currently faced by the payroll team. It was advised that the team have struggled to attract the right calibre of candidates for payroll officers and, due to having reduced staff numbers, there is also a challenge in recruiting candidates who would require training to gain relevant experience. All local avenues have been explored to improve our success in recruitment campaigns. It was noted that the South East Payroll Consortium would hopefully enable a wider range of candidates to be attracted to payroll and this would ultimately create a more resilient workforce with increased training and development opportunities for its staff.

The Committee agreed that the proposals and conclusion within the business case addendum and recommended this should progress sooner rather than later, given the importance of this service to the organisational overall and the repeated lack of success in recruiting locally.

The Committee **approved** the refreshed Business Case Addendum and **endorsed** the paper for Board approval.

5.2 **Community Asset Transfer Request for Land at Stratheden - Lucky Ewe**

N McCormick, Director of Property & Asset Management, gave background on the Community Asset Transfer Request that has been formally submitted for Land at Stratheden. It was advised that the report is presented to the Committee for awareness at this stage, any decision on the request itself will require further detailed assessment and consideration against defined criteria.

It was advised that the legislation relevant to the request allows for a community body to either buy or lease land from a public body, following a request for asset transfer. A formal proposal request submission is required, which, once validated, triggers a six-month period for consideration (this ends in May 2022 for this particular request). Lucky Ewe has been in communication with the Director of Property and Assets since October 2020. In their proposal, Lucky Ewe are requesting a significant amount of largely agricultural land (26 hectares) at Stratheden to provide people with additional support needs opportunities in farming, agriculture, food production, land management and environmental protection. Their objective is to provide training and to support building skills and experience to those from all backgrounds to enhance career opportunities.

Queries were raised around the amount of land initially requested, the long-term financial implications of the proposal both for Lucky Ewe and the Board, the length of the lease, potential implications on the farmer who currently uses the land for local food production, impact on current patient care on the Stratheden, long-term strategic planning on site development, and the potential sensitivities around the reuse of a mortuary building for animal husbandry.

The Committee noted that the proposal has potential linkages to our population health-focused strategy and work towards establishing the Board as an Anchor Institution, though careful in-depth reflection is required on the detail of the proposal to ensure the Board are fully aware and supportive of the risks and associated with the business case provided by Lucky Ewe and its relevance to all the communities served by NHS Fife. Discussions will take place with the commercial and legal team as part of the criterion-led assessment of the request.

It was agreed that further updates will come back to the Committee before a final decision on the request is made by the Board in May 2022.

Action: Director of Property & Asset Management

The Committee **noted** the formal asset transfer request that has been submitted to the Board.

6. STRATEGY / PLANNING

6.1 Financial Improvement / Sustainability Programme

M McGurk, Director of Finance & Strategy, introduced the report to the Committee on the Financial Improvement / Sustainability Programme.

Throughout the pandemic ongoing discussions have been taking place to lay the ground work to enable this programme to be launched. The Strategic Planning & Resource Allocation (SPRA) process has created a solid foundation to identify areas for cost

improvement and now the challenge is to take this to the next level and ensure plans can be delivered.

NHS Fife are committed to delivering a cost improvement programme which also has the capacity to develop and deliver capacity creation, which over time could deliver cost reduction. The Committee were guided to page 3 of the presentation, which details productive opportunities which could achieve this and improve productivity.

NHS Fife requires to be in a position in the medium term where a number of schemes have been created and implemented to give the Board the opportunity to deliver recurring financial balance.

A Senior Responsible Officer (SRO) will be appointed for each scheme and support the creation of detailed schemes for implementation.

C Potter, Chief Executive, highlighted that in order to encourage staff engagement and support, the language used has a positive focus around recovery and sustainability rather than savings or budget cuts. This hopefully will encourage staff members to buy into Financial Sustainability.

The Chair confirmed that the Portfolio Board which has been established will report into all governance committees routinely to provide an update on the programme. A further update will be provided in March.

The Committee **noted** and fully support the creation of the Financial Improvement/Sustainability Programme, which was presented to the Committee for assurance.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Chair introduced the Integrated Performance & Quality Report (IPQR). It was noted that this iteration reflects the October 2021 position. At the Board Meeting on 25 January, the Chief Executive is expected to provide a full whole system pressures update on the current position.

C Dobson, Director of Acute Services, provided an update on the Acute element of the IPQR report, as follows:

- The performance reflects the high demand and very busy hospital with tight capacity at that time.
- The impact on the front door and TTG performance figures highlight the impact.

N Connor, Director of Health & Social Care, provided an update on the Health & Social Care element of the IPQR report:

- The CAHMS and Psychological Therapy update was provided to the Public Health and Wellbeing committee on Monday 10 January. The October position in relation to delay showed improvement over November and December.
- The full update that will be provided to the Board will detail the improvement work and current capacity challenges faced.

M Michie, Deputy Director of Finance, provided an update on the Capital and Revenue position.

- The October position was a continuation of the position seen in previous months.
- The Board is committed to delivering £8.1m as an in-year savings target, and assurance was provided that this will be delivered by 31 March.
-
- Significant work has been done to identify all Covid related spend.
-

The Committee **noted** and considered NHS Fife performance.

8. LINKED COMMITTEE MINUTES

8.1 Minute of IJB Finance & Performance Committee dated 7 October 2021

The Committee **noted** the Minutes of the Integration Joint Board Finance & Performance Committee, dated 7 October 2021.

8.2 Minute of Primary Medical Services Committee dated 17 December 2021

The Committee **noted** the Minutes of the Primary Medical Services Committee, dated 17 December 2021

8.3 Minute of Pharmacy Practice Committee dates 19 November 2021

The Committee **noted** the Minutes of the Pharmacy Practice Committee, dated 19 November 2021.

9. ITEMS TO BE ESCALATED TO THE BOARD

The Committee was advised of a Community Asset Transfer Request which has been formally submitted for Land at Stratheden. The request was presented to the Committee for awareness at this stage, further assessment and review will be required prior to any recommendation being made to the NHS Fife Board.

The Committee noted full support for the creation of the Financial Improvement/Sustainability Programme as an important enabler for the organisation in working towards delivering recurring financial balance over the medium term. The Committee will play an important role in delivering scrutiny on the progress of this programme.

10. ANY OTHER BUSINESS

G MacIntosh, Head of Corporate Governance and Board Secretary, confirmed that the Committee Self Assessments will take place near the end of January and that members should look out for those emails. This is to allow new members time to experience an additional round of Committees. process is a very valuable one, which provides helpful feedback for the Committee to reflect on as we go into the next year.

Date of Next Meeting: Tuesday 15 March 2022 at 9.30am via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 10 JANUARY 2022 AT 2PM VIA MS TEAMS

Present:

T Marwick (Chair)	C Potter, Chief Executive
M Black, Non-Executive Director	C McKenna, Medical Director
M McGurk, Director of Finance & Strategy	J Owens, Director of Nursing
R Laing, Non-Executive Director	J Tomlinson, Director of Public Health

In Attendance:

N Connor, Director of Health & Social Care
S Fraser, Associate Director of Planning & Performance
G MacIntosh, Head of Corporate Governance & Board Secretary
F Richmond, Executive Officer to the Chief Executive & Board Chair
H Thomson, Board Committee Support Officer (Minutes)

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members W Brown, Employee Director, and C Cooper, Non-Executive Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting held on Monday 15 November 2021

The minutes from the previous meeting was **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and also the closed items on the Action List.

5. GOVERNANCE / ASSURANCE

5.1 Testing & Tracing Update

The Director of Public Health provided an update and advised that Covid messages have been absorbed by members of the public, as evidenced by a steady increase in

testing over the festive period. The highest day for testing was on 31 December 2021. The Scottish Government have confirmed funding will be available for testing until June 2022, and the contact tracing workforce and the wider public health team funding has been agreed to the end of September 2022.

The Chair questioned if the testing data correlates with the peak demand experienced for the Covid booster/vaccination programme. The Director of Health & Social Care agreed to ask the team to liaise with the Director of Public Health on the data available, to explore potential correlations. It was noted that there was a reduction in individuals attending for vaccinations immediately after 25 December 2021, which then increased towards 31 December 2021.

Action: Director of Health & Social Care

Following a question from the Chair on tracing and the ability for this to keep pace with the high number of positive cases, the Director of Public Health advised that this has been a live area of conversation nationally. We follow the World Health Organisation's agreed approach, which has been adjusted throughout the pandemic; this will continue until we reach a stage of endemicity, moving away from the earlier stages of the pandemic. It was noted that the focus on tracing is with the most vulnerable at periods of very high activity.

Concern was raised at the potential move towards the potential charging for Lateral Flow Tests, as reported recently in the media, as it was noted there will be a number of the population who would be unable to afford to purchase the tests.

The Committee **noted** the testing & tracing update.

5.2 Flu Vaccine & Covid Vaccine (FVCV) Programme

Due to the timing of the data required for the Scottish Government, the Flu Vaccine & Covid Vaccine (FVCV) Programme paper was submitted late to the Committee. The Chair requested papers be submitted timeously, incomplete if data is still awaited, and that an addendum be then circulated, or a verbal update be provided on the most up-to-date position at the meeting, which can be recorded in the Committee minutes.

The Director of Health & Social Care provided a brief update on the FVCV programme and highlighted that the 'Booster by the Bells' campaign exceeded the Scottish Government's target, with a reached uptake in Fife of 80.3% as at 31 December 2021, which is higher than the Scottish average. It was noted that there was a number of the population receiving their first vaccination within this period, who had not come forward previously, which is positive news.

It was reported that over 788,000 vaccines in Fife have now been delivered, and the summary table within the paper was outlined, which shows progress across each of the age group cohorts. It was noted progress is going well in terms of all the priority areas.

Guidance from the Joint Committee on Vaccination and Immunisation (JCVI) on a further booster is expected in the coming months and a campaign will likely take place in Spring 2022, likely directed towards the older population.

It was advised that a paper is shortly being submitted to the Executive Directors' Group (EDG) on a move towards the stabilisation of the workforce and permanent recruitment to support the FVCV programme.

Following a question on the reduction in the administration of the seasonal flu vaccine during the booster campaign period and queries on when this will be reintroduced, it was advised that current levels of flu are low, and the protective measures currently in place for Covid (face masks, improved hand hygiene, physical distancing etc.) have also reduced the spread of other respiratory viruses that normally peak around Winter. It was noted that the flu programme was paused due to the prioritisation of the booster programme, though this has now recommenced.

The staff and volunteers involved in the FVCV programme delivery were congratulated for all their fantastic work and achievements, particularly over the busy festive period.

The Committee **noted** and took assurance from the FVCV report.

5.3 Update on CAMHS & Psychological Therapies

The Director of Health & Social Care advised that the papers include a description on how we are supporting the longest waits for the services, as requested at the Committee's previous meeting. The paper gives further information on investment in key areas, enhancing workforce resource and how these are being targeted at the patients waiting longest. Different models in the service to support delivery is being explored.

Members discussed the update position on longest waits, particularly those who have waited over 104 weeks for specialised treatment, which has been a long-standing issue within the service. It was questioned what plans and actions are in place within the mental health strategy for a redesign of models of care, to make the services more robust. The committee acknowledged the importance of continuing progress to strengthen mental health services in Fife. The potential impact of the community mental health teams working in an outreach manner, and the connections between the most vulnerable and deprived, linking them to services available, was noted.

The Director of Health & Social Care acknowledged that the current position on longest waits is not acceptable and although there have been improvements seen in the data, it is not yet at the level required. The Chief Executive noted there have been significant improvements in some areas of CAMHS and Psychological Therapies; however, longest waits continue to be at an unacceptably high level. It was advised that the Scottish Government had scrutinised our Psychological Therapies and CAMHS services, to give advice on areas that could be improved, which was welcomed.

Following questions, it was advised that those presently waiting over 104 weeks for specialist support are receiving help and support in the interim. It was requested that when reporting longest waits, that this information providing assurance about ongoing care provision is made more explicit, to help contextualise the raw data.

It was advised that improvements to the CAHMS and Psychological Therapies has been affected by the pandemic (in common with other NHS Fife services also). Over recent times, the national priority has been to redeploy staff to carry out vaccinations, and NHS

Fife staff previously involved in delivering mental health support have been redeployed to that area. This has had a resultant impact on performance.

It was noted that post-pandemic there will be a large impact on demand for mental health services. Reducing dependencies on the more specialist services is required, and it was advised early intervention with community mental health workers, the voluntary sector and other services are being looked at. Work is underway to consider how we support them and to ensure pathways are available as early as possible, alongside making use of technology to offer services remotely.

An update was provided on upskilling of staff and new roles to support the services, and it was noted pathways are being explored for people to develop their career directly into the CAHMS service. Work is ongoing with NHS Education for Scotland (NES) in developing areas to support Psychological Therapies, and the new posts were described. This will allow for staff to specialise in these areas, thus developing new skills and helping address the recruitment challenges that have historically been difficult to manage.

It was reported that group work for mental health was paused, due to the limitations on individuals gathering because of the pandemic, and this has had an impact on waiting times for some individuals. A key priority is to take this forward in a safe manner in coming months.

Following discussion, it was agreed the following be included in future committee papers:

- Information to be more explicit for longest waits, helping contextualise what other support is being offered whilst individuals with the most complex requirements wait for specialist support
- Reference to be added to earlier papers which contain more detailed information and have been presented at previous Committee meetings, to ensure the link between papers
- Detailed actions to be included in future papers, with more narrative and descriptors

It was agreed Frances Baty, Head of Psychology Department, be invited to attend the Committee for specific discussions in this area.

The Committee **noted** the report on CAMHS and Psychological Therapies, and the assurances contained in the paper on progress thus far. It was requested that an update be brought back in two months' time, which will include the additions as described above.

Action: Director of Health & Social Care

5.4 Developments of Draft Committee Workplan

The Director of Public Health provided a brief update on the developments of the draft Committee workplan, which follows formal ratification of the Terms of Reference at the November 2021 Board meeting.

A meeting was held on 3 December 2021 with the Committee Chairs and Executive leads to discuss overlapping areas. Agreement was made on items to be carried over to the Public Health & Wellbeing Committee, and those items are now included on the draft workplan. Review of all committee workplans is due to take place in advance of the March cycle of meetings, and this will ensure consistency across individual groups. It was noted timelines are still to be finalised. The workplan will be flexible and will continue to be developed in line with the ambitions of the Committee.

It was advised that the Alcohol & Drug Partnership Annual Report is included in the draft workplan and the governance route of that report is through the Integrated Joint Board (IJB). Agreement is still to be made on which Committee the report will be presented to, for assurance (it is currently presented to the Clinical Governance Committee, though would more appropriately fall within the remit of the new committee).

The Committee **agreed** the content of the draft workplan and noted that further updates will be tabled in due course.

6. STRATEGY / PLANNING

6.1 NHS Fife Population Health & Wellbeing Strategy Update

Public & Staff Engagement

The Director of Finance & Strategy provided an update on the survey and advised that the survey closed on 22 December 2021 with 950 confirmed responses (300 responses from staff and 650 responses from the wider public). The response rate was disappointing in terms of total volume, when measured against the population of Fife overall. It is expected a top-level report with key messages will be available on 11 January 2022, and a full draft report will be available on 25 January 2022. A further update will be brought back to the Committee.

Action: Director of Finance & Strategy

Discussion took place on the various groups to consult with, for wider engagement and to have more targeted conversations. Challenges in the methods of engagement was also discussed, particularly due to the current climate and restrictions. Suggestion was made to join groups' scheduled meetings via MS Teams, where possible, or to target specific groups, such as school pupils, via distribution of surveys directly into the classroom.

It was advised that conversations had begun with the Patient Liaison Team to link into specific groups. Suggestion was made to liaise with Community Councils, which could support the reach into localities and open up further avenues for contact with local groups and interests.

During the current level of activity on Covid, it was confirmed that the team should continue engagement with the public, including the harder to reach groups, though can pause the detailed engagement with the clinical frontline team. It was noted we need a range of general population engagement of Fife to be able to shape a Public Health & Wellbeing Strategy that meets the needs of that diverse population, and so further work needs to be undertaken to get more input from our stakeholders to help inform the strategy's priorities.

Public Health Needs Assessment

The Director of Public Health provided a brief update on the Public Health Needs Assessment paper.

It was confirmed inequalities is clearly defined in the Annex of the paper.

Following a comment on the influencing of allocation of funding, it was advised that this will be incorporated at the next stage of the strategy development.

The Committee **noted** the progress of the development of the Population Health and Wellbeing Strategy.

6.2 Anchor Institution Programme Board

The Director of Public Health gave an overview of the Anchor Institution Programme Board and highlighted the updates on work being taken forward in Fife. It was noted that regular meetings are taking place through the Programme Board.

The Chair emphasised that Fife Health Charity is independent of NHS Fife as an organisation, and that the Fife Health Charity monies would not be expected to be used to support our work with the Anchor Institutions.

M Black, Non-Executive Member, noted that there is no rehab centre presently situated in Fife, and it would be helpful to consider the use of empty estates and buildings to provide this service.

The Committee **noted** the Anchor Institution Programme Board update.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Finance & Strategy advised that the IPQR details the October 2021 position. Following the meeting held on 3 December 2021 with Chair and Executive Leads to discuss the IPQR, work is now required to frame a specific version of the IPQR on the areas that were agreed. An iteration will be brought back to the next meeting.

Action: Director of Finance & Strategy

It was advised that other Committees will scrutinise the current IPQR at their January 2022 meetings.

The Committee **noted** the IPQR Report.

8. ANNUAL REPORTS

8.1 Fife Child Protection Annual Report 2021

The Director of Nursing provided an overview on the report.

The Committee **noted** and took **assurance** from the Fife Child Protection Annual Report.

8.2 Adult Support and Protection Biennial Report 2018 – 2020

The Director of Nursing provided an overview on the report and advised the next report is due in October 2022.

The Committee **noted** and **took** assurance from the Adult Support and Protection Biennial Report 2018 – 2020.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the linked Committee minutes.

9.1 Public Health Assurance Committee dated 20 October 2021 (confirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

It was agreed to escalate to the NHS Fife Board, the detailed discussion and scrutiny of the longest waits for Psychological Therapies services, and that an update will be brought back in two months' time with more explicit information for longest waits, to help contextualise what other support is being offered whilst individuals with the most complex requirements wait for specialist support.

It was also agreed to escalate to the NHS Fife Board that the Committee had considered the progress report in respect of the Public Health & Wellbeing survey, and that next steps were agreed.

Date of Next Meeting: Tuesday 8 February 2022 at 10am via MS Teams.

Fife NHS Board

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON WEDNESDAY 12 JANUARY 2022 AT 10.00AM VIA MS TEAMS

Present:

S Braiden, Non-Executive Member (Chair) C Potter, Chief Executive
A Morris, Non-Executive Member J Owens, Director of Nursing
M Mahmood, Non-Executive Member
S Fevre, Co-Chair, Health & Social Care
Partnership Local Partnership Forum
K MacDonald, Whistleblowing Champion

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
K Booth, Head of Financial Services & Procurement
N Connor, Director of Health & Social Care
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
L Anderson, PA to Director of Workforce (Minutes)

The Chair welcomed everyone to the meeting reiterating that in line with other Board Committees, today's meeting was based on a condensed agenda, due to system-wide pressures currently being experienced in Fife and nationally. In the interest of time, the Chair requested the Committee to keep to the agenda as far as possible and for those presenting papers to give a brief overview of key points, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the Emergency Footing that continues across NHS Scotland until at least 31 March 2022 and expressed the Committee's sincere thanks to all colleagues for their efforts during this period of extended pressure and very challenging levels of activity.

1. Apologies for Absence

Apologies were noted from W Brown, Employee Director and A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 28 October 2021

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

4. Matters Arising / Action List

The Chair highlighted updated and outstanding actions on the Action List as follows:-

Item 1 – Closed.

Items 2, 3 & 4 - Deferred to 3 March 2022 meeting in light of the condensed agenda for this meeting.

Items 5, 6 and 7 – To be added to the Agenda of 3 March 2022 meeting.

The Committee **noted** the updates provided on the Action List.

5. GOVERNANCE / ASSURANCE

5.1 General / Workforce Covid-19 / Omicron Update

The Chief Executive highlighted the continuing and increasing workforce challenges, particularly in relation to Covid-related absence, reiterating that a number of actions were underway to support recruitment and retention of staff. The Committee were informed of a recent letter received from the Royal College of Nursing addressed to all Chief Executives, requesting that Health Boards support the registered nursing workforce, who are working in extraordinary circumstances and under extraordinary pressures at this time.

The Director of Workforce delivered a presentation to the Committee to offer assurance on the work being undertaken to mitigate workforce challenges at this time of extreme pressure. The presentation provided an overview of the current recruitment and deployment actions, with the complementary training and development infrastructure to support staffing levels, alongside the various wellbeing supports available for staff. It was noted that NHS Fife would be the first NHS Scotland Board to welcome new international nurses under the International Recruitment Initiative. The collaborative working across the Workforce, Nursing and other Directorates to accomplish this was acknowledged. The initiatives to promote staff engagement via i-Matter and Executive visits across locations and service areas were also highlighted.

The Director of Nursing advised members that the ward admin support that was now in place to support to Senior Charge Nurses had been positively received.

S Fevre acknowledged the tremendous efforts being made both by management and staff, affirming the extremely challenging situation for everyone at the moment. He noted that whilst colleagues would do all they could to get through this situation, the resultant consequences of potential staff burnout might be the final price to be paid. Whilst reflecting on the work being undertaken on the permanent Staff Hubs, S Fevre expressed disappointment that these were not available right now, across all sites, when staff needed them.

A Morris, recognising the pressures on staff, queried the potential impact of staff shortages on safety and quality of patient care. The Director of Nursing responded that all indicators of potential patient harms (e.g., Pressure Ulcers, falls etc.) were being closely monitored and no discernible changes in terms of harm to patient safety were noted. The December 2021 SAB (S. aureus bacteraemias) report recorded 80 SABs in 2021, the lowest on record, a result that had to be commended, given the levels of activity over the last year. In addition, work was being done in the space of supervision and values based reflective practice to support staff. The Chief Executive commented that, in addition to the metrics, Care Opinion was another good source for assessing patient experience and consideration needs to be given as to how this can be monitored as part of a whole-system dashboard and temperature check of patient experience.

K MacDonald noted that there were a range of support options available for staff, and queried whether staff were able to make use of these and what the uptake of these initiatives was, given the pressures. The Director of Workforce confirmed that the support services offered were indeed being used by staff. In the interest of time, the Chair requested K MacDonald to link in with R Waugh, Head of Workforce Planning & Staff Wellbeing, post meeting to obtain this information.

The Committee **noted** and was **assured** by the General / Workforce Covid-19 / Omicron Update provided, with the presentation to be circulated to Committee Members after the meeting.

Action: L Douglas

5.2 Whistleblowing – Quarter 2 Update

The Head of Workforce Resourcing & Relations spoke to the paper, which provided an update on Whistleblowing concerns for the second quarter of reporting from 1 July 2021 to 30 September 2021. The data had been expanded from previous reports by including any anonymous concerns received. It was noted that during this period there were no whistleblowing complaints reported within NHS Fife.

K MacDonald thanked the team for incorporating anonymous concerns within the report, which was particularly helpful in the context of interpreting a nil return for whistleblowing complaints. A query was raised around how the Executive Team and Senior Managers were gaining assurance that staff know how to raise concerns, are supported to do so and that learning from any anonymous concerns is shared. The Director of Workforce responded that assurance was gained from a range of sources, such as regular feedback from staff, the number of staff accessing employment processes within the organisation, and the LAER (Local Adverse Events) and SAER (Serious Adverse Events) arrangements that are overseen by the Director of Nursing.

The Director of Health & Social Care Partnership provided examples of the efforts made to encourage and promote the uptake of the Whistleblowing standards and the processes in place for staff to raise concerns. These include a daily whole system Bronze meeting, which provides an opportunity for each service area to report concerns, a daily review of Datix incidents, and the weekly Quality & Safety Huddle chaired by the Associate Director of Nursing and the Associate Medical Director, where incidents reported at all levels within H&SCP are reviewed for themes and trends. The team also gains feedback from visiting service areas and speaking with front-line staff. Additionally, Whistleblowing Standards had been discussed with senior representatives and staff-side over three Local

Partnership Forum (LPF) sessions, to encourage rollout. The Standards were also included in the Weekly Director's Brief circulated to all staff.

The Head of Workforce Development & Engagement, in responding to whether staff had the awareness and training in place to raise a concern, provided assurance that, as of 31 December 2021, over 3000 staff and 500 managers had undertaken the relevant training. Face-to-face sessions were being delivered to staff who were unable to access the training electronically. K MacDonald commented that it would be helpful for this information to be provided in future reports to offer assurance around the ongoing work being done to roll-out the Standards across the organisation.

The Committee **affirmed assurance** from the information provided in Whistleblowing Quarter 2 Update, including the customised sample report and the data for the second quarter, which reflected a nil return.

6. STRATEGY / PLANNING

6.1 NHS Fife Population Health and Wellbeing Strategy Update

The Director of Finance & Strategy, confirming that the paper was presented for assurance, outlined the ongoing process in relation to the community engagement exercise to establish areas of priority for the new strategy. It was advised that in future this area of corporate activity would be reported and monitored through the newly formed Public Health & Wellbeing Committee and only brought to this Committee when there was a specific reference to Staff Governance.

Due to the ongoing pandemic and the challenge in delivering the range of services at this time, the Chair, Chief Executive and NHS Fife Board have agreed that activity on the Strategy Development will be temporarily paused until Quarter 1 of 2022-2023. There will, however, be a conclusion of the initial engagement exercise, with a more focussed participation programme being the next phase. The Director of Finance & Strategy updated that just under 1,000 survey responses had been received. Whilst this was low in comparison with the population size, this was understandable in the current context. Recommendations on reaching out to groups other than those noted in the report, and in particular on engagement with the younger population, were welcomed from the Committee.

S Fevre commented that he was not able to recall a great deal of advertising around the survey and queried how many of the responses received were from staff and how relevant the outputs from such a low response rate would be. He agreed that, from a Staff Governance perspective, elements of the Strategy that are relevant to staff would need to be brought back to the Committee for reflection and input. The Director of Finance & Strategy confirmed that 300 of the responses received were from staff. The response deadline had been extended by two weeks to 22 December 2021 and radio messaging and social media reminders had also been issued, as only 500 responses were received by the initial return date.

M Mahmood suggested that liaising with Fife Council via secondary schools to engage the younger population, as well as an increased use of social media platforms, may encourage a higher response rate from groups that are to be prioritised in the next focused stage. The Director of Finance & Strategy advised that, in terms of the younger population, collaboration with Fife College was being explored in relation to using their

existing routes. Legal advice received confirmed that respondents needed to be over 16 to participate in a survey of this nature, posing a challenge as to how feedback could be obtained from this section of the population.

The Committee took **assurance** from the NHS Population Health and Wellbeing Strategy Update provided.

6.2 South East Payroll Services Consortium Update

The Director of Finance & Strategy introduced the paper, reiterating that this initiative (which had been initiated in 2016 and has now reached Final Business Case stage) had been presented to and received support from the Finance, Performance & Resources (FP&R) Committee at its meeting on 10 January 2022. It had also been presented to the Area Partnership Forum (APF) on 17 November 2021. The general consensus of the APF was that in principle the initiative should be supported to protect payroll services and promote the resilience and wellbeing of the staff employed to deliver NHS Fife's payroll.

The Director of Finance & Strategy went on to explain that in March 2021, whilst support in principle was confirmed to the Payroll Service Programme Board, it was decided to take the initiative forward in phases due to the ongoing pandemic. The Programme Board was requested to review elements of the proposal, including the proposed transfer of staff in line with the Transfer of Undertakings Protection of Employment (TUPE) legislation, alongside a refresh of the business case, to reflect that payroll services were being delivered very differently in the context of Covid-19, particularly in relation to home working. A presentation on the business case was shared at a meeting with the Regional Directors of Finance in October 2021, offering assurance and strengthening the case on how payroll services could be delivered in a more resilient way. The specific issue around the staff TUPE transfer was explored and it was confirmed that this had to apply to protect staff and to avoid any unnecessarily complex matrix reporting. Whilst advising the Committee that the business case sets out a reasonable time frame for implementation, the Director of Finance & Strategy highlighted that our Payroll Service was under significant pressure and it would be unfair on the team to not take the opportunity to enter into the Consortium to alleviate this pressure. In addition, this would give the current team opportunities to develop, as the retirement of the current Payroll Manager draws near. K Booth, the Head of Financial Services & Procurement, was commended for the work done thus far.

S Fevre thanked K Booth for the helpful feedback provided in response to questions he had posed ahead of the meeting and advised that, from a staff-side perspective, the matter needed to be progressed to provide staff with a structured way to move forward. S Fevre concluded that, provided the content of the addendum and engagement with staff could be delivered over the six-month period and beyond, it was important to move forward with this issue.

A Morris also affirmed the need to progress this initiative in a positive manner and for it to be regarded as a solution to a problem and not something which is being forced upon the service. The workforce is down to the minimum number that is needed to process all the payroll functions and it would be detrimental for this to impact on service delivery. A Morris acknowledged that whilst this path was not without challenge there were also opportunities for better training, development and post progression for staff and in light of this confirmed support for the initiative to move forward as soon as possible.

K Booth updated that there was a good level of talent within the current payroll team and that there was an opportunity for these colleagues to play key roles in this consortium, with the plan to build a Quality Board. K Booth committed to being involved in this from the start, to ensure that the quality of service planned is delivered for NHS Fife.

The Committee **approved** the refreshed Business Case Addendum and **recommended** the same for Board approval.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce, in providing an overview of the Integrated Performance & Quality Report (IPQR), recognised that absence levels at 6.34% in October 2021 were in excess of the target. Whilst offering assurance to Committee that every effort was being made to reduce the level of sickness absence, it was acknowledged that these rates reflected the challenging circumstances of the past couple of years.

M Mahmood noted the CAMHS section of the report (Improvement Actions - 22.1 Recruitment of Additional Workforce), which reflected that staff recruited have no CAMHS experience and the induction / training period would need to be extended, before an active clinical caseload could be allocated. It was queried as to whether this was normal practice within NHS Fife or specific to the CAMHS service. The Director of Workforce advised that the Director of Health & Social Care would be requested to respond to this query post meeting. However, it was not unusual for new employees based on their experience or indeed for those who were joining the workforce directly from a training or education setting to be onboarded with an induction / orientation phase, where they are supported by a more experienced member of staff.

The Committee **discussed** the IPQR and **considered** current NHS Fife performance, with particular reference to the levels of Sickness Absence and the caveats around this.

8. LINKED COMMITTEE MINUTES

The Committee **noted** the minutes of the following meetings:

- 8.1 Minutes of the Area Partnership Forum dated 17 November 2021 (unconfirmed)
- 8.2 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 3 November 2021 (confirmed)
- 8.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 28 October 2021 (unconfirmed)
- 8.4 Minutes of the NHS Fife Strategic Workforce Planning Group held on 23 November 2021 (unconfirmed)
- 8.5 Minutes of the Health and Safety Sub Group held on 10 December 2021 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR & Chair's Comments

The Chair invited members to identify from this meeting issues, if any, to be highlighted at the Board meeting due to take place on Tuesday, 25 January 2022.

The Chair requested that sickness absence figures reflected in the IPQR be escalated to the Board. S Fevre commented that this escalation, although a negative update for the Board, should be put into context in terms of the fact that staff absence reflects the overall situation the organisation is in.

The Chief Executive advised that, at the Board meeting on 25 January 2022, rather than a deep dive into the IPQR, there would be a whole system monitoring report, which considers the impact of staff absence in the context of other metrics that are driving and being influenced by staff absence. Therefore, staff absence will be highlighted as a key issue, but within a broader Balanced Scorecard context.

10. ANY OTHER BUSINESS

The Head of Corporate Governance & Board Secretary reminded the Committee that, as agreed with the Chair, an online Self-Assessment exercise would be disseminated at the end of the month for completion. Members and regular attendees were encouraged to take the time to complete and return the Self-Assessment, as it provides helpful feedback from a governance perspective, to ensure the effective working of the Committee.

Date of Next Meeting: Wednesday, 3 March 2022 at 10.00 am **via MS Teams**

Fife Integrated Performance & Quality Report

Produced in January 2022

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
- d. Public Health & Wellbeing

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.

MARGO MCGURK

Director of Finance & Strategy
18th January 2022

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

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 agreed its Joint Remobilisation (RMP3) for 2021/22 at the start of 2021, and this effectively replaced the previous 1-year or 3-year Annual Operational Plans. It has now been superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and RMP4 include 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.

Action completion dates appear in **RED** text if they have slipped, but will revert to BLACK text in the next issue of the report, provided no further slips have been reported.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 7 (24%) classified as **GREEN**, 3 (10%) **AMBER** and 19 (66%) **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 were notable improvements in the following areas in November:

- C Diff HAI/HCAI quarterly rate at lowest level since February and meeting the improvement target for March 2022
- FoI request closure rate at highest level since quarter ending June

Additionally, it has now been 19 months since the Cancer-31 DTT performance fell below the 95% Standard, with 4 months out of 8 this FY reporting no breaches.

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 10 (34%) within upper quartile, 14 (49%) in mid-range and 5 (17%) 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	Nov-20	29	Oct-21	29	Nov-21	35	↓		N/A				
	HSMR	N/A	Year Ending	Jun-20	1.00	Mar-21	1.01	Jun-21	1.03	↓		YE Jun-21	1.03	●	1.00	
	Inpatient Falls	7.68	Month	Nov-20	9.50	Oct-21	7.12	Nov-21	8.61	↓			N/A			
	Inpatient Falls with Harm	1.65	Month	Nov-20	2.24	Oct-21	1.76	Nov-21	1.33	↑			N/A			
	Pressure Ulcers	0.42	Month	Nov-20	1.55	Oct-21	0.95	Nov-21	1.37	↓			N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Jun-20	2.2%	Mar-21	2.7%	Jun-21	3.6%	↓			QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Nov-20	11.8	Oct-21	16.2	Nov-21	15.1	↑			QE Jun-21	6.3	●	18.7
	SAB - Community	N/A	Quarter Ending	Nov-20	12.9	Oct-21	11.7	Nov-21	11.9	↓			QE Jun-21	8.6	●	10.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Nov-20	9.2	Oct-21	7.0	Nov-21	5.8	↓			QE Jun-21	10.0	●	14.6
	C Diff - Community	N/A	Quarter Ending	Nov-20	2.1	Oct-21	2.1	Nov-21	2.1	↔			QE Jun-21	4.3	●	5.4
	ECB - HAI/HCAI	33.0	Quarter Ending	Nov-20	45.9	Oct-21	51.1	Nov-21	46.4	↑			QE Jun-21	37.6	●	38.2
	ECB - Community	N/A	Quarter Ending	Nov-20	28.9	Oct-21	39.5	Nov-21	33.4	↑			QE Jun-21	32.2	●	41.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Nov-20	78.1%	Oct-21	79.0%	Nov-21	71.1%	↓			2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Nov-20	30.5%	Oct-21	18.0%	Nov-21	12.2%	↓			2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Nov-20	100.0%	Oct-21	100.0%	Nov-21	100.0%	↔			N/A			
	4-Hour Emergency Access	95%	Month	Nov-20	90.1%	Oct-21	76.3%	Nov-21	74.6%	↓			Nov-21	79.7%	●	75.9%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Nov-20	62.3%	Oct-21	64.9%	Nov-21	65.1%	↑			Sep-21	69.3%	●	37.5%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Nov-20	60.3%	Oct-21	56.5%	Nov-21	57.1%	↑			Sep-21	58.0%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Nov-20	96.5%	Oct-21	78.7%	Nov-21	68.3%	↓			Sep-21	75.8%	●	57.8%
	18 Weeks RTT	90%	Month	Nov-20	67.0%	Oct-21	71.1%	Nov-21	70.0%	↓			QE Sep-21	71.4%	●	75.1%
	Cancer 31-Day DTT	95%	Month	Nov-20	98.1%	Oct-21	100.0%	Nov-21	100.0%	↔			QE Sep-21	98.9%	●	96.7%
	Cancer 62-Day RTT	95%	Month	Nov-20	88.0%	Oct-21	83.3%	Nov-21	85.0%	↑			QE Sep-21	89.3%	●	83.1%
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	↑			2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Nov-20	85.1%	Oct-21	77.8%	Nov-21	80.9%	↑				N/A		
	Delayed Discharge (% Bed Days Lost)	5%	Month	Nov-20	5.9%	Oct-21	10.4%	Nov-21	10.6%	↓			QE Jun-21	9.2%	●	5.0%
	Delayed Discharge (# Standard Delays)	N/A	Month	Nov-20	60	Oct-21	93	Nov-21	82	↑			Nov-21	27.14	●	26.33
	Antenatal Access	80%	Month	Aug-20	83.3%	Jul-21	87.2%	Aug-21	89.6%	↑			FY 2020/21	89.3%	●	88.5%
	Finance	Revenue Expenditure	(£13.822m)	Month	Nov-20	N/A	Oct-21	(£10.228m)	Nov-21	(£10.479m)	↓			N/A		
Capital Expenditure		£33.880m	Month	Nov-20	N/A	Oct-21	£7.821m	Nov-21	£9.907m	↑			N/A			
Staff Governance	Sickness Absence	3.89%	Month	Nov-20	5.35%	Oct-21	6.34%	Nov-21	6.79%	↓		YE Mar-21	4.77%	●	4.67%	
Public Health & Wellbeing	Smoking Cessation	473	YTD	Sep-20	49.6%	Aug-21	59.5%	Sep-21	56.4%	↓		FY 2020/21	53.3%	●	84.9%	
	CAMHS Waiting Times	90%	Month	Nov-20	85.8%	Oct-21	76.0%	Nov-21	71.2%	↓		QE Sep-21	83.8%	●	78.6%	
	Psychological Therapies Waiting Times	90%	Month	Nov-20	76.3%	Oct-21	82.3%	Nov-21	78.8%	↓		QE Sep-21	86.3%	●	87.2%	
	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	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓		QE Mar-21	94.5%	●	95.6%	
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	96.1%	↑		2018/19	93.7%	●	75.1%	
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.5%	↓		2018/19	60.9%	●	43.4%	

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

		Quarter End		Month End			Quarter End	Quarter End
		Jun-21	Sep-21	Oct-21	Nov-21	Dec-21	Dec-21	Mar-22
		Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)						
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	1,062	1,264	1,074	3,400	3,740
	Actual	3,260	2,953	843	1,126	820	2,789	
	Variance	279	-167	-219	-138	-254	-611	
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	6,645	7,167	7,093	20,905	21,861
	Actual	19,488	20,161	5,977	7,605	5,926	19,508	
	Variance	2,388	1,036	-668	438	-1,167	-1,397	
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	613	613	614	1,840	1,840
	Actual	1,406	1,511	441	579	242	1,262	
	Variance	-395	-322	-172	-34	-372	-578	
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	4,655	4,556	4,431	13,642	13,692
	Actual	12,971	12,629	3,973	4,046	3,714	11,733	
	Variance	2,121	1,379	-682	-510	-717	-1,909	
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	7,030	6,700	6,890	20,620	20,340
	Actual	20,728	21,110	6,431	6,403	5,867	18,701	
	Variance	3,618	2,000	-599	-297	-1,023	-1,919	
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			82.5%	84.0%	84.5%	80.0%	83.0%
	Actual			76.4%	79.7%	76.1%	77.4%	
	Variance			-6.1%	-4.3%	-8.4%	-2.6%	
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	3,650	3,540	3,490	10,680	10,120
	Actual	10,085	10,008	3,314	3,338	3,368	10,020	
	Variance	2,045	1,688	-336	-202	-122	-660	
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85				5.63	5.73
	Actual	5.55	6.17				6.34	
	Variance	-0.27	0.32				0.71	
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	870	870	870	2,610	2,610
	Actual	2,885	3,047	899	1,002	919	2,820	
	Variance	435	437	29	132	49	210	
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	128	128	128	384	384
	Actual	305	337	109	114			
	Variance	-110	-98	-19	-14			
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			65	70	65	200	210
	Actual			78	80			
	Variance			13	10			
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			146	140	119	405	393
	Actual			118	127			
	Variance			-28	-13			
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			8	40	20	68	30
	Actual			3	5			
	Variance			-5	-35			
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			75.0%	65.0%	68.0%	69.3%	75.0%
	Actual			76.0%	71.2%			
	Variance			1.0%	6.2%			
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			683	698	560	1,941	2,197
	Actual			525	581			
	Variance			-158	-117			
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			69	95	70	234	210
	Actual			38	42			
	Variance			-31	-53			
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.4%	69.6%	77.4%	73.2%	67.9%
	Actual			82.3%	78.8%			
	Variance			8.9%	9.2%			

		Month End		Month End			Month End	Month End
		Jun-21	Sep-21	Oct-21	Nov-21	Dec-21	Dec-21	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	65	63	96	91	84	84	66
	Actual	128	112	121	106	82	82	
	Variance	63	49	25	15	-2	-2	
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	28	27	28	25	23	23	20
	Actual	47	29	28	24	39	39	
	Variance	19	2	0	-1	16	16	
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	36	68	66	61	61	46
	Actual	81	83	93	82	43	43	
	Variance	44	47	25	16	-18	-18	

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	1.03
<p>HSMR for Victoria Hospital for the year ending June 2021 was 1.03, same ratio as of year ending March. Ratio for Victoria Hospital was fourth highest of all main acute hospitals across Scotland but within warning limits (two standard deviations from the average).</p>			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.33
<p>We continue to maintain a focus on falls prevention work despite workforce and environmental challenges. Changes in ward configurations and patient pathways remain dynamic with supplementary staff supporting care delivery. Support continues to focus on areas where falls with harm have increased noting a slight increase in some areas. The workplan has been reviewed to support a delay in some of the actions, with progress continuing albeit at a slower timescale.</p>			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	1.37
<p>Acute: In October, Hospital Acquired Pressure Ulcers (HAPU) remained above the median with no special cause flags. There was a slight reduction in grade 2, grade 3 and suspected deep tissue injury and no incidence of multiple. There has been no grade 4 reported since November 2018.</p> <p>HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Monitoring is undertaken weekly using a patient safety dashboard, reporting on all inpatient wards within the partnership. The dashboard enables timely action, highlighting areas for further improvement activity. In addition, all HAPU graded major or extreme undergo robust review with key learning to inform improvement activity.</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	3.6%
<p>Mandatory SSI surveillance remains paused (as per the start of the Covid-19 pandemic) until further instruction from the Scottish Government. However, Maternity Services continue to monitor their Caesarean Section SSI cases and, where necessary (in the case of 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.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	15.1
<p>NHS Fife continues to be on target to achieve a 10% infection rate reduction by March 2022. There was one Renal haemodialysis line SAB in October, but there have been no PVC SABs since August.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	5.8
<p>At the end of October, NHS Fife is in line to achieve the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022. There was just one health care associated CDI in October. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence since August.</p>			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	46.4
<p>The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. At the end of October, NHS Fife was above the trajectory to achieve this target. There were 24 ECBs in total for October with 3 of these due to a CAUTI and 1 CAUTI was associated with trauma. Reducing CAUTI incidence remains the quality improvement focus to achieve the reduction target of HCAI ECBs.</p>			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	12.2%
<p>There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments as the programme team has started delivering third vaccines.</p>			

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	79.7%
<p>The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation hub is being increased further for managing GP admissions for early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	65.1%
<p>Performance in October deteriorated with 64.9% waiting less than 12 weeks compared to stable performance of 68% since June 2021. This was as a result of a reduction in activity in October which was less than projected and less than previous months partly due to elective surgery being restricted to urgent patients only in response to significant pressures in unscheduled care. The waiting list continues to rise with 3,691 patients on list in October, 12% greater than in October 2019 pre-covid. There is a continued focus on clinical priorities whilst reviewing long waiting patients. NHS Fife remains one of the best performing Board in Scotland for TTG. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan, however, this is heavily dependent on our ability to maintain access to beds for elective activity.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	57.1%
<p>Performance in October continues to deteriorate with 56.5% waiting less than 12 weeks. Referrals to outpatients and the waiting list remains high and with 21,721 on the outpatient waiting list is 44% higher than in October 2019 pre-covid. Particular attention continues to be focused on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks, with the number waiting over 52 weeks in October reduced by a quarter since March. We had anticipated that the need for social distancing and enhanced infection control procedures would be reduced by October and this was reflected in the projected activity levels. Due to the ongoing need for these measures to be in place, our outpatient capacity and therefore activity continues to be restricted. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan but the recovery will be slower than anticipated due to the continued capacity restrictions.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	68.3%
<p>Performance continues to be under significant pressure, decreasing to 78.7 % of patients in October waiting less than 6 weeks. There were 52.7 % of patients waiting less than 6 weeks for endoscopy and 82.3% for radiology waiting less than 6 weeks. The waiting list for diagnostics has increased to 5741 in October after a period of being stable at around 4800 and this increase is mainly within radiology where the demand for urgent and inpatient test in particular for CT and Ultrasound remains high. There continues to be significant pressures from unscheduled care activity resulting in increased routine waits for these modalities. Particular attention continues to be focused on urgent and urgent suspicion 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 but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	85.0%
<p>October continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to routine staging and investigations, while Oncology capacity remains an issue. The majority of breaches continue to be seen in prostate due to the challenging, lengthy pathway. The range of breaches were 1 to 59 days (average 22 days).</p>			

OPERATIONAL PERFORMANCE		Target	Current
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	80.9%
<p>There were 48 FOI requests closed in October, 9 of which were late, a monthly closure performance of 81.3%. The performance figure above reflects the performance for the 3-month period ending October, and is the highest since June. Provisional figures for November show a continuing improvement towards the target.</p> <p>Due to staff turnover in the FOI Role, the Information Governance and Security Advisors are overseeing the administration of FOI requests.</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	5%	10.6%
<p>The number of bed days lost due to patients in delay continues to rise and has remained above the target 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 62 downstream beds over the last 4 months to mitigate against the lack of home care, but this has resulted in the increase in the % of bed days lost. H&SC continue to recruit for care at home and are commissioning additional interim beds. As of the 1st December 41% of the official delays are code 100 and code 51X.</p>			

FINANCE		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£13.822m)	(£14.218m)
<p>At the end of November the board's reported financial position is an overspend against budget of £14.218m comprising an adverse variance for Acute Services Division of £15.664m and £3.552m for External Health Care Providers, offset by favourable variances across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £4.5m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £3.739m for the 8 months to November.</p>			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£33.880m	£9.907m
<p>The overall anticipated capital budget for 2021/22 is £33.880m. The capital position for the period to November records spend of £9.907m. Therefore, 29.24% of the anticipated total capital allocation has been spent to month 8.</p>			

STAFF GOVERNANCE		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	6.79%
<p>The sickness absence rate in November was 6.79%, an increase of 0.45% from the rate in October. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.27%.</p> <p>Given current workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS (AfC) 2019/2 is unlikely to be achieved and we anticipate further NHSScotland guidance on targets which will reflect the circumstances of the last two years.</p>			

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	133
<p>Service provision has continued to be delivered remotely by phone, Near Me appointments and use of translation service. New staff are going through a competency framework for quality assurance purposes with the aim of having a competent, confident workforce. This has taken an extended period of time due to the pandemic and remote working restrictions. Main service access is self-referral by phone. We are accepting all referrals due to the pandemic conditions, acknowledging that not all clients contribute to the SIMD target, and are therefore currently unable to assess SIMD status. There is a current downturn in clients numbers.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	71.2%
<p>Referral to Treatment (RTT) performance has dropped to 76% which reflects an increased activity against the longest waits due to new recruitment and psychology staff working from the back of the waiting list. As work on the longest waits progresses, RTT% will show a continuing drop until longest waits are reduced to 18 weeks. This is projected to be achieved by Dec 2022. Demand remains high for priority and urgent appointments with the majority of the CAMHS workforce addressing this need. 7 of the 8 new posts to address the demand have been recruited with 6 of these now in situ. Recruitment process is ongoing to address the Phase 1 funding from the Scottish Government Recovery & Renewal fund and a proposal for Phase 2 spend has been submitted to HSCP SLT for approval. The Recovery & Renewal funds will address national priorities such as achieving the CAMHS National service specification, Urgent Response, Intensive Home treatment as well as building internal capacity to provide specialist, evidence-based interventions.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	78.8%
<p>The overall waiting list continues on a downward trend, and there has been a further reduction in numbers waiting over 52 weeks. The overall trend in referrals remains upward. The reduction in the RTT target % can be attributed to a larger number of the longest waiting patients starting therapy in September and October compared to the previous two months. This is an anticipated consequence of services addressing the waiting list backlog.</p>			

II. Performance Exception Reports

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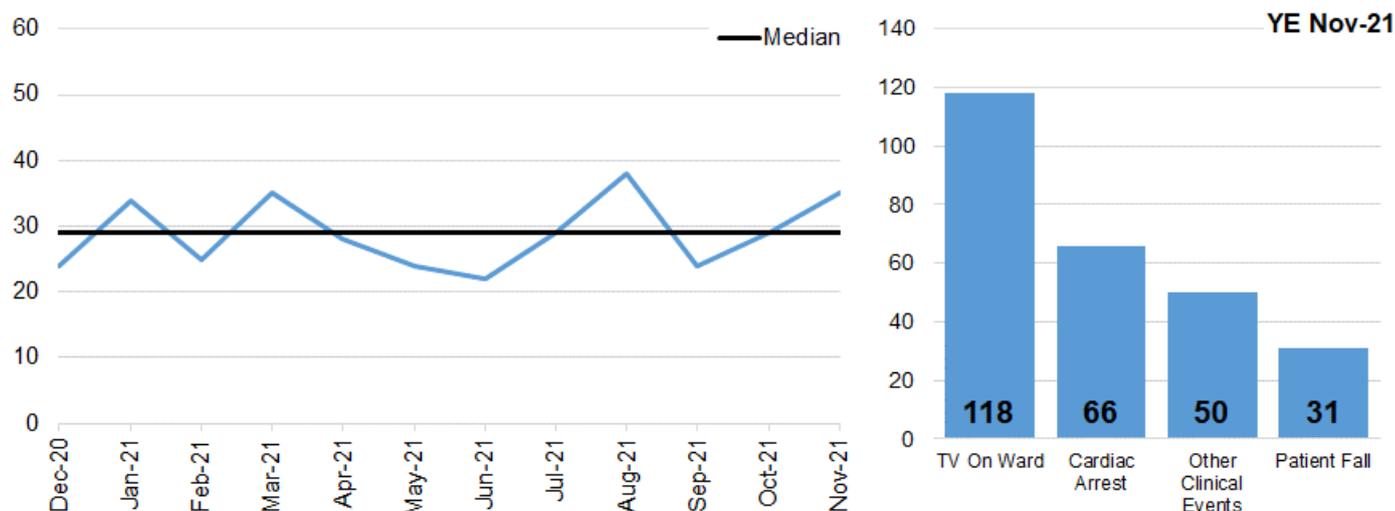
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Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21					2021/22						
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
ALL	NHS Fife	1251	1288	1211	1365	1358	1371	1349	1420	1453	1395	1386	1410
	Acute Services	603	573	531	630	594	647	605	630	615	608	641	620
	HSCP	621	694	654	708	725	682	694	740	800	746	690	733
	Corporate	27	21	26	27	39	42	50	50	38	41	55	57
CLINICAL	NHS Fife	930	904	856	954	937	1010	934	1009	955	962	943	997
	Acute Services	560	534	495	588	547	598	546	569	549	535	564	574
	HSCP	360	359	347	353	372	388	365	411	385	401	351	396
	Corporate	10	11	14	13	18	24	23	29	21	26	28	27

Commentary

There has been a marginal reduction in the overall number of incidents reported in September and October. There was an increase in reporting in the following categories:

- Infrastructure (Accommodation / Availability / Staffing)
- Specimen Management
- Healthcare Associated Infection

There has been a slight reduction in the number of falls in September and October, with October seeing 208 falls reported, this being the lowest number reported in 4 months.

Cardiac arrests in October have increased to 7 incidents in comparison to 4 in each of the previous 2 months. Collaborative work with the Scottish Patient Safety Programme on 3 Acute Adult work streams is underway in relation to the deteriorating patient.

A new lead for Adverse Events is now in post and is providing dedicated leadership in the drive forward of the review of adverse events policy and process.

The following 3 key short term goals have been identified for completion by the end of January:

1. Communication and engagement of staff, with particular focus on the SAER process
2. Improvements to patient involvement
3. Review of the mapping of the current Adverse Events process to identify and action improvements required within the Adverse Events Team

HSMR

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

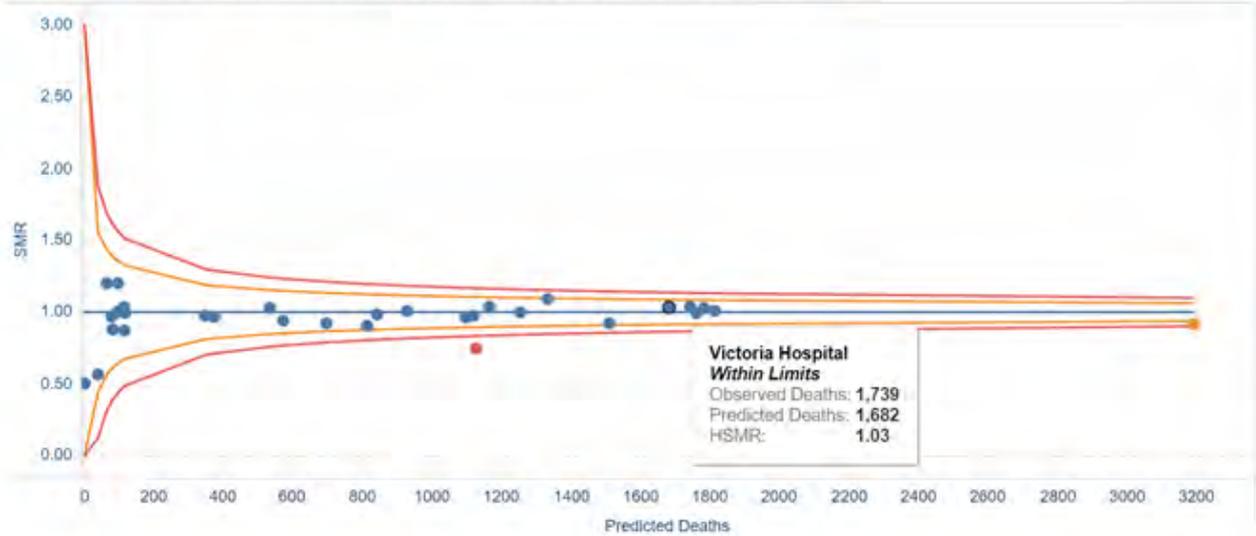
Reporting Period; July 2020 to June 2021^P

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 rate for Victoria Hospital is shown within the Funnel Plot.

HSMR by Hospital: July 2020 to June 2021

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



Commentary

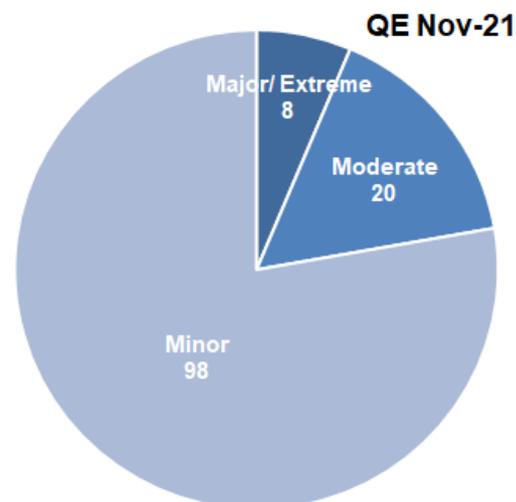
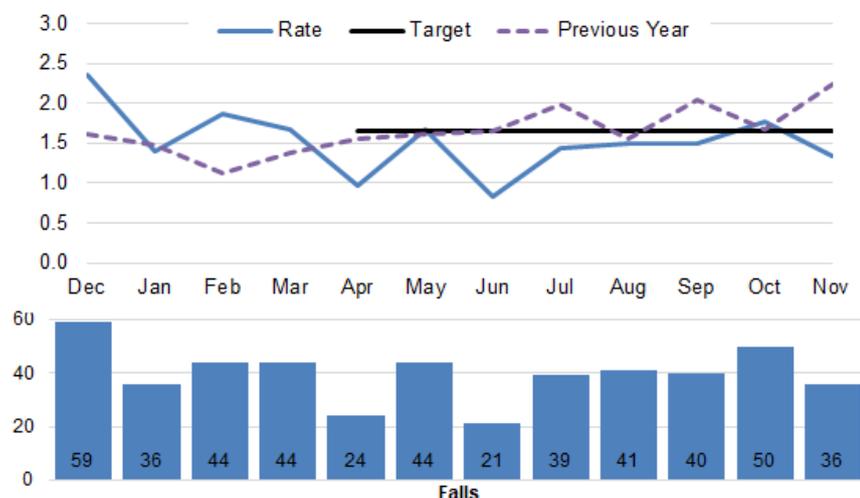
HSMR for NHS Fife has remained above the 1.00 mean for all periods since the measure was changed two years ago. The HSMR for Victoria Hospital for the year ending June 2021 was 1.03, same ratio as of year ending March. Ratio for Victoria Hospital was fourth highest of all main acute hospitals across Scotland but within warning limits (two standard deviations from the average).

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						
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	2.35	1.39	1.87	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.76	1.33
Acute Services	1.67	1.24	1.18	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.67	1.19
HSCP	2.96	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.46
Target					1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

IMPROVEMENT ACTIONS

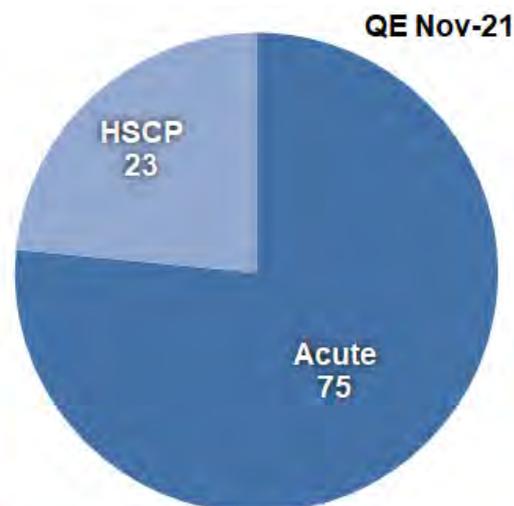
20.3 Falls Audit	By Feb-22
A new national driver diagram and measurement package have still to be finalised and as already reported have been tested in four boards across Scotland in May and June. As previously noted, due to current challenges NHS Fife documentation will be reviewed early in 2022, with an audit then to follow.	
20.5 Improve effectiveness of Falls Champion Network	By Jan-22
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 and meetings with local Heads of Nursing are planned in order to support progress.	
21.2 Falls Reduction Initiative	Complete Nov-21
21.3 Integrated Improvement Collaborative	By Jan-22
The Community Hospital collaborative has been slowed due to workforce pressures and Covid 19. However, process measures and data continue to be collected and a number of small tests of change have been tried out within the wards. Data is collated and available weekly, shared with the Nursing Directorate and Heads of Service by the Clinical Governance Team. This data also presents as triangulated data including falls, tissue viability, and medication errors to inform decisions and strategy.	

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2022) = 0.42 per 1,000 OBD

Local Performance



Performance by Service Area

		2020/21					2021/22						
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Grade 2 to 4	NHS Fife	0.83	1.00	1.44	1.22	1.30	1.03	0.82	1.22	1.25	1.28	0.95	1.37
	Acute Services	1.17	2.06	2.18	2.12	2.51	1.68	1.58	2.05	2.36	2.18	1.44	2.30
	HSCP	0.53	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.27	0.49	0.53	0.55

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

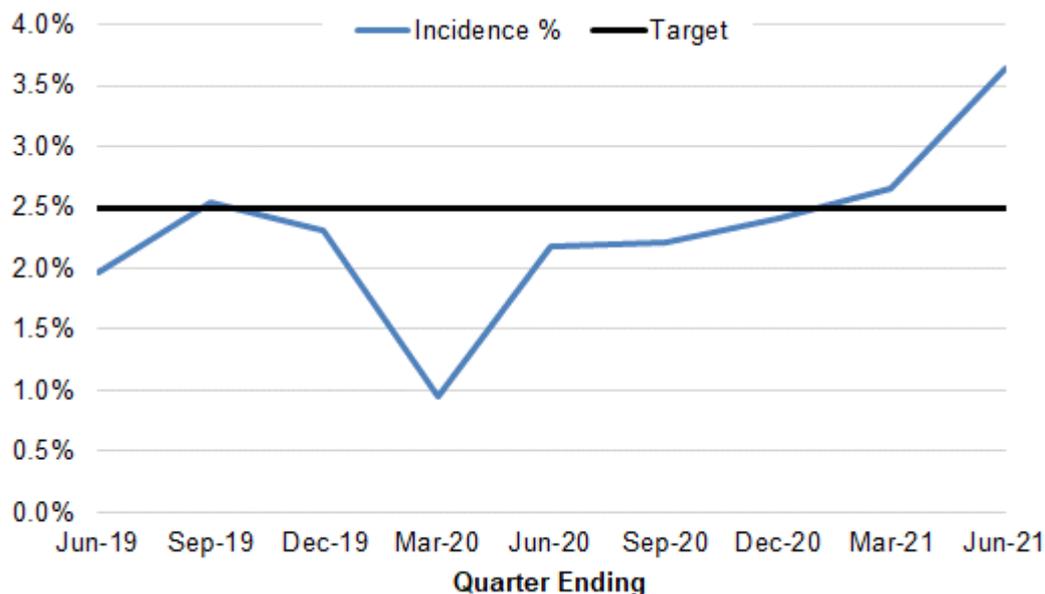
IMPROVEMENT ACTIONS

21.2 Integrated Improvement Collaborative	Complete Jun-21
21.3 Implementation of robust audit programme for audit of documentation	Complete Jun-21
22.1 Improvement Collaboratives - HSCP	By Jan-22
Community inpatients wards are undertaking self-assessment against the Prevention and Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement. The work is currently under review in order to reflect and establish SMART objectives to ensure improvement targets are met. Wards continue to measure compliance with skin assessment, review and intervention, using weekly data to identify areas for improvement.	
22.2 Community Nursing QI Work	By Mar-22
One of the community nursing teams has implemented a focused piece of improvement work, complemented by adopting a “back to basics” approach, to ensure that all relevant skin and risk assessments are completed. This is having a positive impact on patient outcomes. We are investigating expanding the speciality list within Datix to allow for more robust data analysis, enabling targeted support, education and improvement opportunities. However, teams have been required to support the delivery of COVID and Flu vaccines in the community, and the target completion date has slipped accordingly. Adverse event reviews are increasing providing wider learning for other services such, and including care homes.	
22.3 ASD Pressure Ulcer Improvement Programme	By Mar-22
The commencement of third cohort of the Pressure Ulcer Improvement Programme (PUIP) has been paused due to the current staffing pressures. However QI support has been offered to individual areas on a bespoke basis. Teams involved in cohort 1 and 2 continue to collect process measures data and are encouraged to continue to identify and test change ideas until sustained improvement is achieved.	
22.4 Implementation of Focused Improvement Activities	By Mar-22
There are a number of focused improvement activities taking place in a variety of settings. ICU have two projects underway, one aiming to improve the management of moisture related skin damage and a second aiming to improve pressure area care for patients nursed prone. Ward 31 and ED are also carrying out improvement projects.	

Caesarean Section SSI

Sustain C-Section SSI incidence for inpatients and post discharge surveillance (day 10) below 2.5% during FY 2021/22

Local Performance



National Benchmarking

Quarter Ending	2018/19				2019/20		
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
NHS Fife	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
Scotland	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/SAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance.

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.

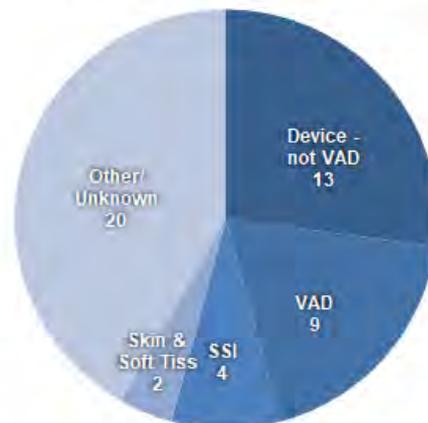
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Nov-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	10.9	12.5	6.3	18.7	20.6	17.8	6.3
Scotland	15.2	16.3	20.3	17.3	18.9	18.4	18.7

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

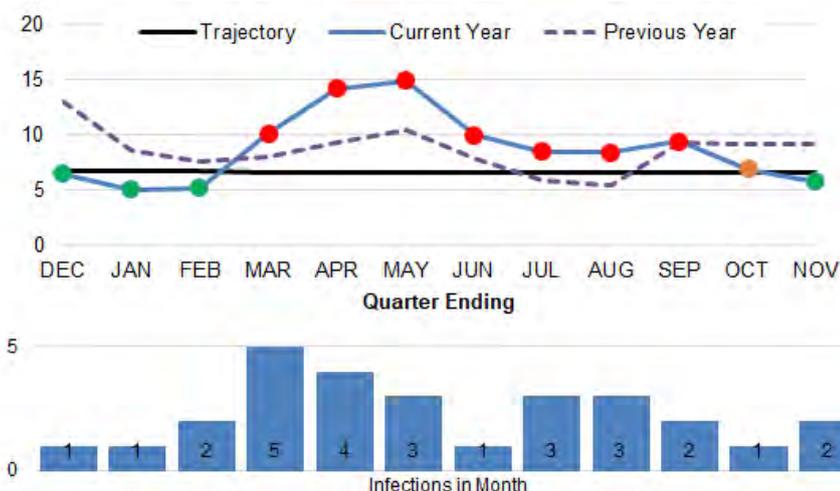
IMPROVEMENT ACTIONS

20.1 Reduce the number of SAB in PWIDs	By Mar-22
The incidence of SABs in PWIDs has continued to reduce, with only 4 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). The PGD for Antibiotic prescribing is now in progress by Addiction Services and IPCT continue to support AS with SAB improvements, albeit a planned November meeting had to be cancelled. A voiced over educational video by IPCT on SAB definitions, signs, symptoms and interventions has been completed for AS staff training.	
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 (last one in November) of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The Driver Diagram for the UCIG is currently being reviewed and updated.	
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 utilised by clinical staff to access and display 'days since last SAB' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	By Mar-22
Electronic insertion and maintenance bundles for PVCs are completed on Patienttrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward 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 and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

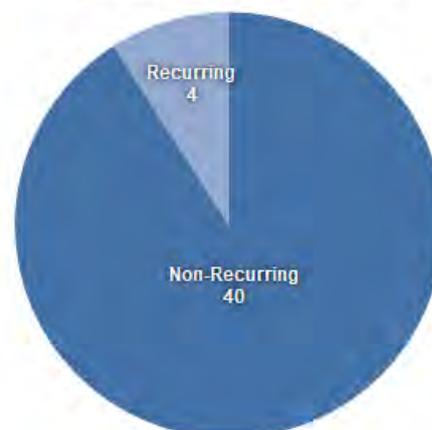
C Diff (HAI/HCAI)

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

Local Performance



CDI Recurrence: YE Nov-21



National Benchmarking

Quarter Ending	2019/20		2020/21			2021/22	
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	13.1	8.0	7.9	9.3	7.7	14.0	10.0
Scotland	15.1	13.6	15.4	17.4	16.4	15.8	14.6

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
<p>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.</p> <p>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.</p>	
20.2 Reduce overall prescribing of antibiotics	By Mar-22
<p>NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.</p> <p>Empirical antibiotic guidance and the revised Microguide app has been circulated to all GP practices.</p>	
20.3 Optimise communications with all clinical teams in ASD & the HSCP	By Mar-22
<p>Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.</p> <p>IPCN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.</p> <p>The Ward Dashboard utilised by clinical staff to access and display 'days since last CDI' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.</p>	

CLINICAL GOVERNANCE

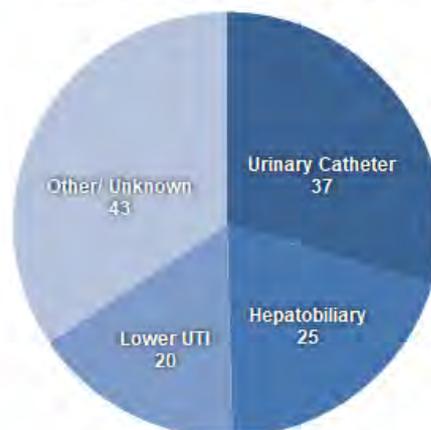
ECB (HAI/HCAI)

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

Local Performance



Infection Sources: YE Nov-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	60.0	47.9	36.4	45.3	50.3	21.6	37.6
Scotland	40.8	36.4	39.7	42.0	40.9	34.7	38.2

KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding and learning. From December, as part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX will be submitted for ALL catheter associated ECBs (including those without trauma) to result in a LAERs by the patients clinical team. NHS Fife are collaborating with NHS Shetland & Grampian to pioneer an enhanced ECB CAUTI surveillance tool, and next meet in December.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

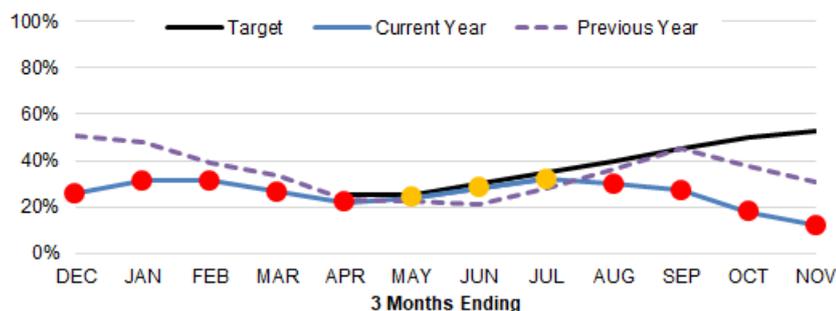
By Mar-22

The UCIG meeting last met in November. 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 the district nursing service and staff in both private and NHS care homes as well as a QI CAUTI programme at Kelty GP Practice.

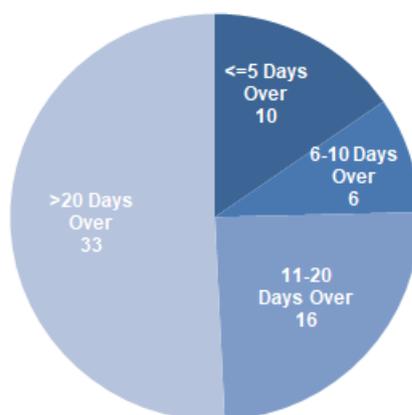
Complaints | Stage 2

At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)

Local Performance



Closure Breaches; QE Nov-21



Performance by Service Area

3-Month Ending	2020/21					2021/22						
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	25.8%	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	27.0%	18.0%	12.2%
Ack <= 3 Days (Monthly)	100.0%	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%
ASD	30.5%	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	27.3%	20.7%	15.7%
HSCP	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%	6.3%

KEY CHALLENGE(S) IN 2021/22

- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality

By Mar-22

Patient Relations are completing in-house QA checks on draft final responses, impacted due to current pressures within the department.

A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but is on hold due to the ongoing response to COVID-19 and current capacity issues.

22.2 Improve education of complaint handling

By Mar-22

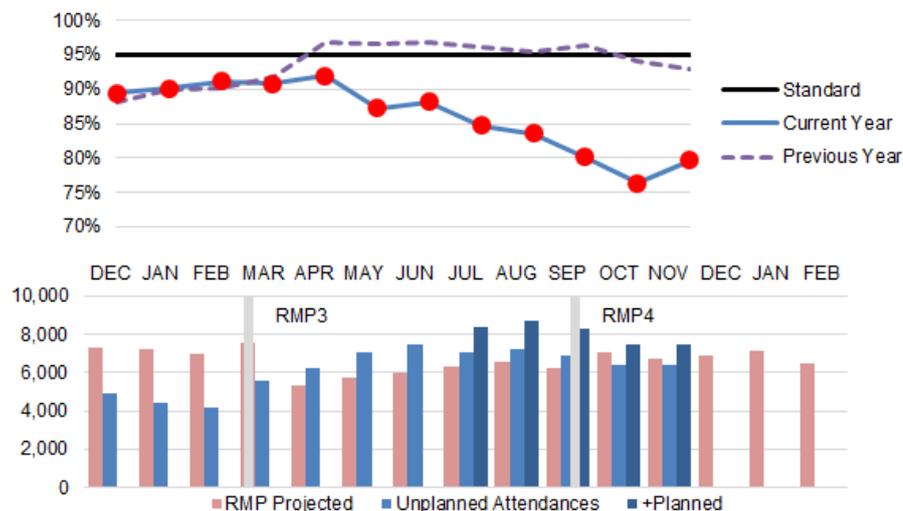
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this is on hold due to the ongoing response to COVID-19 and current capacity issues.

Bespoke training sessions with Fife Wide & Fife East took place in May and June, and the aim was that these would restart during the remainder of 2021, however, there has not been the capacity to do so.

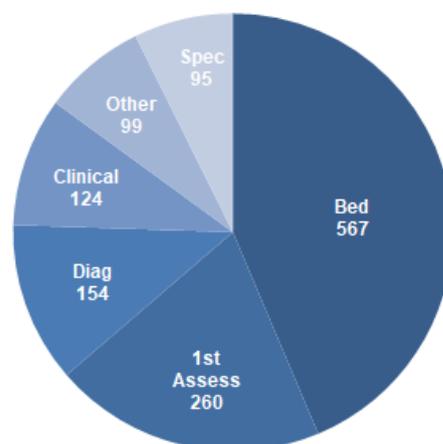
4-Hour Emergency Access

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

Local Performance



Breach Reason; Nov-21



National Benchmarking

Month	2020/21					2021/22						
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%
Scotland	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%	75.9%

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

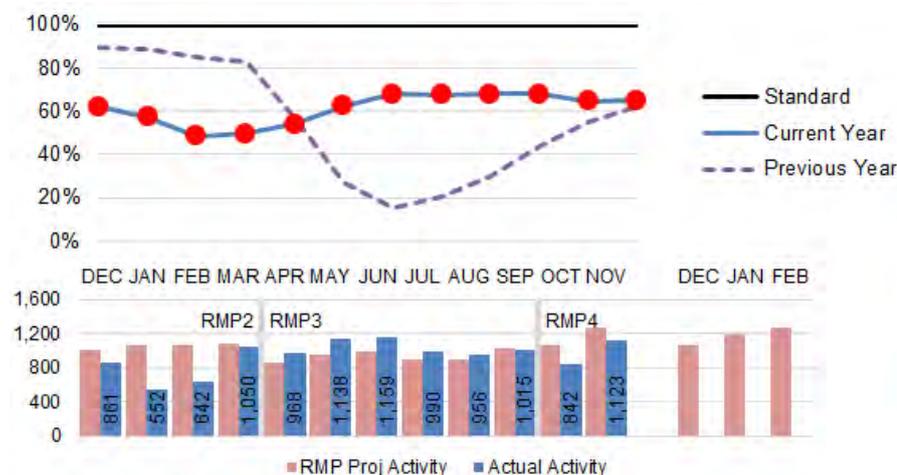
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	By Mar-22
Virtual Flow and Navigation appointments to ED are now in place and the Hub has expanded to handle GP calls previously taken by ANPs into AU1. Early indication shows decreased number of referrals with a re-direction rate of 26%. Expansion for 24/7 handling is in planning.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	Complete Nov-21
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	By Dec-21
Bed waits continue to be the principal reason for breaches. There has been an increase in 8-hour breaches due to capacity challenges across the site. All directorates are focussed on improvement actions which can improve flow into downstream wards and effectively manage admission demand from front door. Principle actions are focussed on: reducing duplication with handovers, in reach model from wards to AU1 achieving earlier transfers, reducing number of patients in delay, earlier discharge planning and improving team(s)communication.	
22.3 Develop re-direction policy for ED	By Dec-21
SLWG and joint HSCP/ASD reference group established to embed principles from National Re-direction Guidance into ED pathways and re-direct patients who can be supported in alternative clinical settings or through self care	

Patient TTG

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

Local Performance



Breaches Breakdown Nov-21



National Benchmarking

	2020/21					2021/22						
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%
Scotland	37.0%	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%		

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

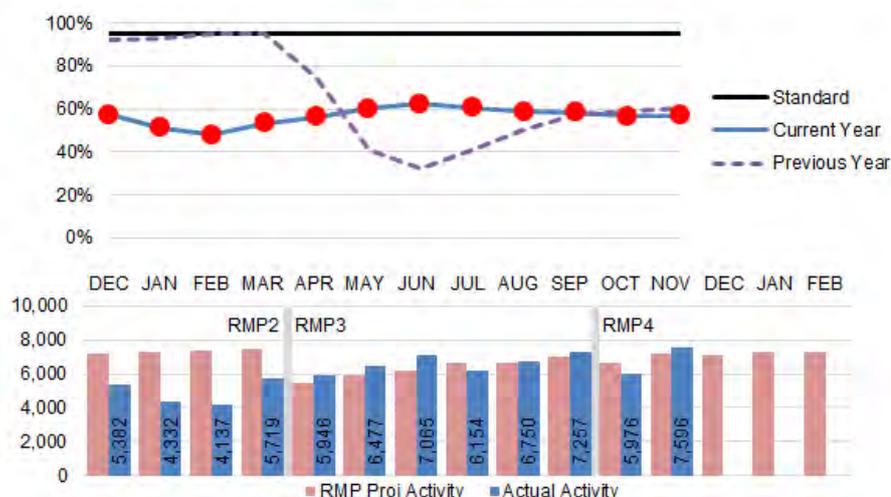
IMPROVEMENT ACTIONS

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	Complete Sep-21
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Business case near completion for submission mid December	
22.3 Undertake waiting list validation against agreed criteria	By Mar-22
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains essential when elective capacity is restricted due bed capacity and unscheduled care demand.	
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	By Mar-22
First meeting of Integrated Planned Care Programme Board planned for 8 th December	

New Outpatients

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

Local Performance



Breaches Breakdown Nov-21



National Benchmarking

	2020/21				2021/22							
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%
Scotland	47.8%	44.5%	43.9%	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	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

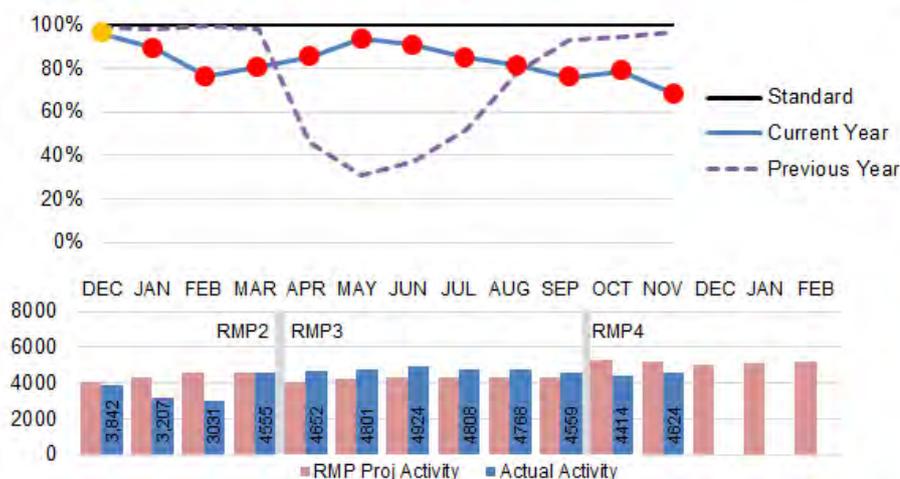
IMPROVEMENT ACTIONS

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	Complete Sep-21
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
First meeting of Integrated Planned Care Programme Board planned for 8 th December	
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 Dec-21
Revised guidance issued and following advice from Infection Control local team unable to reduce social distancing to 1m in outpatients in VHK or QMH apart from Paediatrics at VHK. Further information on risk assessment from neighbouring board sought.	

Diagnostics Waiting Times

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

Local Performance



Breach Breakdown Nov-21



National Benchmarking

	2020/21					2021/22						
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%
Scotland	55.9%	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%		

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

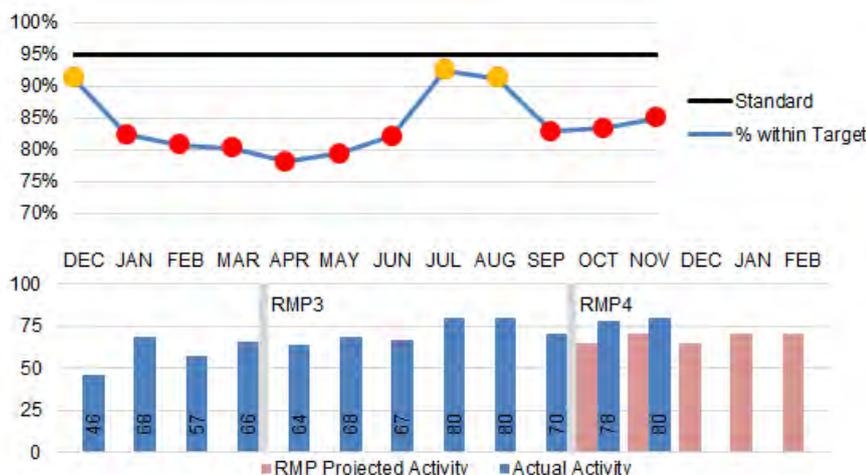
IMPROVEMENT ACTIONS

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	Complete Sep-21
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	
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	By Mar-22
Alternative sources being explored, along with engagement with National Radiology Access Team for additional funding	

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						
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%
Scotland	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%

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)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

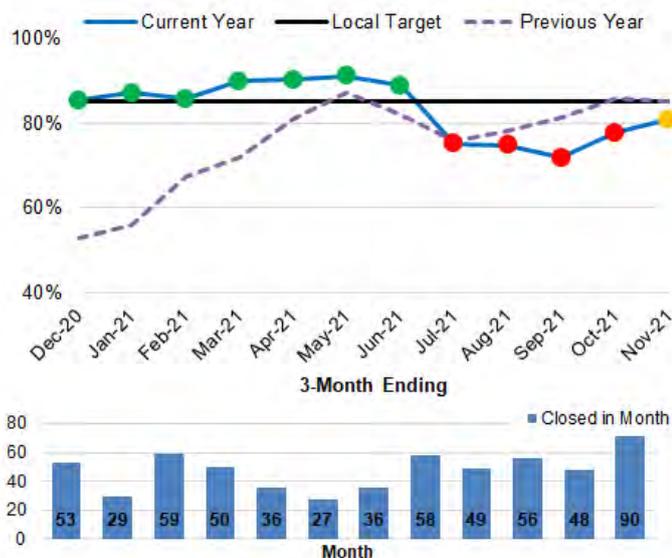
IMPROVEMENT ACTIONS

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 Mar-22
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 Mar-22
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. Engagement sessions have been completed and the Framework in currently being drafted.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework.	

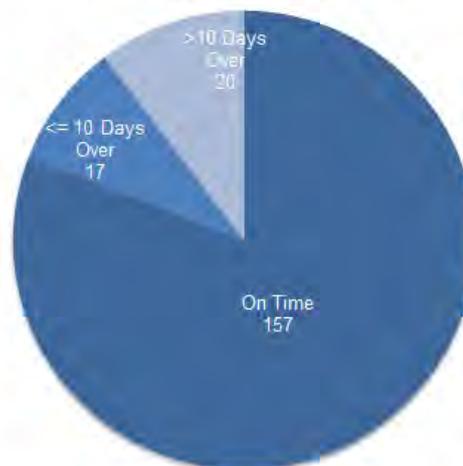
Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Nov-21



Performance by Service Area

Monthly	2020/21				2021/22							
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Health Board	93.5%	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%
IJB	14.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%

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 an Information Governance and Security Advisor is overseeing FOI administration. 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 Jun-21
21.2 Improve communications relating to FOISA work	By Dec-21

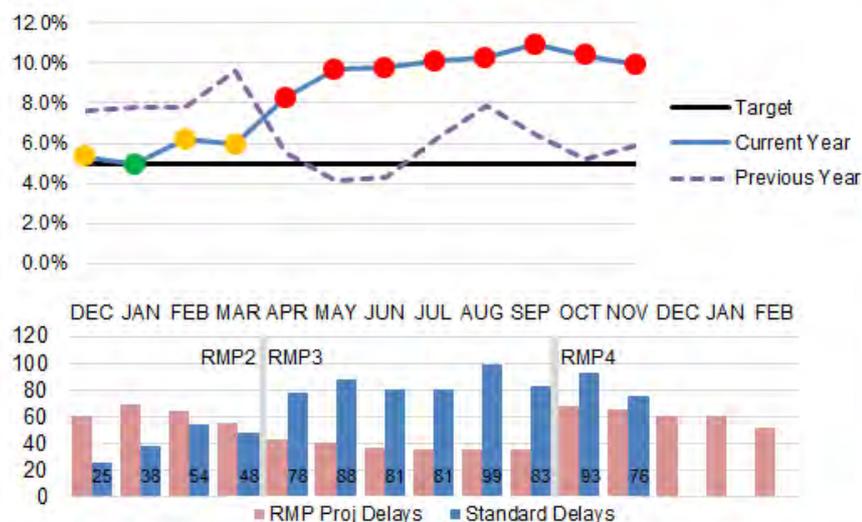
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

This action will be left open for the rest of 2021, while resourcing issues remain to be resolved.

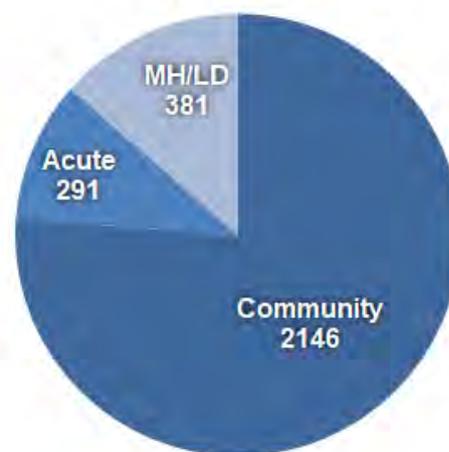
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Nov-21



National Benchmarking

Quarter Ending	2019/20				2020/21				2021/22
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%
Scotland	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%

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

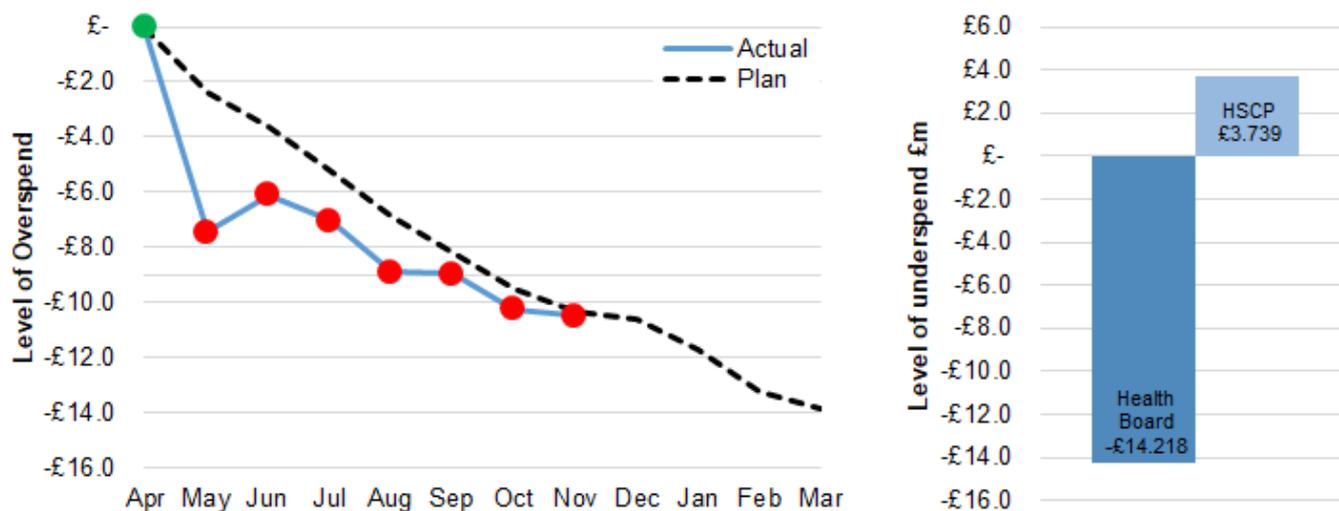
IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Mar-22
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Seven subgroups are taking 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 subgroups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	Complete Jul-21
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Mar-22
An SBAR was submitted to the Senior leadership Team and the test of change started on 4 th October, running for 6 months	

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



1. Executive Summary

At the end of November the board's reported financial position is an overspend against budget of £14.218m comprising an adverse variance for Acute Services Division of £15.664m and £3.552m for External Health Care Providers, offset by favourable variances across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £4.5m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £3.739m for the 8 months to November.

Revenue Financial Position as at 30th November 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services Division	230,674	156,295	171,959	-15,664
IJB Non-Delegated	9,361	6,228	6,067	161
Non-Fife & Other Healthcare Providers	90,611	60,429	63,981	-3,552
<u>Non Clinical Services</u>				
Estates & Facilities	77,304	50,969	50,261	708
Board Admin & Other Services	89,562	62,891	61,774	1,117
<u>Other</u>				
Financial Flexibility & Allocations	20,940	2,957		2,957
HB retained offsets	60	0	0	0
Income	-38,313	-27,624	-27,679	55
SUB TOTAL	480,199	312,145	326,363	-14,218
<u>Health & Social Care Partnership</u>				
Fife H & SCP	380,176	250,104	246,365	3,739
SUB TOTAL	380,176	250,104	246,365	3,739
TOTAL	860,375	562,249	572,728	-10,479

- 1.2 Included in the board's reported overspend are Health Board retained unachieved legacy savings targets totalling £9.104m (annual £13.656m).
- 1.3 As previously reported, the Scottish Government has confirmed non repayable funding support to enable the board to break even at the end of the financial year. We have submitted our first additional monthly reporting template to SG which addresses the actions the board has taken to minimise the level of funding support required. These actions include the board conducting a robust review of savings plans and develop savings plans which will reflect 50% of the 2022-23 funding gap by the end of quarter 3 of this financial year. The steps taken by NHS Fife to take forward the actions requested by Scottish Government include our detailed 2022/23 Strategic Planning Resource Allocation Process, enhancement of the capacity within the PMO team and the establishment of a Financial Improvement/Sustainability programme reporting to the boards Population Health and Wellbeing Portfolio Board. This programme will develop and agree productive opportunities and savings targets for 2022/23 and a clear pipeline of plans for the more medium term.
- 1.4 Cost pressures within Acute Services continue to increase reflecting the exceptional demand on unscheduled care capacity. The many actions being taken to manage demand pressures have increased the requirement for temporary staffing. Additionally, increasing expenditure across medicines budgets continues to add to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs budgets. Robotic assisted surgery is operational for the fourth month and the costs of surgical instruments are currently signposted as a pressure within the financial planning process. Planned Care are absorbing the cost within existing underspend this year, with a longer term solution sought.
- 1.5 The financial impact of COVID-19, including direct additional costs for vaccination, testing and remobilisation plus indirect costs associated with the managing the wider impact and recovery measures continues to be regularly updated and shared through established reporting mechanisms through quarterly reporting returns. Details are contained within Appendix 1.
- 1.6 Funding allocations confirmed in month included additional pay ward funding of £2.042m, Mental Health Outcomes Framework £1.363 and support for Research & Development Infrastructure £0.834m. Anticipated allocations total £0.192m. Allocation details are contained within Appendix 2.
- 1.7 Savings plans to the end of November identify £7.697m has been delivered with a balance of £0.484m remaining of the in-year commitment of £8.1m to be delivered by March 2022. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources, and forms the basis of our additional monthly reporting to Scottish Government.
- 1.8 Redesign of Urgent Care (RUC) will be fully funded this year through a combination of Scottish Government funding £0.681m and earmarked H&SCP reserves of £0.935m brought forward from 2020/21. The expenditure against the Navigation Flow Hub will be monitored on a regular basis alongside the other workstreams that are focusing on RUC.
- 1.9 The overall anticipated capital budget for 2021/22 is £33.880m. The capital position for the period to November records spend of £9.907m. Therefore, 29.24% of the anticipated total capital allocation has been spent to month 8.

2. Health Board Retained Services

Clinical Services financial performance at November 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	230,674	156,295	171,959	-15,664
IJB Non-Delegated	9,361	6,228	6,067	161
Non-Fife & Other Healthcare Providers	90,611	60,429	63,981	-3,552
Income	-38,313	-27,624	-27,679	55
SUB TOTAL	292,333	195,328	214,328	-19,000

FINANCE, PERFORMANCE & RESOURCES: FINANCE

- 2.1 Costs directly attributable to Covid-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop the projected covid impact into the new financial year.
- 2.2 The Acute Services Division reports an **overspend of £15.664m**. Acute Services are experiencing particularly challenging capacity pressures and a number of measures are underway to ease the pressure which may require an increase in temporary staffing levels, including over recruitment to unregistered nursing posts. A significant proportion of the reported overspend to November relate to unachieved savings of £8.546m. The remainder of the reported overspend is largely due to overspends across Nursing, Senior and Junior Medical Pay budgets, significant non-pay pressures within Haematology/Oncology medicines budgets and growth demand on diabetic pumps.

Nursing overspend continues to be prominent across Care of the Elderly, Obstetrics and Gynaecology, and Colorectal due to unfunded cost pressures, incremental progression, and safer staffing requirements. Junior medical and dental staff continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Junior medical and dental staff in WCCS will also require banding supplements dating back to February 2021. The monitoring exercise has been repeated by the service and deemed compliant as of November 2021, currently awaiting sign off by Workforce colleagues. Elderly medicine and A&E consultant overspend are partially offset by GI and Diabetes vacancies in Emergency Care, whilst WCCS have cost pressures against Obstetrics & Gynaecology consultants. ENT overspend within Planned Care is offset by underspend in Anaesthetics and Vascular. Community Paediatrics have been using agency consultant posts since the start of the year, but have recently appointed to two substantive posts which will help to close the financial gap.

Non pay cost pressures total £3.123m, inclusive of £3.022m Acute medicines overspend. The expenditure on drugs in 2021/22 has increased by 17% compared to the same period last year. Haematology / oncology drugs make up a significant proportion of this increase, with SMC approvals for further indications having an impact. Neurology overspend is due to a high-cost drug 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 being made available via homecare services. Moving into the Winter months we are seeing an increase in psoriasis medicines being used.

- 2.3 The IJB Non-Delegated budget reports an **underspend of £0.161m**. This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.
- 2.4 The budget for healthcare services provided outwith NHS Fife is **overspent by £3.552m** per Appendix 4. As reported previously, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are still ongoing with NHS Tayside.

Corporate Functions and Other Financial performance at November 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	77,304	50,969	50,261	708
Board Admin & Other Services	89,562	62,891	61,774	1,117
<u>Other</u>				
Financial Flexibility & Allocations	20,940	2,957		2,957
HB retained offsets	60			0
SUB TOTAL	187,866	116,817	112,035	4,782

- 2.5 The Estates and Facilities budgets report an **underspend of £0.708m**. This comprises an underspend in pay of £0.396m across several departments including estates services, catering and laundry On the non pay underspend of £0.642m on rates as previously reported. This benefit is partially offset by overspends on property maintenance £0.444m which includes grounds spend and waste management.
- 2.6 Within the Board's corporate services there is **an underspend of £1.117m**. The main driver for this underspend is the level of vacancies across Finance (£0.217m) and Nursing (£0.281m) directorates.

2.7 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 £2.957m** has been released at month 8, with further detail shown in Appendix 5.

3. Health & Social Care Partnership

3.1 Health services in scope for the Health and Social Care Partnership report an **underspend of £3.739m**.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	380,176	250,104	246,365	3,739
SUB TOTAL	380,176	250,104	246,365	3,739

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £4.5m overspend to month 8 per 1.1 above).

3.2 The underspend at November is consistent with the position reported in previous months and is a result of numerous vacancies across a number of teams due to significant challenges in availability of staffing.

3.3 Following the IJB financial planning process, the IJB CFO has indicated the underspend may be used to inform a non-recurring budget realignment this financial year. This proposal is being further analysed and validated to inform any potential realignment process this year.

3.4 A review of the Integration Scheme has been agreed by the respective partners, NHS Fife Board and Fife Council in September 2021, and has been submitted for Ministerial Approval, after which final approval will be sought at the IJB Committee in January 2022.

3.5 The overspend on the set-aside services is currently held within the Acute Services Directorate Budget and not the IJB and is not included in the reported projected overspend for the IJB. If a different arrangement was in place between the IJB and the Health Board in relation to the management of costs in excess of the available budget, the IJB would face significant cost pressure as a result of the significant demand for hospital services.

Details of funds held within Delegated Health Earmarked Reserves are noted at Appendix 6.

4. Forecast

4.1 Our forecast outturn to the year end has been updated (at month 8) and reflects a potential overspend of £14.207m for Health Board retained services. This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings and a core potential additional overspend of £0.551m. This is an improvement of circa £2.792m on the previous forecast outturn overspend of £16.448m. This improvement reflects our commitment to reduce the level of support required from Scottish Government.

4.2 In addition, we have previously reporting that limited funding was received this year, and remain c£5m-£8m away from NRAC funding parity across Scotland. This has a significant bearing on our financial planning arrangements and our qualitative and quantitative performance for this financial year.

4.3 Whilst the Health delegated underspend position is forecast at £5.001m, the most recent H & SCP finance report identifies a **projected year end overspend position of £4.179m** (Source: November 2021 H&SCP Finance & Performance Committee). Five key areas of overspend that are contributing to the projected outturn overspend are Hospital & Long Term Care, Family Health Services, Older People Residential and Day Care, Homecare Services and Adult Placement. At the same Committee a recovery plan was tabled for consideration, with plans to be actioned which aim to reduce the projected overspend by £1.4m by the end of the financial year. Discussion and detailed review of the projected year end outturn and the mitigating actions required to improve the financial position will be taken forward with the Chief Finance Officer for the H&SCP.

4.4 The projected NHS Fife forecast does not include any risk share with the Health and Social Care Partnership given Integration Authorities will also be provided with Scottish Government support to a balanced position. However, similar to last year, it is likely that a cash transfer will be required from Health to Council to allow both organisations to report a balanced position; and work continues to quantify the value.

5. Recommendation

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

- **Note** the reported core overspend of £14.218m for the 8 months to date;
- **Note** that workforce and capacity pressures across our system continue to drive increased costs in-year and present a financial challenge.
- **Note** the potential total overspend outturn position of £14.207m, with work continuing to reduce this position
- **Note** the confirmation of funding support by Scottish Government on the proviso a number of actions are taken forward

Appendix 1: 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	
Additional allocation	6,815	7,023		13,838	
HSCP ear marked reserve		2,682		2,682	
Anticipated allocation	740			740	
Total funding	16,257	12,583	0	28,840	0
Allocations made for April to November					
Planned Care & Surgery	604			604	
Emergency Care & Medicine	4,539			4,539	
Women, Children & Clinical Services	1,565			1,565	
Acute Nursing	0			0	
Estates & Facilities	661			661	
Board Admin & Other Services	1,280			1,280	
Public Health Scale Up	723			723	
Test and Protect	3,287			3,287	
Primary Care & Prevention Serv		556		556	
Community Care Services		1,033		1,033	
Complex & Critical Care Serv		199		199	
Professional/Business Enabling		139		139	
Covid Vaccine/Flu		8,817		8,817	
Social Care					
Total allocations made to M8	12,659	10,744	0	23,403	0
Balance In Reserves	3,598	1,839	0	5,437	0

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Revenue Resource Limit

		Baseline	Earmarked	Non-	Total	Narrative
		Recurring	Recurring	Recurring	Total	
		£'000	£'000	£'000	£'000	
	Initial Baseline Allocation	712,534			712,534	
	June Letter	9,264	12,244	20,964	42,472	
	July Letter			8,002	8,002	
	August Letter	141	230	1,522	1,893	
	September Letter	-135	59,994	-1,931	57,928	
	October Letter		3,390	14,908	18,298	
2 December 2021	Early Diagnostic Centre			291	291	As per request
	ADP Frontline Services			443	443	Government policy
	ADP P for G			1,159	1,159	As per previous years allocation
	Psychological Therapies			264	264	As per funding letter
	Mental Health Outcomes Framework		1,363		1,363	As per funding letter
	Dementia Post Diagnostic Support			238	238	As per funding letter
	Fleet Decarbonisation			108	108	Relates to funding for leased vehicles
	District Nursing			143	143	Second tranche of funding
	Spiritual Care winter pressure			1	1	As per request
	National Cancer Recovery plan - single point of contact		64		64	As per funding letter
	National SACT Pharmacy		8		8	As per funding letter
	FNP Tranche 2		269		269	Second tranche of funding
	Primary Care Digital Improvement			136	136	As per funding letter
	Expansion of Primary Care Estates			136	136	As per funding letter
	GP Premises Improvement			238	238	As per funding letter
	Research & Development			834	834	Annual Funding
	2020-21 Surplus brought forward			340	340	20-21 underspend as Accounts now complete
	Medical and dental additional pay award	1,519			1,519	As per request
	AFC additional pay award	523			523	As per request
	Community Link Worker £500			2	2	As per funding letter
	Total Core RRL Allocations	723,846	77,562	47,798	849,206	
Anticipated	Distinction Awards		193		193	
Anticipated	Community Pharmacy Champions		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PCIF		682		682	
Anticipated	Waiting List		1,367		1,367	
Anticipated	Covid 19			740	740	
Anticipated	NSD Adjustments		-2,130		-2,130	
		0	-932	740	-192	
Anticipated	IFRS			9,352	9,352	
Anticipated	Donated Asset Depreciation			174	174	
Anticipated	Impairment			1,333	1,333	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	11,359	11,359	
	Grand Total	723,846	76,630	59,897	860,373	

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 3: Savings Position at November 2021

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to November £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	5,747	1,950	7,697	484
					0		0
Total Savings	21,837	8,181	13,656	5,747	1,950	7,697	484

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	-407	593	-41	959
Pay Vacancy Factor (1%)	3,015	Medium	-3,015	0	-3,015	0
Repatriation of Services	500	Low	-500	0	-500	0
External Commissioning Cost Review	1,000	Medium	-1,000	0	-1,000	0
Medicine Utilisation	500	Medium	-640	-140	-595	-95
Contracts	1,500	Low	-284	1,216	0	1,500
Procurement - Non pay	500	Medium	0	500	0	500
Other	166	Low	-1,851	-1,685	-596	-430
	8,181		-7,697	484	-5,747	2,434

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	66	64	2
Borders	45	30	38	-8
Dumfries & Galloway	25	17	38	-21
Forth Valley	3,227	2,151	2,447	-296
Grampian	365	243	188	55
Greater Glasgow & Clyde	1,680	1,120	1,117	3
Highland	137	91	136	-45
Lanarkshire	117	78	144	-66
Lothian	31,991	21,327	22,540	-1,213
Scottish Ambulance Service	103	68	67	1
Tayside	40,084	26,724	28,383	-1,659
Savings				0
	77,873	51,915	55,162	-3,247
UNPACS				
Health Boards	10,801	7,200	7,580	-380
Private Sector	1,151	768	957	-189
	11,952	7,968	8,537	-569
OATS	721	481	217	264
Grants	65	65	65	0
Total	90,611	60,429	63,981	-3,552

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Nov-21 £'000
Financial Plan		
Drugs	0	0
CHAS	408	0
Junior Doctor Travel	28	10
Discretionary Points	211	0
Consultant Increments	245	147
Cost Pressures	3,538	1,280
Developments	1,960	215
Sub Total Financial Plan	6,390	1,652
Allocations		
Waiting List	3,118	0
AME: Impairment	73	0
AME: Provisions	1,079	0
Community Pharmacy Champion	19	0
Pay Award:AfC	1,716	1,078
6 Essential Action	456	0
ICU	485	0
Test & Protect	3,598	0
Winter	661	0
Cervical Incident	4	0
Cancer Waiting Time	522	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Support to build recruitment capacity	65	0
Building Capacity for international recruitment	68	0
Young Patients Family Fund	48	0
Best Start	85	0
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Preoperative Anaemia	46	0
Workforce Wellbeing	129	0
Discharge Without Delay Pathfinders	340	0
Interface Carev Programme	480	0
Nurse Director Support	403	0
Fleet Decarbonisation	108	0
National recovery:Single point of contact	64	0
SACT pharmacy	10	0
Primary care digital improvement	136	0
R&D	12	0
2020/21 Surplus	340	227
Sub Total Allocations	14,550	1,305
Total	20,940	2,957

FINANCE, PERFORMANCE & RESOURCES: FINANCE

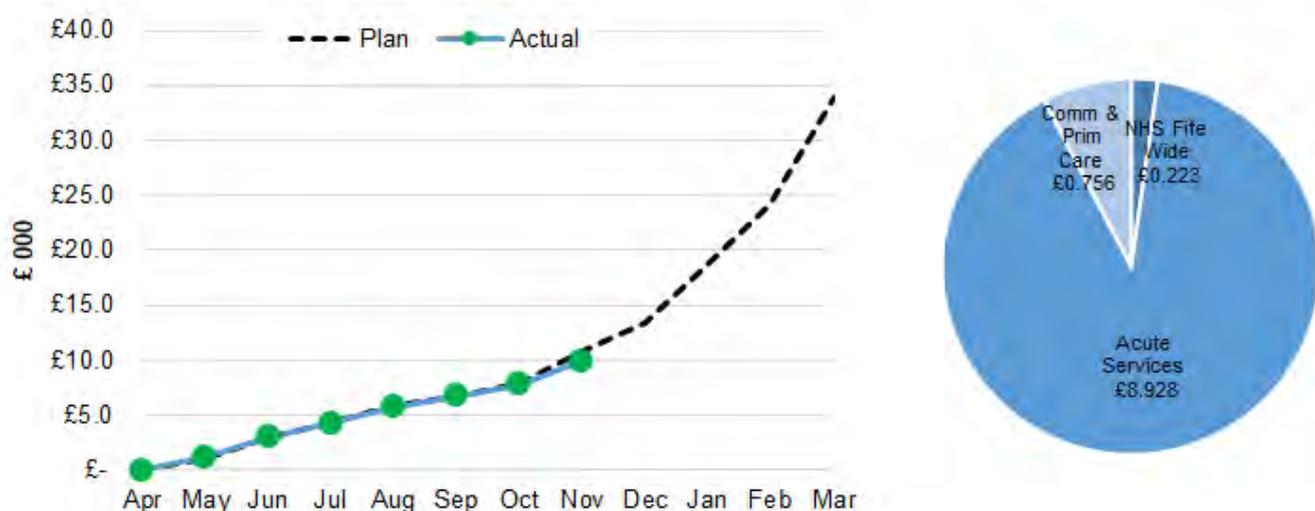
Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Included within Health			Balance £000's
	Total £000's	To M8 £000's	Anticipated £000's	
Vaccine	740	740		0
Care homes	526	82		444
Urgent Care Redesign	935	408		527
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
Action 15	1,315		242	1,073
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	446	234	1,087
Core (covid offsets)	1,250	1,250		0
Total	11,308	4,640	476	6,192

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 was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.880m. This comprises:

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
HEPMA	1,100
Mental Health Review	76
Lochgelly Health Centre	517
Kincardine Health Centre	323
Energy Scheme Funding	1,800
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Laundry Equipment	600
2nd Tranche NIB Equipment	1,176
Repay PY Overallocation	-200
Louisa Jordan Equipment	22
Total	33,880

Due to the current climate there are significant potential risks associated with the capital programme this year and it is prudent to highlight them at this time. Nationally and locally there are critical risks regarding the availability of materials, price increases on materials, lead times and deliverability within the financial year end. NHS Fife is working to mitigate these risks wherever possible.

Capital Receipts

- 1.1 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 - however the GP's have now put in an objection to the planning department

2. Expenditure / Major Scheme Progress

2.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £9.907m, this equates to 29.24% of the total capital allocation, as illustrated in the spend profile graph above.

2.2 The main areas of spend to date include:

Statutory Compliance	£2.039m
Equipment	£1.150m
Digital	£0.198m
Elective Orthopaedic Centre	£6.076m
Health Centres	£0.262m
Clinical Prioritisation	£0.179m

3. Recommendation

3.1 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 November 2021 of £9.907m and the year-end spend of the total anticipated capital resource allocation of £33.880m.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

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	223	152	223
Statutory Compliance	343	254	343
Capital Equipment	151	65	151
Condemned Equipment	24	23	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
National Infrastructure Equipment Funding	6	0	6
Total Community & Primary Care	747	494	747
ACUTE SERVICES DIVISION			
Statutory Compliance	2,930	1,764	2,930
Capital Equipment	1,931	993	1,931
Clinical Prioritisation	216	27	216
Condemned Equipment	88	56	88
National Infrastructure Equipment Funding	2,231	13	2,231
Total Acute Services Division	7,396	2,853	7,396
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	0	0	0
Information Technology	1,000	198	1,000
Clinical Prioritisation	61	0	61
Statutory Compliance	25	0	25
Condemned Equipment	0	0	0
Fire Safety	60	21	60
Scheme Development	0	0	0
Vehicles	142	0	142
Total NHS Fife Wide Schemes	1,488	219	1,488
TOTAL CAPITAL ALLOCATION FOR 2021/22	9,631	3,565	9,631
ANTICIPATED ALLOCATIONS 2021/22			
Elective Orthopaedic Centre	15,907	6,076	15,907
HEPMA	1,100	4	1,100
Kincardine Health Centre	323	105	323
Lochgelly Health Centre	517	157	517
Mental Health Review	76	0	76
Energy Funding Grant	1,800	0	1,800
Pre Capital Grant Funding	50	0	50
SG Payback	-200	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	22
Laundry Equipment	600	0	600
Covid Capital	1,878	0	1,878
2nd Tranche NIB Equipment	1,176	0	1,176
QMH Theatre	1,000	0	1,000
Anticipated Allocations for 2021/22	24,249	6,342	24,249
Total Anticipated Allocation for 2021/22	33,880	9,907	33,880

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to October	November Adjustment	Total November
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	150	1	151
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	225	-2	223
Statutory Compliance	0	349	-6	343
National Infrastructure Equipment Funding	0	8	-2	6
Total Community & Primary Care	0	756	-9	747
Acute Services Division				
Capital Equipment	0	1,861	70	1,931
Condemned Equipment	0	63	25	88
Clinical Prioritisation	0	181	35	216
Statutory Compliance	0	2,942	-12	2,930
National Infrastructure Equipment Funding	0	1,529	702	2,231
	0	6,576	820	7,396
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,423	-52	25
Fife Wide Equipment	1,805	-1,712	-93	0
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-406	-33	61
Condemned Equipment	90	-87	-3	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	72	70	142
Total Fife Wide	7,394	-5,795	-111	1,488
Total Capital Resource 2021/22	7,394	1,537	700	9,631

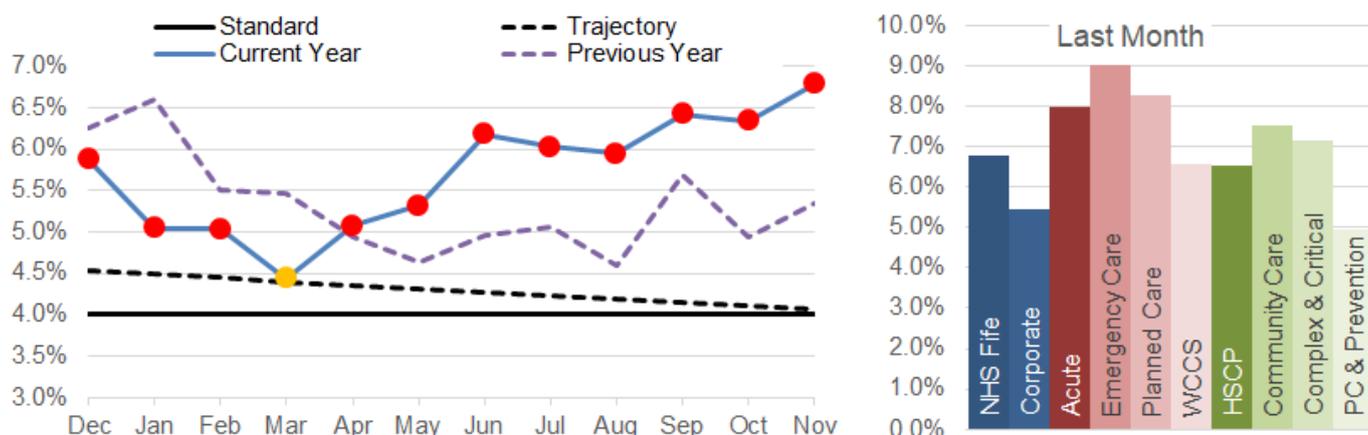
ANTICIPATED ALLOCATIONS 2021/22				
Elective Orthopaedic Centre	15,907	0	0	15,907
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	323	0	0	323
Lochgelly Health Centre	517	0	0	517
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Pre Capital Grant Funding	50	0	0	50
SG Payback	-200	0	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	0	22
Laundry Equipment	600	0	0	600
2nd Tranche NIB Equipment	1,176	0	0	1,176
QMH Theatre	1,000	0	0	1,000
Covid Capital	1,878	0	0	1,878
Anticipated Allocations for 2021/22	24,249	0	0	24,249

Total Planned Expenditure for 2021/22	31,643	1,537	700	33,880
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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						
	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
NHS Fife	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%
Scotland	5.18%	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	0.00%

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

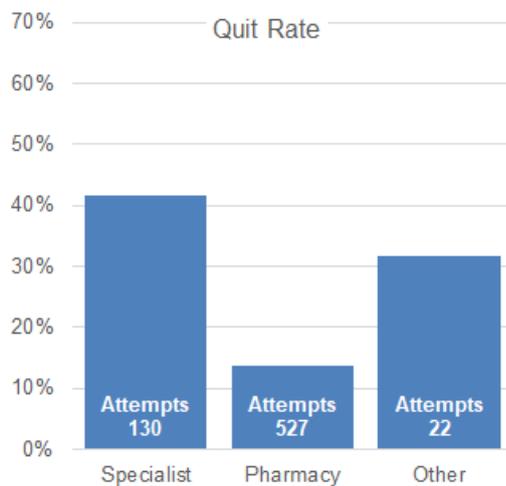
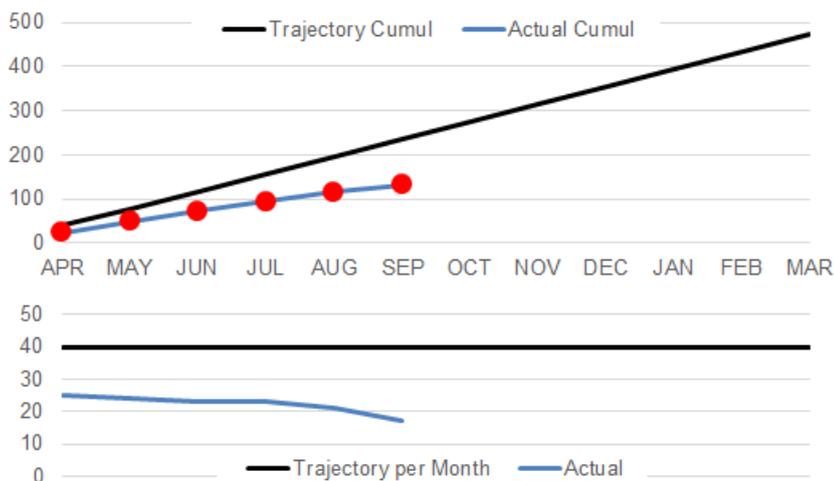
IMPROVEMENT ACTIONS

22.1 Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	By Mar-22
<p>The additional Occupational Health Physician is taking forward specific support for staff affected by Mental Health and mental health training for managers. This is in addition to the individual case work being progressed by local managers and HR Officers and Advisors, with input from the specialist Occupational Health Mental Health Nurse.</p> <p>Additional staff support is being provided on a requested and targeted basis via the Spiritual Care Service, Staff Listening Service, Psychology Staff support, Being Mindful of Your Wellbeing sessions, Peer Support, Care Space Mindfulness Drop-in sessions, outdoor sessions, access to Counselling, introduction of new eLearning Modules on resilience and wellbeing and access to the National PROMiS resources.</p> <p>Additional monies to support staff during the winter months have been allocated and include improved access to meals out of hours, additional resources for Spiritual Care, Psychology Staff support and Health Psychology.</p>	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	By Mar-22
<p>Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside monthly and bespoke training sessions and the use of Tableau to identify and analyse "hot spots"/priority areas and trajectory setting/reporting. Feedback received following a programme to reinforce attendance management processes, undertaken between May and July was discussed in partnership at the Attendance Management Workforce Review Group held in December, with a series of actions being progressed by key stakeholders.</p>	
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 support MI reporting	Complete Nov-21

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	24	23	23	21	17						
	Actual Cumul	25	49	72	95	116	133						
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.0%	60.1%	58.9%	56.4%						
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

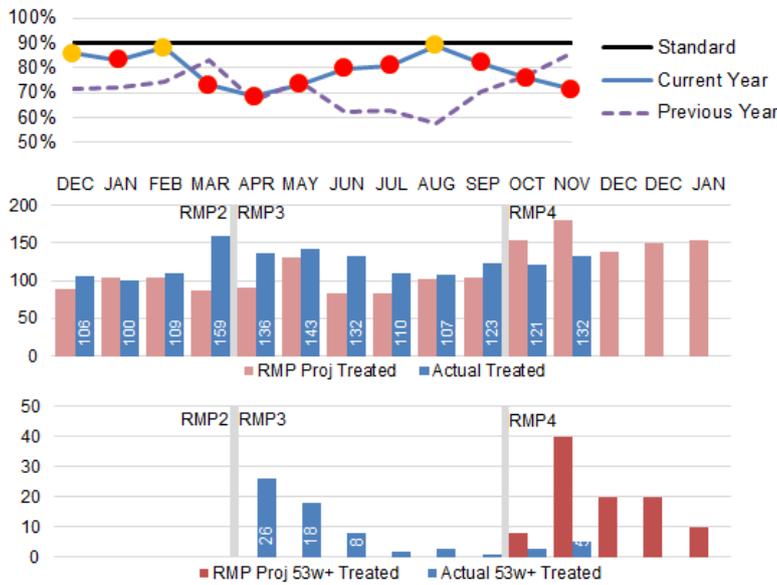
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	Complete Oct-21
20.3 'Better Beginnings' class for pregnant women	Complete Oct-21
20.4 Enable staff access to medication whilst at work	By TBD
<i>Action paused due to COVID-19</i>	
21.1 Assess use of Near Me to train staff	Complete Jul-21
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	Complete Sep-21
22.1 Test face to face provision in two GP practices and one community venue	By Mar-22

Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans. Early discussions with 2 GP practices to restart in second week of January; remobilisation plan to go to remobilisation committee on 9th December.

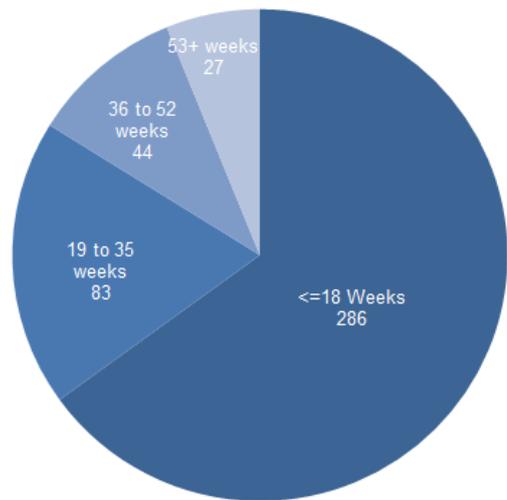
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (440) Nov-21



National Benchmarking

Month	2020/21					2020/21						
	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%
Scotland	72.9%	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%		

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand; development of workforce to meet National CAMHS Service Specification
- COVID-19: relaxation on referrals and delivery of 'models' to reflect social distancing

IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme	Complete Jul-21
21.3 Build CAMHS Urgent Response Team (CURT)	By Mar-22

The CURT model is in place - full implementation will be delivered on the successful recruitment of an additional Senior Nurse and support worker. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Activity has been significantly higher than anticipated with 60% increase in presentations to Emergency department due to self harm/suicidal ideation. This has resulted in all of the available capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Review of activity and effectiveness of the model is ongoing with a full review of the original proposed model once staffing is at optimum level.

22.1 Recruitment of Additional Workforce	By Mar-22
-------------------------------------------------	------------------

Recruitment is ongoing. To address immediate capacity issues, 7 of the 8 allocated posts have been appointed with 6 of these staff now in position and 2 temporary staff due to take up post in February to work on longest waits. Vacant posts continue to be advertised and review of banding is underway. All staff recruited have no CAMHS experience therefore induction/training period will be extended before active clinical caseloads can be allocated. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment is with HSCP SLT for approval. Additional workspace and re-design of East and West CAMHS geographical boundaries has started.

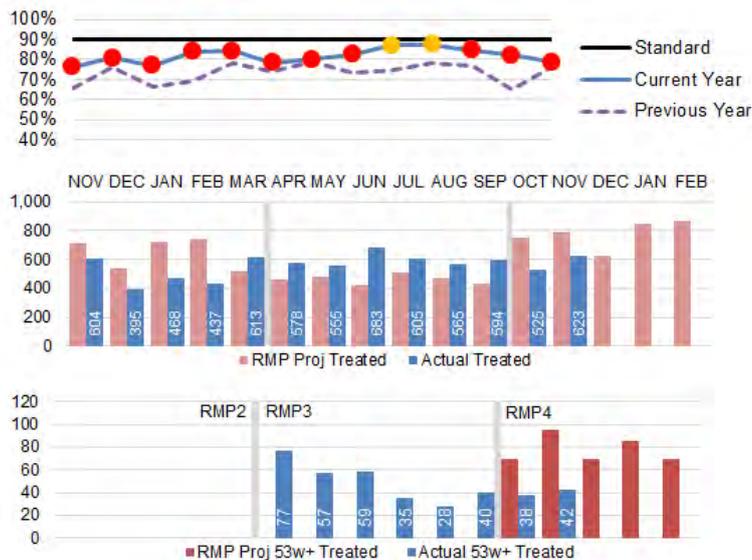
22.2 Workforce Development	By Mar-22
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A revised development and training programme will start in. Three Programmes have been developed, to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is completed to ensure the right skills and competencies exist across the range of teams in CAMHS.

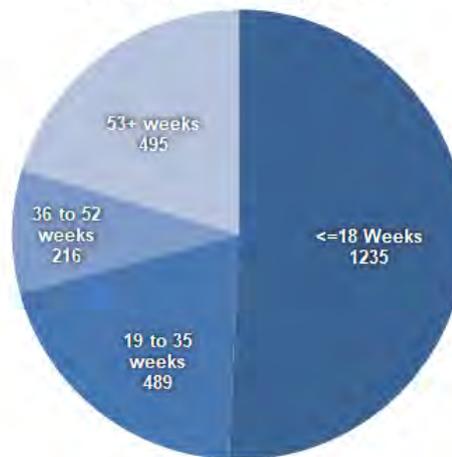
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2435) Nov-21



National Benchmarking

Month	2020/21					2021/22							
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
NHS Fife	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%
Scotland	78.1%	83.2%	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%		

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	Complete Sep-21
22.1 Increase access via Guided self-help service	Complete Sep-21
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	By Mar-22

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 brief/low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes has been evaluated and have shown positive clinical outcomes. They have also had a positive impact on waiting times within the Pain Management service. It has not yet been possible however, to evaluate the impact on waiting times within the general medical service due to staff changes and vacancy. This will be completed into next year.

22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Mar-22
----------------------------------------------------------------------------	------------------

Recruitment is on-going 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. A national issue with workforce availability has impacted anticipated timelines around recruitment. The psychology service has therefore progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.