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## Chair - Tricia Marwick

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**10:00 - 10:10**    **1. CHAIRPERSON'S WELCOME AND OPENING REMARKS**  
10 min

*TM*

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**10:10 - 10:10**    **2. DECLARATION OF MEMBERS' INTERESTS**  
0 min

*TM*

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**10:10 - 10:10**    **3. APOLOGIES FOR ABSENCE - A Grant and M Mahmood**  
0 min

*TM*

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**10:10 - 10:10**    **4. MINUTES OF PREVIOUS MEETING HELD ON 31 MAY 2022**  
0 min

*(enclosed)*            *TM*

 Item 04 - Board Minutes (unconfirmed) 20220531.pdf (13 pages)

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

*TM*

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**10:10 - 10:30**    **6. CHIEF EXECUTIVE'S REPORT**  
20 min


**6.1. Chief Executive Up-date / Whole System Pressures**

*(verbal)*            *CP*

**6.2. Integrated Performance & Quality Executive Summary and Report (June)**

*(enclosed)*            *CP*

 Item 06.2 - SBAR Integrated Performance & Quality Executive Summary & Report (June).pdf (4 pages)

 Item 06.2 - Integrated Performance & Quality Executive Summary & Report (June).pdf (10 pages)

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**10:30 - 10:35**    **7. CHAIRPERSON'S REPORT**  
5 min

*(verbal)*            *TM*

## 7.1. Board Development Session - 28 June 2022

(enclosed) TM

📎 Item 07.1 - Board Development Session – 20220628.pdf (1 pages)

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## 10:35 - 10:45 10 min 8. ANNUAL REVIEW OF THE CODE OF CORPORATE GOVERNANCE

(enclosed) GM

📎 Item 08 - SBAR Annual Review of Code of Corporate Governance.pdf (3 pages)

📎 Item 08 - Appendix 1 Revised Code of Corporate Governance.pdf (114 pages)

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## 10:45 - 10:55 10 min 9. INTERNAL AUDIT ANNUAL PLAN 2022/23

(enclosed) MM

📎 Item 09 - SBAR Internal Audit Annual Plan 2022-23.pdf (7 pages)

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## 10:55 - 11:05 10 min 10. RISK MANAGEMENT IMPROVEMENT PROGRAMME - BOARD RISK APPETITE

(enclosed) BH

📎 Item 10 - SBAR Risk Management Improvement Programme - Board Risk Appetite.pdf (5 pages)

📎 Item 10 - Appendix 1 NHS Fife Risk Appetite Statement July 2022.pdf (3 pages)

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## 11:05 - 11:15 10 min 11. DRAFT NHS FIFE THREE YEAR WORKFORCE PLAN FOR 2022-2025

(enclosed) LD

📎 Item 11 - SBAR Final Draft 3 Year Workforce Plan 2022-2025 .pdf (3 pages)

📎 Item 11 - NHS Fife Draft Workforce Plan 2022-2025.pdf (65 pages)

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## 11:15 - 11:25 10 min 12. WHISTLEBLOWING QUARTER 4 REPORT 2021/22

(enclosed) LD

📎 Item 12 - SBAR Whistleblowing Quarter 4 Report 2021-22.pdf (7 pages)

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## 11:25 - 11:45 20 min 13. DEVELOPING OUR POPULATION HEALTH & WELLBEING STRATEGY

### 13.1. Community and Staff Engagement Programme

(enclosed) JO

📎 Item 13.1 - SBAR Community and Staff Engagement Programme.pdf (4 pages)

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## 11:45 - 11:55 10 min 14. EDINBURGH CANCER CENTRE REPROVISION

(enclosed) CM

📎 Item 14 - SBAR Edinburgh Cancer Centre Reprovision .pdf (9 pages)

📎 Item 14 - Appendix 1 - ECC Capital Development - NHS Lothian IA - Executive Summary.pdf (14 pages)

11:55 - 12:00  
5 min

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

### **15.1. Audit & Risk Committee dated 16 June 2022 (unconfirmed)**

*(enclosed)*

- 📄 Item 15.01 - Minute Template - Audit & Risk Committee Minutes (unconfirmed) 20220616.pdf (1 pages)
- 📄 Item 15.01 - Audit & Risk Committee Minutes (unconfirmed) 20220616.pdf (8 pages)

### **15.2. Clinical Governance Committee dated 1 July 2022 (unconfirmed)**

*(enclosed)*

- 📄 Item 15.02 - Minute Template - Clinical Governance Committee Minutes (unconfirmed) 20220701.pdf (1 pages)
- 📄 Item 15.02 - Clinical Governance Committee Minutes (unconfirmed) 20220701.pdf (11 pages)

### **15.3. Finance, Performance & Resources Committee dated 12 July 2022 (unconfirmed)**

*(enclosed)*

- 📄 Item 15.03 - Minute Template - Finance, Performance & Resources Committee Minutes (unconfirmed) 20220712.pdf (1 pages)
- 📄 Item 15.03 - Finance, Performance & Resources Committee Minutes (unconfirmed) 20220712.pdf (7 pages)

### **15.4. Public Health & Wellbeing Committee dated 4 July 2022 (unconfirmed)**

*(enclosed)*

- 📄 Item 15.04 - Minute Template - Public Health & Wellbeing Committee Minutes 20220704.pdf (1 pages)
- 📄 Item 15.04 - Public Health Wellbeing Committee Minutes (unconfirmed) 20220704.pdf (6 pages)

### **15.5. Staff Governance Committee dated 14 July 2022 (unconfirmed)**

*(enclosed)*

- 📄 Item 15.05 - Minute Template - Staff Governance Committee (unconfirmed) 20220714.pdf (1 pages)
- 📄 Item 15.05 - Staff Governance Committee Minutes (unconfirmed) 20220714.pdf (10 pages)

### **15.6. Communities & Wellbeing Partnership dated ? June 2022 (unconfirmed)**

*(enclosed)*

- 📄 Item 15.06 - Minute Template - Communities & Wellbeing Partnership Minutes (unconfirmed) 20220615.pdf (1 pages)
- 📄 Item 15.06 - Communities & Wellbeing Partnership Minutes (unconfirmed) 20220615.pdf (3 pages)

### **15.7. Fife Health & Social Care Integration Joint Board dated 25 March 2022**

*(enclosed)*

- 📄 Item 15.07 - Minute Template - Fife Health & Social Care Integration Joint Board Minutes (unconfirmed) 20220325.pdf (1 pages)
- 📄 Item 15.07 - Fife Health & Social Care Integration Joint Board Minutes (unconfirmed) 20220325.pdf (7 pages)

### **15.8. Audit & Risk Committee dated 18 May 2022**

*(enclosed)*

- 📄 Item 15.08 - Audit & Risk Committee Minutes (confirmed) 20220518.pdf (6 pages)

### **15.9. Clinical Governance Committee dated 29 April 2022**

*(enclosed)*

- 📄 Item 15.09 - Clinical Governance Committee Minutes (confirmed) 20220429.pdf (11 pages)

## **15.10. Finance, Performance & Resources Committee dated 10 May 2022**

*(enclosed)*

 Item 15.10 - Finance, Performance & Resources Committee Minutes (confirmed) 20220510.pdf (8 pages)

## **15.11. Public Health & Wellbeing Committee dated 5 May 2022**

 Item 15.11 - Public Health Wellbeing Committee Minutes (confirmed) 20220516.pdf (9 pages)

## **15.12. Staff Governance Committee dated 12 May 2022**

*(enclosed)*

 Item 15.12 - Staff Governance Committee Minutes (confirmed) 20220512.pdf (9 pages)


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12:00 - 12:05  
5 min

## **16. FOR ASSURANCE:**

### **16.1. Integrated Performance & Quality Report - May 2022**

*(enclosed)* MM

 Item 16.1 - Integrated Performance & Quality Report – May 2022.pdf (44 pages)

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12:05 - 12:05  
0 min

## **17. ANY OTHER BUSINESS**

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12:05 - 12:05  
0 min

## **18. DATE OF NEXT MEETING: Tuesday 2 August 2022 at 10.00 am via MS Teams (Annual Accounts)**



## **Fife NHS Board**

### **MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 31 MAY 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

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 Tomlinson, Director of Public Health

A Wood, Non-Executive Director

#### **In Attendance:**

N Connor, Director of Health & Social Care

C Dobson, Director of Acute Services

L Douglas, Director of Workforce

B Hannan, Director of Pharmacy & Medicines

K Macgregor, Head of Communications

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

N Robertson, Associate Director of Nursing

P King, Corporate Governance Support Officer (Minutes)

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

The Chair welcomed everyone to the Board, in particular N Robertson, Associate Director of Nursing, deputising for the Director of Nursing. 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 minute.

The Chair began her opening remarks by acknowledging that the Emergency Footing ceased across NHS Scotland on 30 April 2022, and she recorded thanks, on behalf of

the Board, to all staff of NHS Fife and its partners for their efforts during this continuing period of extended pressure and challenging levels of activity.

The Chair congratulated the following:

The Human Resources and Recruitment teams of NHS Scotland, and especially our team in NHS Fife, who were presented with the Chairman's Award for Outstanding Achievement in the s1jobs Recruitment Awards in recognition of their efforts throughout the pandemic for setting a new standard within the industry. The ceremony, held in Glasgow, gave the opportunity to toast the achievements of employers and HR / recruitment professionals during the last 12 months.

Ivan Brenkel, Orthopaedic Consultant, for his induction into the Heart of Midlothian Hall of Fame. Mr Brenkel was inducted for his role as club doctor as part of the 2012 Scottish Cup winning team.

Fiona Jack, Healthcare Chaplain with NHS Fife, who was awarded the Incorporation of Barbers Dissertation Award 2020–1. This prize is awarded annually to the graduate on the Master of Science Programme in Advanced Practice at the University of Glasgow who has attained the highest marks in the dissertation.

The Chair highlighted that NHS Fife held a 'Let Us Take a Moment' event on 8 May 2022 giving an opportunity to stop and think about the challenges and significant achievements over the past two years. The Chief Executive will provide a further update under her report on this special event.

Finally, the Chair recorded thanks, on behalf of the Board, to Rona Laing, who is attending her final Board meeting as a Non-Executive Director and Vice Chair of the Board. Rona joined the Board in 2014 and has served on a number of groups and committees, most notably as Chair of the Audit & Risk Committee and then Chair of the Finance, Performance & Resources Committee and the Fife Health Charity Sub Committee. The Chair thanked Rona for her outstanding work and commitment to the Board over the past eight years during her membership term.

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

R Laing declared an interest under item 9 on the agenda, noting that she is presently registered as a patient with Lochgelly Medical Practice.

## **3. Apologies for Absence**

Apologies for absence were received from A Lawrie, Non-Executive Director, and J Owens, Director of Nursing.

## **4. Minute of the last Meeting held on 29 March 2022**

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 took the opportunity to echo the comments from the Chair and expressed thanks to Rona Laing for her contribution to NHS Fife in bringing challenge and scrutiny in a constructive and compassionate manner over the years. She wished her well for the future.

The Chief Executive was pleased to report that there was a continued reduction in Covid-19 admissions to hospitals across Fife. Whilst there is ongoing pressure across all services as we look ahead to recovery and renewal, there is cautious hope for the future. Board Members will be aware that the Annual Delivery Plan (ADP) for 2022/23 is currently being developed for submission through committees and onto the Board and Scottish Government over the summer months. This will replace the previous Remobilisation Plans in place over the pandemic period. The ADP will outline how we plan to prioritise key activities during the year in respect of recruitment, retention and wellbeing of our workforce; recovering planned care and how to best protect elective activity over the winter period; improving access to urgent and unscheduled care; and how we achieve sustainability and value, including in programmes such as realistic medicine. The ADP will also describe through these priorities how we place the climate emergency and our ambitions to be an anchor institution at the core of our work.

It was noted that work continued to progress development of our longer-term health and wellbeing strategy, to support improvements in population health and to address inequalities. A key component of that work is engagement with public and staff to help shape the new strategy. The Associate Director of Nursing will provide an update later on the agenda on the proposed approach to engage with public and staff, which will inform this important work.

The Chief Executive continued to meet on a regular basis with Scottish Government colleagues, Health Board Chief Executives across Scotland, and the Cabinet Secretary. As physical distancing measures and national guidance are eased, more meetings were beginning to be held in person and, later this week, the Executive Directors' Group will also meet formally face to face, for the first time since March 2020.

As a result of the recent changes in guidance from Scottish Government, there had been a lessening of visiting restrictions over the last week, with patients in most areas now able to receive two visitors each day at any time, having previously been limited to a single visitor to reduce the risk of Covid spreading.

The Chief Executive mentioned the 'Let Us Take a Moment' event, held on Sunday 8 May at the front entrance of Victoria Hospital. The event was organised by L Campbell, Acute Services Associate Director of Nursing, and encouraged us to take time to reflect upon the challenges of Covid over the last few years, as we begin to take strides forward. C Potter stated that it was a privilege to be part of the event and she formally

thanked L Campbell for her efforts in the organisation of it beforehand and on the day. The gathering featured speeches, poems, and reflections from staff and partners across healthcare services, and included performances from the Healthy Harmonies NHS Fife staff choir, the Methil and District Pipe Band, and local singer/songwriter, Cammy Barnes. The event was supported by Victoria Radio Network and attracted many staff, patients and visitors to join in on the day. It was a wonderful event and paid tribute to the tireless efforts of staff across Fife throughout the pandemic.

Finally, the Chief Executive recorded thanks to everyone in Team NHS Fife for their commitment, care and compassion, as services continued to operate under pressure and with high levels of activity.

The Board **noted** the update provided.

## 6.2. Governance Structure Update

The Chief Executive spoke to the paper, which provided an update on the governance arrangements put in place within NHS Fife from mid-March 2020, in consequence of the unprecedented challenges created by the outbreak of the Covid-19 pandemic, and provided an update on how operational governance arrangements will remain reactive and responsive to ongoing service pressures and periods of high demand.

The section on Gold Command was highlighted, noting the reference to the ending of the NHS emergency footing and therefore standing down of the command structure in place throughout the Covid period. The new arrangements in place to replace Gold Command meetings were outlined, these being an Executive Directors' Group huddle to continue to regularly meet to allow escalation of operational issues in real time. The Chief Executive acknowledged the good work done around the Operational Pressures Escalation Levels (OPEL) framework, to help provide consistency in reporting and with defined levels of action points to undertake in response to key triggers, whether flow, capacity or workforce challenges.

The Board took **assurance** from the arrangements put in place for continued operational governance as we move out of the Emergency Footing.

## 6.3 Integrated Performance & Quality Executive Summary and Report

The Chief Executive introduced the Executive Summary and April 2022 Integrated Performance & Quality Report (IPQR), which reported on performance to the end of February 2022, and had been scrutinised through the governance committee meetings in April/May 2022. A few key improvements were highlighted in relation to Falls, closure of Freedom of Information requests and the percentage of bed days lost to patients in delay. Executive leads and Committee Chairs highlighted areas of significance within the IPQR, in particular:

### **Clinical Governance**

The Associate Director of Nursing provided an update on complaints performance and the ongoing improvement work that was underway. She confirmed that a range of staffing issues had been addressed, which had increased capacity within the team and will help to attain a better performance in drafting complaint responses. Work was



being undertaken with colleagues in Digital and Quality Improvement to reduce duplication in the system in relation to recording and monitoring of complaints. An improvement in performance was expected over the next few months.

The Medical Director emphasised the attention to detail around the quality work which teams continued to have despite the pressures they have been working under. The February figures reflected a time when the organisation was under significant pressure and performance around these key targets is testament to the hard work and efforts of staff on all aspects of the quality of care delivered.

Whilst there were no performance related issues that required to be escalated, the Chair of the Clinical Governance Committee reported that the committee recognised the ongoing efforts of staff during this time of significant pressure.

### **Finance, Performance & Resources**

NHS Fife Acute Division – Attendance at the Emergency Department remained high and that unscheduled care, along with Covid-19 activity, has impacted on performance around New Outpatients and Patient Treatment Time Guarantee (TTG), resulting in waiting lists continuing to rise. The focus remains on recovery and remobilisation and continued clinical prioritisation to manage the elective pathways. Performance had improved in relation to Diagnostics, although endoscopy remains challenging. Performance related to Cancer 62-day Referral to Treatment target had also improved but remains challenging with breaches predominantly in urology. Overall, despite challenges, it was noted that NHS Fife performance remained above average or aligned with the rest of Scotland.

In response to questions, it was noted that the position will become increasingly challenging as more outpatients come through the system and require inpatient or day case procedures. A number of improvement actions are being progressed to try and recover performance and allow patients access to services. A reduction in some restrictions will also help with capacity and flow. More detail will be provided at the Board Development Session in June 2022. With regard to figures quoted in the report around early detection of cancer, the position will be clarified and reported back outwith the meeting.

**Action: C Dobson**

Health & Social Care Partnership – Performance in relation to Delayed Discharges had been challenging, with significant care home ward closures and staff absence. Monitoring continued on a whole system basis using the OPEL tool and working closely with colleagues in Acute and all sectors that reported to Gold Command. The number of bed days lost due to patients in delay had reduced significantly from the previous quarter but remained above the target of 5%. Demand for community health and care services was unrelenting and had been discussed in detail at both the Clinical Governance and Finance, Performance & Resources Committees.

The Board's reported financial position at the end of February was a break-even position, which is in line with the projected outturn for the financial year-end. The Director of Finance & Strategy was pleased to report that savings of £9.6m had been delivered in 2021/22, which exceeded the revenue savings target of £8.2m. The

financial position for the year-end is currently being finalised and is moving into the audit process.

It was noted that the capital programme is on target to spend in full and in line with the planned capital programme for the year.

As Chair of the Finance, Performance & Resources Committee, R Laing confirmed that the committee had acknowledged the efforts of staff during this particularly difficult time of significant pressure.

### **Staff Governance**

The Chief Executive advised that since the Committee's meeting discussion had taken place with the Directors to establish an Attendance Management Task Force to give increased organisational focus and challenge to staff absence and the workforce. The first meeting will take place next week and will supplement the existing good work already happening across the organisation.

The Director of Workforce confirmed that there had been a slight reduction in absence, but the level remains higher than we would want it to be. Assurance was provided that the range of activity to manage sickness absence and to help support staff successfully and compassionately when they are away from work due to illness continues apace. This is supplemented by an organisational led operational group, which will support the efforts of the new Task Force.

### **Public Health & Wellbeing**

It was noted that the Smoking Cessation Service had continued to be delivered remotely and attention was now being directed on how to bring back face to face and group sessions.

For Child and Adolescent Mental Health Services (CAMHS) and Psychological Therapies the focus was on both access to treatment and addressing the longest waits following a loss of appointments in December and January due to significant staff absence because of the Omicron variant. This had negatively impacted the February data. A range of improvement actions was being taken forward including recruitment to vacancies in line with additional investment through renewal and recovery funding and this had been reported in detail to the Public Health & Wellbeing Committee.

The Board **took assurance** on reported performance and achieved remobilisation activity to date, noting the issues escalated via the Standing Committees.

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

The Chair reported that recruitment was underway for three new Non-Executive Directors, to replace R Laing (who leaves the Board today), and M Black and C Cooper, who will step down at the end of the year. A separate recruitment exercise is also open for the Chair role of the Board, as the Chair will step down in December 2022 having served six years on the Board.

### **7.1. Board Development Session – 26 April 2022**

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

## **8. NHS FIFE CORPORATE OBJECTIVES 2022/23**

The Chief Executive was pleased to present the paper, which set out the draft Corporate Objectives 2022/23. These have been developed through the Strategic Planning and Resource Allocation (SPRA) process, with ongoing dialogue with Directors and through committees. The Corporate Objectives were aligned to the four strategic priorities outlined in the Appendix to the paper and each corporate objective will be mapped against each of the individual Directors and will translate into the Chief Executive's and Directors' personal objectives for the year.

A question was asked around the timing for achievement of individual Corporate Objectives. The Chief Executive will consider timescales of when specific objectives should be progressed when presenting updates through committees over the year.

**Action: C Potter**

The Board **approved** the Corporate Objectives for 2022/23.

## **9. KINCARDINE AND LOCHGELLY HEALTH AND WELLBEING CENTRES – OUTLINE BUSINESS CASES (OBCs)**

The Director of Public Health welcomed B Johnston, Head of Capital Planning & Project Director, to the meeting. She confirmed that significant progress had been made since the Initial Agreements for the Kincardine & Lochgelly Health Centres projects were approved by the Scottish Government in January 2020 to being able to present the OBCs to the meeting today.

The Head of Capital Planning & Project Director provided a detailed overview of the key elements. In considering the OBCs, it was noted that the case for change remains the same. The Health Centres are required to offer a full range of integrated health services locally within an appropriate environment. These new facilities have the potential to offer great benefit to the local communities and, in addition, may act as a "blueprint" for future primary care requirements in Fife. If the OBCs are supported today, they will be submitted to Scottish Government for consideration at its Capital Investment Group on 29 June 2022 and, if approved, will allow a move to Full Business Case stage.

B Johnston responded to questions. He confirmed that ground investigation surveys had been undertaken during the OBC stage to mitigate risks associated with the preferred option around infrastructure and, where appropriate, costs had already been built into the OBCs so that where risks have been identified and required financial provision these had already been incorporated into the OBC budgets.

The capital costs for the health centres have increased since the Initial Agreement stage and the key reasons for these increases are outlined in the paper. Inflation has been applied to the OBC budget costs and there is a contingency pot to help offset any additional increases. The projects have been benchmarked and do represent value for money.

Key stage reviews have been undertaken and whilst one report is still awaited, nothing of concern has been raised.

The importance of engagement with the local population was highlighted, noting that two patient groups have been set up, one for Kincardine and one for Lochgelly. However, consideration will be given to broadening this out to the wider public to make them aware of the new Health & Wellbeing Centres model and how they might be used going forward.

The Director of Finance & Strategy added that, working closely with the partnership, the learning from the engagement on this project and the Mental Health Service Redesign is being used to inform the broader engagement on the Public Health and Wellbeing Strategy. These were important local projects and continuous engagement has taken place with Scottish Government to keep them updated on issues such as the increase in costs, noting that this is a trend of capital programmes in Scotland at the present time.

The Board **supported** the Outline Business Cases to allow swift development of the Full Business Cases in advance of construction delivery.

## **10. NATIONAL TREATMENT CENTRE – FIFE ORTHOPAEDICS UPDATE**

The Director of Property & Asset Management spoke to the report, which provided an update on the current position regarding the construction of the National Treatment Centre. He was pleased to confirm that the project is still targeting an October 2022 completion date and is currently within budget.

It was reported that work continued to make the building as good as it possibly can be to deliver modern, fit-for-purpose care, helped significantly by enhancements from Fife Health Charity in terms of artwork and theatre audio visual solutions, which will make a huge difference to the education and training of staff in the future. Good progress is also being made in appointing new staff to augment the existing workforce.

In responding to a question about carbon footprint savings, the Director of Property & Asset Management explained that there is a requirement to make the estate as carbon neutral as possible by 2040. Planning for the new Centre started a few years ago and the energy sources and systems link into the existing hospital, thus there is a need to look at the whole Victoria Hospital site in totality. However, opportunities have been taken where possible to make the building more energy efficient. He reiterated that it is one step in the journey and NHS Fife will have much reduced emissions going forward.

R Laing took the opportunity to commend the work of everyone involved in the project, particularly in relation to the governance, vision and innovation. The development of the National Treatment Centre will create an enhanced care experience for patients and staff, and she wished everyone well for a successful completion.

The Chair echoed the sentiments conveyed by R Laing for this exciting development which will make a huge difference to patients and staff.

The Board **noted** the status of the project and was reassured about the current position.

## **11. RISK**

### **11.1 Board Assurance Framework**

The Director of Finance & Strategy referred to the report on the Board Assurance Framework (BAF), which provides an update since the last iteration as reported through the governance committees in April and May 2022. The BAF currently has seven components and each of the BAF risks is aligned to an appropriate standing committee, which scrutinises the risk at its respective meeting. From the seven components, it was noted that four have a current risk rating of High and three have moved down to Moderate.

It was advised that work is progressing to make the transition from the BAF to a Corporate Risk Register. As part of that work, there is a focus on distinguishing between the corporate level risks marked for the Board's attention and the operational risks, most of which are inherent in delivering clinical services. There is a challenge for the Board to review whether it has the appropriate target risk levels particularly for the more strategic risks, which are likely to be at High as much of it is outwith the Board's control.

The Board **noted** the update and **approved** the update of the Board Assurance Framework.

### **11.2 Risk Management Improvement Programme Update**

The Director of Finance & Strategy spoke to the detailed paper, which provided an update on the progress made since the risk management improvement programme was approved by the Board in March 2022.

Linking back to the previous paper, where it was advised that the BAF currently has seven components, the new Corporate Risk Register will comprise risks under four categories (as outlined in the paper). Work is underway on the corporate risks related to environmental sustainability, climate change and health inequalities and an expansion of those risks may be proposed for the next report to the Board.

For assurance, it was noted that the improvement programme has been embraced by the senior leadership teams and the key themes about how to make the processes more effective were set out in the paper.

Further discussion on risk appetite would take place in Board Development Session in June and it was expected that there would be two parts of a risk appetite statement: one to reflect the level of risk regarding operational delivery and one to reflect the strategic ambition.

Comment was made about including staff turnover as a risk and the Director of Finance & Strategy agreed to work with the Director of Workforce to capture this important metric.

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

## 12. POPULATION HEALTH & WELLBEING STRATEGY – PUBLIC AND STAFF ENGAGEMENT

The Director of Finance & Strategy emphasised that a key element of the Population Health & Wellbeing Strategy is having wide engagement with the citizens of Fife, staff and partners. She highlighted key points of the engagement process around the proposed approach and the supporting Equality Impact Assessment (EQIA), which is the process used to challenge and test that the organisation is getting the appropriate reach when embarking on such a programme. The paper had been discussed in detail at the Portfolio Board and Public Health & Wellbeing Committee.

Following comments raised, it was advised that although the analysis showed that the number of responses received to the surveys was not a representative sample, it did reach parts of our communities, so the demographic information received will be used to help target areas that did not respond. It was reported that the initial survey asked specific questions about mental health as well as physical health and efforts were being made to give both mental and physical health equal parity. The need for close engagement and support from the partnership was recognised to coordinate and learn from the excellent work in terms of locality engagement on a range of initiatives across primary care and mental health redesign and assurance was provided that the appropriate groups will be captured so that part of the population is appropriately covered. For assurance, the Director of Health & Social Care confirmed that a meeting was being held this week to scope out the various groups to connect with, including people with lived experience to enable that engagement to happen.

In relation to the EQIA, the Director of Finance & Strategy gave assurance that avoidable health inequalities are at the centre of all discussions. The Public Health Team is part of the engagement design process, helping to ensure that the right areas are being targeted and that the right questions are being asked, and they will be working with some of these groups, such as children and young people. Work to deliver a more detailed programme of focused engagement is ongoing and comments raised today will be reported back to the team.

The Board:

**approved** and **noted** the public and staff engagement plan for the Population Health and Wellbeing Strategy and progress made; and

**approved** and **supported** the proposal to engage an external facilitator to deliver the engagement plan.

## 13. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020 and 2021

The Director of Public Health was pleased to present the “Health and Wellbeing in Fife” Report, which covered a two-year period as the Covid-19 Pandemic interrupted the usual annual pattern of reporting. The report provides a platform for the developing Population Health and Wellbeing Strategy and highlights the key issues for Fife to

consider when looking at opportunities to improve the health and wellbeing of the population. The Director of Public Health recorded thanks to everyone who has contributed to the report.

Board Members welcomed the informative report and discussed some of the issues raised in the report, in particular the trend in life expectancy for those living in the most deprived circumstances as opposed to those least affected and the recognition that there are opportunities working closely with partner agencies to make change for the people of Fife around health inequalities.

The position related to Covid-19 was also discussed, noting that the full long-term impact of Covid-19 was still unknown. As the Director of Public Health Report is set up to look back and presents data gathered, the data is not complete for the 2021/22 period. The impact of Covid-19 will continue as a legacy for the population and there will be more understanding of the virus as time goes on. However, there is opportunity to strengthen what has been learned particularly in relation to vaccination, which is captured in the report. The Medical Director highlighted that further discussion and research is required on the impact of the previous two years due to Covid-19 and the harms of the pandemic in general on the health of the population but there is funding and intention around development of services to support those individuals presenting with long covid. An update on those developments will be brought to the Clinical Governance Committee in due course.

In response to a question around vaping and the longer term effects particularly on children and young people, the Director of Public Health confirmed that there is a range of prevention activity working with young people to try and support a healthy environment and she would pick up this intelligence on the emerging pattern of vaping with the specialist smoking cessation team based in the Health & Social Care Partnership.

**Action: J Tomlinson**

The Chair commended the document, noting that it is well laid out and easy to read. She proposed that the report be shared widely throughout Fife with partner agencies so they can understand the key areas emerging and so that efforts can be made in partnership to tackle issues such as poverty, deprivation and health inequalities and make changes that will benefit the population of Fife.

The Board **considered** the emerging issues set out within the Director of Public Health Annual Report and **endorsed** the future opportunities listed for each priority.

#### **14. WHISTLEBLOWING QUARTER 3 REPORT FOR 2021/22**

The Director of Workforce provided an update on the whistleblowing and anonymous concerns for the third quarter of reporting from 1 October to 31 December 2021 and confirmed that during this period there were no whistleblowing concerns reported within NHS Fife, nor from primary care providers and contracted services. It was advised that the next iteration of the report will also include an acknowledgement on instances where there may be concerns expressed in the media, to ensure that all concerns are responded to.

K Macdonald, Non-Executive Whistleblowing Champion, stated that there was opportunity for future reports to include narrative and data to evidence some of the broader cultural work that is happening, as she had been assured from discussion on the Culture, Values and the Role of the Board at the last Board Development Session and from seeing responses to previous concerns at Board level that there was strong leadership in place for this work. She requested that this be reflected so staff are aware that action is taken from feedback received. The Director of Workforce confirmed that this action will be taken forward.

**Action: L Douglas**

The Board took **assurance** from the report which confirmed:

- the customised sample report template which has been set up to be used for reporting to extract a data report on any concerns reported;
- the data for the third quarter i.e., 1 October 2021 to 31 December 2021. A nil report for both Whistleblowing and anonymous concerns; and
- the data on training from 1 April to 31 December 2021.

## **15. BRIEFING PAPER ON NHS SCOTLAND POLICY FOR CLIMATE EMERGENCY AND SUSTAINABLE DEVELOPMENT**

The Director of Property & Asset Management spoke to the key points in the paper, which outlined NHS Fife's response to the NHS Scotland Policy for Climate Emergency and Sustainable Development. The action areas and themes within Appendix 1 and the proposed governance arrangements within Appendix 2 were highlighted. It was noted that Board's need to report on a formal basis between September and November every year and this will potentially be part of the Annual Accountability Review.

In responding to a comment, the Director of Property & Asset Management confirmed that the fleet of vehicles operated by NHS Fife is required to be fully electric by 2030 and over time there will be a need to put in place charging points for staff and people visiting hospitals as a key requirement of the policy going forward.

The Director of Public Health welcomed the paper and was delighted to be named as the Board Champion. She reported that there is a recognition within public health that what is good for the climate is also good for population health. Seeing active travel highlighted through this work is a key link with one of the public health ambitions to help people to move around in communities to achieve greater physical activity, which is known to be protective of many elements of cardiovascular disease and cancer.

The Board **approved** the governance arrangements and approach to resourcing in order to support the formulation of a plan to develop NHS Fife's approach to the Policy and Strategy.

## **16. STATUTORY AND OTHER COMMITTEE MINTUES**

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

### **16.1. Audit & Risk Committee dated 18 May 2022 (unconfirmed)**



- 16.2. Clinical Governance Committee dated 29 April 2022 (unconfirmed)
- 16.3. Finance, Performance & Resources Committee dated 10 May 2022 (unconfirmed)
- 16.4. Public Health & Wellbeing Committee dated 16 May 2022 (unconfirmed)
- 16.5. Staff Governance Committee dated 12 May 2022 (unconfirmed)
- 16.6. Communities & Wellbeing Partnership dated 5 April 2022 (unconfirmed)
- 16.7. East Region Programme Board dated 29 April 2022 (unconfirmed)
- 16.8. Fife Health & Social Care Integration Joint Board dated 28 January 2022

**Approved Minutes**

- 16.9. Audit & Risk Committee dated 17 March 2022
- 16.10. Clinical Governance Committee dated 10 March 2022
- 16.11. Finance, Performance & Resources Committee dated 15 March 2022
- 16.12. Public Health & Wellbeing Committee dated 8 March 2022
- 16.13. Staff Governance Committee dated 3 March 2022

**17. FOR ASSURANCE**

The Board **noted** the item below:

- 17.1. Integrated Performance & Quality Report – March 2022

**18. ANY OTHER BUSINESS**

None.

- 19. **DATE OF NEXT MEETING:** Tuesday 26 July 2022 at 10:00 am. The Chair advised of the intention to hold the meeting in person rather than virtually, and a venue would be confirmed in due course.

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

<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting date:</b>	<b>26 July 2022</b>
<b>Title:</b>	<b>Executive Summary Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning &amp; Performance</b>

## 1 Purpose

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

- Assurance

**This report relates to:**

- Performance Management
- Annual Delivery Plan (ADP)

**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 April.

In FY 2022/23, activity is continuing to be monitored for the Acute Services Waiting Times measures – New Outpatients, Patient TTG and Diagnostics. A summary of monthly activity 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

### Clinical Governance

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

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Above Scottish average
Falls <sup>1</sup>	Monthly	6.91 per 1,000 TOBD	Not achieving
Falls With Harm	Monthly	1.65 per 1,000 TOBD	Not achieving
Pressure Ulcers <sup>1</sup>	Monthly	0.89 per 1,000 TOBD	Not 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	Not achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) <sup>2</sup>	Monthly	50%	Not achieving

<sup>1</sup> Further reduction targets for Falls and Pressure Ulcers have been set for FY 2022/23, as recommended by the Associate Director of Nursing (Acute) and Associate Director of Nursing (HSCP).

<sup>2</sup> Continuing challenges with Staffing and the impact of COVID have resulted in a significant fall in performance in Stage 2 Complaints closure in FY 2021/22; a revised target has been set for FY 2022/23, as recommended by the Director of Nursing

### Staff Governance

The Staff Governance aspect of the report covers Sickness Absence.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.00% (pending further guidance from the SG)	5.14% in April (excludes COVID-related absence)

### Finance, Performance & Resources

The FPR aspects of the report cover Operational Performance (in Acute Services and Corporate Services) and Finance.

#### Operational Performance

Measure	Update	Target	Current Status
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IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving
DD (Bed Days Lost, Standard Delay)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving

## Finance

Measure	Update	Target	Current Status
Revenue Resource Limit	Monthly	£10.4m Overspend Projected	Financial Plan submitted to SG with resubmission due end July – overspend position remains as forecast.
Capital Resource Limit	Monthly	£24.9m	Achieving

## Public Health & Wellbeing

The PHW aspects of the report cover Operational Performance which is generally in services managed by Health & Social Care Partnership.

Measure	Update	Target	Current Status
Smoking Cessation	Monthly	473	Behind trajectory at end of February
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Not achieving

### 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. The IPQR was discussed at the following standing committees:

- Clinical Governance Committee 1 July 2022
- Public Health Committee 5 July 2022
- Finance, Performance and Resource Committee 12 July 2022
- Staff Governance Committee 14 July 2022

## 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  
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# **Fife Integrated Performance & Quality Report**

## **Executive Summary**

for the Report Produced in June 2022

# Introduction

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

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:

- Clinical Governance 1 July 2022
- Public Health & Wellbeing 5 July 2022
- Finance, Performance & Resources 12 July 2022
- Staff Governance 14 July 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  
19 July 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 National Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current performance, comparison with 'previous' and 'previous year' and a benchmarking indication against other mainland NHS Boards (where appropriate). There is also an indication of 'special cause variation' based on Statistical Process Control methodology.

Amendments have been made to the IPQR following the IPQR Review. This involves the addition of some key indicators, removal of other indicators, updating of the Indicator Summary and data presented in SPC charts where appropriate. The Risk section will be introduced in the next few months.

NHS Boards are currently developing an Annual Delivery Plan (ADP) for 2022/23 to articulate the ongoing recovery of services following the COVID-19 Pandemic. Once agreed, actions relevant to indicators within IPQR will be incorporated accordingly and updated routinely to report to Standing Committees, Board and the Scottish Government.

## a. LDP Standards & Key Performance Indicators

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The performance status of the 27 indicators within this report which currently have agreed targets is 7 (26%) classified as **GREEN**, 5 (19%) **AMBER** and 15 (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. The indicator 4-hour Emergency Access is displaying 'special cause variation' for April based on data for past 24 months with performance of 77.5% exceeding lower control limit.

Note that the RAG status of the two Finance measures is not available this month.

There were notable improvements in the following areas in April:

- Rate of falls of all Inpatients continuing a downward trend towards the new target for FY 2022/23
- % bed days lost due to patients in delay continuing a downward trend towards target
- Sickness Absence rate at its lowest monthly level since April 2021

Additionally, it has now been a full 2 years since the Cancer-31 DTT performance fell below the 95% Standard.

## b. National Benchmarking

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National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in 90% where we are able to compare our performance nationally (20 out of 22 measures) we are delivering performance within either the upper quartile or the mid-range.



## c. Indicator Summary

Section	Measure	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Trend	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Apr-22	24		▲	▲		●
	HSMR	N/A	Year Ending	Dec-21	1.02		▲	▼		● YE Dec-21
	Inpatient Falls	6.91	Month	Apr-22	7.09		▲	▲		●
	Inpatient Falls with Harm	1.65	Month	Apr-22	1.81		▲	▼		●
	Pressure Ulcers	0.89	Month	Apr-22	0.94		▲	▲		●
	SAB - HAI/HCAI	18.8	Month	Apr-22	17.6		▼	▼		● QE Dec-21
	C Diff - HAI/HCAI	6.5	Month	Apr-22	7.0		▼	▲		● QE Dec-21
	ECB - HAI/HCAI	33.0	Month	Apr-22	28.1		▲	▼		● QE Dec-21
	Complaints Closed - Stage 1	80%	Month	Apr-22	72.7%		▲	▼		● 2020/21
Complaints Closed - Stage 2	50%	Month	Apr-22	5.9%		▼	▼		● 2020/21	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Apr-22	100.0%		◀▶	◀▶		● Apr-22
	4-Hour Emergency Access	95%	Month	Apr-22	77.5%	○	▼	▼		● Mar-22
	Patient TTG % <= 12 Weeks	100%	Month	Apr-22	55.9%		▲	▲		● Mar-22
	New Outpatients % <= 12 Weeks	95%	Month	Apr-22	53.9%		▲	▼		● Mar-22
	Diagnostics % <= 6 Weeks	100%	Month	Apr-22	63.0%		▲	▼		● Mar-22
	18 Weeks RTT	90%	Month	Apr-22	70.4%		▲	▲		● QE Mar-22
	Cancer 31-Day DTT	95%	Month	Apr-22	98.0%		▲	▲		● QE Dec-21
	Cancer 62-Day RTT	95%	Month	Apr-22	84.9%		▲	▲		● QE Dec-21
	Detect Cancer Early	29%	Year Ending	Sep-21	23.2%		▲	▲		● 2019, 2020
	Freedom of Information Requests	85%	Month	Apr-22	97.6%		▲	▲		●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Apr-22	12.0%		▼	▲		● QE Dec-21
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Apr-22	6.5%		▲	▲		● QE Dec-21
	Antenatal Access	80%	Month	Mar-22	82.1%		▼	▼		● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	May-22	(£5.4m)		—	—		●
	Capital Resource Limit Performance	£24.8m	Month	May-22	£1.6m		—	—		●
Staff Governance	Sickness Absence	4.00%	Month	Apr-22	5.14%		▲	▼		● YE Mar-22
Public Health & Wellbeing	Smoking Cessation (FY 2021/22)	473	YTD	Feb-22	288		—	▲		● QE Sep-21
	CAMHS Waiting Times	90%	Month	Apr-22	71.1%		▲	▲		● QE Mar-22
	Psychological Therapies Waiting Times	90%	Month	Apr-22	76.5%		▼	▼		● QE Mar-22
	Drugs & Alcohol Waiting Times	90%	Month	Feb-22	89.3%		▲	▼		● QE Dec-21

Performance Key	
	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	more than 5% behind the Standard/Delivery trajectory

SPC Key	
○	Special cause variation, out with control limits

Change Key	
▲	"Better" than comparator period
◀▶	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key	
● (Green)	Upper Quartile
● (Yellow)	Mid Range
● (Red)	Lower Quartile
● (Grey)	Not Available

## d. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment

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

		Month End			Quarter End	Quarter End	Quarter End	Quarter End
		Apr-22	May-22	Jun-22	Jun-22	Sep-22	Dec-22	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	1,012	1,012	1,012	3,036	3,053	3,087	3,087
	Actual	816	1,087		1,903	0	0	0
	Variance	-196	75		-1,133	-3,053	-3,087	-3,087
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	6,180	6,186	6,201	18,567	18,806	19,132	19,166
	Actual	6,036	7,603		13,639	0	0	0
	Variance	-144	1,417		-4,928	-18,806	-19,132	-19,166
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	497	497	497	1,491	1,491	1,491	1,491
	Actual	460	543		1,003	0	0	0
	Variance	-37	46		-488	-1,491	-1,491	-1,491
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	3,996	3,996	3,996	11,988	11,988	11,988	11,988
	Actual	4,759	4,486		9,245	0	0	0
	Variance	763	490		-2,743	-11,988	-11,988	-11,988

## e. Committee Issues and Comments

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### **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 continued fluctuations in sickness absence performance levels were noted, despite a range of actions and provision of wellbeing support for staff, in place to support a reduction in sickness absence. This was to be highlighted for escalation to the Board, noting the continuing staffing pressures and ongoing service challenges associated with the legacy of the COVID-19 pandemic and those being experienced during the summer months.

The change in national guidance on Covid absence recording, with all sickness absence (COVID-19 and non Covid-19 related) being recorded as sickness absence from September 2022, will likely cause our sickness absence rate to increase.

### **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
<b>HSMR</b>		<b>1.00</b>	<b>1.02</b>
<p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.</p>			
<b>Inpatient Falls</b>	<i>Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22</i>	<b>6.91</b>	<b>7.09</b>
<p>Falls data/trends continue to be reviewed focussing on areas with higher incidence to support improvement work. The 2021/22 target (a rate of 7.68 falls per 1,000 Occupied Bed Days) was met but note the work required to drive this down. The new target reflects the ambition of SPSP to reduce falls by 30% by 2024 with the approach of a 10% reduction per year being envisaged. The Steering Group is currently updating the workplan to drive the activity toward this year's target for reduction. Imminent changes in Infection Control guidance is expected to reduce some of the environmental challenges that have presented over the last two years.</p>			
<b>Pressure Ulcers</b>	<i>Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22</i>	<b>0.89</b>	<b>0.94</b>
<p>As we mobilise out of the pandemic and significant pressures continue across the system, the 25% reduction in pressure ulcers (grade 2 to 4) targeted for this FY is thought be achievable and stretching. Whilst the data continues to show a random pattern, there has been a favourable downward trend over the past 3 months, with the previous 2 months being below the median. ASD have seen a month-on-month reduction in harms over the past 3 months with HSCP seeing the same pattern over the past 2 months. The pressure ulcer report continues to be shared with clinical teams and is one data source used for triangulation in order to drive improvement. Clinical Teams continue to follow the process for Major and Extreme Adverse Events for shared learning.</p>			
<b>SAB (MRSA/MSSA)</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	<b>18.8</b>	<b>17.6</b>
<p>NHS Fife continues to address its SABs and is currently ahead of the trajectory to achieve the 10% reduction by March 2023. There was a single PVC SAB in March and there have been 3 PWID SABs in 2022 to date; positively, there has been no Renal haemodialysis line related SABs since October 2021.</p>			
<b>C Diff</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	<b>6.5</b>	<b>7.0</b>
<p>NHS Fife is on target to achieve the 10% reduction by March 2023 although there have been 10 health care associated CDI to date in 2022. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target and continues to be addressed. There have been 2 recurrences of infection in 2022.</p>			
<b>ECB</b>	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	<b>33.0</b>	<b>28.1</b>
<p>NHS Fife is on target to achieve a 25% reduction of HCAI ECBs by March 2023. Reducing CAUTI HCAI ECB incidence remains the quality improvement focus to achieve our targets. There have been 13 CAUTIs in 2022 to date.</p>			
<b>Complaints – Stage 2</b>	<i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i>	<b>50%</b>	<b>5.9%</b>
<p>There remain challenges in investigating and responding to Stage 2 complaints within the national timescales, primarily due to staffing and capacity issues across all services. We continue to see an increased volume of complaints, the majority being complex or covering multiple specialities/services. The Patient Relations team continues to face capacity and staffing levels, which have been exacerbated by vacancies and staff absence, some of which is long-term. This is having a negative effect on meeting timeframes, due to the increased workload on staff (who are managing multiple caseloads) and individual ability to manage day-to-day ad-hoc work. In order to address these challenges, existing processes have been reviewed in order to streamline workloads and generate efficiencies.</p>			

OPERATIONAL PERFORMANCE		Target	Current
<b>4-Hour Emergency Access</b>	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	<b>95%</b>	<b>77.5%</b>
<p>Attendance has continued to be high (a 4-week average of 223 daily attendances), impacting on the 4-hour access target. Escalation actions through OPEL, including additional surge capacity, remains in place within ASD and HSCP to accommodate the additional inpatient demand. The emergency department continue with plans for remodelling to allow for expanded assessment provision and a new approach to enhanced triage and redirection to QMH MIU is being reviewed.</p>			
<b>Patient TTG (Waiting)</b>	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	<b>100%</b>	<b>55.9%</b>
<p>Performance in April has improved slightly. Day case elective activity increased in March due to additional waiting list initiatives, but inpatient surgery continues to be restricted to urgent and cancer patients due to sustained pressures in unscheduled care and COVID sickness absence. The waiting list continues to rise with 4,601 patients on list in April, 50% greater than in April 2021. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April and core activity remains restricted.</p>			
<b>New Outpatients</b>	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	<b>95%</b>	<b>53.9%</b>
<p>Performance in April has improved slightly following additional waiting list activity; however, core capacity remains restricted due to the ongoing need for physical distancing and the pressures of unscheduled care on outpatient capacity in some specialities. The waiting list has increased, with 22,594 on the outpatient waiting list, 12% higher than in April 2021. 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 has risen to 567 in March mainly in Gastroenterology, General Surgery and Vascular Surgery specialties. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April. Following updated infection prevention and control guidance it is anticipated that there will be a reduction in the need for physical distancing. However, the impact of this will be monitored and sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from COVID.</p>			
<b>Diagnostics</b>	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	<b>100%</b>	<b>63.0%</b>
<p>Performance improved slightly in April. The improvement has been in Radiology with 67.7% waiting less than 6 weeks whilst the performance in endoscopy has deteriorated to 42.8% of patients waiting less than 6 weeks. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. The overall waiting list for diagnostics has reduced in April to 5,714 although the number waiting for an Endoscopy has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.</p>			
<b>Cancer 62-Day RTT</b>	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	<b>95%</b>	<b>84.9%</b>
<p>April continued to see challenges, but there was a slight improvement in performance. The number of referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to COVID-19 staffing issues and lack of resources, with particular capacity issues in some specialties. Breast, Oncology and Urology (Prostate) are currently our most challenged pathways. Improvements are being made at the start of the latter to reduce waits between steps and improve patient experience. The range of breaches (majority in Prostate) was 2 to 34 days (average 13 days).</p>			

OPERATIONAL PERFORMANCE		Target	Current
<b>Delayed Discharges</b>	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	<b>5%</b>	<b>6.3%</b>
<p>The number of bed days lost due to patients in delay continues to follow a downward trajectory following a spike in February, due largely to the significant covid wave the system has endured and subsequent demand pressures on H&amp;SCP exits. Encouragingly, despite these pressures the position is only 1.3% over target 5%.</p> <p>The H&amp;SCP continues to operate with approximately 44 surge beds and regularly maintains occupancy levels above 110%. On top of this, referrals to the VHK Integrated Discharge hub have never been higher which is putting continued strain on community services. Despite this however we note that the latest Public Health Scotland Data (3<sup>rd</sup> May 2022) placed NHS Fife as having the lowest number of patients in delay per 100,000 Age 18+ population of the 11 Mainland Health Boards.</p>			

FINANCE		Forecast	Current
<b>Revenue Expenditure</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>(£10.4m)</b>	<b>(£5.4m)</b>
<p>At the end of May the board's reported financial position is an overspend of £6.453m on Health Retained. This overspend comprises: £2.061m core overspend (of which £0.855m relates to Acute Set Aside overspend); £1.735m opening financial gap; and as yet unfunded Covid-19 costs of £2.657m (including £1.078m Public Health Test and Protect costs).</p> <p>The Health Delegated position reflects a core underspend of £1.043m.</p>			
<b>Capital Expenditure</b>	<i>Work within the capital resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>£24.8m</b>	<b>£1.6m</b>
<p>The overall anticipated capital budget for 2022/23 is £24.837m. The capital position for the period to May records spend of £1.595m. Therefore, 6.42% of the anticipated total capital allocation has been spent to month 2. The full capital programme is expected to deliver in full with significant activity in the final month of the year working towards a balanced capital position.</p>			

STAFF GOVERNANCE		Target	Current
<b>Sickness Absence</b>	<i>To achieve a sickness absence rate of 4% or less</i>	<b>4.00%</b>	<b>5.14%</b>
<p>The sickness absence rate in April was 5.14%, a reduction of 0.45% from the rate in March. The COVID-19 related special leave rate, as a percentage of available contracted hours for April, was 2.46%.</p> <p>To ensure focus on this issue an Attendance Management Taskforce has been established which will facilitate actions and drive improvements to ensure NHS Fife works to achieve the sickness absence performance target. The Taskforce is being complemented by an Attendance Management Operational Group.</p> <p>Pending any additional NHS Scotland guidance on sickness absence targets, we continue to monitor absence against our existing target of 4%. We would anticipate that any national update will reflect the circumstances of the last two years and therefore this target may be subject to change.</p>			

PUBLIC HEALTH & WELLBEING		Target	Current
<b>Smoking Cessation</b>	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	<b>473</b>	<b>288</b>
<p>The service is moving into a transitional stage whereby we are using a hybrid approach by continuing to deliver an element of service provision remotely through telephone support while concurrently returning to face to face delivery in Linburn and North Glen GP practices and Lochgelly Community centre. In addition, the mobile unit has been in Cowdenbeath, Templehall and Glamis Centre to build up service awareness and to reach our more vulnerable communities. Successful quits are currently sitting at 288 with room for improvement before final verification at the end of June. A range of service awareness opportunities and benefits of quitting happened on No Smoking Day on 9<sup>th</sup> March which saw an uplift in referrals of 14% during that week.</p>			
<b>CAMHS Waiting Times</b>	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	<b>90%</b>	<b>71.1%</b>
<p>RTT performance has been maintained at the projected level as work on the longest waits continues. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to young people presenting with Acute/High Risk presentations. The process to fill vacant posts continues with a total of 16 posts either in the recruitment process or out to advert across a range of professions that contribute to CAMHS. The longest wait initiative has been implemented through the offer of additional hours and reallocation of PMHW clinical capacity in order to re-align the current position with the predicted position which was negatively impacted by staff absence and cancelled appointments during January and February.</p>			
<b>Psychological Therapies</b>	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	<b>90%</b>	<b>76.5%</b>
<p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of that year and this remains the case in the first 4 months of 2022 so far. This has resulted in an increase in numbers on the waiting list. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.</p>			



## Report to the Board on 26 July 2022

### BOARD DEVELOPMENT SESSION – 28 June 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.

#### **June Development Session**

4. The most recent Board Development Session took place via MS Teams on Tuesday 28 June 2022. There were two main topics for discussion: Risk and Integrated Planned Care Elective Recovery and the Further Development of Day Surgery in NHS Fife.

#### **Recommendation**

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

**TRICIA MARWICK**  
Board Chairperson  
30 June 2022



**Meeting:** Fife NHS Board  
**Meeting date:** 26 July 2022  
**Title:** Annual Review of Code of Corporate Governance  
**Responsible Executive:** Margo McGurk, Director of Finance & Strategy  
**Report Author:** Gillian MacIntosh, Head of Corporate Governance & Board Secretary

## 1. Purpose

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

- Approval

**This report relates to a:**

- Local policy

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

- Effective

## 2. Report Summary

### 2.1 Situation

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

### 2.2 Background

An annual review of the Code of Corporate Governance is normally undertaken each spring, with this completed as scheduled in 2021. An in-year update was also considered by the Audit & Risk Committee in December 2021, to reflect the addition to the governance structure of the new Public Health & Wellbeing Committee. This version of the Code subsequently received Board approval in January 2022.

In the Board's workplan, the Code is scheduled for consideration at the May meeting annually. However, there has been a short delay in its tabling this year, to allow for the

revised version to include the updated Code of Conduct for Board Members, which has only been released by Scottish Government and is effective from June 2022. Members might wish to note that the national Board Development team are preparing further briefings and training on the requirements of the new Code of Conduct, on a 'Once for Scotland' basis, and these will be made available to the Board once this resource is finalised.

## **2.3 Assessment**

The version of the Code attached reflects the following:

- tracked changes to each Standing Committee's remit, as discussed and agreed by each Committee following their Terms of Reference review at their March 2022 cycle of meetings;
- tracked updates to both the Board's Standing Financial Instructions and Scheme of Delegation, as advised by the Head of Financial Services;
- removal of the previously included appendix on the governance structures in place to account for the South East And Tayside (SEAT) Regional Planning Group (this is no longer in operation in this form); and
- the replacement in its entirety of the previous Code of Conduct for Board Members, to include the new text recently issued by Scottish Government for the immediate adoption by all NHS Boards.

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

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

### **2.3.2 Workforce**

N/A.

### **2.3.3 Financial**

Ensuring appropriate scrutiny of NHS Fife's governance documents, and ensuring these remain up-to-date, is a core part of the Board's remit.

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

The annual update helps to mitigate the risk of out-of-date governance documentation being in use throughout the organisation.

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

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

### 2.3.6 Other impact

N/A.

### 2.3.7 Communication, involvement, engagement and consultation

The Code's revised content reflects comments received from colleagues within the Finance Directorate.

### 2.3.8 Route to the Meeting

The paper was initially reviewed by the Audit & Risk Committee at their meeting on 16 June. Members endorsed the updated Code for Board approval, subject to the replacement on non-gender-neutral language ('he/she/him/her') within the Standing Financial Instructions, which has been actioned in this version before the Board.

## 2.4 Recommendation

The paper is provided for:

- **approval** of the updated Code, as per its annual cycle of review.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Revised Code of Corporate Governance

### Report Contact

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## **CODE OF CORPORATE GOVERNANCE**

**FIFE NHS BOARD**

Reviewed by: Board Secretary  
Date of Board Approval: 26 July 2022  
Next Review Date: April 2023

**Issue no. 19 – Master**

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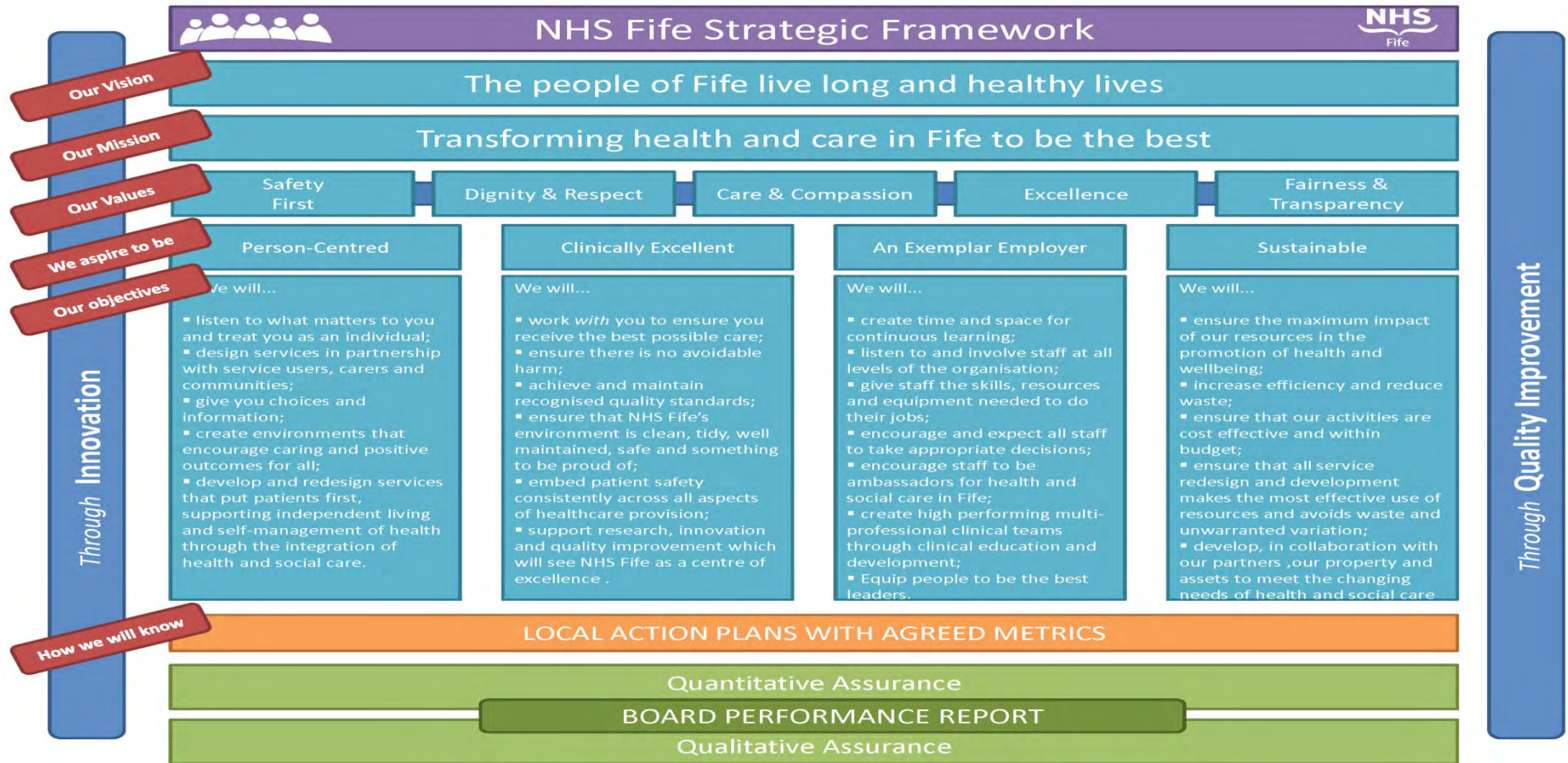
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# NHS FIFE STRATEGIC FRAMEWORK

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



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

### **1 General**

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

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

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

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

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

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

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

## Board Members – Ethical Conduct

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

## **2 Chair**

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



### **3 Vice-Chair**

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

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

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

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

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

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

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

## **5 Conduct of Meetings**

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

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

### Quorum

- 5.5 The Board will be deemed to meet only when there are present, and entitled to vote, a quorum of at least one third of the whole number of members, including at least two members who are not employees of a Board. The quorum for committees will be set out in their terms of reference, however it can never be less than two Board members.

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

### Adjournment

- 5.12 If it is necessary or expedient to do so for any reason (including disorderly conduct or other misbehaviour at a meeting), a meeting may be adjourned to another day, time and place. A meeting of the Board, or of a committee of the

Board, may be adjourned by the Chair until such day, time and place as the Chair may specify.

## Business of the Meeting

### *The Agenda*

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

### *Decision-Making*

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

a vote. If at least two Board members ask for a decision to be put to a vote, then the Chair will do so. Before putting any decision to vote, the Chair will summarise the outcome of the discussion and the proposal(s) for the members to vote on.

- 5.21 Where a vote is taken, the decision shall be determined by a majority of votes of the members present and voting on the question. In the case of an equality of votes, the Chair shall have a second or casting vote. The Chair may determine the method for taking the vote, which may be by a show of hands, or by ballot, or any other method the Chair determines.
- 5.22 While the meeting is in public the Board may not exclude members of the public and the press (for the purpose of reporting the proceedings) from attending the meeting.

#### *Board Meeting in Private Session*

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

#### Minutes

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

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

### Introduction

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

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

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

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

## **8 Execution of Documents**

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

## **9 Committees**

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



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

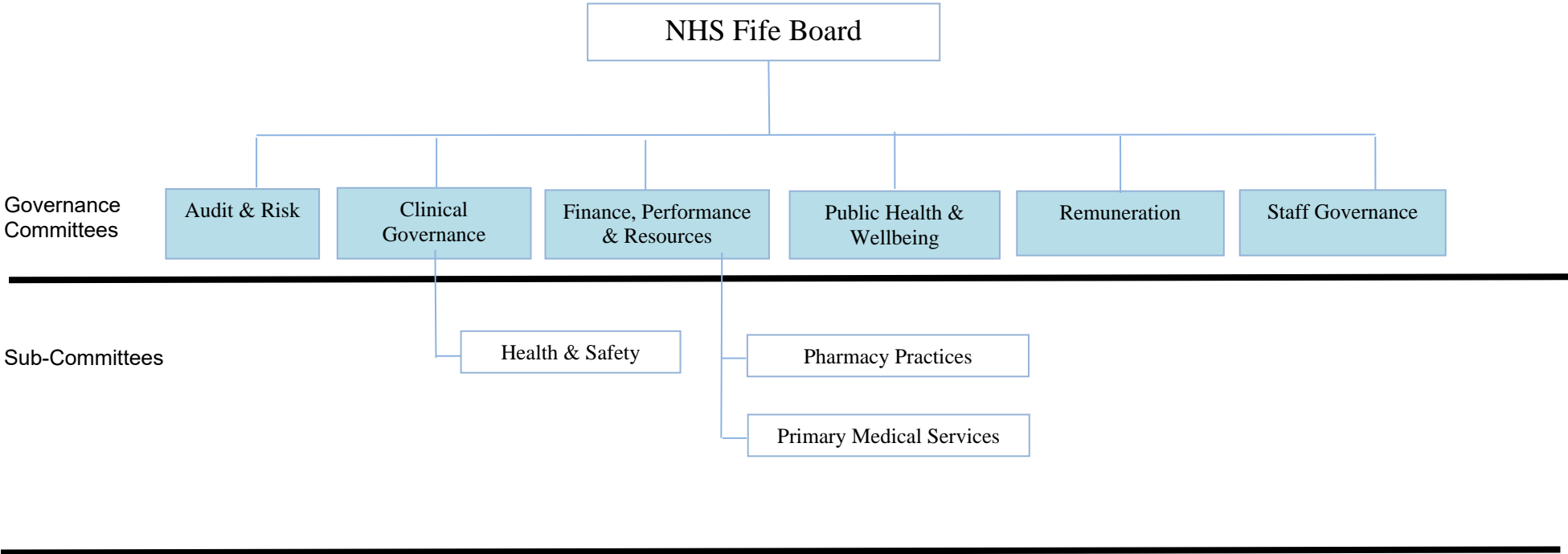
- 9.2 The Board shall appoint the chairs of all committees. The Board shall approve the terms of reference and membership of the committees. The Board shall review these as and when required, and shall review the terms within 2 years of their approval if there has not been a review.
- 9.3 The Board shall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

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- Appendix 1 – Board Committee Structure
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**NHS FIFE BOARD COMMITTEE STRUCTURE**



## TERMS OF REFERENCE FOR BOARD COMMITTEES

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Digital & Information Board (CG)	
Fife Health & Wellbeing Alliance (Board)	
Fife Partnership Board (PH&W)	
Fife Research Governance Group (CG)	
H&SCP Clinical & Care Governance Committee (CG)	
Infection Control Committee (CG)	
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NHS Fife Clinical Governance Steering Group (CG)	
NHS Fife Resilience Group (CG)	

## AUDIT AND RISK COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022~~ 25 May 2021

### 1. PURPOSE

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

### 2. COMPOSITION

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

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

### **3. QUORUM**

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

### **4. MEETINGS**

- 4.1 The Committee shall meet as necessary to fulfil its remit but not less than four times a year.
- 4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.
- 4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.
- 4.4 If necessary, meetings of the Committee shall be convened and attended exclusively by members of the Committee and, if relevant, the External Auditor and/or Chief Internal Auditor.
- 4.5 If required, the Chairperson of the Audit and Risk Committee may meet individually with the Chief Internal Auditor, the External Auditor and the Accountable Officer.

### **5. REMIT**

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

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

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

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

**Internal Control and Corporate Governance**

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

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

### **Internal Audit**

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

### **External Audit**

- 5.16 To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for the NHS Fife Annual Accounts and the NHS Fife Patients' Funds Accounts and Endowment Funds.
- 5.17 To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme.
- 5.18 To consider all statutory audit material, in particular:
- Audit Reports;
  - Annual Reports;
  - Management Letters

relating to the certification of Fife NHS Board's Annual Accounts and Annual Patients' Funds Accounts.

- 5.19 To monitor management action taken in response to all External Audit recommendations, including Best Value and Performance Audit Reports.
- 5.20 To hold meetings with the Statutory Auditor at least once per year and as required, without the presence of the Executive Directors.
- 5.21 To review the extent of co-operation between External and Internal Audit.
- 5.22 To appraise annually the performance of the Statutory and External Auditors and to examine any reason for the resignation or dismissal of the External Auditors.

### **Risk Management**

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



5.24 In order to discharge its advisory role to the Board and Accountable Officer, and to inform its assessment on the state of corporate governance, internal control and risk management, the Committee shall:

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

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

5.25 To review annually the Standing Orders and associated appendices of Fife NHS Board and advise the Board of any amendments required.

5.26 To examine the circumstances associated with any occasion when Standing Orders of Fife NHS Board have been waived or suspended.

#### **Annual Accounts**

5.27 To review and recommend approval of draft Fife NHS Board Annual Accounts and Patient Funds Accounts to the Board.

5.28 To review the draft Annual Report and Financial Performance Review of Fife NHS Board ~~as found within the Directors Report incorporated within~~ the Annual Accounts.

- 5.29 To review annually (and recommend Board approval of any changes in) the accounting policies of Fife NHS Board.
- 5.30 To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval.

### **Other Matters**

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

## 6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in doing so, is authorised to seek any information it requires from any employee or external experts.
- 6.2 In order to fulfil its remit, the Audit and Risk Committee may obtain whatever professional advice it requires, and may require Directors or other officers of the Board to attend meetings.
- 6.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of external advisors~~outsiders~~ with relevant experience and expertise if it considers this necessary.
- 6.4 The Committee's authority is included in the Board's Scheme of Delegation and is set out in the Purpose and Remit of the Committee.

## 7. REPORTING ARRANGEMENTS

- 7.1 The Audit and Risk Committee reports directly to the Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chairperson, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.
- 7.2 The Audit and Risk Committee will advise the Scottish Parliament Public Audit Committee of any matters of significant interest as required by the Scottish Public Finance Manual.

## CLINICAL GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022-25 May 2021~~

### 1. PURPOSE

- 1.1 To oversee clinical governance mechanisms in NHS Fife.
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- ~~1.3~~ To oversee the clinical governance and risk management activities in relation to the ~~development and~~ delivery of the existing Clinical Strategy.
- ~~4.31.4~~ To evaluate agreed actions relevant to clinical governance in the implementation of the developing Population Health & Wellbeing Strategy, including assessing the quality and safety aspects of new and innovative ways of working.
- ~~4.41.5~~ To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, ~~including health improvement activities.~~
- ~~4.51.6~~ To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.
- ~~4.61.7~~ To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

### 2. COMPOSITION

- 2.1 The membership of the Clinical Governance Committee will be:
- Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
  - Chief Executive
  - Medical Director
  - Nurse Director
  - Director of Public Health
  - One Staff Side representative of NHS Fife Area Partnership Forum
  - One Representative from Area Clinical Forum
  - One Patient Representative
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee.

In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Acute Services
- Director of Finance & Strategy
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Associate Director, Digital & Information
- Associate Medical Director, Acute Services Division
- Associate Medical Director, Fife Health & Social Care Partnership
- Associate Medical Director, Women & Children's Services
- Associate Director~~Head~~ of Quality & Clinical Governance
- Board Secretary

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

### 3. QUORUM

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

### 4. MEETINGS

4.1 The Committee shall meet as necessary to fulfil its remit but not less than six times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

### 5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the health status targets quality and safety performance indicators set by the Board.
- provide oversight of the implementation of the Clinical Strategy and review its impact, in line with the NHS Fife Strategic Framework and the Care and Clinical Governance Framework Strategy.

- ensure appropriate alignment and clinical governance oversight with the emerging Programmes reporting through the Portfolio Board;
  - receive the minutes of meetings of:
    - Acute Services Division Clinical Governance Committee
    - Area Clinical Forum
    - Area Drug & Therapeutics Committee
    - Area Radiation Protection Committee
    - Digital & Information Board
    - Fife Research Committee
    - Health & Safety Sub Committee
    - H&SCP Clinical & Care Governance Committee
    - ~~H&SCP Integration Joint Board~~
    - Infection Control Committee
    - Information Governance & Security Steering Group
    - ~~Integrated Transformation Board~~
    - ~~Public Health Assurance Committee~~
    - NHS Fife Clinical Governance Steering-Oversight Group
    - NHS Fife Resilience Forum
  - The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
  - Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.
  - Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.
  - To provide assurance to Fife NHS Board about the quality of services within NHS Fife.
  - To undertake an annual self-assessment of the Committee's work and effectiveness.
  - The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.
- 5.2 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

**6. AUTHORITY**

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

6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

**7. REPORTING ARRANGEMENTS**

7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 Each Committee of the Board will scrutinise relevant risks on the Corporate Risk Register on a bi-monthly basis.

7.3 Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.

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

Date of Board Approval: ~~26 July 2022~~ 25 May 2024

### 1. PURPOSE

- 1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that the arrangements are working effectively.
- 1.2 To consider, review and take assurance from agreed actions relevant to financial sustainability in the implementation of the developing Population Health & Wellbeing Strategy, including assessing the financial and performance aspects of new and innovative ways of working.

### 2. COMPOSITION

- 2.1 The membership of the Finance, Performance and Resources Committee will be:
- Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
  - Chief Executive
  - Director of Finance & Strategy
  - Medical Director
  - Director of Public Health
  - Director of Nursing
- 2.2 The Chair of the Audit and Risk Committee will not be a member of the Finance, Performance and Resources Committee.
- 2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
- Director of Acute Services
  - Director of Property & Asset Management
  - Director of Health & Social Care
  - Director of Pharmacy & Medicines
  - Board Secretary
- 2.4 The Director of Finance & Strategy shall serve as the Lead Executive Officer to the Committee.



### 3. QUORUM

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

### 4. MEETINGS

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

### 5. REMIT

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

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

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

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

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

- 6.2 In order to fulfil its remit, the Finance, Performance and Resources Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.
- 6.3 The authority of the Committee is included in the Board's Scheme of Delegation, as set out in the Purpose and Remit of the Committee.

**7. REPORTING ARRANGEMENTS**

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

## PUBLIC HEALTH & WELLBEING COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: 26 July 2022~~30 November 2021~~

### 1. PURPOSE

- 1.1 To assure Fife NHS Board that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population, including overseeing the implementation of the population health and wellbeing actions defined in the Board's strategic plans and ensuring effective contribution to population health and wellbeing related activities.
- 1.2 To exercise scrutiny and challenge over the delivery performance of a range of services for which NHS Fife is accountable to Scottish Ministers.
- 1.3 To strengthen collaboration, build momentum, enable ownership and demonstrate leadership across all current partnerships and networks in Fife (particularly Fife Partnership Board), to address health inequalities and improve the wider determinants of health for our population.
- 1.4 To assure the Board that appropriate mechanisms and structures are in place for public health and wellbeing activities to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including services delivered by partners, to reflect NHS Fife's ambition to be an anchor institution within its population area.

### 2. COMPOSITION

- 2.1 The membership of the Public Health & Wellbeing Committee will be:
  - The Chair of the Board (who will act as Chair of the Committee)
  - Three Non-Executive members of the Board
  - Employee Director
  - Chief Executive
  - Director of Finance & Strategy
  - Director of Nursing
  - Director of Public Health
  - Medical Director
- 2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the lead Executive officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
  - Director of Health & Social Care
  - Associate Director, Planning & Performance
  - Board Secretary

2.3 The Director of Public Health shall serve as the lead Executive officer to the Committee.

### 3. QUORUM

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

### 4. MEETINGS

4.1 The Committee shall meet ~~initially on a monthly basis~~ as necessary to fulfil its remit but not less than six times per year.

4.2 The Chair of Fife NHS Board shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Non-Executive Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

### 5. REMIT

5.1 The remit of the Public Health & Wellbeing Committee is:

- To agree key areas of focus within the public health priorities that will be taken forward every year, oversee the agreed population health activities, ensure equity in provision and access to services, and provide assurance thereon to Fife NHS Board.
- To ensure that a strategic plan is formulated that reflects public health and wellbeing needs and priorities for the population serviced by NHS Fife in line with the priorities of the national care and wellbeing programmes.
- To monitor strategy implementation through regular progress reports and review of intermediate measures and long-term outcomes.
- To receive assurance that the risks relating to primary care and community services are addressed in line with the directions set and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national standards or targets.
- To support the work of the Anchor Institute Programme Board and ~~Population Health and Wellbeing~~ Portfolio Board and receive updates on progress and outcomes.
- To support the work of the Primary Care Governance & Oversight Group, in its development of the Primary Care Strategy.
- To support the ambitions set out in the Plan for Fife (Community Planning Partnership) through collaboration on agreed areas of influence.

- To undertake scrutiny of individual topics / projects / work-streams to promote the health of the population in Fife, including NHS Fife staff, with particular emphasis on prevention and addressing health inequalities.
- To ensure appropriate linkages to other key work of the Board, such as the development of new services, workstreams and delivery plans.
- To undertake an annual self-assessment of the Committee's work and effectiveness.

5.2 The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's areas of responsibility.

5.3 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

5.5 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

## **6. AUTHORITY**

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

6.2 In order to fulfil its remit, the Public Health & Wellbeing Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

## **7. REPORTING ARRANGEMENTS**

7.1 The Public Health & Wellbeing Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 Each Committee of the Board will scrutinise relevant risks on the Corporate Risk Register on a bi-monthly basis.

7.3 Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.

## REMUNERATION COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022-25 May 2021~~

### 1. PURPOSE

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

### 2. COMPOSITION

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

### 3. QUORUM

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

### 4 MEETINGS

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

## 5 REMIT

5.1 The remit of the Remuneration Committee is to consider:

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

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

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

5.4 The Committee will undertake an annual self-assessment of its work and effectiveness.

5.5 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

## 6. AUTHORITY

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

6.2 In order to fulfil its remit, the Remuneration Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders and Standing Financial Instructions and is set out in the Purpose and Remit of the Committee.

## 7. REPORTING ARRANGEMENTS



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

## STAFF GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022~~ ~~25 May 2021~~

### 1. PURPOSE

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

### 2. COMPOSITION

- 2.1 The membership of the Staff Governance Committee will be:
- Four Non-Executive members, one of whom will be the Chair of the Committee.
  - Employee Director ~~(as a Stakeholder member of the Board by virtue of holding the Chair of the Area Partnership Forum)~~
  - Chief Executive
  - Director of Nursing
  - Staff Side Chairs of the Local Partnership Forums, or their nominated deputy
- 2.2 Each member shall give notification if they are unable to attend a meeting. For Non-Executive members, they shall notify the Chair, who may ask other Non-Executive members to act as members of the Committee to achieve a quorum. For Staff Side Chairs of the Local Partnership Forums, they will notify the Lead Officer, confirming their nominated deputy. This will be reported to the Chair.
- 2.3 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:
- Director of Workforce
  - Director of Acute Services

- Director of Health & Social Care
- Board Secretary
- Deputy Director of Workforce and Heads of Service, Workforce Directorate

2.4 The Director of Workforce will act as Lead Executive Officer to the Committee.

### 3. QUORUM

3.1 No business shall be transacted at a meeting of the Committee unless:

- at least three members are present, at least two of whom should be Non-Executive members of the Board.
- at least one of the Staff Side Chairs of the Local Partnership Forums or their nominated deputy is present.

There may be occasions when due to unavailability of the above Non-Executive members the Chair will ask other Non-Executive members to act as members of the Committee so that quorum is achieved. Similarly, there may be occasions due to unavailability a Staff Side Chair of the Local Partnership Forums shall confirm the nominated deputy who will attend meetings in their absence. This will be reported to the Chair. This information will be drawn to the attention of the Board.

### 4. MEETINGS

4.1 The Staff Governance Committee shall meet as necessary to fulfil its purpose but not less than four times a year.

4.2 The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3 The agenda and supporting papers will be sent out at least five clear days before the meeting.

### 5. REMIT

5.1 The remit of the Staff Governance Committee is to:

- Consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;
- Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;
- Give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;

- Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;
- Encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;
- Contribute to the development of the Annual Operational Plan, in particular but not exclusively, around issues affecting staff;
- Support the continued development of personal appraisal professional learning and performance;
- Review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility;
- Undertake an annual self-assessment of the Committee's work and effectiveness.

5.2 The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

## **6. AUTHORITY**

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

6.2 In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

6.3 Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

## **7. REPORTING ARRANGEMENTS**

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

## STANDING FINANCIAL INSTRUCTIONS

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## 1. INTRODUCTION

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

### 1.2 Terminology

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

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

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

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

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

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

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

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

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

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

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

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



### **The Director of Finance**

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

### **All Directors and Employees**

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

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

2.16 All budget holders shall ensure that:-

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

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

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

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

### **Conduct**

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

**Accountability**

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

**Openness**

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

2.20 All employees shall:-

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

2.21 Furthermore all employees shall not:-

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

2.22 The Director of Finance shall publish supplementary guidance and procedures in the form of Financial Operating Procedures to ensure that the above principles are understood and applied in practice.

2.23 The Chief Executive shall establish procedures for voicing complaints or concerns about misadministration, breaches of the standards of conduct, suspicions of criminal behaviour (e.g. theft, fraud, bribery) and other concerns of an ethical nature.

2.24 All employees must protect themselves and the Board from any allegations of impropriety by seeking advice from their line manager, or from the appropriate contact point, whenever there is any doubt as to the interpretation of these standards.

### 3. AUDIT

#### **Audit and Risk Committee**

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

#### **Director of Finance**

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

The report should include:

- A clear statement on the adequacy and effectiveness of internal control;

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

### Internal Audit

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

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

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

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

### External Audit

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

- (e) The Board's management arrangements to secure economy, efficiency and effectiveness in the use of resources.

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

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

This section applies to both revenue and capital budgets.

##### **Planning**

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

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

### **Budgetary Control**

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



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

### **Monitoring**

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

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

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

## **6. BANKING AND CASH HANDLING**

- 6.1 The Director of Finance shall manage the Board's banking arrangements and advise the Board on the provision of banking services and operation of accounts. This advice shall take into account guidance/Directions issued from time to time by the Scottish Government.
- 6.2 The Director of Finance shall ensure that the banking arrangements operate in accordance with the Scottish Government banking contract and Government Banking Service (GBS) and the Scottish Public Finance Manual.
- 6.3 The Board shall approve the banking arrangements. No employee may open a bank account for the Board's activities or in the Board's name, unless the Board has given explicit approval.
- 6.4 The Director of Finance shall:-
  - Establish separate bank accounts for non-exchequer funds;
  - Establish a separate bank account for all capital building projects where the budget is over £2m. This account will be used solely to process payments to Preferred Supply Chain Partners (PSCP);

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

- 6.8 The holders of safe keys shall not accept unofficial funds for depositing in their safes other than in exceptional circumstances. Such deposits must be in special sealed envelopes or locked containers. It shall be made clear to the depositors that the Board is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the Board from responsibility for any loss.

## 7. SECURITY OF ASSETS

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

## 8. PAY

### Remuneration Committee

- 8.1 The Board shall approve the terms of reference for the Remuneration Committee, in line with any extant guidance or requirements.
- 8.2 The Board shall remunerate the Chair and other Non-Executive directors in accordance with instructions issued by Scottish Government

### Processes

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

8.9 The Board shall delegate responsibility to the Director of Workforce for ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any extant NHS policies.

**9. NON PAY**

**Tendering, Contracting and Purchasing Procedures**

9.1 The Director of Finance shall prepare detailed procedural instructions on the obtaining of goods, services and works, incorporating thresholds set by the Board. The current Authorisation Limits are set out in Scheme of Delegation and the Financial Operating Procedures.

9.2 The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.

9.3 NSS National Procurement shall undertake procurement activity on a national basis on behalf of boards (including NHS Fife), and the Board shall implement these nationally negotiated contracts where possible.

9.4 The Board shall operate within the processes established for the procurement of publicly funded construction work.

9.5 The Board shall comply with Public Contracts (Scotland) Regulations 2012 (and any subsequent relevant legislation) for any procurement it undertakes directly.

9.6 The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

9.7 All other aspects of procurement activity must follow the requirements of the Standing Orders and SFIs. Any decision to depart from the requirements of this section must have the approval of NHS Fife Board.

9.8 The Director of Finance shall:-

- Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations, as issued annually through Scottish Statutory Instrument.
- Ensure the preparation of comprehensive procedures for all aspects of procurement activity.

9.9 The following basic principles shall be generally applied:-

- Procurement activity satisfies all legal requirements;
- Adequate contracts are in place with approved suppliers for the supply of approved products and services;
- Segregation of duties is applied throughout the process;
- Adequate approval mechanisms are in place before orders are raised;
- All deliveries are checked for completeness and accuracy, and confirmed before approval to pay is made; and
- All payments made are in accordance with previously agreed terms, and what the Board has actually received.

#### 9.10 Limits of Authorisation of Orders

##### (a) Up to £100,000

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

##### (b) £100,000 to £1,000,000

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

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

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

##### (d) The placing of annual orders and the acceptance of all annual contracts over £2,000,000 and less than £5,000,000, whether capital or revenue, is reserved to the Board and must be authorised by the Board Chief Executive and Director of Finance. If above £5,000,000 then prior approval needs to be sought from the Scottish Government.

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

In the following exceptional circumstances, ~~except in cases where Public Sector Procurement Regulations must be adhered to~~~~except in cases where EU Directives must be adhered to~~, the Director of Finance and Chief Executive, as specified in the Scheme of Delegation, can approve the waiving of the above requirements. Where goods and services are supplied on this basis and the value exceeds £2,500, a “Waiver of Competitive Tender/Quotation” may be granted by completing a Single Source Justification form for approval by the appropriate director and the Head of Procurement. Where the purchase of equipment is valued in excess of £5,000 and where the purchase of other goods and services on this basis exceeds £10,000, the completed Single Source Justification Form shall be endorsed by the Director of Finance and Chief Executive and submitted to the Audit and Risk Committee.

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

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

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

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

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

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



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

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

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

### **Commissioning of Patient Services**

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

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

- 9.19 The Director of Finance shall be responsible for the prompt payment of all accounts and expense claims. The Director of Finance shall publish the Board's performance in achieving the prompt payment targets in accordance with specified terms and national guidance.
- 9.20 The Director of Finance shall be responsible for designing and maintaining a system for the verification, recording and payment of all amounts payable by the Board. The system shall provide for authorisation by agreed delegated officers, a timetable and system for the payment of accounts and instruction to staff regarding handling, checking and payment of accounts and claims.
- 9.21 The Director of Finance shall ensure that payments for goods and services are made only after goods and services are received. Prepayments will be permitted in exceptional circumstances and with the prior approval of the Director of Finance

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

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

- 9.22 The Board shall follow any extant national instructions on the approval of capital expenditure, such as the Scottish Capital Investment Manual. The authorisation process shall be described in the Scheme of Delegation.
- 9.23 The Chief Executive shall ensure that:-
- there is an adequate appraisal and approval process in place for determining capital expenditure priorities within the Property Strategy and the effect of each proposal upon business plans;
  - all stages of capital schemes are managed, and are delivered on time and to cost;
  - capital investment is not undertaken without confirmation that the necessary capital funding and approvals are in place; and
  - all revenue consequences from the scheme, including capital charges, are recognised, and the source of funding is identified in financial plans.

### **Implementing the Capital Programme**

- 9.24 For every major capital expenditure proposal the Chief Executive shall ensure:-
- that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced setting out:-
    - a. an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs; and

- b. appropriate project management and control arrangements; and
  - that the Director of Finance has assessed the costs and revenue consequences detailed in the business case.
- 9.25 The approval of a business case and inclusion in the Board's capital plan shall not constitute approval of the individual elements of expenditure on any scheme. The Chief Executive shall issue to the manager responsible for any scheme:-
- specific authority to commit expenditure; and
  - following the required approval of the business case, authority to proceed to tender.
- 9.26 The Scheme of Delegation shall stipulate where delegated authority lies for:-
- approval to accept a successful tender; and
  - where Frameworks Scotland applies, authority to agree risks and timelines associated with a project in order to arrive at a target price.
- 9.27 The Director of Finance shall issue procedures governing the financial management of capital investment projects (e.g. including variations to contract, application of Frameworks Scotland) and valuation for accounting purposes.

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

- 9.28 When the Board proposes to use finance which is to be provided other than through its capital allocations, the following procedures shall apply:-
- The Director of Finance shall demonstrate that the use of public private partnerships represents value for money and genuinely transfers significant risk to the private sector.
  - Where the sum involved exceeds the Board's delegated limits, the business case must be referred to the Scottish Government for approval or treated as per current guidelines.
  - Board must specifically agree the proposal.
  - The selection of a contractor/finance company must be on the basis of competitive tendering or quotations.

### **Disposals of Assets**

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

- 9.30 There is a requirement to achieve Best Value for money when disposing of assets belonging to the Health Board. A competitive process should normally be undertaken.
- 9.31 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.
- 9.32 All unserviceable articles shall be:-
- Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance.
  - Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

### **Capital Accounting**

- 9.33 The Director of Finance shall be notified when capital assets are sold, scrapped, lost or otherwise disposed of, and what the disposal proceeds were. The value of the assets shall be removed from the accounting records. Each disposal must be validated by reference to authorisation documents and invoices (where appropriate).
- 9.34 The Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.
- 9.35 The value of each asset shall be indexed and depreciated in accordance with methods specified by the Capital Accounting Manual.
- 9.36 The Director of Finance shall calculate capital charges, which will be charged against the Board's revenue resource limit.

## **10. PRIMARY CARE CONTRACTORS**

- 10.1 In these SFIs and all other Board documentation, Primary Care contractor means:-
- an independent provider of healthcare who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the United Kingdom (UK); or
  - an employee of an National Health Service organisation in the UK who is registered to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in the UK.

- 10.2 The Primary Care Manager shall devise and implement systems to control the registers of those who are entitled to provide general dental, medical, ophthalmic or pharmaceutical services under the National Health Service in Fife. Systems shall include criteria for entry to and deletions from the registers.
- 10.3 The Director of Finance shall agree the Service Level Agreement (s) with NHS National Services Scotland for:-
- the development, documentation and maintenance of systems for the verification, recording and receipt of NHS income collected by or on behalf of primary care contractors; and
  - the development, documentation and maintenance of systems for the verification, recording and payment of NHS expenditure incurred by or on behalf of primary care contractors.
- 10.4 The agreements at paragraph F10.3 shall comply with guidance issued from time to time by the Scottish Government. In particular they shall take account of any national systems for the processing of income and expenditure associated with primary care contractors.
- 10.5 The Director of Finance shall ensure that all transactions conducted for or on behalf of primary care contractors by the Board shall be subject to these SFIs.

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

- 11.1 The Director of Finance shall be responsible for designing and maintaining systems for the proper recording and collection of all monies due.
- 11.2 The Director of Finance shall take appropriate recovery action on all outstanding debts and shall establish procedures for the write-off of debts after all reasonable steps have been taken to secure payment.
- 11.3 The Director of Finance is responsible for ensuring the prompt banking of all monies received.
- 11.4 In relation to business development/income generation schemes, the Director of Finance shall ensure that there are systems in place to identify and control all costs and revenues attributed to each scheme.
- 11.5 The Director of Finance shall approve all fees and charges other than those determined by the Scottish Government or by Statute.
- 11.6 Scottish Government letters that change funding allocations must be signed by two members of the Finance Directorate Senior Team to evidence their review of the aggregate allocation received.

## **12. FINANCIAL MANAGEMENT SYSTEM**

- 12.1 The Director of Finance shall ~~have carry prime~~ responsibility for the accuracy and security of the computerised financial data of the Board and shall devise

and implement any necessary procedures to protect the Board and individuals from inappropriate use or misuse of any financial and other information held on computer files for which he is responsible, after taking account of all relevant legislation and guidance

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

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

- 13.1 Any employee or agent discovering or suspecting a loss of any kind shall forthwith inform ~~their~~<sup>his</sup> head of department, who shall immediately inform the Chief Executive and the Director of Finance. Where a criminal offence is suspected, the Director of Finance shall follow the Anti-Theft, Fraud, and Corruption Policy, as set out in the Financial Operating Procedures.
- 13.2 The Director of Finance shall notify the Audit and Risk Committee and Counter Fraud Services of all actual or suspected frauds. See 13.10 below.
- 13.3 In all instances where there is any suspicion of fraud then the guidance contained within NHS Circular, HDL (2005) 5: "Tackling Fraud in Scotland – Joint Action Programme. Financial Control : Procedures where criminal offences are suspected" must be followed. The Board's Fraud Liaison Officer (FLO) must be notified immediately of all cases of fraud or suspected fraud.
- 13.4 The Director of Finance shall issue procedures on the recording of and accounting for Losses and special payments to meet the requirements of the Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.
- 13.5 The Scheme of Delegation shall describe the process for the approval of the write-off of losses and making of special payments

- 13.6 The Director of Finance shall maintain a Losses and Special Payments Register in which details of all ~~losses shall be recorded as they are known~~Category 4 and Category 2 losses shall be recorded as they are known. Category 3 losses may be recorded in summary form. Write-off action shall be recorded against each entry in the Register.
- 13.7 No special payments exceeding the delegated limits shall be made without prior approval by the SGHSCD.
- 13.8 The Director of Finance shall be authorised to take any necessary steps to safeguard the Board's interest in bankruptcies and company liquidations.
- 13.9 The Director of Finance is required to produce a report on Condemnations, Losses and Special Payments, where the delegated limits have been exceeded and SGHSCD approval has been requested, to the Audit and Risk Committee.
- 13.10 The Bribery Act came into force in 2010; it aims to tackle bribery and corruption in both the private and public sectors. The Act is fully endorsed by Fife NHS Board. NHS Fife conducts its contracting and procurement practices with integrity, transparency and fairness and has a zero tolerance policy on bribery or any kind of fraud. There are robust controls in place to help deter, detect and deal with it. These controls are regularly reviewed in line with the Standing Financial Instructions and feedback is provided to the Audit & Risk Committee. Procurement actively engage with NHS Scotland Counter Fraud Services to ensure that our team is fully trained on spotting potential signs of fraud and knowing how to report suspected fraud. ~~Anys-an~~ existing or potential contractor to NHS Fife ~~is, you are~~ required to understand that it may be a criminal offence under the Bribery Act 2010, punishable by imprisonment, to promise, give or offer any gift, consideration, financial or other advantage whatsoever as an inducement or reward to any officer of a public body and that such action may result in the Board excluding the organisation from the selected list of Potential Bidders, and potentially from all future public procurements. It is therefore vital that staff, contractors and agents understand what is expected of them and their duties to disclose and deal with any instances they find.

#### 14. RISK MANAGEMENT

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

- d. Contingency plans to offset the impact of adverse events;
- e. Audit arrangements including internal audit, clinical audit and health and safety review;
- f. Arrangements to review the risk management programme.
- g. A review by each Governance Committee of relevant risks pertaining to their business.

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

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

## **15. RETENTION OF DOCUMENTS**

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

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

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



property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises), for all staff whose duty it is to administer, in any way, the property of the patients.

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

## **17. STORES**

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

stock items not on stores control shall be reported to the Assistant Director of Finance.

17.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.

17.7 Instructions for stock take and the basis for valuation will be issued ~~at least once a year~~ by the Director of Finance if required.

## 18. AUTHORISATION LIMITS

18.1 The purpose of Standing Financial Instructions is to ensure adequate controls exist for the committing and payment of funds on behalf of NHS Fife. The main principles applied in determining authorisation limits are those of devolved accountability and responsibility. The rules for financial delegation to all levels of management within the Board's established policies and priorities are set out in the Scheme of Delegation and Financial Operating Procedures

18.2 Areas covered by the Scheme of Delegation include:

- Limitation and Authority to vire budgets between one budget heading and another.
- Limitation of level of Authority for the placing of orders or committing resources
- Limitation as to the level of authority to approve receipt of orders, expenses, travel claims, payment of invoices, write off of losses.

## 19. ENDOWMENT FUNDS

19.1 The Standing Financial Instructions deal with matters related to exchequer income and expenditure for NHS Fife. Whilst Endowment Funds fall outwith the scope of core exchequer funds, it is important that all relevant employees and agents are aware of the arrangements for the financial responsibility and authority for such funds.

19.2 Endowment Funds and are those held in trust for purposes relating to the National Health Service, either by the Board or Special Trustees appointed by the Scottish Ministers or by other persons.

19.3 Members of the Fife Health Board become Trustees of the Board's Endowment Funds (Fife Health Charity). The responsibilities as Trustees are discharged separately from the responsibilities as members of the Board.

19.4 The Director of Finance shall prepare detailed procedural instructions covering the receiving, recording, investment and accounting for Endowment Funds.

19.5 Through the Board's Scheme of Delegation, authority will be given by the Trustees to allow for the day to day management of the funds within specified limits.

- 19.6 The Authorisation Limits are set out in the Scheme of Delegation and the Financial Operating Procedures.
- 19.7 The Director of Finance shall prepare annual accounts for the funds held in trust, to be audited independently and presented annually to the Board of Trustees.

# **FIFE NHS BOARD SCHEME OF DELEGATION**

## 1. Introduction

### **Board's Responsibility**

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

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

The following appendix sets out:

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

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

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

	<p><b>Internal Audit</b></p> <ul style="list-style-type: none"> <li>• To review and approve the Internal Audit Strategic and Annual Plans.</li> <li>• To monitor audit progress and review audit reports.</li> <li>• To monitor the management action taken in response to the audit recommendations through an appropriate follow-up mechanism.</li> <li>• To consider the Chief Internal Auditor's annual report and assurance statement.</li> <li>• To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures.</li> </ul> <p><b>External Audit</b></p> <ul style="list-style-type: none"> <li>• To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for Patients' Funds <del>and Endowment Funds</del>.</li> <li>• To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme.</li> <li>• To consider all statutory audit material, in particular:- <ul style="list-style-type: none"> <li>• Audit Reports;</li> <li>• Annual Reports;</li> <li>• Management Letters</li> </ul> <p>relating to the certification of Fife NHS Boards Annual Accounts, Annual Patients' <u>Private</u> Funds Accounts.</p> </li> </ul> <p><b>Risk Management</b></p> <p>The Committee shall seek assurance that:</p> <ul style="list-style-type: none"> <li>• There is a comprehensive risk management system in place to identify, assess, manage and monitor risks at all levels of the organisation.</li> <li>• There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management</li> <li>• The Board has clearly defined its risk appetite (i.e. the level of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the executive's approach to risk management is consistent with that appetite.</li> </ul>
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- The Committee will also receive and review a report summarising any significant changes to the Board's Board Assurance Framework, and what plans are in place to manage them. The Committee may also elect to occasionally request information on significant risks held on any risk registers held in the organisation.
- Assess whether the Board Assurance Framework is an appropriate reflection of the key risks to the Board, so as to advise the Board.
- Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk.

**Standing Orders and Standing Financial Instructions**

- To review the model Standing Orders for Boards as issued by NHS Scotland, and associated appendices of Fife NHS Board, and advise the Board of any amendments required.
- To examine the circumstances associated with any occasion when Standing Orders of Fife NHS Board have been waived or suspended.

**Annual Accounts**

- To review and recommend approval of draft Fife NHS Board Annual Accounts to the Board.
- To review the draft Annual Report and Financial Review of Fife NHS Board as found within the Directors Report incorporated within the Annual Accounts.
- To review annually (and approve any changes in) the accounting policies of Fife NHS Board.
- To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval.

**Other Matters**

- The Committee shall review the arrangements for employees raising concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.



	<ul style="list-style-type: none"> <li>• The Committee shall review regular reports on Fraud and potential Frauds <u>and have oversight of the Board's compliance towards the Counter Fraud Standards.</u></li> <li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li> <li>• The Committee shall seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002.</li> <li>• The Committee shall review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the NHS Fife Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required standards of business conduct for all employees and the Boards procedure to prevent Bribery (Bribery Act 2000).</li> </ul>
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<b>2.2 Clinical Governance Committee</b>	
Responsible Director for this Section	Medical Director
Sub-Committees	<ul style="list-style-type: none"> <li>• Health &amp; Safety</li> </ul>
Role and Remit	<ul style="list-style-type: none"> <li>• To monitor progress on the health status targets set by the Board.</li> <li>• The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit &amp; Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.</li> <li>• To capture and record all issues and risks on an operational risk register to be monitored through the Committee, and where appropriate these should be escalated to the Board for consideration in addition to the corporate risk register until mitigated to a tolerable level.</li> <li>• To receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.</li> <li>• To provide assurance to Fife NHS Board about the quality of services within NHS Fife.</li> <li>• The Committee shall review regularly the sections of the NHS Fife Integrated Performance &amp; Quality Report relevant to the Committee's responsibility.</li> <li>• To undertake an annual self-assessment of the Committee's work and effectiveness.</li> <li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li> </ul>

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

	<ul style="list-style-type: none"> <li>• monitoring the use of all resources available to the Board.</li> <li>• Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference;</li> <li>• The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June; and</li> <li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li> </ul>
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<b>2.4 Public Health &amp; Wellbeing Committee</b>	
Responsible Director for this Section	Director of Public Health
Role and Remit	<p>The remit of the Public Health &amp; Wellbeing Committee is:</p> <ul style="list-style-type: none"> <li>• To agree key areas of focus within the public health priorities that will be taken forward every year, oversee the agreed population health activities, ensure equity in provision and access to services, and provide assurance thereon to Fife NHS Board.</li> <li>• To ensure that a strategic plan is formulated that reflects public health and wellbeing needs and priorities for the population serviced by NHS Fife in line with the priorities of the national care and wellbeing programmes.</li> <li>• To monitor strategy implementation through regular progress reports and review of intermediate measures and long-term outcomes.</li> <li>• To receive assurance that the risks relating to primary care and community services are addressed in line with the directions set and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national standards or targets.</li> <li>• To support the work of the Anchor Institute Programme Board and Population Health and Wellbeing Portfolio Board and receive updates on progress and outcomes.</li> <li>• To support the ambitions set out in the Plan for Fife (Community Planning Partnership) through collaboration on agreed areas of influence.</li> <li>• To undertake scrutiny of individual topics / projects / work-streams to promote the health of the population in Fife, including NHS Fife staff, with particular emphasis on prevention and addressing health inequalities.</li> <li>• To ensure appropriate linkages to other key work of the Board, such as the development of new services, workstreams and delivery plans.</li> </ul>

	<ul style="list-style-type: none"><li>• To undertake an annual self-assessment of the Committee's work and effectiveness.</li><li>• The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit &amp; Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit &amp; Risk Committee in June.</li><li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li></ul>
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<b>2.5 Remuneration Committee</b>	
Responsible Director for this Section	Director of Workforce
Role and Remit	<ul style="list-style-type: none"> <li>• The remit of the Remuneration Committee is to consider: <ul style="list-style-type: none"> <li>• job descriptions for the Executive cohort;</li> <li>• other terms of employment which are not under Ministerial direction;</li> <li>• to hear and determine appeals against the decisions of the Consultant Discretionary Awards Panel. The Remuneration Committee can make decisions regarding Discretionary Points in exceptional circumstances;</li> <li>• agree performance objectives and appraisals directly for the Executive cohort only, and oversee arrangements for designated senior managers;</li> <li>• redundancy, early retiral or termination arrangement in respect of all staff in situations where there is a financial impact upon the Board (this excludes early retiral on grounds of ill health) and approve these or refer to the Board as it sees fit; and</li> <li>• undertake an annual self-assessment of the Committee's work and effectiveness.</li> </ul> </li> <li>• The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit &amp; Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit &amp; Risk Committee in June.</li> <li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li> </ul>

<b>2.6 Staff Governance Committee</b>	
Responsible Director for this Section	Director of Workforce
Role and Remit	<ul style="list-style-type: none"> <li>• The remit of the Staff Governance Committee is to: <ul style="list-style-type: none"> <li>• consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;</li> <li>• review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;</li> <li>• give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;</li> <li>• support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;</li> <li>• encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;</li> <li>• contribute to the development of the Annual Operational Plan, in particular but not exclusively, around issues affecting staff;</li> <li>• support the continued development of personal appraisal professional learning and performance;</li> <li>• review regularly the sections of the NHS Fife Integrated Performance &amp; Quality Report relevant to the Committee's responsibility; and</li> <li>• undertake an annual self-assessment of the Committee's work and effectiveness.</li> </ul> </li> <li>• The Committee is also required to carry out a review of its function and activities and to provide an Annual Statement of Assurance. This will be submitted to the Board via the Audit and Risk Committee. The proposed Annual Statement</li> </ul>



	<p>will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.</p> <ul style="list-style-type: none"><li>• The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".</li></ul>
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### 3. Matters Delegated to Individuals

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

The Chief Executive shall report to the Finance, Performance and Resources Committee those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest.

The Chief Executive may, acting together with the Director of Finance, and having taken all reasonable action to pursue recovery, approve the writing-off of losses, subject to the financial limits and categorisation of losses laid down from time to time by the Scottish Government Health and Social Care Directorates.

### **Legal Matters**

The Chief Executive is authorised to institute, defend or appear in any legal proceedings or any inquiry, including proceedings before any statutory tribunal, board or authority, and following consideration of the advice of the Central Legal Office of the National Services Scotland (NSS), to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.

In circumstances where a claim against the Board is settled by a decision of a Court, and the decision is not subject to appeal, the Chief Executive shall implement the decision of the relevant Court on behalf of the Board.

In circumstances where the advice of the Central Legal Office is to reach an out-of-court settlement, the Chief Executive may, acting together with the Director of Finance, settle claims against the Board, subject to a report thereafter being submitted to the Finance, Performance and Resources Committee.

The Chief Executive, acting together with the Director of Finance, may make ex gratia payments subject to the limits laid down from time to time by the Scottish Government Health & Social Care Directorates.

The arrangements for signing of documents in respect of matters covered by the Property Transactions Manual shall be in accordance with the direction of Scottish Ministers. The Chief Executive and the Director of Finance are currently authorised to sign such documentation on behalf of the Board and Scottish Ministers.

The Chief Executive shall have responsibility for the safe keeping of the Board's Seal, and together with the Chairperson or other nominated Non-Executive Member of the Board, shall have responsibility for the application of the Seal on behalf of the Board.

### **Procurement of Supplies and Services**

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

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

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

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

### **Human Resources**

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

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

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

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

- attendance is relevant to the duties or professional development of such member of staff; and
- appropriate allowance has been made within approved budgets; or
- external reimbursement of costs is to be made to the Board.
- Under the terms of the public sector reform act the Chief Executive is required to keep a register of all such approvals.

The Chief Executive may, in accordance with the Board's agreed Employee Conduct Policy, take disciplinary action, in respect of members of staff, including dismissal where appropriate.

The Chief Executive shall have overall responsibility for ensuring that the Board complies with Health and Safety legislation, and for ensuring the effective implementation of the Board's policies in this regard.

The Chief Executive may, following consultation and agreement with the Director of Workforce and the Director of Finance approve payment of honoraria to any employee.

The Chief Executive may, in consultation with the Director of Workforce and Director of Finance, approve applications to leave the employment of the Board on grounds of early retirement by any employee provided the terms and conditions relating to the early retirement are in accordance with the relevant Board policy. All such applications and outcomes will be reported to the Remuneration Committee.

**Patients' Property**

The Chief Executive shall have overall responsibility for ensuring that the Board complies with legislation in respect of patients' property. The term 'property' shall mean all assets other than land and building. (e.g. furniture, pictures, jewellery, bank accounts, shares, cash.)

### 3.2 Matters Delegated to the Director of Finance

Authority is delegated to the Director of Finance to take the necessary measures as undernoted, in order to assist the Board and the Chief Executive in fulfilling their corporate responsibilities:

#### **Accountable Officer**

The Director of Finance has a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board.

#### **Financial Statements**

The Director of Finance is empowered to take all steps necessary to assist the Board to:

- Act within the law and ensure the regularity of transactions by putting in place systems of internal control to ensure that financial transactions are in accordance with the appropriate authority;
- Maintain proper accounting records; and
- Prepare and submit for External Audit timeous financial statements which give a true and fair view of the financial position of the Board and its income and expenditure for the period in question.

#### **Corporate Governance and Management**

The Director of Finance is authorised to put in place proper arrangements to ensure that the financial position of the Board is soundly based by ensuring that the Board, its Committees, and supporting management groupings receive appropriate, accurate and timely information and advice with regard to:

- The development of financial plans, budgets and projections;
- Compliance with statutory financial requirements and achievement of financial targets;
- The impact of planned future policies and known or foreseeable developments on the Board's financial position.

The Director of Finance is empowered to take steps to ensure that proper arrangements are in place for:

- Developing, promoting and monitoring compliance with Standing Orders and Standing Financial Instructions, and appropriate guidance on standards of business conduct;

- Developing and implementing systems of internal control, including systems of financial, operational and compliance controls and risk management;
- Developing and implementing strategies for the prevention and detection of fraud and irregularity;
- Internal Audit.

### **Performance Management**

The Director of Finance is authorised to assist the Chief Executive to ensure that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of resources and that they are working effectively. These arrangements include procedures:

- for planning, appraisal, authorisation and control, accountability and evaluation of the use of resources;
- to ensure that performance targets and required outcomes are met and achieved.

### **Banking**

The Director of Finance is authorised to oversee the Board's arrangements in respect of accounts held in the name of the Board with the appointed Government Banking Services Paymaster General Office and the commercial bankers duly appointed by the Board.

The Director of Finance will be responsible for ensuring that the appointed Government Banking Services Paymaster General's Office and the commercial bankers are advised in writing of amendments to the panel of nominated authorised signatories.

### **Tax**

The Director of Finance shall have delegated authority as lead officer for Tax matters, in relation to the management of taxes as they affect NHS Fife's financial affairs. This includes but is not limited to final determination in cases of off payroll working, application of the Construction Industry Scheme regulations, VAT etc.

### **Patients' Property**

The Director of Finance shall have delegated authority to ensure that detailed operating procedures in relation to the management of the property of patients (including the opening of bank accounts where appropriate) are compiled for use by staff involved in the management of patients' property and financial affairs, in line with the terms of the Adults with Incapacity (Scotland) Act 2000.





<b>3.3 Matters Delegated to Other Senior Officers of the Board</b>	
	<b>Director of Acute Services and Director of Health and Social Care</b>
	<p><b>General Provisions</b></p> <p>The Director of Acute Services/Director of Health and Social Care shall have delegated authority and responsibility from the Board Chief Executive to secure the economical, efficient and effective operation and management of their services:</p> <ul style="list-style-type: none"> <li>• in accordance with the current policies and decisions made by the Board;</li> <li>• within the limits of the resources made available to the Division/IJB;</li> <li>• in accordance with the Code of Corporate Governance as detailed in the Board’s Standing Orders and Standing Financial Instructions.</li> </ul> <p>The Director of Acute Services and Director of Health and Social Care have a general duty to assist the Chief Executive in fulfilling their responsibilities as the Accountable Officer of the Board.</p> <p>The Director of Acute Services and Director of Health and Social Care are authorised to take such measures as may be required in emergency situations, subject to advising, where possible, the Chairperson or the Vice-Chairperson of the Board, the Chief Executive and where appropriate the relevant Standing Committee Chairperson. Such measures, that might normally be outwith the scope of the authority delegated by the Board or its Standing Committees to the Chief Executive, shall be reported to the Board or appropriate Standing Committee as soon as possible thereafter.</p> <p>The Director of Acute Services and Director of Health and Social Care are authorised to give a direction in special circumstances that any officer within their area shall not exercise a delegated function subject to reporting on the terms of the direction to the next meeting of the Board.</p> <p><b>Finance</b></p> <p>Resources shall be used only for the purpose for which they are allocated, unless otherwise approved by the Director of Acute Services and Director of Health and Social Care, after taking account of the advice of the Deputy Director of Finance. The Director of Acute Services and Director of Health and Social Care acting</p>

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

# **Code of Conduct for Members of Fife NHS Board**

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## SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

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- 1.1 This Code has been issued by the Scottish Ministers, with the approval of the Scottish Parliament, as required by the [Ethical Standards in Public Life etc. \(Scotland\) Act 2000 \(the “Act”\)](#).
- 1.2 The purpose of the Code is to set out the conduct expected of those who serve on the boards of public bodies in Scotland.
- 1.3 The Code has been developed in line with the nine key principles of public life in Scotland. The principles are listed in [Section 2](#) and set out how the provisions of the Code should be interpreted and applied in practice.

### My Responsibilities

- 1.4 I understand that the public has a high expectation of those who serve on the boards of public bodies and the way in which they should conduct themselves in undertaking their duties. I will always seek to meet those expectations by ensuring that I conduct myself in accordance with the Code.
- 1.5 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all situations and at all times where I am acting as a board member of my public body, have referred to myself as a board member or could objectively be considered to be acting as a board member.
- 1.6 I will comply with the substantive provisions of this Code, being sections 3 to 6 inclusive, in all my dealings with the public, employees and fellow board members, whether formal or informal.
- 1.7 I understand that it is my personal responsibility to be familiar with the provisions of this Code and that I must also comply with the law and my public body’s rules, standing orders and regulations. I will also ensure that I am familiar with any guidance or advice notes issued by the Standards Commission for Scotland (“Standards Commission”) and my public body, and endeavour to take part in any training offered on the Code.
- 1.8 I will not, at any time, advocate or encourage any action contrary to this Code.
- 1.9 I understand that no written information, whether in the Code itself or the associated Guidance or Advice Notes issued by the Standards Commission, can provide for all circumstances. If I am uncertain about how the Code applies, I will seek advice from the Standards Officer of my public body, failing whom the Chair or Chief Executive of my public body. I note that I may also choose to seek external legal advice on how to interpret the provisions of the Code.

### Enforcement

- 1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards

Commission finds that there has been a breach of the Code. More information on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

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

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- 2.1 The Code has been based on the following key principles of public life. I will behave in accordance with these principles and understand that they should be used for guidance and interpreting the provisions in the Code.
- 2.2 I note that a breach of one or more of the key principles does not in itself amount to a breach of the Code. I note that, for a breach of the Code to be found, there must also be a contravention of one or more of the provisions in sections 3 to 6 inclusive of the Code.

The key principles are:

### **Duty**

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

### **Selflessness**

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

### **Integrity**

I must not place myself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence me in the performance of my duties.

### **Objectivity**

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

### **Accountability and Stewardship**

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

### **Openness**

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

### **Honesty**

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

interest.

### **Leadership**

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

### **Respect**

I must respect all other board members and all employees of my public body and the role they play, treating them with courtesy at all times. Similarly, I must respect members of the public when performing my duties as a board member.

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## **SECTION 3: GENERAL CONDUCT**

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### **Respect and Courtesy**

- 3.1 I will treat everyone with courtesy and respect. This includes in person, in writing, at meetings, when I am online and when I am using social media.
- 3.2 I will not discriminate unlawfully on the basis of race, age, sex, sexual orientation, gender reassignment, disability, religion or belief, marital status or pregnancy/maternity; I will advance equality of opportunity and seek to foster good relations between different people.
- 3.3 I will not engage in any conduct that could amount to bullying or harassment (which includes sexual harassment). I accept that such conduct is completely unacceptable and will be considered to be a breach of this Code.
- 3.4 I accept that disrespect, bullying and harassment can be:
  - a) a one-off incident,
  - b) part of a cumulative course of conduct; or
  - c) a pattern of behaviour.
- 3.5 I understand that how, and in what context, I exhibit certain behaviours can be as important as what I communicate, given that disrespect, bullying and harassment can be physical, verbal and non-verbal conduct.
- 3.6 I accept that it is my responsibility to understand what constitutes bullying and harassment and I will utilise resources, including the Standards Commission's guidance and advice notes, my public body's policies and training material (where appropriate) to ensure that my knowledge and understanding is up to date.
- 3.7 Except where it is written into my role as Board member, and / or at the invitation of the Chief Executive, I will not become involved in operational management of my public body. I acknowledge and understand that operational management is the responsibility of the Chief Executive and Executive Team.



- 3.8 I will not undermine any individual employee or group of employees, or raise concerns about their performance, conduct or capability in public. I will raise any concerns I have on such matters in private with senior management as appropriate.
- 3.9 I will not take, or seek to take, unfair advantage of my position in my dealings with employees of my public body or bring any undue influence to bear on employees to take a certain action. I will not ask or direct employees to do something which I know, or should reasonably know, could compromise them or prevent them from undertaking their duties properly and appropriately.
- 3.10 I will respect and comply with rulings from the Chair during meetings of:
- a) my public body, its committees; and
  - b) any outside organisations that I have been appointed or nominated to by my public body or on which I represent my public body.
- 3.11 I will respect the principle of collective decision-making and corporate responsibility. This means that once the Board has made a decision, I will support that decision, even if I did not agree with it or vote for it.

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

- 3.12 I will comply with the rules, and the policies of my public body, on the payment of remuneration, allowances and expenses.

### **Gifts and Hospitality**

- 3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.
- 3.14 I will never **ask for** or **seek** any gift or hospitality.
- 3.15 I will refuse any gift or hospitality, unless it is:
- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
  - b) a gift being offered to my public body;
  - c) hospitality which would reasonably be associated with my duties as a board member; or
  - d) hospitality which has been approved in advance by my public body.
- 3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.

- 3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.
- 3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.
- 3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.
- 3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.
- 3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

### **Confidentiality**

- 3.22 I will not disclose confidential information or information which should reasonably be regarded as being of a confidential or private nature, without the express consent of a person or body authorised to give such consent, or unless required to do so by law. I note that if I cannot obtain such express consent, I should assume it is not given.
- 3.23 I accept that confidential information can include discussions, documents, and information which is not yet public or never intended to be public, and information deemed confidential by statute.
- 3.24 I will only use confidential information to undertake my duties as a board member. I will not use it in any way for personal advantage or to discredit my public body (even if my personal view is that the information should be publicly available).
- 3.25 I note that these confidentiality requirements do not apply to protected whistleblowing disclosures made to the prescribed persons and bodies as identified in statute.

### **Use of Public Body Resources**

- 3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.
- 3.27 I will not use, or in any way enable others to use, my public body's resources:

- a) imprudently (without thinking about the implications or consequences);
- b) unlawfully;
- c) for any political activities or matters relating to these; or
- d) improperly.

### **Dealing with my Public Body and Preferential Treatment**

- 3.28 I will not use, or attempt to use, my position or influence as a board member to:
- a) improperly confer on or secure for myself, or others, an advantage;
  - b) avoid a disadvantage for myself, or create a disadvantage for others or
  - c) improperly seek preferential treatment or access for myself or others.
- 3.29 I will avoid any action which could lead members of the public to believe that preferential treatment or access is being sought.
- 3.30 I will advise employees of any connection, as defined at [Section 5](#), I may have to a matter, when seeking information or advice or responding to a request for information or advice from them.

### **Appointments to Outside Organisations**

- 3.31 If I am appointed, or nominated by my public body, as a member of another body or organisation, I will abide by the rules of conduct and will act in the best interests of that body or organisation while acting as a member of it. I will also continue to observe the rules of this Code when carrying out the duties of that body or organisation.
- 3.32 I accept that if I am a director or trustee (or equivalent) of a company or a charity, I will be responsible for identifying, and taking advice on, any conflicts of interest that may arise between the company or charity and my public body.

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

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- 4.1 The following paragraphs set out what I have to register when I am appointed and whenever my circumstances change. The register covers my current term of appointment.
- 4.2 I understand that regulations made by the Scottish Ministers describe the detail and timescale for registering interests; including a requirement that a board member must register their registrable interests within one month of becoming a board member, and register any changes to those interests within one month of those changes having occurred.
- 4.3 The interests which I am required to register are those set out in the following paragraphs. Other than as required by paragraph 4.23, I understand it is not necessary to register the interests of my spouse or cohabitee.

## **Category One: Remuneration**

- 4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:
- a) employed;
  - b) self-employed;
  - c) the holder of an office;
  - d) a director of an undertaking;
  - e) a partner in a firm;
  - f) appointed or nominated by my public body to another body; or
  - g) engaged in a trade, profession or vocation or any other work.
- 4.5 I understand that in relation to 4.4 above, the amount of remuneration does not require to be registered. I understand that any remuneration received as a board member of this specific public body does not have to be registered.
- 4.6 I understand that if a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under Category Two, "Other Roles".
- 4.7 I must register any allowances I receive in relation to membership of any organisation under Category One.
- 4.8 When registering employment as an employee, I must give the full name of the employer, the nature of its business, and the nature of the post I hold in the organisation.
- 4.9 When registering remuneration from the categories listed in paragraph 4.4 (b) to (g) above, I must provide the full name and give details of the nature of the business, organisation, undertaking, partnership or other body, as appropriate. I recognise that some other employments may be incompatible with my role as board member of my public body in terms of paragraph 6.8 of this Code.
- 4.10 Where I otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and how often it is undertaken.
- 4.11 When registering a directorship, it is necessary to provide the registered name and registered number of the undertaking in which the directorship is held and provide information about the nature of its business.
- 4.12 I understand that registration of a pension is not required as this falls outside the scope of the category.

## **Category Two: Other Roles**

- 4.13 I will register any unremunerated directorships where the body in question is

a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.

- 4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

### **Category Three: Contracts**

- 4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as described in paragraph 4.20 below) have made a contract with my public body:

- a) under which goods or services are to be provided, or works are to be executed; and
- b) which has not been fully discharged.

- 4.16 I will register a description of the contract, including its duration, but excluding the value.

### **Category Four: Election Expenses**

- 4.17 If I have been elected to my public body, then I will register a description of, and statement of, any assistance towards election expenses relating to election to my public body.

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

- 4.18 I have a registrable interest where I own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of my public body.

- 4.19 I accept that, when deciding whether or not I need to register any interest I have in houses, land or buildings, the test to be applied is whether a member of the public, with knowledge of the relevant facts, would reasonably regard the interest as being so significant that it could potentially affect my responsibilities to my public body and to the public, or could influence my actions, speeches or decision-making.

### **Category Six: Interest in Shares and Securities**

- 4.20 I have a registerable interest where:
- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
  - b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an

interest in is greater than £25,000.

### **Category Seven: Gifts and Hospitality**

- 4.21 I understand the requirements of paragraphs [3.13 to 3.21](#) regarding gifts and hospitality. As I will not accept any gifts or hospitality, other than under the limited circumstances allowed, I understand there is no longer the need to register any.

### **Category Eight: Non-Financial Interests**

- 4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies, companies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described. In this context, I understand non-financial interests are those which members of the public with knowledge of the relevant facts might reasonably think could influence my actions, speeches, votes or decision-making in my public body (this includes its Committees and memberships of other organisations to which I have been appointed or nominated by my public body).

### **Category Nine: Close Family Members**

- 4.23 I will register the interests of any close family member who has transactions with my public body or is likely to have transactions or do business with it.

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## **SECTION 5: DECLARATION OF INTERESTS**

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### **Stage 1: Connection**

- 5.1 For each particular matter I am involved in as a board member, I will first consider whether I have a connection to that matter.
- 5.2 I understand that a connection is any link between the matter being considered and me, or a person or body I am associated with. This could be a family relationship or a social or professional contact.
- 5.3 A connection includes anything that I have registered as an interest.
- 5.4 A connection does not include being a member of a body to which I have been appointed or nominated by my public body as a representative of my public body or of which I am a member by reason of, or in implementation of, a statutory provision, unless:
- a) The matter being considered by my public body is quasi-judicial or regulatory; or
  - b) I have a personal conflict by reason of my actions, my connections or my legal obligations.

## **Stage 2: Interest**

- 5.5 I understand my connection is an interest that requires to be declared where the objective test is met – that is where a member of the public with knowledge of the relevant facts would reasonably regard my connection to a particular matter as being so significant that it would be considered as being likely to influence the discussion or decision-making.

## **Stage 3: Participation**

- 5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.
- 5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.
- 5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.
- 5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

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## **SECTION 6: LOBBYING AND ACCESS**

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- 6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:
- a) any role I have in dealing with enquiries from the public;
  - b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
  - c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).

- 6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.
- 6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.
- 6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.
- 6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair, Chief Executive or Standards Officer of my public body.
- 6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.
- 6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).
- 6.8 I will not accept any paid work:
- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
  - b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.



## ANNEX A: BREACHES OF THE CODE

### Introduction

1. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) (“the Act”) provided for a framework to encourage and, where necessary, enforce high ethical standards in public life.
2. The Act provided for the introduction of new codes of conduct for local authority councillors and members of relevant public bodies, imposing on councils and relevant public bodies a duty to help their members comply with the relevant code.
3. The Act and the subsequent Scottish Parliamentary Commissions and Commissioners etc. Act 2010 established the [Standards Commission for Scotland](#) (“Standards Commission”) and the post of [Commissioner for Ethical Standards in Public Life in Scotland](#) (“ESC”).
4. The Standards Commission and ESC are separate and independent, each with distinct functions. Complaints of breaches of a public body’s Code of Conduct are investigated by the ESC and adjudicated upon by the Standards Commission.
5. The first Model Code of Conduct came into force in 2002. The Code has since been reviewed and re-issued in 2014. The 2021 Code has been issued by the Scottish Ministers following consultation, and with the approval of the Scottish Parliament, as required by the Act.

### Investigation of Complaints

6. The ESC is responsible for investigating complaints about members of devolved public bodies. It is not, however, mandatory to report a complaint about a potential breach of the Code to the ESC. It may be more appropriate in some circumstances for attempts to be made to resolve the matter informally at a local level.
7. On conclusion of the investigation, the ESC will send a report to the Standards Commission.

### Hearings

8. On receipt of a report from the ESC, the Standards Commission can choose to:
  - Do nothing;
  - Direct the ESC to carry out further investigations; or
  - Hold a Hearing.
9. Hearings are held (usually in public) to determine whether the member concerned has breached their public body’s Code of Conduct. The Hearing

Panel comprises of three members of the Standards Commission. The ESC will present evidence and/or make submissions at the Hearing about the investigation and any conclusions as to whether the member has contravened the Code. The member is entitled to attend or be represented at the Hearing and can also present evidence and make submissions. Both parties can call witnesses. Once it has heard all the evidence and submissions, the Hearing Panel will make a determination about whether or not it is satisfied, on the balance of probabilities, that there has been a contravention of the Code by the member. If the Hearing Panel decides that a member has breached their public body's Code, it is obliged to impose a sanction.

## Sanctions

10. The sanctions that can be imposed following a finding of a breach of the Code are as follows:

- **Censure:** A censure is a formal record of the Standards Commission's severe and public disapproval of the member concerned.
- **Suspension:** This can be a full or partial suspension (for up to one year). A full suspension means that the member is suspended from attending all meetings of the public body. Partial suspension means that the member is suspended from attending some of the meetings of the public body. The Commission can direct that any remuneration or allowance the member receives as a result of their membership of the public body be reduced or not paid during a period of suspension.
- **Disqualification:** Disqualification means that the member is removed from membership of the body and disqualified (for a period not exceeding five years), from membership of the body. Where a member is also a member of another devolved public body (as defined in the Act), the Commission may also remove or disqualify that person in respect of that membership. Full details of the sanctions are set out in section 19 of the Act.

## Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:

- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
- That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

12. The decision to impose an interim suspension is not, and should not be seen as, a finding on the merits of any complaint or the validity of any allegations against a member of a devolved public body, nor should it be viewed as a disciplinary measure.

## ANNEX B: DEFINITIONS

**“Bullying”** is inappropriate and unwelcome behaviour which is offensive and intimidating, and which makes an individual or group feel undermined, humiliated or insulted.

**“Chair”** includes Board Convener or any other individual discharging a similar function to that of a Chair or Convener under alternative decision-making structures.

**“Code”** is the code of conduct for members of your devolved public body, which is based on the Model Code of Conduct for members of devolved public bodies in Scotland.

**“Cohabitee”** includes any person who is living with you in a relationship similar to that of a partner, civil partner, or spouse.

**“Confidential Information”** includes:

- any information passed on to the public body by a Government department (even if it is not clearly marked as confidential) which does not allow the disclosure of that information to the public;
- information of which the law prohibits disclosure (under statute or by the order of a Court);
- any legal advice provided to the public body; or
- any other information which would reasonably be considered a breach of confidence should it be made public.

**“Election expenses”** means expenses incurred, whether before, during or after the election, on account of, or in respect of, the conduct or management of the election.

**“Employee”** includes individuals employed:

- directly by the public body;
- as contractors by the public body, or
- by a contractor to work on the public body’s premises.

**“Gifts”** a gift can include any item or service received free of charge, or which may be offered or promised at a discounted rate or on terms not available to the general public. Gifts include benefits such as relief from indebtedness, loan concessions, or provision of property, services or facilities at a cost below that generally charged to members of the public. It can also include gifts received directly or gifts received by any company in which the recipient holds a controlling interest in, or by a partnership of which the recipient is a partner.

**“Harassment”** is any unwelcome behaviour or conduct which makes someone feel offended, humiliated, intimidated, frightened and / or uncomfortable. Harassment can be experienced directly or indirectly and can occur as an isolated incident or as a course of persistent behaviour.

**“Hospitality”** includes the offer or promise of food, drink, accommodation, entertainment or the opportunity to attend any cultural or sporting event on terms not available to the general public.

**“Relevant Date”** Where a board member had an interest in shares at the date on which the member was appointed as a member, the relevant date is – (a) that date; and (b) the 5th April immediately following that date and in each succeeding year, where the interest is retained on that 5th April.

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

**“Remuneration”** includes any salary, wage, share of profits, fee, other monetary benefit or benefit in kind.

**“Securities”** a security is a certificate or other financial instrument that has monetary value and can be traded. Securities includes equity and debt securities, such as stocks bonds and debentures.

**“Undertaking”** means:

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

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>26 July 2022</b>
<b>Title:</b>	<b>Internal Audit Annual Plan 2022/23</b>
<b>Responsible Executive:</b>	<b>Margo McGurk – Director of Finance and Strategy</b>
<b>Report Author:</b>	<b>Tony Gaskin – Chief Internal Auditor</b>

## 1 Purpose

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

- Assurance

**This report relates to a:**

- Legal requirement

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Internal Audit Operational Plan for 2022/23 was approved by the Audit and Risk Committee on 16 June 2022. This plan incorporates the comments and suggestions made by Audit and Risk Committee members at its meeting on 18 May 2022.

Public Sector Internal Audit Standards (PSIAS) require the Chief Internal Auditor to produce a risk based plan, which takes into account NHS Fife's risk management framework, strategic objectives and priorities.

Given the impending changes to the Risk Register and the fluidity of strategic risks, the Internal Audit Operational Plan 2022/23 has not been mapped to the extant BAFs but does take into account issues identified in recent Internal Audit reports.

A Risk Management Improvement Programme was approved by NHS Fife Board in March 2022. NHS Fife is in the process of revisiting the risk profile and introducing a Corporate Risk Register (CRR), with completion due soon.

We engaged initially with the Director of Finance and Strategy and then with the wider Executive Directors Group to identify areas where a review would add value prior to the plan being presented to the Audit and Risk Committee.

A further updated version of the plan will be provided to the Audit and Risk Committee once the Corporate Risk Register is approved.

## 2.2 Background

*“Internal auditing is an independent, objective assurance and consulting activity designed to add value and improve an organisation’s operations. It helps an organisation accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, internal control and governance processes.”*

Public Sector Internal Audit Standards (PSIAS) – Section 3, Definition of Internal Auditing

The Operational Plan 2022/23 has been developed in accordance with Public Sector Internal Audit Standard 2010 – Planning, to enable the Chief Internal Auditor to meet the following key objectives:

- The need to establish risk-based plans to determine the priorities of the internal audit activity, consistent with the organisation’s goals;
- Provision to the Accountable Officer of an overall independent and objective annual opinion on the organisation’s governance, risk management, and control, which will in turn support the preparation of the Annual Governance Statement;
- Audits of the organisation’s governance, risk management, and control arrangements which afford suitable priority to the organisation’s objectives and risks;
- Improvement of the organisation’s governance, risk management, and control arrangements by providing line management with recommendations arising from audit work;
- Effective co-operation with external auditors and other review bodies functioning in the organisation.

The internal audit service will be delivered in accordance with the Internal Audit Charter.

Our Strategic Internal Audit Plan is designed to provide NHS Fife, through the Audit and Risk Committee, with the assurance it needs to prepare an Annual Governance Statement that complies with best practice in corporate governance. We also support the continuous improvement of governance, risk management and internal control processes by using a systematic and disciplined evaluation approach.

The objective of audit planning is to direct audit resources in the most efficient manner to provide sufficient assurance that key risks are being managed effectively.

## 2.3 Assessment

The Internal Audit Plan was considered by the Audit and Risk Committee at its meeting in May 2022 and approved at its June 2022 meeting.

The plan will require to be updated further once the CRR has been introduced.

### **Standard process – Previous Years**

Our Strategic Internal Audit planning process is normally structured around an audit universe based on a 5 year cycle which links to the Strategic Risk Register and objectives. The process overtly demonstrates cyclical coverage of all strategic risks and is designed to allow Executive Directors and the Audit and Risk Committee to contribute their views on areas for inclusion. The resultant operational plan is again overtly linked to the relevant strategic risk, which will still be the focus of our work, together with any

key governance or assurance elements required in order to provide a view on the overall adequacy and effectiveness of internal controls.

### **Current year process – 2022/23**

As was the case for 2021/22, due to the significant and ongoing impact of Covid19 on the risk profile of the organisation, a planning process which relied on a relatively static risk environment and change generally occurring in the medium to long term was no longer viable. As such, our view is very much that the plan will need to be flexible, responsive to the requirements of senior management and non executive directors and, to a certain extent, emergent as the risk profile changes.

We have asked for the views of Directors with greater emphasis on the organisations current rather than cyclical needs, focusing on emergent risks and those with most immediacy, as the basis for the plan.

However, we know that the organisational risk profile is changing rapidly, as is organisational understanding of those risks, and we will present an updated plan later in the audit year.

### **Environmental and change risks**

We actively take into account ongoing projects, forthcoming changes and our wider knowledge of the NHS to ensure we provide an appropriate level of audit coverage across all key areas and risks. This includes consideration of the following key sources of information:

- Corporate Strategy & Plans/ Recovery and Remobilisation Plans / local plans
- Themes / risks emerging from our Internal Control Evaluation work
- Previous internal audit reports
- External audit reports and plans
- Board website, internal policies and procedures
- Our NHS knowledge and experience
- Discussions with the EDG and the Audit and Risk Committee
- Changes to the risk profile due to Covid19
- Identification of any areas where the operation of key controls has changed as a result of revised working arrangements due to Covid19.

### **Assurance mapping**

Internal Audit continues to work with the Board to develop a process and timetable for the development of a holistic Assurance Mapping process to identify key sources of assurance and any gaps in independent assurance, which will then be taken into account in the formation of future Internal Audit plans and audit scopes. The Assurance Principles have recently been updated and the Board Secretary is working with Standing Committees Chairs to ensure they are embedded within the Board's formal assurance processes.

### **Other stakeholders**

There is congruence between Health Board internal audit plans and those of the Integrated Joint Board (IJB) Partner. The NHS Fife Internal Audit Plan currently includes days for Internal Audit of the IJB, with IJB Plan agreed with the IJB Chief Officer and Chief Finance Officers and approved by the IJB Audit Committee. The IJB Chief Officer had the opportunity to consider the Health Board Plan as a member of the EDG and



there is a sharing protocol that allows for Health Board and Council Internal Audit Plans to be shared with the IJB and vice-versa.

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

The Triple Aim is a core consideration in planning all internal audit reviews.

### **2.3.2 Workforce**

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

### **2.3.3 Financial**

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

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

Whilst a detailed mapping has not been undertaken this year, the plan is cognisant of NHS Fife's risk profile as identified through the BAF and through our detailed ICE review. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

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

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

### **2.3.6 Other impact**

N/A

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

See timetable above.

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

Executive Directors Group – 21 April 2022

Audit and Risk Committee – 18 May 2022

Audit and Risk Committee – 16 June 2022

## **2.4 Recommendation**

The Board are asked to:

- Note the Internal Audit Operational Plan for 2022/23 – Assurance

### **Report Contact**

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Appendix A –Operational Internal Audit Plan 2022-23

<b>Audit Process</b>	<b>Scope</b>	<b>Days</b>
<b>AUDIT MANAGEMENT</b>		<b>55</b>
Audit Risk Assessment & Planning	Audit Risk Assessment & Operational Planning	8
Audit Management & Liaison with Directors	Audit Management, liaison with Director of Finance and other officers	15
Liaison with External Auditors	Liaison and co-ordination with External Audit	4
Audit Committee	Briefing, preparation of papers, attendance and action points	18
Clearance of Prior Year	Provision for clearance and reporting of 2020/21 audit reports	10
<b>CORPORATE GOVERNANCE</b>		
<b><i>Accountability and Assurance</i></b>		<b>105</b>
Annual Internal Audit Report	CIA annual assurance to Audit Committee	15
Governance Statement	Preparation of portfolio of evidence to support	15
Interim Control Evaluation	Mid-year assurance for Audit and Risk Committee on specific agreed governance areas	35
Audit Follow Up	Undertaking the follow up of audit action points and provision of related reports to the Audit and Risk Committee	40
<b><i>Control Environment</i></b>		<b>10</b>
Board, Operational Committees and Accountable	Attendance and input / provision of advice at Standing Committees and other Groups.	5

Officer		
Assurance Framework	Continuation of assurance mapping work across FTF Clients	5
<b>Risk Management</b>		<b>30</b>
Risk Management Strategy, Standards and Operations	Yearly review of strategy and supporting structures in order to conclude on risk maturity. This review is a requirement of the Public Sector Internal Audit Standards.	15
Resilience and Business Continuity	Further review of Resilience following on from Interim Report T29/21	15
<b>Health Planning</b>		<b>95</b>
Strategic Planning	Review of service capacity and delivery plans post-Covid	20
	Review of NHS Fife's progress in delivering the Health and Wellbeing Strategy in line with its agreed timetable	10
Operational Service Planning	Review of the management of delayed discharges	30
Health & Social Care Integration	Deliver Fife IJB Internal Audit Plans	35
<b>CLINICAL GOVERNANCE</b>		<b>10</b>
Medicines Management	Follow-up audit of the Transportation of Medicines audit (B21/20)	10
<b>STAFF GOVERNANCE</b>		<b>35</b>
Workforce Planning	Review of aspects of Medical workforce planning	25
Whistle blowing	Compliance with Whistleblowing Standards	10
<b>FINANCIAL GOVERNANCE</b>		

<b>Capital Investment</b>		<b>15</b>
Property Transaction Monitoring	Post transaction monitoring	15
<b>Transaction Systems</b>		<b>35</b>
Financial Process Compliance	To be selected from: Central, payroll, travel, accounts payable, accounts receivable, banking arrangements.	15
Patients Funds/Endowments	Review ward/service level financial control compliance.	20
<b>Total Days Allocated</b>		<b>390</b>
<b>To be allocated during year – approx 4 reviews</b>		<b>73</b>
<b>Total Days for 2022/23 Internal Audit Plan</b>		<b>463</b>

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>26 July 2022</b>
<b>Title:</b>	<b>NHS Fife – Risk Appetite Statement</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Ben Hannan, Director of Pharmacy &amp; Medicines</b>

## 1 Purpose

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

- Approval

**This report relates to a:**

- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Fife is progressing an agreed Risk Management Improvement Programme which includes:

1. reviewing and revalidating the current Board Risk Appetite
2. reviewing the Board Strategic Risk Profile
3. creating A Corporate Risk Register to replace the current Board Assurance Framework
4. developing a Risk dashboard to complement the updated Integrated Performance and Quality Report (IPQR) and to support effective performance management
5. agreeing an updated process to support the escalation, oversight, and governance of risks and
6. creating a Risks and Opportunities Group

A risk appetite statement details the amount of risk the organisation is willing to take and underpins effective risk management. NHS Fife's risk appetite statement was last

considered by the board in 2019, prior to the COVID-19 pandemic. Considering our recovery, and development of our Population Health and Wellbeing Strategy, work has been undertaken to review NHS Fife's Risk Appetite statement.

## 2.2 Background

NHS Fife's Risk Management Framework will act as a key reference point for NHS Fife staff and non-executive directors in identifying, reporting, and managing organisational risks. It will set out the principles, core processes, responsibilities, and accountabilities for this aspect of our corporate governance.

The Board has overall responsibility for internal control within NHS Fife. The Board discharges this responsibility by:

- determining the acceptable level of risk for the organisation: its 'risk appetite'
- maintaining an awareness of the risk exposure and risk profile of the organisation
- receiving an update on the Corporate Risk Register at appropriate intervals
- approving major decisions affecting the organisation's risk profile or exposure
- seeking assurances from the Audit and Risk committee as to the operation of the risk management structures within NHS Fife, and
- approving any changes or improvements to key elements of its processes and procedures for risk management.

Through meetings of the Executive Team, and a Board Development Session, consideration was given to how risk appetite is described in the organisation. Previous measures had used a five-point scale which was felt to be confusing, and it was proposed to be simplified to the following:

- Low – Regarding statutory functions, we have very little appetite for risk, loss, or uncertainty. We are prepared to accept low levels of risk, with a preference for ultra-safe delivery options, while recognising that these will likely have limited or no potential for innovative opportunities.
- Moderate - Prepared to accept modest levels of risk to achieve acceptable, but possibly unambitious outcomes and limited innovation.
- High - Willing to consider and / or seek all delivery options (original / ambitious / innovative) and accept those with the highest likelihood of successful outcomes, in pursuit of objectives even when there are elevated levels of associated risk.

Additionally, it is important to ensure alignment with our strategy development work. NHS Fife's Population Health and Wellbeing Strategy (2022-2027) has established an organisational purpose to support people "Living Well, Working Well and Flourishing in Fife".

It is understood that it is not possible to eliminate all inherent risks in the delivery of health and care. The Board has recently considered the level of risk it is prepared to tolerate and where appropriate treat to ensure delivery against the agreed four strategic priorities within the new strategy, this is described in the assessment section below.

## **2.3 Assessment**

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

#### **Improving health and wellbeing**

The Board has a high risk appetite in this domain.

We are willing to consider original, ambitious, and innovative delivery options and accept those worth the highest likelihood of outcomes in influencing improvements in population health. We will proactively engage and involve stakeholders in the design and delivery of services to meet their needs and explore transformational and sustainable change to align with our strategic ambition in this domain.

We will seek to maximise our influence on tackling social determinants of health through our ambitious strategy, and through contributing to the local population as an Anchor institution.

#### **Improving the quality of health and care services**

The Board has a moderate risk appetite in this domain.

We acknowledge that healthcare operates within a highly regulated environment, and we must meet high levels of compliance expectations in line with national standards and various regulatory sources. We will endeavour to meet those expectations within a framework of prudent controls, balancing the prospect of risk elimination against pragmatic, operational imperatives.

Our focus is on delivering core health and care services safely. However, with the opportunity of potentially improved outcomes, where appropriate controls are in place, the Board may decide to accept risk and adopt innovative approaches in pursuit of these.

### **2.3.2 Workforce**

#### **Improving staff experience and wellbeing**

The Board has a moderate risk appetite in this domain.

We acknowledge the standard of expectations placed on the Board and individuals in relation to Staff Governance Standards with no intent to deviate, and we are committed to Partnership working.

Our Workforce Strategy identifies the current and anticipated future workforce challenges the Board needs to address and defines the type of organisation and employer we aspire to be. We acknowledge the innovation required to attract and retain the right people with the right skills and values to deliver our strategic ambition.

### **2.3.3 Financial**

#### **Delivering value and sustainability**

The Board has a moderate risk appetite in this domain.

We acknowledge our requirements to adhere to Standing Financial Instructions, and financial statutory duties, as well as maintenance of robust financial controls, including our statutory responsibility to maintain the financial balance and sustainability of the organisation.

In relation to investments, we understand we are accountable for the delivery of best value and efficiency in resource allocation. Therefore, capital investment and planning to enhance and develop services will require to demonstrate 'value added'. Realising benefits and efficient resource allocation are key drivers in making financial decisions and opportunities.

We recognise our ambition to achieve 'Net-Zero' status in line with Scottish Government direction. We realise this will require changes to the way we work and deliver services to maximise our reduction in our carbon footprint and maximise benefit to the environment.

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

Confirming the risk appetite of the Board a key enabler to progressing an effective risk management framework and culture in the organisation to support the achievement of the strategic priorities.

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

An impact assessment has not been conducted however all significant decisions of the Board include an assessment against risk appetite and will involve an impact assessment at programme or initiative level.

### **2.3.6 Other impact**

Nil.

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



Development of the refreshed risk appetite statement has involved engagement with the EDG and the NHS Fife Board.

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

Executive Directors Group 14 July 2022 who endorsed the Risk Appetite Statement and recommend to Board for final approval.

## **2.4 Recommendation**

The Board is asked to consider and **approve** the Risk Appetite statement.

## **3 List of appendices**

The following appendices are included with this report:

Appendix 1 – NHS Fife Risk Appetite Statement July 2022

### **Report Contact**

Benjamin Hannan  
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# NHS Fife Risk Appetite Statement

July 2022

## Risk Appetite Descriptors

To ensure a common understanding of 'levels' of risk appetite, the following definitions have been adopted by the NHS Fife Board.

**Low** - Regarding statutory functions, we have very little appetite for risk, loss, or uncertainty. We are prepared to accept low levels of risk, with a preference for ultra-safe delivery options, while recognising that these will likely have limited or no potential for innovative opportunities

**Moderate** - Prepared to accept only modest levels of risk to achieve acceptable, but possibly unambitious outcomes and limited innovation.

**High** - Willing to consider and / or seek all delivery options (original / ambitious / innovative), and accept those with the highest likelihood of successful outcomes, in pursuit of objectives even when there are elevated levels of associated risk

## Risk Appetite Statement

NHS Fife's Population Health and Wellbeing Strategy (2022-2027) sets an organisational vision that the people of Fife live long and healthy lives. A strategic framework, developed by our staff and built on our vision and values details how our priorities will link to National Care Programmes, underpinned by system enablers.

The Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of health and care and is willing to accept a certain degree of risk when it is in the best interests of the organisation, and ultimately, the population of Fife and people we serve. The Board has therefore considered the level of risk that it is proposed to accept for key aspects of the delivery of health and care, and these are described in line with our four organisational aims.

### 1. Improving health and wellbeing

The Board has a *high* risk appetite in this domain.

We are willing to consider original, ambitious, and innovative delivery options and accept those worth the highest likelihood of outcomes in influencing improvements in population health. We will proactively engage and involve

stakeholders in the design and delivery of services to meet their needs and explore transformational and sustainable change to align with our strategic ambition in this domain.

We will seek to maximise our influence on tackling social determinants of health through our ambitious strategy, and through contributing to the local population as an Anchor institution.

## **2. Improving the quality of health and care services**

The Board has a *moderate* risk appetite in this domain.

We acknowledge that healthcare operates within a highly regulated environment, and we must meet high levels of compliance expectations in line with national standards and various regulatory sources. We will endeavour to meet those expectations within a framework of prudent controls, balancing the prospect of risk elimination against pragmatic, operational imperatives

Our focus is on delivering core health and care services safely. However, with the opportunity of potentially improved outcomes, where appropriate controls are in place, the Board may decide to accept risk and adopt innovative approaches in pursuit of these.

## **3. Improving staff experience and wellbeing**

The Board has a *moderate* risk appetite in this domain.

We acknowledge the standard of expectations placed on the Board and individuals in relation to Staff Governance Standards with no intent to deviate, and we are committed to Partnership working.

Our Workforce Strategy identifies the current and anticipated future workforce challenges the Board needs to address and defines the type of organisation and employer we aspire to be. We acknowledge the innovation required to attract and retain the right people with the right skills and values to deliver our strategic ambition.

## **4. Delivering value and sustainability**

The Board has a *moderate* risk appetite in this domain.

We acknowledge our requirements to adhere to Standing Financial Instructions, and financial statutory duties, as well as maintenance of robust

financial controls, including our statutory responsibility to maintain the financial balance and sustainability of the organisation

In relation to investments, we understand we are accountable for the delivery of best value and efficiency in resource allocation. Therefore, capital investment and planning to enhance and develop services will require to demonstrate 'value added'. Realising benefits and efficient resource allocation are key drivers in making financial decisions and opportunities.

We recognise our ambition to achieve 'Net-Zero' status in line with Scottish Government direction. We realise this will require changes to the way we work and deliver services to maximise our reduction in our carbon footprint and maximise benefit to the environment

<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting Date:</b>	<b>Tuesday 26 July 2022</b>
<b>Title:</b>	<b>Three Year Workforce Plan 2022–2025 FINAL DRAFT</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Rhona Waugh, Head of Workforce Planning and Staff Wellbeing</b>

## 1. Purpose

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

- Decision

**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

This report updates the Board on the actions undertaken to develop and produce NHS Fife's Three Year Workforce Plan (the Plan) in final draft format. The Plan is provided for the Board's consideration, prior to being submitted to the Scottish Government by 31 July 2022. Feedback from Scottish Government on the draft Plan will then be provided, before the final Plan is required to be published by NHS Fife by 31 October 2022.

### 2.2 Background

The Plan has been developed taking account of the guidance on workforce planning within NHS Scotland, set out in NHS Circulars DL(2022)9 and CEL(2011)32. The draft Plan has been considered in detail by the groups outlined in the Route to Meeting section.

### 2.3 Assessment

The final draft Plan, attached at **Appendix 1** has been developed by NHS Fife's Operational Workforce Planning Group, with contributions from key service leads and considered and

reviewed by NHS Fife's Strategic Workforce Planning Group, chaired by the Director of Workforce.

The content of the Plan focuses specifically on the range of services delivered by the Acute Services Division and Corporate functions and takes account of the actions and commitments identified by the Strategic Planning and Resource Allocation process. The final draft Plan takes account of feedback received from a range of stakeholders and workforce data at 31 March 2022. The Plan reflects the commitments set out within the National Workforce Strategy for Health & Social Care in Scotland, published on 11 March 2022, ensuring these are translated locally and that the NHS Fife Three Year Workforce Plan is complementary to these commitments. There is also alignment between the Plan and the equivalent Strategy and Plan being developed by Fife's Health & Social Care Partnership and to the Scottish Government Annual Delivery Plan Guidance released in April 2022.

In addition, the Plan has been written within the context of an evolving healthcare landscape and the legacy of the Covid-19 pandemic. The draft Plan reflects the different commitments and work being undertaken at National, Regional and Local levels, and the on-going impact of Covid-19 recovery.

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

Delivery of workforce planning across the organisation is a key enabler to successful implementation of the NHS Fife Population Health & Wellbeing Strategy. Underpinning this intent, delivery of robust workforce planning is supportive of enhanced patient care and quality standards and is a key element of the Strategic Planning & Resource Allocation (SPRA) process, which reflects our in year service delivery commitments.

### **2.3.2 Workforce**

The NHS Fife Three Year Workforce Plan for 2022-2025 identifies our workforce commitments at local level, which complement the overall National Workforce Strategy for Health & Social Care in Scotland. Specific workforce considerations aligned to the Workforce Plan will be included as appropriate in proposals and updates to be considered through the governance process.

### **2.3.3 Financial**

The commitments within the Workforce Plan 2022-2025 will be subject to consideration through the Strategic Planning & Resource Allocation (SPRA) process.

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

NHS Fife's Workforce Plan 2022-25 aims to address the key workforce risks for the organisation and reflects risks identified in our Board Assurance Framework. These risks will be updated as part of the new NHS Fife risk management arrangements in 2022-23.

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

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

### 2.3.6 Other Impact

N/A

### 2.3.7 Communication, Involvement, Engagement and Consultation

Members of the Population Health and Wellbeing Strategy Portfolio Board, Staff Governance Committee, Area Partnership Forum, Local Partnership Fora, NHS Fife's Operational Workforce Planning Group, Strategic Workforce Planning Group, Workforce Leadership Team and Health & Social Care Partnership Workforce Planning Group have been involved in the production of the draft Plan, along with contributions from key stakeholders, service leads and General Managers. This was complemented with a series of preliminary engagement meetings with key stakeholders and their subsequent feedback on the draft plan.

### 2.3.8 Route to the Meeting

This paper has been considered by the Workforce Senior Leadership Team.

The development of the Plan 2022-2025 has been progressed by members of NHS Fife's Operational Workforce Planning Group and the initial draft Plan was presented to the Staff Governance Committee and Portfolio Board meetings on 12 May 2022, the Strategic Workforce Planning Group on 17 May 2022 and the Area Partnership Forum on 25 May 2022.

The final draft Plan has been considered and endorsed by the Staff Governance Committee on Thursday, 14 July 2022, by the Population Health and Wellbeing Portfolio Board on Thursday, 14 July 2022 and by the Area Partnership Forum on Wednesday, 20 July 2022, with the final sign off for the plan to be by NHS Fife Board, as noted above.

## 2.4 Recommendation

This paper is provided to the NHS Fife Board for:

- **Decision** - members are asked to agree the content of the final draft Three Year Workforce Plan 2022–2025 for submission to the Scottish Government by 31 July 2022.

## 3. List of Appendices

- Appendix 1 NHS Fife Three Year Workforce Plan 2022-2025 FINAL DRAFT

### Report Contact:

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# Workforce Plan

2022–2025

Draft V0.7: 18 July 2022



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**Published Month Year**

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# Foreword

We would like to welcome you to the NHS Fife Workforce Plan for 2022 to 2025. This Plan sets out our direction of travel for the workforce in anticipation of the changing landscape in health and social care and sits alongside the Fife Health & Social Care Workforce Plan for 2022 to 2025. The Plan has been written to take account of the Covid-19 pandemic, which has significantly altered the shape of health provision in Fife and will continue to do so for the foreseeable future.

Over the next three years, the requirements for the workforce will also be reflected within the Population Health & Wellbeing Strategy<sup>1</sup> due to be published by Q4 2022 / 2023 and it is recognised that this Plan will require to be updated to reflect the content of the Population Health & Wellbeing Strategy<sup>1</sup>, the ongoing review of the extant Clinical Strategy and the Annual Delivery Plan 2022–2023 Guidance<sup>2</sup> which was issued in April 2022.

This Plan highlights NHS Fife's workforce intentions, whilst recognising that there will be other plans and activity supporting recovery, growth and transformation, as we emerge from the Covid-19 pandemic. We also acknowledge that aspects of Covid-19 will have an enduring impact on all aspects of care delivery, in terms of staff supporting Covid-19 activity, waiting times, outbreaks and overall impact on services.

The Board is committed to providing a culture which encourages all staff to provide feedback and influence improvements to provide high quality care. There will be a focus on staff wellbeing, communication and listening to the views of our workforce to take forward all of the commitments outlined within this Plan. What is clear from the information presented, is that change can only take place with the support of our valuable workforce. The role of all staff in supporting workforce solutions is key to delivering our ambitions and to provide better care for patients and the public.

In realising the transformation of services, there will be the expansion of roles such as Advanced Practitioners, Physician Associates and Health Care Support Workers, alongside the further development of career pathways and educational opportunities. There is an ambition to create an approach that enables the Board to support and develop the workforce. There will be opportunities for those who wish to continue their careers for longer. We will embed programmes for foundation and modern apprentices and improve opportunities for young workers.

Working in partnership with our teams, Divisions and Directorates across NHS Fife and Fife Health & Social Care Partnership will be essential to support services and to ensure our workforce is aligned to the needs of our patients. The Board will continue to work regionally alongside our partner Boards within the East Region. The development of local and regional solutions to support service sustainability will remain a feature of much of the future work.

We recognise that there will be significant change and transformation ahead as we enter the post pandemic phase, which will feature within the commitments set out in the NHS Fife Workforce Plan, the complementary Fife Health & Social Care Partnership Workforce Plan and the future Fife Population Health & Wellbeing and Workforce Strategies.

**Carol Potter**  
Chief Executive

**Document:** Workforce Plan 2022-2025  
**Author:** Workforce Directorate

**Linda Douglas**  
Director of Workforce

**Version:** 07  
**Page:** 6 of 65

**Version Date:** 18/7/2022  
**Review Date:** N/A

# Section 1 – Introduction: Defining the Workforce Plan

## 1.1 Introduction

This Workforce Plan provides an overview of the future workforce required to ensure delivery of high-quality health services for the population of Fife. Due to the close synergies between NHS Fife and Fife Health & Social Care Partnership (H&SCP), this Workforce Plan should be considered alongside the Fife H&SCP Workforce Plan 2022–2025, to obtain a comprehensive overview of the future workforce required to deliver the range of health and social care services within Fife.

The Plan sits within a number of national and local strategic documents, for example, the NHS Recovery Plan 2021–2026<sup>3</sup>, the National Workforce Strategy for Health and Social Care in Scotland (2022)<sup>4</sup>, and the Fife Population Health and Wellbeing Strategy (2022)<sup>1</sup>. While these documents are referenced throughout this Plan, the Plan does not attempt to provide a comprehensive overview of each.

## 1.2 Workforce Planning Methodology

This Plan is structured around the Scottish Government workforce planning guidance CEL(2011)32<sup>5</sup>, which advocates the use of the six step workforce planning methodology, alongside the revised workforce planning guidance contained within DL(2022)09<sup>6</sup>.

Collectively, the Workforce Plan provides a context to and vision for health care services in Fife. It provides a synopsis of current workforce capacity, and projected workforce requirements extracted from Service and Financial Plans, before detailing the range of actions being proposed over the next three years in order to bridge the resulting establishment gap. The Action Plan is based on the Five Pillars detailed within the National Workforce Strategy for Health and Social Care in Scotland (2022)<sup>4</sup>.

Overseen by NHS Fife’s Strategic and Operational Workforce Planning Groups, this Workforce Plan is a live document which will take account of emerging National and Local priorities, and which has been developed in partnership with colleagues from Trade Unions and professional associations.

## 1.3 Purpose of the Workforce Plan

The purpose of this Plan is to set out the key workforce challenges which NHS Fife is facing between 2022 and 2025. It recognises the significant pressures that the workforce has faced in responding to the Covid-19 Pandemic, and how our staff need to recover from these pressures, at a time when health and care services need to recover from the disruption caused by the Pandemic and manage increased delays to routine treatment, the deterioration in the conditions of some patients, and significantly lengthened waiting times.

In recognising the NHS Scotland commitment to grow the size of the workforce by 1% by 2027, this Plan sets out the key workforce supply and demand challenges which NHS Fife will continue to face between 2022–2025.

Workforce Planning is evolving within the Health and Social Care Sector, therefore the Plan is considerate of the requirement for greater collaboration with our partners within the Local Authority, the potential for regional co-ordination of NHS services where appropriate and a national approach to common workforce challenges. The Plan details the workforce actions that NHS Fife is able to undertake to mitigate the challenges that will be faced over the coming years, and identifies some critical risks where national solutions are required.

#### **1.4 Scope of the Workforce Plan**

NHS Fife is made up of the Acute Services Division, an agreed range of NHS Fife Services delegated to Fife's H&SCP's Integration Joint Board (IJB), plus a range of Corporate Directorates such as Estates, Facilities and Capital Services, Finance, Human Resources, Digital and Information, and Public Health.

While many of the challenges detailed in this Workforce Plan are common across NHS Fife and Fife H&SCP, the broad themes and commitments detailed throughout the Plan relate to those impacting on the Acute Services Division and the range of Corporate Directorates. For commitments relating to the agreed range of NHS Fife Services delegated to Fife's H&SCP, notably those linked to Primary & Community Care; Mental Health and CAMHS Investment; and Drug Related Deaths, reference should be made to the Fife H&SCP Workforce Plan 2022–2025. These commitments will be reflected within the Fife H&SCP Workforce Plan, and associated action plan, as it continues to evolve over the next three years.

This Plan also recognises the links and interdependencies that are necessary in workforce terms with partners in delivering quality services to the population of Fife. This includes neighbouring and national Health Boards; local authorities, including the Health & Social Care Partnership and Fife Council; the voluntary and third sectors.

Staff referenced within this Plan are covered under the following nationally recognised job families:

- Administrative Services
- Allied Health Professions
- Healthcare Sciences
- Medical and Dental
- Medical and Dental Support
- Nursing and Midwifery
- Other Therapeutic
- Personal and Social Care
- Support Services

This Plan is not intended to look at all aspects of workforce demand and supply for all job families. It will, however, highlight where there are emerging pressures which require to be addressed. This plan is a living document that is flexible, adaptable and will be responsive to further changes, given the constantly changing dynamics of service provision.

## 1.5 Implementing, Monitoring and Refreshing the Workforce Plan

Workforce Planning arrangements have been reviewed within NHS Fife and Fife H&SCP to ensure that these are fit for purpose and form an integral part of the financial and service planning frameworks. This is crucial as the Workforce Plan has to be driven by clinical and non-clinical services as they determine their workforce requirements in the short and medium term, and give cognisance to longer term workforce considerations as these emerge as part of our triangulated approach to Service, Finance and Workforce Planning. Through their respective working planning groups, both NHS Fife and Fife H&SCP will drive the development and implementation of their Workforce Plans, ensuring they are live and interactive documents.



## Section 2 – Visioning the Future

### 2.1 The National Context

#### 2.1.1 The NHS Recovery Plan 2021–2026<sup>3</sup>

The NHS Recovery Plan 2021–2026<sup>3</sup>, published in August 2021, sets out NHS Scotland's long-term response to the Covid-19 pandemic. The Plan recognises that the measures applied throughout the pandemic in order to save lives and protect the NHS has come at a difficult cost, and that the necessary pausing of non-urgent elective procedures and screening, whilst unavoidable as part of the suite of measures to address the Covid-19 pandemic, has resulted in delays to routine treatment, deterioration in the conditions of some patients, and significantly lengthened waiting times. It has also affected accessibility to GPs, Dental Services and Care Homes, all of which can impact on the flow of patients to / from hospital settings.

To tackle the increased waiting times for treatment and recognising that a higher percentage of these patients will now require hospital treatment as would otherwise be the case, the NHS Recovery Plan 2021–2026<sup>3</sup> sets out how the NHS will increase its capacity by 10%. This includes commitments to increase inpatient and day case activity by 20% over pre-Covid levels to be achieved in part by the introduction of 9 National Treatment Centres; increase outpatient activity by 10% compared to pre-pandemic activity levels; and increase diagnostic procedures nationally by 90,000 by March 2026.

The Plan also recognises that NHS and Care staff have been on the frontline in Scotland's efforts to tackle the Covid-19 pandemic. The Plan reinforces the measures applied to date to meet the physical and emotional needs of the workforce, including the PROMiS National Platform<sup>7</sup> National Wellbeing Hub and Helpline; the national Workforce Specialist Service that is providing tailored, confidential mental health support to regulated staff in the NHS and Social Care workforces; additional funding for rest areas; and guidance to promote effective wellbeing conversations.

Significantly, the Plan also details a range of commitments to recruit more staff throughout the NHS to enable the NHS Recovery Plan 2021–2026<sup>3</sup> to be realised, including:

- Recruit 1,500 new clinical and non-clinical staff for National Treatment Centres by 2026.
- Provide 1,000 additional staff in Primary care mental health, giving every GP practice access to a link worker.
- Increase the number of medical undergraduate places by 100 per annum and double the number of widening access places.
- Invest £11 million over the life of this plan in new national and international recruitment campaigns and establish a national Centre for Workforce Supply.
- Create new youth employment opportunities in health and social care through our national Young Person's Guarantee.
- Provide additional training opportunities through the NHS Academy for new and existing staff in key areas of need, including pre and perioperative care and endoscopy.

**Urgent & Unscheduled Care** – covered in more detail within Section 3.

**Primary & Community Care** – these commitments will be covered in more detail within the Fife H&SCP Workforce Plan 2022-25 as it continues to evolve.

**Cancer Services** – covered in more detail within Section 3.

**Mental Health and CAMHS Investment** – these commitments will be covered in more detail within the Fife H&SCP Workforce Plan 2022-25 as it continues to evolve.

**Drug-related Deaths** – these commitments will be covered in more detail within the Fife H&SCP Workforce Plan 2022-25 as it continues to evolve.

## 2.1.2 The Covid-19 Recovery Strategy for a Fairer Future<sup>8</sup>

The NHS Recovery Plan 2021–2026<sup>3</sup> was one of a series of commitments laid out by the Scottish Government as part of the broader Recovery Strategy to create a fairer post Covid-19 future for Scotland. Central to this was the vision to address inequalities affected by Covid-19, to make progress towards a wellbeing economy, where success is judged on more than Gross Domestic Product, and to accelerate inclusive, person-centred public services.

The Covid-19 Recovery Strategy for a Fairer Future<sup>8</sup> had three broad outcomes:

- To establish financial security for low-income households
- To enhance wellbeing of children and young people
- To create good, green jobs and fair work

Whilst this Strategy committed to the publication of a new 10-year vision for economic transformation, setting out the Scottish Government's plans for strengthening Scotland's economy, commitments which impact on this Workforce Plan include the drive to improve the wellbeing of children and young people, including a commitment that every person between 16 and 24 has the opportunity to study, take up an apprenticeship, a job or work experience, or take part in formal volunteering. In addition, to support employment following the pandemic and European Union Exit, there was a commitment to ensure good green jobs are available, simplifying investment in skills and training to ensure that people have support throughout their lives, investing £200 million in adult upskilling and retraining opportunities, embedding fair work so people have 'good jobs' and also to increase productivity, and enhancing equality of opportunity, so that everyone can access and progress in work.

## 2.1.3 National Workforce Strategy for Health & Social Care in Scotland<sup>4</sup>

Published in March 2022, the Strategy acknowledges the efforts of the NHS, Social Care and Social Work staff throughout the pandemic and recognises the value of National and Local Government working together to make a positive contribution to every aspect of life, and across every community in Scotland. It sets out a national framework to achieve the collective vision for “a sustainable, skilled workforce, reflective of the communities they serve, with attractive career choices where all are respected and valued for the work they do”.

The Strategy sets out the evidence base and actions that will be taken over the short, medium and long term, to achieve the tripartite ambition of recovery, growth and transformation of the health and social care services and workforce, to achieve the following outcomes:



Putting our workforce vision and values at the heart of what we want to achieve, namely the ambition to:

- Create the conditions through which our workforce, and by extension our health and social care services, can successfully recover from the pandemic.
- Grow the health and social care workforce sustainably, in line with Scotland's population demographics, and the demands on our health and social care services.
- Transform the ways in which our workforce is trained, equipped and organised to deliver health and social care services, in order to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

The Strategy establishes the Five Pillars of the Workforce Journey, where action can have the maximum impact in terms of recovery, growth and transformation in our services and our workforce. The actions detailed within this Workforce Plan and contained in the Appendix supporting the plan are consistent with these Five Pillars.

## The Five Pillars of the Workforce



### 2.1.4 Implementing Safe Staffing

The Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> was passed in the summer of 2019, and whilst its implementation has been delayed due to the Covid-19 pandemic, the legislation will provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high-quality care and improved outcomes for service users.

By covering all clinical groups within its remit, this Act aims to ensure that the correct balance of occupational groupings, with the correct skill mix, delivers better outcomes for patients and service users, and support the wellbeing of staff. The effective application of this legislation will:

- Provide assurance that staffing is appropriate to support high quality care, identify where improvements in quality are required and determine where staffing has impacted on quality of care.
- Support an open and honest culture where clinical / professional staff are engaged in relevant processes and informed about decisions relating to staffing requirements.
- Enable further improvements in workforce planning by strengthening and enhancing arrangements already in place, to support transparency in staffing and employment practice.
- Ensure the clinical voice is heard at all levels, by ensuring arrangements are in place to seek and take appropriate clinical advice in making decisions and in enabling arrangements in relation to staffing.
- Ensure that NHS Boards have a robust system to identify, assess and escalate real-time risks to care arising due to staffing issues, and to ensure staff are aware of these, and relevant staff have appropriate training and time and resources to implement them.

The provisions of the Health and Care (Staffing) (Scotland) Act will be introduced in April 2024, supported by a range of governance, monitoring and reporting arrangements.

### 2.1.5 Climate Emergency and Sustainability

The NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026<sup>11</sup> provides the basis for how we will achieve the ambitious net-zero carbon output by 2040. While some of this Strategy focuses on the Estate, such as the commitment

that all health service owned buildings are to be heated by renewable sources by 2038, these are a series of commitments relevant to this Workforce Plan. These include the development of environmentally sustainable care pathways and the reduction of waste, achieved in part through the continued introduction of technology enabled care initiatives, through to the reduction on the need to travel and the promotion of active travel across our workforce, patients, and communities.

Achievement of this Strategy will require a holistic, cross-sector and multidisciplinary approach, investment in a range of key skills and competencies not historically associated with the Health and Social Care Sector, in addition to regional collaboration.

### **2.1.6 Scottish Government Health and Social Care Directorates Policy**

The 2022–2025 Workforce Plans for NHS Fife and Fife H&SCP outline how the national policy commitments impacting on our workforce will be implemented. In addition to a number of long-term commitments referenced within the extant plans, this also includes the following programmes:

- Healthy Living and Wellbeing
- Integrated Unscheduled Care
- Preventative and Proactive Care
- Integrated Planned Care

## **2.2 The Regional Context**

With a population of 1,293,500 (source ONO UK<sup>12</sup>), Health and Social Care Services within the East Region are managed across three Health Boards and six Health and Social Care Partnerships. Within this regional context, our Regional Workforce Planning Group provides the mechanism to determine and prioritise areas where a coordinated approach should be utilised in response to common workforce challenges faced in each Health Board and Health & Social Care Partnership. These challenges range from:

- Service driven challenges; where participating health boards are encountering or forecasting sustainability challenges.
- National driven challenges; where a coordinated approach has been identified as a suitable solution to a range of national policy commitments.
- Consistency of application across the Region; where areas of best practice can be identified and shared between participating health boards.

Pre-pandemic there was success in certain areas, include adopting a regional approach across some vulnerable services to provide sustainable solutions; introduction of regional service models in certain business functions including recruitment and payroll; and the application of a consistent approach in the development of certain new roles and application of analytics.

As we move out of the pandemic, priority areas identified by the Regional Workforce Planning Group include:

- Health Protection
- Cancer Services
- Regional Laboratory Medicine Collaboration
- Mental Health Recovery – CAMHS
- Thrombectomy
- Haematology Services
- Planned Care Services

### **2.2.1 Health Protection**

Health Protection services are part of the Public Health function, with multidisciplinary teams in each Board protecting the wider population they serve through surveillance, investigation and control of communicable disease and non-infectious environmental hazards. 24/7 on-call arrangements are in place within each Board. The Covid-19 global pandemic has put significant pressure on Health Protection workforce and the services in all Boards. There is recognition that there are elements duplicated across all Boards which could be co-ordinated and delivered more sustainably through a regional model.

Following a robust Options Appraisal process in early 2021, NHS Fife, Borders, Lothian and Forth Valley have agreed to implement a regional Health Protection model with the key aim of supporting sustainability and resilience and have in place a function that is fit for the future and designed to respond effectively to 21st century Health Protection challenges. Engagement with Health Protection colleagues from all four Boards in the East of Scotland is underway. The next steps to support the development of the regional Health Protection model are three shadow secondment roles, which will be in place on 30 September 2022. These roles will lead the development and implementation of the Regional Health Protection Service model on a professional and managerial basis.

### **2.2.2 Regional Laboratory Medicine Collaboration**

With recognised sustainability challenges in Laboratory Medicine specialties throughout the East Region, Health Boards continue to build on the existing collaborative working arrangements to identify and deliver a sustainable service model. Currently focused on Medical grades, initiatives being progressed include the review of Job Plans to identify opportunities for joint appointments or appointments with specific interests, Opportunities for Digital Enabled Care including Digital Pathology and Artificial Intelligence, plus building on new roles introduced to Laboratory Medicine, including Advanced Practitioners and Clinical Scientists.

These initiatives are in addition to a small number of specialist services being patriated to NHS Lothian, where the combination of skill set required, and limited patient numbers means that NHS Fife would be challenged to sustain the service locally.

### **2.2.3 South East Payroll Consortium**

The South East Payroll Consortium was created in January 2017. It is one of three consortia in Scotland tasked with developing a consistent and sustainable approach to payroll services on a regional basis. The main issues driving change include the

sustainability of the payroll services workforce, the Scottish Government 'Once for Scotland' approach and limitations with existing technology and systems. The increasing complexity and volume has led to increasing demand.

The South East Payroll Consortium is made up of eight Boards: NHS Fife, NHS Forth Valley, NHS Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES), the Scottish Ambulance Service (SAS) and Public Health Scotland.

In January 2022, the formal Business Case was approved and NHS Fife agreed to join the Consortia and consequently change to a payroll consortium model. The appointment of NSS as the Single Employer of Payroll Services across the South East Payroll Consortium will require that payroll staff employed within the seven other NHS Boards to transfer their employment to NSS. The current timeline envisages the staff consultation period running between July and September with a provisional date of 1 November 2022 for the NHS Fife Payroll staff transferring to NSS, along with the payroll staff from the other six Boards.

#### **2.2.4 East Region Recruitment Shared Services**

After a pause in activities, revised dates have been agreed to move forward with the launch of the East Region Recruitment Service. There will be 2 phases for the soft launch: Phase 1: Scottish Ambulance Service (SAS) and NHS Lothian. Phase 2: NHS Borders, NHS Fife and NHS Education for Scotland (NES). The first phase took place week commencing 13 June 2022. The second phase launch will take place week commencing 25 July 2022. Following the launch dates, there will be a 6-week transition period and it is expected that the full roll-out of the new Regional Service will be completed by the end of September 2022.

### **2.3 The Local Context**

The Population Health and Wellbeing Strategy is in development and is due to be published in Quarter 4 of 2022 / 2023. The Strategy will be NHS Fife's key strategic document going forward, planning for the medium and longer term. NHS services continue to remain under pressure with workforce challenges, Covid still in the community and the continued impact of the pandemic on health services, the public and staff. These elements must be reflected in the ongoing strategy.

The focus of the Strategy will be addressing health and wellbeing and seeking to improve access and inequalities. The strategic framework used for the strategy will be focussed around the 4 strategic priorities of NHS Fife:

- To improve Health and Wellbeing
- To improve quality of health and care services
- To improve staff experience and wellbeing
- To improve sustainability and value

Our workforce is a key element to the delivery of the Strategy and must be aligned to the three year Workforce Plan.

### 2.3.1 Anchor Institution and Fair Work

NHS Fife has a determination and conscious sense of responsibility to become an “Anchor Institution” within the lifetime of this Plan. An Anchor Institution is an organisation whose long-term sustainability is tied to the wellbeing of the population/s they serve. The key objectives of NHS Fife’s Anchor Institution Programme are:

- Purchasing more locally and for social benefit
- Widening access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

As part of our aspiration to be an Anchor Institute, NHS Fife is committed to furthering the principles of both ‘Fair Work’ and widening access to quality work. Locally, there are existing and emerging areas of Anchor Institution work related to this Plan. Kickstart and No-one Left Behind are examples of programmes where by reviewing our employability processes, we are widening access to quality work and offering career opportunities to local people from deprived or excluded communities (such as care leavers).

Through participation in the Fife H&SCP, we will also champion these principles and the recommendations from the Fair Work Convention<sup>13</sup> with partner agencies who provide Health and Social Care services to the population of Fife. This includes areas such as providing appropriate channels for effective employee voices, investing in workforce development, widening access to quality work and learning, and a commitment to paying the Real Living Wage.

Through the Partnership, we will also continue to work with all partners to monitor the impact of the increasing cost of living challenges, including understanding the implications of the increased fuel cost on the collective workforce, and the associated risks to patient flow between services, should these costs destabilise the workforce within any of our partners.

### 2.3.2 Scotland’s Changing Population – the Fife Context

Understanding our population helps us understand their needs. Together with our partners, it allows us to prioritise actions and interventions that can improve population health, reduce inequalities and ensure existing and new services meet population needs.

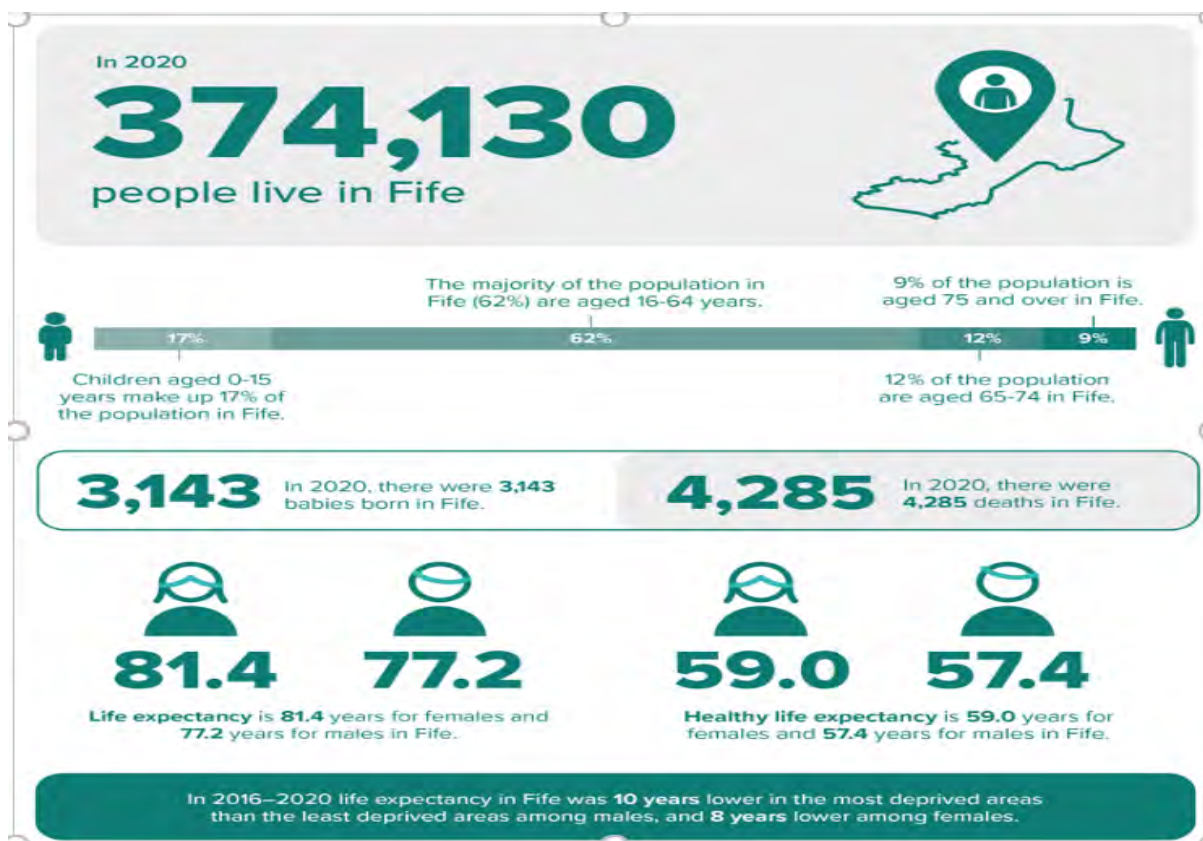
The findings of the recently held 2022 Census are yet to be published. When published, it will provide us with greater insight into the population living in Fife and on a range of factors impacting on their health and wellbeing. This includes demographic, economic and social factors. The results of the Census will be built into future Strategic Planning and Resource Allocation processes.

Current mid-year population estimates tell us that the population of Fife grew in 2020, one of only 12 council areas in Scotland to see growth. In June 2020, an estimated 374,130 persons lived in Fife, the majority (62%) of whom were aged between 16-64 years old. Children aged 0-15 years account for 17% of the



population in Fife whilst 12% of the population were aged 65-74 and 9% aged 75 and over.

Considering the future size and structure of our population helps when planning service provision and anticipating service pressures. Current projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018, however the number of people aged under 65 is estimated to fall, with the number of people aged 65-74 estimated to increase by 10% and the number aged 75 and over by 31%.



Analysis of the data on population health and wellbeing, including determinants of these, is an important part of helping to understand our population’s current and future needs. For example, when looking at this data inequalities are apparent, in Fife and across Scotland, between the populations living in the most and least deprived areas (SIMD Quintiles). For example:

- In 2016-2020, life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females;
- There were significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period, rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than the least deprived areas;
- For both males and females, deprivation has a significant impact on healthy life expectancy. At a Scottish level, healthy life expectancy in the most deprived areas of Scotland was more than 24 years lower for both males and females than in the least deprived areas in 2018-2020.

These population trends help us understand the National, Regional and Local priorities referenced throughout this Workforce Plan. The analysis of the data, and the focus on inequalities, also explains why the NHS Recovery Plan is prioritising Mental Health and Drug Related Deaths, and why there is an emphasis in Cancer Services and Health Protection at a Regional Level. Locally too, it explains why we are seeking to become an Anchor Institution, promoting the wellbeing of the population we serve.

### 2.3.3 Supporting Staff Physical and Psychological Wellbeing

NHS Fife does all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other. This is achieved, in part, by a multidisciplinary group, including Occupational Health specialists, Health Promotion, Psychology and Spiritual Care professionals delivering a broad range of workplace and related staff support services, co-ordinated by the Staff Health and Wellbeing Group, and is evidenced by NHS Fife holding the Healthy Working Lives Gold Award since 2016. “Well@Work” is the branding of NHS Fife’s employee Health and Wellbeing programme.

Providing a healthy working environment which supports, promotes and protects the physical and mental wellbeing of our employees is an integral part of this Plan, and more generally supports the NHS Scotland Staff Governance Standard and NHS Fife’s values, alongside the aims of the Fife Population Health & Wellbeing Strategy<sup>1</sup> and the ambition of achieving Anchor Institution status. There is also alignment with the patient journey in that the better the experience of our patients, the better the outcomes for staff and the better the experience of our staff, then the better the outcome for patients.

Our approach is focused on the Four Pillars of Wellbeing, as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support



The key resources and services available to support employees include Mindfulness activities and training aimed at enabling employees to manage their own stress levels and improve their overall sense of wellbeing; introduction of the Good Conversations approach to shift conversations away from a focus on ‘What’s wrong with you’ to ‘What is important to you’ and enabling employees to access both internal and external resources, including those on the PROMiS National Platform<sup>7</sup>, to make the best of their life circumstances; Pause Pods for employees to rest and recharge their bodies and minds; and Staff Hubs on the main Acute Hospital sites and Community Hospitals provide spaces for relaxation and refreshment.

The full range of initiatives, and the “menu” of support options, including access to Occupational Health services; Counselling; Staff Listening Service; Physiotherapy; Peer Support; Spiritual Care and Staff Psychology Support, available to employees and teams and our extensive generic and bespoke wellbeing course offers, are detailed within StaffLink, with the NHS Fife Staff Health & Wellbeing Framework due to be published by the Summer of 2022. This includes trauma informed approaches, which will be key, as we emerge from the pandemic.

Recognising the interconnection between the patient journey and staff experience, we also remain committed to improving the overall experience of the staff engaged throughout NHS Fife. A series of approaches are already embedded, ranging from the national iMatter survey and associated Action Plans, tailored questionnaires designed to obtain an understanding of staff views on specific issues, through to the Chief Executive walkabouts. We will work with the relevant forums, including the Area and Local Partnership Forums, to address key elements of staff feedback, in order to improve staff experience, alongside recruitment and retention of staff.

### **2.3.4 General Medical Services Contract Implementation**

The General Medical Services (GMS) contract, introduced in 2018, refocused the General Practitioner (GP) role as expert medical generalists. Enabling GPs to perform this role meant reducing challenging workload pressures and transferring certain tasks previously carried out by GPs to members of a wider primary care multidisciplinary team. Importantly, it meant that, in certain cases, employment of the wider primary care multidisciplinary teams would be transferred from GPs to the local Health & Social Care Partnerships and Health Boards.

Locally, the immediate priorities for implementation of the GMS Contract, shaped by necessity and service pressures during the Covid-19 pandemic response, has focused on Vaccine and Immunisation Delivery, Local Co-ordinators, Mental Health Triage Nurse input at practice level, Pharmacotherapy and Community Treatment and Care (CTAC) Services. Other priorities will continue to evolve throughout the lifetime of this Workforce Plan, in line with the specification set out in the Memorandum of Understanding 2<sup>14</sup>. Further details are set out within the Fife H&SCP Workforce Plan 2022-25.

Moving forward, implementation plans have been refreshed to reflect learning and revised methods of working introduced in response to the Covid-19 pandemic, and recruitment to a number of pharmacotherapy and Mental Health Nurse Triage positions, enhancing the skill mix of teams working in General Practice and ensuring the most appropriate clinician is available to meet the patient’s needs.

The Primary Care Improvement Programme (PCIP) will also support wider General Practice sustainability challenges. Work continues through the Clinical Director for Primary Care, to work with GP Practices facing recruitment concerns, and a plan will be developed ensuring that an increasingly proactive approach is utilised to support General Practice, mitigate recruitment issues and ensure continued patient care. This is described in more detail within the H&SCP Workforce Plan.

### 2.3.5 Waiting Times and the Covid-19 Challenge

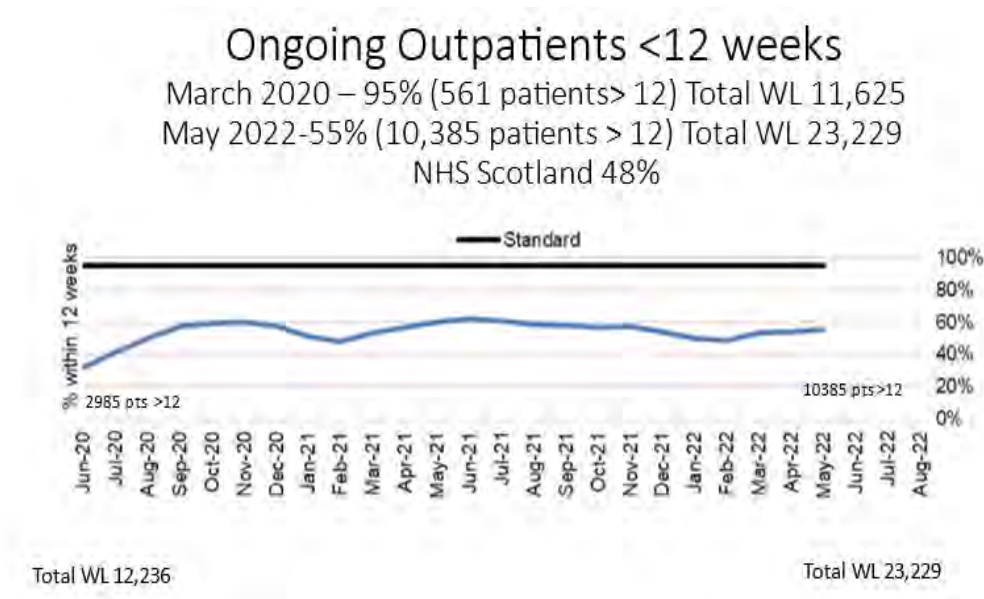
The Scottish Government have traditionally set national waiting times standards for the maximum time patients should have to wait for NHS services in Scotland. For example, these standards include:

- a 12-week maximum waiting time for treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis;
- no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic; and
- a 6-week maximum waiting time for eight key diagnostic tests and investigations.

Pre-pandemic, NHS Fife performed strongly against a range of these measures, and by December 2019 had already exceeded the NHS Scotland targets for both inpatient and outpatient waiting times which had been set for October 2020. While NHS Fife continues to perform favourably against these standards, as measured against the NHS Scotland average, it is evident that our performance, and the performance of NHS Scotland more generally, was detrimentally impacted by Covid-19.

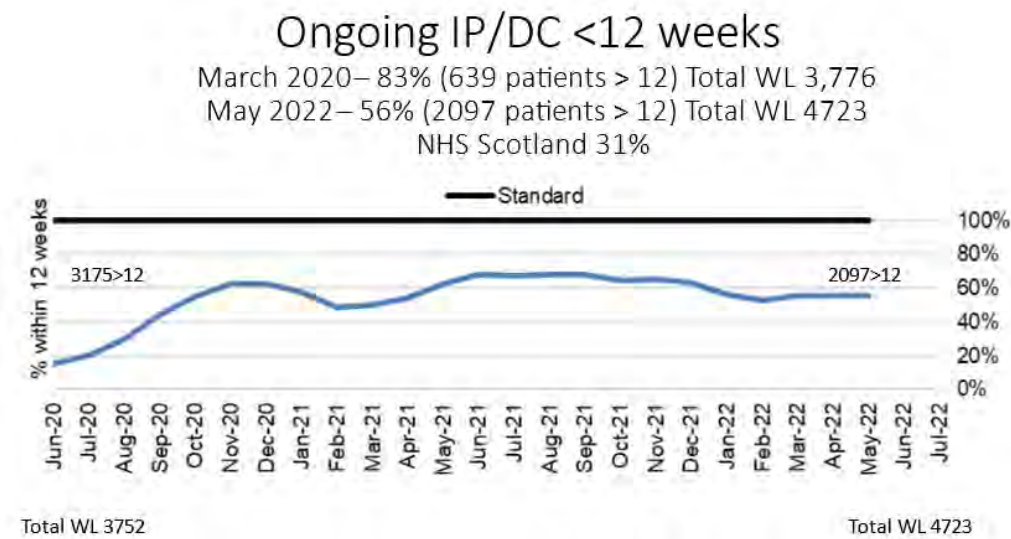
The number of patients waiting 12 weeks and over for new outpatient appointments increased from just over 500 in March 2020 just before lockdown to over 10,000 in March 2022 (chart 1).

**Chart 1 – On-going Outpatients <12 weeks**



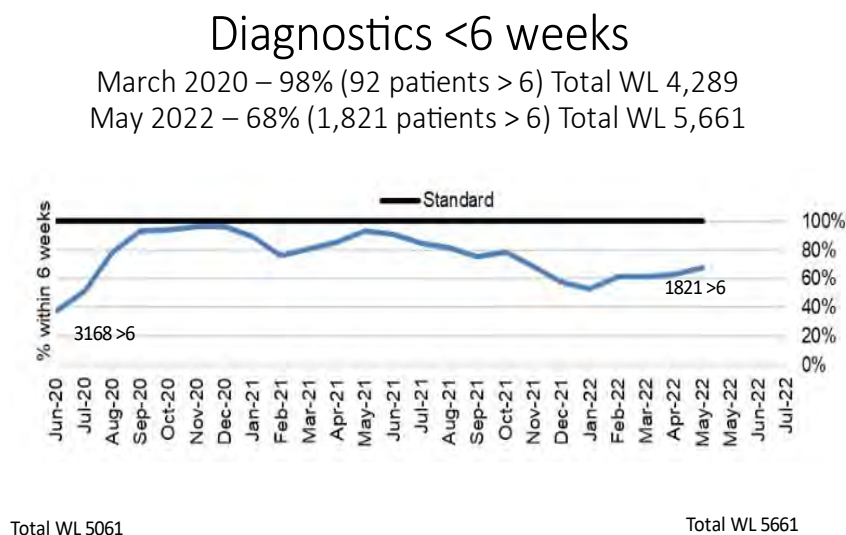
Similarly the number of patients waiting 12 weeks and over for treatment increased from just over 600 in March 2020 just before lockdown to over 1,900 in March 2022 (Chart 2).

## Chart 2 – On-going IP/DC <12 weeks



For diagnostic tests, the number of patients waiting 6 weeks and over was just over 90 just before lockdown. Whilst waiting times recovered during the first quarter of 2021, waiting times deteriorated in the remaining 3 quarters. Patients waiting over 6 weeks sat at just over 2,000 at the end of March 2022 as demand for urgent and inpatient diagnostic tests increased. Performance has begun to improve, in the main for radiology diagnostic tests, with just over 1800 waiting over 6 weeks in May 2022 (chart 3).

## Chart 3 – Diagnostics <6weeks



These charts highlight the scale of the waiting times challenge in Fife. While performance has decreased, there has also been a significant increase in the total number of patients waiting for inpatient, outpatient and diagnostics procedures. During the previous two years, priority has been given to urgent new and review patients, however there is now a need to set out how we will safely and efficiently increase capacity to meet heightened levels of demand, before focusing on recovering the waiting times position to pre-Covid activity.

Discussions are live with the Scottish Government on the additional funding necessary to achieve this, based on the assumptions that some physical distancing measures and enhanced infection prevention and control procedures remain in place and a proportion of our staff remain unavailable due to Covid-19 related absences.

### 2.3.6 Financial Improvement and Sustainability Programme

The Financial Improvement and Sustainability Programme Board has been established to develop and agree a programme of productive opportunities and savings targets for 2022–2025. Through the focus on service transformation, productive opportunities and capacity building, the Programme Board seeks to support enhanced quality of patient care and effective allocation of resources against the backdrop of commitments to increase capacity within the system.

Supported by NHS Fife’s Programme Management Office, a project management approach is taken to oversee governance of the Portfolio of programmes prioritised through Fife.



- Co-ordination and review of all priority schemes across the Health Board to enable the cumulative impact to be assessed.
- Rigour in planning.
- Systematic tracking and transparency of each project initiatives’ performance.
- Supporting framework to raise issues and address them.
- Drive the pace of project delivery, performance and visibility through the introduction of project management standards.

A summary of the programmes relevant to the Workforce Plan, and how these programmes fit within the wider NHS Fife Portfolio is shown in the table below.

Productive Opportunities	Programme Alignment
<b>Optimising Day Case Capability</b> (Queen Margaret Hospital)	Integrated Planned Care Programme
<b>Theatre Utilisation</b> <b>Repatriation of Services</b>	Integrated Planned Care Programme
<b>National Treatment Centre</b>	Integrated Planned Care Programme
<b>Digital – Outpatients &amp; Long-Term Conditions</b>	Integrated Planned Care Programme

**Ambulatory Interface Care** - Service Redesign including potential to create new staffing roles and pathways. Includes redesign of Front Door and Redesign of Urgent Care

Integrated Unscheduled Care Programme

### 2.3.7 Supplementary Staffing Spend

Supplementary staffing spend increased in 2021/2022, as NHS Fife bolstered its contracted resource to assist with the twin challenges of providing a Covid-19 response and the remobilisation of other services. Plans are underway to reduce supplementary staffing spend within the Acute Services Division over the duration of this plan, with a focus on the use of bank and agency Nursing and Medical locums. To support this work a multi-disciplinary action group has been established by the Director of Acute Services attended by key stakeholders including General Managers, professional leads, HR, staff side and finance.

Initial actions are focussing on:

- The governance of the supplementary staffing sign-off process to ensure a clear and consistent approach with the correct level of authorisation at all times.
- The development of a tracker for all medical locum activity and spend per Directorate which highlights clear end dates and exit strategies for all locums used.
- A sole source of information through the development of an easy-to-use template for all wards and department to allow vacancy, absence and supplementary staffing use to be seen at a glance.

Further improvement actions are anticipated once a clear baseline has been established.

### 2.3.8 Digital and Information

NHS Fife's Digital and Information Strategy "Digital at the Heart of Delivery"<sup>15</sup> was endorsed by the NHS Fife Board in September 2020. The Strategy outlined the challenge which had been presented to NHS Fife from a National, Local and Regional perspective through various strategies and delivery plans.

During the creation and establishment of the Digital and Information Strategy 2019-2024<sup>15</sup>, there was no indication of the global pandemic which the NHS were faced with in March of 2020, this pandemic has significantly impacted delivery of our key ambitions in both a negative and positive manner. A significant impact during this period was the delivery of the IT infrastructure to support staff to work from home or more effectively in the hospital or clinical setting, with a range of new technologies, including but not limited to Microsoft Teams, Near Me, extended use of Patientrac and Morse and the implementation of systems supporting Test and Trace and Immunisation activity, being adopted at pace. These features provide improved resilience for service sustainability.

The work plans associated with the Digital Strategy have been aligned, through additional engagement and NHS Fife's SPRA process, to the NHS Recovery Plan<sup>3</sup> and the revised Digital Health and Care Strategy 2021<sup>14</sup>.

For the remaining 2 years of the Digital Strategy focus returns to the 5 key ambitions:

- Modernising Patient Delivery – Ensuring we provide our patient/service users with a modern fit for purpose digital healthcare service.
- Joined Up Care – Joining Up Our Services to ensure all relevant information is available at the point of contact.
- Information and Informatics – Exploiting data to improve patient safety and quality outcomes to support developments.
- Technical Infrastructure – Ensuring the infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.
- Workforce and Business Systems – Assisting our workforce by ensuring that the systems on which they operate are effective, efficient, and complement their working practices.

In support of our workforce, prioritisation has been given to the development of a Digital Enablement team to support our staff in their adoption of digital working and extended delivery of services through digital means. The enablement team consists of Senior Nursing, Midwifery and Allied Health Professional digital roles, digital facilitators and trainers and will be supporting our staff (and patients) in their adoption and use of digital capability.

This support of change will be critical for the key programmes that NHS Fife has committed to, which include:

- Selection and Implementation of Hospital Electronic Prescribing and Medicines Administration.
- Further development of the EPR Capability and Paperlite implementation.
- eRostering and delivery of the nationally selected system to support safe staffing.

As we prepare for the final years of the Digital Strategy, we will also consider the work necessary to ensure our wider workforce can feel supported in their digital adoption. We will work closely with Partnership and Workforce colleagues to provide this support.

### **2.3.9 Band 2/3 Healthcare Support Workers**

As a result of requests from both staff side and employers, the Job Evaluation Committee of the UK Staff Council have reviewed and agreed revisions to the job profiles for Nursing Clinical Support Workers. The revised profiles provide more clarification on the differentials between the Band 2 profile and the Band 3 profile.



We now need to apply these changes in our AFC Job Evaluation systems and processes in NHS Scotland.

Following the release of the revised profiles for Clinical Support Workers on 5 August 2021, the AFC Job Evaluation system requires all Boards to review the existing job descriptions of Band 2 Clinical Support Workers to determine if this grade is still appropriate.

In partnership with our local staff side colleagues, we are agreeing a process on how to review all existing Band 2 Nursing Clinical Support Workers job descriptions to ensure that they are up to date and reflect the role and responsibilities of the postholder as of 1 October 2021. There is an implementation plan to deliver this process within the current financial year.

### **2.3.10 Bank Consolidation**

An exercise was completed to gain an insight into the Nurse Bank and various local Banks across the organisation. Following an options appraisal, it was determined that there would be a phased progression to a single Staff Bank. This would reduce the number of banks to one with the following job families covered; Nursing and Midwifery, AHP (including Nutrition and Dietetics), Medical and Dental, Pharmacy, Spiritual Care, Mental Health, Admin and Clerical, Security, Catering, and Domestic Services. This model would ensure consistency for all Bank Workers, within a mature management structure with appropriate knowledge and expertise.

### **2.3.11 Equality, Diversity & Inclusion**

We recognise that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBTQ+ staff.

We will also seek to improve data collection on protected characteristics of the workforce, leading in turn to improvements in the workforce data we publish and supporting continued compliance with the Public Sector Equality Duty, Disability Confident, Pride campaign and the newly established BAME network. The Board has recently appointed a new Equality, Diversity and Inclusion Lead, who will support this work, in collaboration with H&SCP colleagues.

## **Section 3 – Health and Social Care Services Across Fife: Now and in the Future**

### **3.1 Fife’s Interim Workforce Plan 2021–2022**

NHS Fife and Fife H&SCP published an Interim Joint Workforce Plan<sup>16</sup> in April 2021. This Interim Plan explained how health and social care services across Fife continued to respond to the Covid-19 pandemic and detailed a number of longer-term workforce drivers and workforce opportunities. These longer-term drivers and opportunities have informed the Workforce Plans (2022–2025) for NHS Fife and Fife H&SCP.

### **3.2 Transformational Programmes**

#### **3.2.1 Fife Elective Orthopaedic Centre**

Opening in Winter 2022, the new National Treatment Centre will support NHS Fife to increase Orthopaedic capacity by more than 700 procedures, promote best practice and innovation, enable cutting edge research to be carried out on site, and provide a platform where staff and trainees can be educated to the highest possible standards.

The service is already leading the way in innovative procedures including minimally invasive surgery, day hip replacement and computer-navigated surgery. This will be enhanced with the purpose-built Fife Elective Orthopaedics Centre with its integrated theatres, allowing digital images to be visible around the theatres. It ensures the surgical teams can position images from cameras, monitors, x-rays or arthroscopic equipment on the most suitable screens to get the best possible results.

The theatres have also been designed and future proofed to ensure they can support advances in surgical techniques such as the development of robotic assisted orthopaedic surgery for hip and knee replacements, and advances in intra-operative imaging. These technologies are in development and are likely to become a key part of future practice within the timeline of this Workforce Plan.

In addition to this, the service boasts close links to local universities for research and teaching, and regularly hosts undergraduate medical, nursing, physiotherapy professions. The new Centre will have two meeting rooms included for teaching and training. These will be linked to theatres, so students will be able to watch surgery in real time, via theatre cameras. This will support teaching of medical students and training all grades of medical staff.

#### **3.2.2 Vaccination and Immunisation Delivery**

Transformation of immunisation services presents a real opportunity for NHS Fife and Fife H&SCP to demonstrate the benefits of collaborative working. In identifying different ways to deliver safe and sustainable immunisation services, this collaboration will deliver a collective vision for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life time.

The recent experience of the Covid-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives as detailed in the UK Covid-19 Vaccines Delivery Plan 2021<sup>17</sup>. Building on this experience is therefore important, to achieve the collective vision, as responsibility for delivering the service continues its move away from General Practice to NHS dedicated teams.

As immunisation service provision is modernised over the next three years, in line with the Immunisation Strategic Framework 2021–2024<sup>18</sup>, it is also essential that health inequalities are addressed in the model of delivery. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. For Immunisation programmes to be successful the final service delivery model needs to support access for all, utilising tailored communications and engagement, outreach and targeted models, where required, to support access for under-served groups and minimise the risk of incidence in preventable diseases at both an individual and population level, maximising the benefits associated with herd immunity. This model will be supported by robust digital systems.

NHS Fife and Fife H&SCP are progressing at pace to implement the priorities detailed within the Immunisation Strategic Framework 2021–2024<sup>18</sup>. This will ensure sustainable and skilled Children’s and Adult’s Immunisation teams designed to facilitate cross over between two previously distinct groups, capable of responding to instances of surge or increased activity impacting either team, and thereby safeguard the specific knowledge skills and experience of individuals, but also allow for increased opportunity for skill development for staff seeking to support across the wider Immunisation service.

### **3.2.3 Rehabilitation Services**

The impact and prevalence of Long Covid is yet to be understood, although it is apparent that its impact will be felt within Rehabilitation Services. Through the Post Covid Response Oversight Group, Community Rehabilitation has been reviewed to develop a more integrated service across day hospital, Intensive Care Unit, Community Ward and Community Occupational Therapy with a pilot being undertaken for patients suffering from symptoms associated with Long Covid Syndrome within Chest, Heart and Stroke specialities. The results of this pilot, and the recommendations made as to the appropriate workforce model, will be reviewed by the Oversight Group and factored into future iterations of this Workforce Plan.

### **3.2.4 Redesign of Urgent Care**

The Redesign of Urgent Care (RUC) commenced in 2020, led by the Medical Director, and involves representatives across Acute Services, Health & Social Care Partnership and Fife Council. Whilst the work initially looks at safe and effective scheduling to Emergency Departments and Minor Injury Units across Fife, phase two of the programme has involved a review of all existing pathways to Unscheduled Care settings, identifying transformational changes that improve current patient pathways and capitalise on opportunities provided by digital healthcare.

Tasked with identifying and implementing a revised workforce model as part of this redesign, the RUC Programme sought to develop a sustainable workforce which would be able to oversee and adapt to the ever increasing number of Urgent Care pathways overseen by the Flow and Navigation Centre (FNC). This resulted in the investment of Emergency Nurse Practitioners, GPs with Special Interest in Emergency Medicine, Senior Advanced Nurse Practitioners (ANPs) and Rotational ANPs, with the rotational ANPs covering Acute Medicine, FNC and Urgent Care Services Fife, (Out of Hours GP Service). As part of the recently launched Urgent and Unscheduled Care Collaborative, which brings together a number of National Programmes, including RUC, further need to expand and develop this team will be assessed. This will include understanding, based on future pathway development, what additional roles can contribute to the navigation of patients to the right care, at the right time, to the right place, which includes preventing hospital presentation / admission.

### **3.2.5 Elective Care and Waiting Lists**

The waiting list position in Fife has grown though the Covid-19 pandemic due to efforts to reduce the spread of Coronavirus and prepare for potential increases in critical care demand. In addition to the postponement of non-critical elective care, there was a reduction in the demand for services from the general population. The full impact of this on services such as Elective Surgery, Cancer Care and Mental Health will only be known once services are mobilised and the population of Fife starts to engage with them.

Remobilisation plans are built on the immediate-term assumption that we will continue to follow extant guidance on physical distancing, that infection prevention and control procedures remain the same, and that a proportion of our workforce remain unavailable for work due to Covid-19 related absence.

To meet the workforce implications, a range of options are available to increase capacity including: additional theatre lists, in-source activity from external providers, 7 day working for some specialities, and mobilising supplementary staffing options to minimise impact of Covid-19 absences within the substantive workforce. In addition to these options, the new Fife Elective Orthopaedic Centre will support the management of elective orthopaedic activity in Fife by bringing together multidisciplinary musculoskeletal expertise within a purpose built facility described above.

### **3.2.6 Radiography Recovery Plan**

Diagnostic Imaging services underpin the NHS Scotland Recovery Plan<sup>3</sup>, and one of its priorities is the reduction on waiting times for diagnostic tests. As covered above, the number of patients waiting 6 weeks and over for diagnostic tests has increased markedly during the course of the pandemic, and in January 2022, 3,000 patients were waiting 6 weeks and over for tests as demand for urgent and inpatient diagnostic tests increased.

The Scottish Government have set a target to increase diagnostic procedures by 90,000 by March 2026, with NHS Fife required to submit a 5-year plan to support both the recovery of waiting times and to meet the envisaged increased demand caused by the pausing of services.

To deliver on the commitments detailed within NHS Fife's 5-year plan, significant investment is required in order to increase the Medical and Allied Health Profession workforce. This in itself presents significant risk given the on-going recruitment challenges throughout the profession(s), a shortfall in the training pipeline numbers in order to satisfy current recruitment numbers, and concern that those new Registrants who will enter the labour market could potentially be consumed by the larger Teaching NHS Boards.

### **3.2.7 Women's Health Plan and Best Start**

The Scottish Government's Women's Health Plan<sup>19</sup> for 2021–2024, and the Best Start: A Five Year Forward Plan continues to be the principle drivers for change within Maternity Services. Best Start made 76 recommendations which would fundamentally reshape maternity and neonatal services, with Continuity of Care seen as a cornerstone recommendation, with a particular focus on high risk women and an increase in the number of babies born at home.

Due to delays caused by the Covid Pandemic, a full review of the recommendations are being undertaken taken account of current service provision, the financial implications of recruiting the numbers required to meet the full list of recommendations within both documents, in addition to the potential of recruiting the numbers of midwives required from the local labour market.

### **3.2.8 Cancer Services**

Cancer patients interface across our full healthcare system, making cancer everyone's business. In 2019, 2,446 Fife residents were registered as having a new cancer. Cases of cancer in Fife have been increasing which reflects the growing and ageing population, this trend is expected to continue. Increasing numbers of cancer patients combined, new treatments, emerging technologies (e.g. robotic surgery) and patients living longer with cancer requires focus on the cancer workforce in order to enable sustainable service delivery. The cancer workforce consists of a range of professionals across the healthcare system; pharmacists, medical staff, nursing staff, Allied Healthcare Professionals, specialist support roles (Cancer Trackers and Multi-Disciplinary Meeting Co-ordinators) and managers.

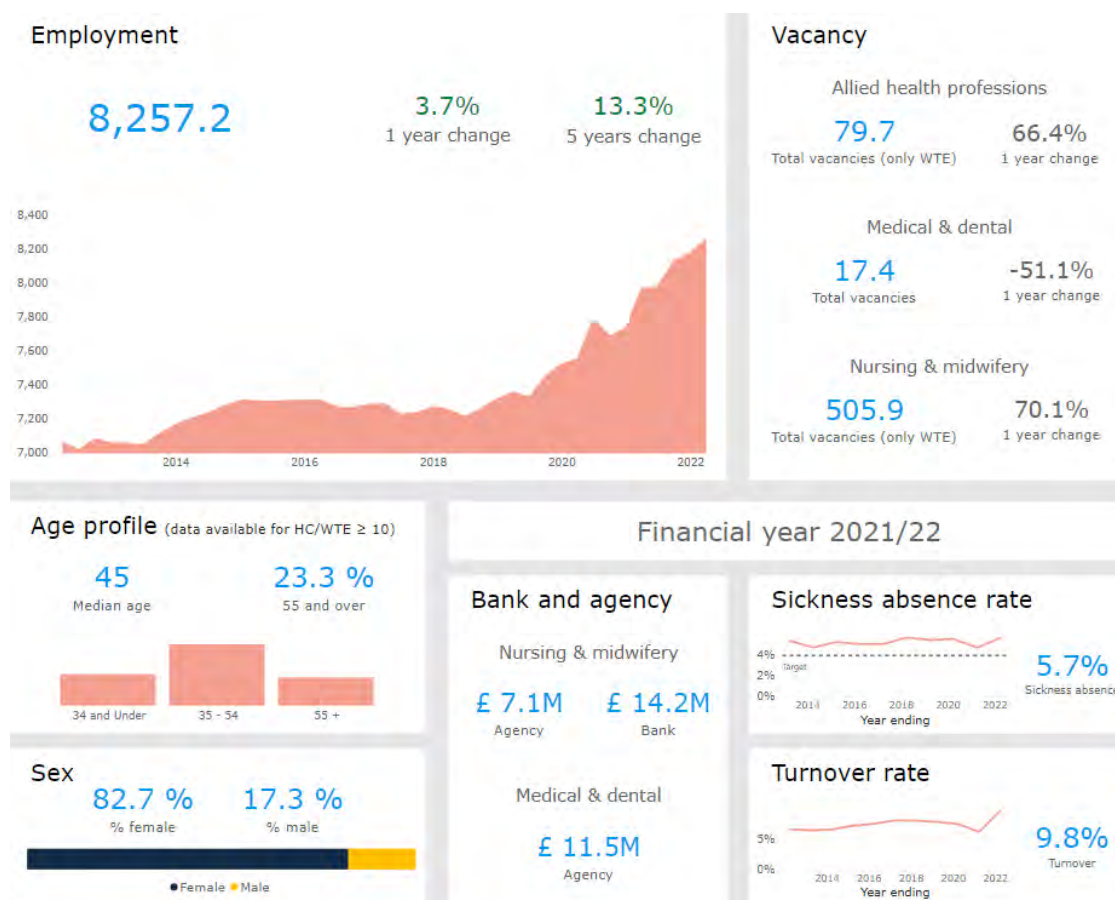
At a national level, the NHS Scotland NHS Recovery Plan 2021 – 2026<sup>3</sup> (August 2021) has committed to increasing the cancer nursing workforce, upskilling clinical nurse specialists and investment in chemotherapy staffing. Locally the NHS Fife Clinical Strategy 2016–2021<sup>20</sup>(currently under review) committed to reviewing the cancer multidisciplinary workforce to meet the needs of the service and develop a workforce that has the appropriate training and education to deliver specialist tasks, considering key roles and responsibilities and role development.

The NHS Fife Cancer Framework (which is nearing completion) commits to supporting NHS Fife to address cancer workforce sustainability, identify system-wide approaches in relation to wellbeing, education and training. The Framework aims to deliver effective cancer prevention, early diagnosis and high quality sustainable cancer care for those living with and beyond cancer.

# Section 4 – Workforce Capacity and Capability

## 4.1 Distribution of Current Workforce (based on data as at 31 March 2022)

The size of our workforce increased significantly in the previous 5 years, with this growth being most visible since 2020 and the start of the Covid-19 pandemic. Whilst this has meant the Health Board employ a larger whole time equivalent (wte) resource, this expansion has occurred in areas which were responding directly to the pandemic, for example the Vaccination workforce, with other core areas continuing to be challenged by factors such as an aging workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

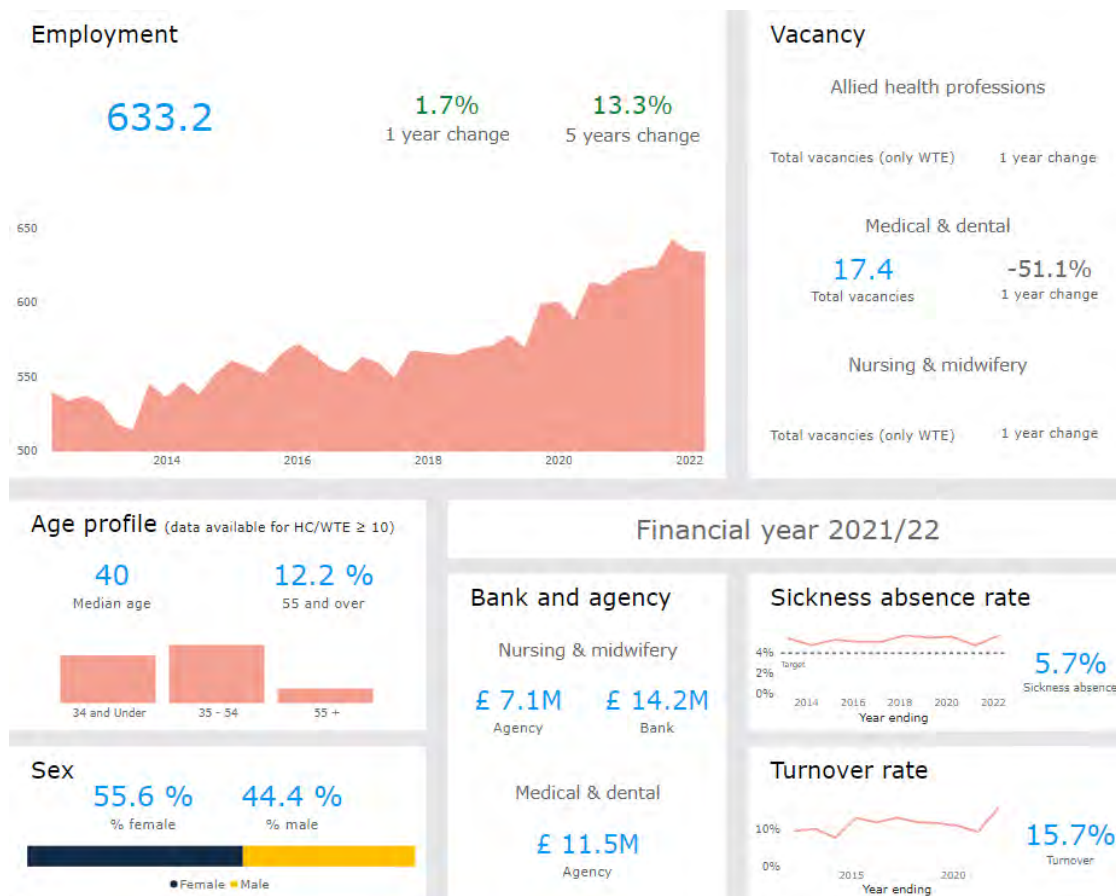


Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

As part of the co-ordinated approach to service planning, all Directorates will be required to introduce workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future patient demand and projected staffing changes.

## 4.2 Medical Workforce

Over the previous five years, the trained Medical and Dental workforce has increased by 13.3% due to the success of recruitment campaigns, leading to a reduction in the wte vacancies over the same period, with notable growth in some specialties.



Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

Despite successes in recruitment, turnover has shown an increasing trend, rising to a rate of 15.7% for the 2021/22 financial year. This is 4.0% higher than the average turnover rate for NHS Scotland, and caused inflationary pressure on the supplementary staffing spend across the Job Family for those directly engaged by NHS Fife. Agency spend for 2021/22 was £11.5m, a yearly increase of 31.7%. Similar cost pressures are also being encountered within General Practice.

#### 4.2.1 Workforce Planning Governance

As a profession, Workforce Planning is overseen by the Associate Medical Directors and Clinical Directors, in conjunction with the Medical Workforce Operational Group. Over the course of this Plan, there is an aim to reinvigorate workforce planning to achieve a clearer understanding of the challenges being encountered within each individual Specialty, consider the flow of career grade Doctors through training pipelines, and assess the fragility and sustainability of each service, at Directorate level.

#### 4.2.2 Current Workforce Challenges

Although the wte resource across the job family has continued to increase in recent years, staffing challenges continue to be encountered within operational areas due to a combination of factors. For example, Consultant vacancies continue to present challenges across NHS Fife within certain specialties, with reported vacancies at 6.1% of establishment as at 31 March 2022. Specialties with the highest vacancies have continued to include Clinical Radiology, General and Old Age Psychiatry, Anaesthetics and Laboratory specialties. There is no apparent easing of this

pressure given a national shortage of candidates in certain specialties, the continued reliance in external agencies for short term supplementary staffing solutions, and future sustainability concerns linked to training numbers in particular specialties being insufficient to meet current or future workforce requirements.

These factors highlight the need for change, and to consider vacancies as an opportunity to ensure a more resilient workforce through the introduction of alternative roles and automation.

These challenges are also exacerbated, in part, by generational shifts affecting the supply of labour. Candidates now entering the Medical and Dental profession have a stronger focus on achieving a work / life balance and seeking a job plan which balances both personal and career growth compared to their predecessors. The implications of this means that training pipelines need to allow for a greater output in headcount numbers to replace the wte loss within the current workforce, particularly given age demographics in some specialties and an increase in those making life decisions and leaving the profession early. For example, the BMA have recently calculated that the number of Doctors retiring early across the UK has tripled since 2008 ([Number of NHS doctors taking early retirement has tripled since 2008 | BMJ](#))<sup>21</sup>, listing one of the factors behind this being the Income Tax implications associated with the NHS Scotland Pension Scheme.

#### 4.2.3 General Practice Sustainability

Although contractually General Practitioners (GPs) hold Independent Contractor status, distinct from the NHS employed workforce, General Practice in Fife has been under pressure for the past decade. The widespread difficulty in recruiting new GPs to substantive posts is placing a growing number of practices in jeopardy with the risk of significant pockets of the population without ready access to general medical services. The inevitable return of independent General Medical Services (GMS) practice contracts to the Board exacerbates NHS Fife's challenge to recruit medical practitioners. Traditional solutions of locum tenens are rarely available and distributing a list to barely managing neighbouring practices risks further practice closures.

Fife has 53 General Practices, 4 of which have been returned to the Board and operate as 2C practices. Of the remaining 49, there are two confirmed for closure within the coming year and a further 20 experiencing significant challenges to recruit replacement GPs, with resultant rising list sizes and diminishing resilience in the event of further practice stressors, such as population growth and workforce illness. The prolonged period of disinvestment, coupled with significant delays with delivery of the PCIP 2018 contract has left General Practice behind as a career option for new medical graduates. That said, General Practice has embraced the MDT model, however, there remains a critical number of General Medical Practitioners required to provide sustainable and quality medical practice and we are all too frequently breaching that line.

Significant work has been done from the training side to redress several important contributors including the Undergraduate experience of General Practice, the creation of Foundation Year jobs and rotational training into General Practice, as well as the development of the ScotGEM post graduate medical course which has community based general practice learning at its heart. The first ScotGEM cohort



graduate in 2022, however it will be a further 5 years before those who choose a General Practice career will enter the qualified workforce.

We need to carefully consider the actions that could encourage recently qualified GPs to enter the General Practice workforce, as well as supporting the current workforce to remain in practice to ensure we build a stronger workforce and turn the ebbing tide on the profession which has been at the heart of the delivery of UK medical practice since the inception of the NHS

#### **4.2.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026**

The Strategic Planning and Resource Allocation (SPRA) 2022–2026 process has outlined a number of developments which will impact on the Medical and Dental Job Family over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associated workforce planning arrangements, developments of note include:

- In response to increased cost associated with medical locums, particularly within specialisms hosted by the Emergency Care and Medicine Directorate, a review of the current recruitment model will be undertaken within the next twelve months. The objective of this review is to identify permanent solutions to a number of positions currently filled via supplementary / locum arrangements.
- The expansion of the Emergency Department, to ensure patients are seen and treated within 4 hours of arrival, will lead to increases within the wte resource of Medical Consultants and Clinical Fellows.
- The establishment of the £33m purpose-built Fife Elective Orthopaedic Centre (FEOC), bringing together multidisciplinary musculoskeletal expertise from across Fife, to provide outpatient, inpatient and short stay provision inclusive of a 3-theatre surgical complex will require further investment within the Consultant and Specialty Doctors, with active consideration of further investment in order to increase the procedures undertaken within the FEOC beyond the initial target.
- As outlined in Section 2, measures implemented across NHS Scotland to respond to the Covid-19 pandemic have resulted in a significant backlog in treatment. Addressing this backlog will require additional resources to be identified across a number of Specialisms, many of whom are already experiencing recruitment challenges, or are forecasting challenges as they look to implement the Health and Care (Staffing) (Scotland) Act.
- Delivery of the NHS Fife Cancer Framework will require the review of the medical workforce in order to identify gaps in collaboration with regional partners to develop a regional plan to ensure resilience and equity of care, incorporating the following specialties; Oncology, Haematology and Radiology.

## 4.2.5 Actions to Sustain the Medical Workforce

Clinical Leads, Clinical Directors, Associate Medical Directors and Service Managers are working together to mitigate the current risks facing the medical workforce. These mitigations include:

- Co-ordination of recruitment to align to trainees achieving Certificate of Completion of Training (CCT).
- Continue the expansion of Advanced Practitioners (APs) in supporting roles and changes in mixed skill mix models throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal & Paediatrics, Urgent and Unscheduled Care.
- Consideration of service areas which could benefit from the introduction a Medical Associate Professions (MAPs) workforce, such as the Physician Associates roles, as described in Section 5 of this Plan.
- Supporting eligible candidates to achieve CESR, (Certificate of Eligibility of Specialist Registration), strengthening the commitment to working in Fife in the longer term as a result of this support.
- Ensuring that NHS Fife has a positive, healthy working environment for new Consultants including appropriate rest facilities, access to Peer Support, highlighting the benefits of working in a District General Hospital setting, #Team NHS Fife and of living and working in Fife.
- Enhancing Multidisciplinary Team (MDT) / Allied Health Profession (AHP) led services by encouraging non medical prescribing, clinical decision making and more virtual MDT work with specialties e.g. Neurology / Pharmacy.
- Investment in and expansion of Hospital at Home / Community Services / Home First strategies in partnership with Council and Third Sector partners.
- Building on the success of the Rapid Access and Assessment Inpatient Unit within the Elderly service, supporting excellent discharge profiles. Consideration of service areas which could benefit from the introduction of Physician Associates roles, as described in later in this Plan.
- Highlighting and promoting the innovations within NHS Fife such as the Robotic Surgery Programme and the simulated training facilities at Queen Margaret Hospital and the new Elective Treatment Centre to increase interest in NHS Fife posts.

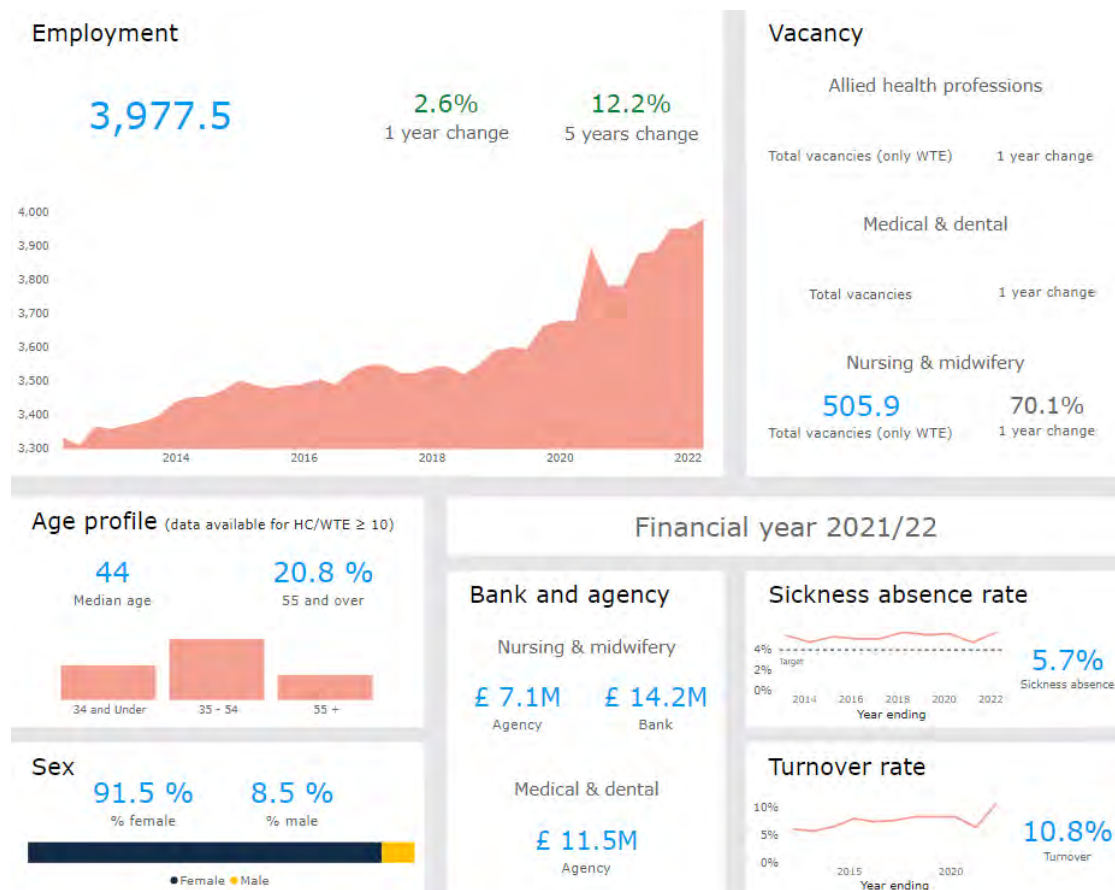
## 4.3 Nursing and Midwifery Workforce

### 4.3.1 Workforce Profile Overview

The Nursing and Midwifery job family has increased in previous five years, driven by a number of National Workforce Planning commitments and the implementation of the Nursing & Midwifery Workload and Workforce Planning Tools. More recently, this increase has been driven by the response to the Covid-19 pandemic and the appointment of a vaccination workforce responsible for administering an unprecedented vaccination programme within Fife.

Despite successes in recruitment, turnover has shown an increasing trend, rising to a rate of 10.8% for the 2021/22 financial year. This is 1.7% higher than the average turnover rate for the Job Family across NHS Scotland, and is likely to have been caused by a number of factors including the effects of those who delayed life decisions to retire during the pandemic doing so in 2021/22, plus an increased prevalence of fixed term contracts, as NHS Fife increased its overall resource to respond to a series of time limited pressures caused by the Covid-19 pandemic.

Turnover, in addition to the impact of staff absence as a result of Covid-19, has led to considerable pressure on the supplementary staffing spend within the Job Family. Nurse Bank and Agency spend for 2021/22 was £21.4m, a yearly increase of 74.3%



Source: turasdata.nes.nhs.scot

### 4.3.2 Workforce Planning Governance

As a profession, Workforce Planning is overseen in conjunction with the Nursing and Midwifery Workforce Planning Group. This group is responsible for over-seeing work streams including the implementation of Health and Care (Staffing) (Scotland) Act 2019 across the profession, profession specific recruitment and retention initiatives, and the implementation of initiatives and measures to reduce the demand on supplementary staffing across Nursing and Midwifery.

### 4.3.3 Current Workforce Challenges

Although the wte resource across the job family has continued to increase in recent years, this increase is being matched by the number of vacancies recorded. Whilst these recruitment initiatives have successfully grown the wte strength of the profession, staffing challenges continue to be encountered within operational areas due to a combination of factors including age demographics, increased absence, and turnover.

Locally, there is a contrast in the success of recruitment campaigns aimed at Non-Registered Nurses and Midwives versus the recruitment of Registered Nurses and Midwives. Overall, there is a supply of suitable candidates to fill non-Registered vacancies from the local labour market. It should be noted that whilst this supply is available, there is a growing perspective that such recruitment is not increasing the wte resource engaged in these roles across the Health and Social Care Sector in Fife. The implications of this are that those services overseen by the Fife H&SCP, and in particular the third, independent and voluntary sectors, are becoming increasingly destabilised. Further analysis on this will be undertaken when the results of Scotland's Census 2022 are published.

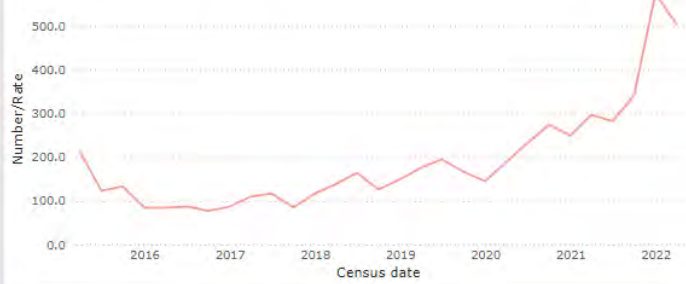
The success of recruitment campaigns aimed at the Registered workforce has become increasingly dependent on the annual output of Newly Qualified Registrants from local universities rather than a supply of suitable candidates electing to move to Fife. More recently, the annual output of Newly Qualified Registrants is proving insufficient to meet internal demand.

As highlighted in the diagram below, the total wte vacancies being advertised across NHS Fife has increased significantly since 2020.

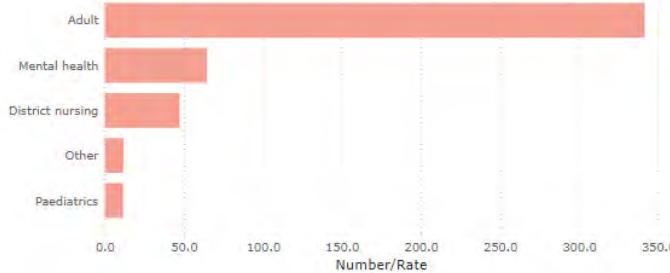
N&M vacancies by NHS board



N&M vacancies over time



Top five professions with N&M vacancies



Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

In addition to vacancies, staff absence has proven problematic. Whilst NHS Fife recorded a reduction in sickness absence throughout the 2020 / 2021 financial year, this has increased in 2021 / 2022, and is exacerbated by Covid-19 related absences, recorded under the Covid-19 Special Leave provisions. The combination of sickness absence and Covid-19 related leave presents a further drain to the available resource across the profession.

The impact of these challenges has resulted in inflationary pressures on supplementary staffing, inclusive of Nurse Bank and Agency Nurse usage. Whilst there was a short-term reprieve from these pressures for the year ending 31 March 2021, largely because of the NHS increasing its resilience to the possible impact of the Covid-19 pandemic, supplementary staffing reliance is now exceeding pre-pandemic levels.

#### 4.3.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on the Nursing and Midwifery Job Family over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associated workforce planning arrangements, developments of note include:

- Delivering key deliverables within the Primary Care Improvement Plan, notably the establishment of Community Treatment and Care (CTAC) plus Vaccination and Immunisation Services under the GMS Contract<sup>22</sup>, requires both significant investment and careful management to accommodate the multitude of current employment models and the requirement for greater synergy and flexibility within teams.

- The expansion of the Emergency Department, to ensure patients are seen and treated within 4 hours of arrival, and the introduction of new pathways to support patients presenting with mental health conditions or conditions which can be triaged to Minor Injuries, will require significant investment at Advanced Practice, Registrants and Health Care Support Worker levels.
- The establishment of the £33m purpose-built Fife Elective Orthopaedic Centre will lead to further investment at Advanced Practice, Registrant, and Health Care Support Worker levels.
- An initial review of the recommendations from 'The Best Start: five-year plan for maternity and neonatal care', the implementation for which is a priority over the course of this Workforce Plan, is estimated to require significant investment in the Midwifery job sub family. Full details of these are being considered, in conjunction with current service priorities and projections over the number of Midwives it will be possible to recruit in the coming years, and details will be incorporated into the annual 'interim workforce plan' submissions to Scottish Government.
- Continue the expansion of Advanced Practitioner (AP) positions across all nursing services throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal and Paediatrics, Urgent and Unscheduled Care. Commitments within the SPRA process, and other transformational programmes, mean Fife aim to significantly increase the number of APs within the Nursing and Midwifery Job Family through the course of this Workforce Plan, with the training provisions to sustain these levels being considered given the age demographics across this profession.

#### **4.3.5 Actions to Sustain the Nursing and Midwifery Workforce**

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the Nursing & Midwifery Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

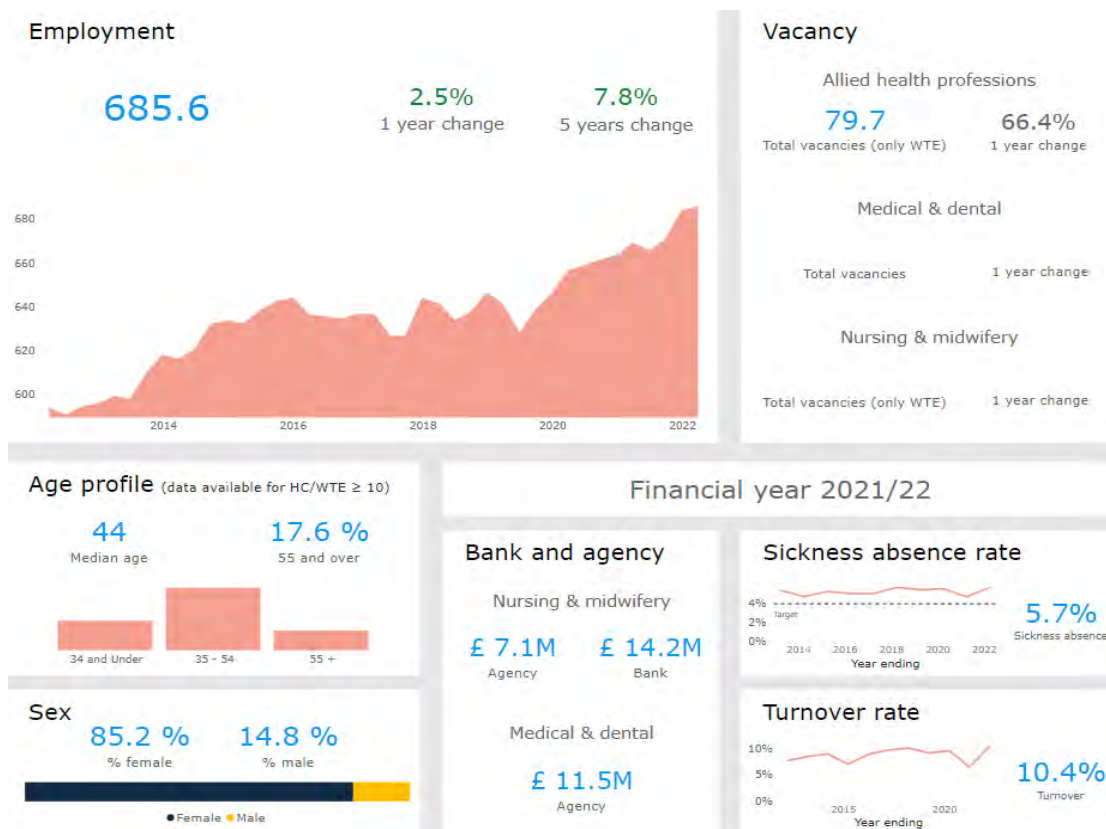
- Co-ordination of recruitment with local universities to maximise the number of newly qualified Registrants electing to work in Fife.
- Responding to the current recruitment difficulties, and limited success of national recruitment campaigns for Registrants, a programme has been established in conjunction with Yeovil District Hospitals NHS Foundation Trust, which will see overseas candidates recruited to, and supported in, vacancies throughout NHS Fife. The first recruits joined in early 2022, with an on-going recruitment programme continuing thereafter. The support offered to these candidates will include preparation for their Objective Structured Clinical Examination (OSCE) to ensure NMC registration requirements are met in full and moving forward continued collaboration with clinical services will ensure ongoing recruitment is targeted to current vacancies.

- Continue the expansion of Advanced Practitioner (AP) positions across all nursing services throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal & Paediatrics, Urgent and Unscheduled Care. Commitments within the SPRA process, and other transformational programmes, mean Fife aim to employ in excess of 100 APs within the Nursing & Midwifery Job Family through the course of this Workforce Plan, with the training provisions to sustain these levels being considered given the age demographics across this profession.
- Responding to service workforce pressures caused by a shortage of registrants in the local labour market, in addition to the Scottish Government's drive to expand and develop the Band 2-4 workforce to provide alternative career pathways into the nursing profession, a Band 4 Assistant Practitioner pathway is being developed. The development of this role across Nursing & Midwifery will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care. This framework is being progressed with national groups and Higher Education institutes.
- Oversight of the implementation of Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> across the profession and mapping the correlation between quality of care and staffing numbers through embedding Excellence in Care key priorities, implementation of the national Care Assurance Improvement Resource (CAIR) by March 2023, and the Regional Workforce Dashboard.
- Active review of any opportunities which enable senior Nurses to focus their efforts on clinical service delivery, such as the recruitment of considerable ward administrative staff to Senior Charge Nurses.

## 4.4 Allied Health Professionals

### 4.4.1 Workforce Profile Overview

Allied Health Professions is the collective term used for several professional groups. Within Fife, AHPs are managed within the Acute Services Division and Fife H&SCP. Overall, the wte engaged within this job family has increased in the previous five years. This increase has been supported, in part, by the success of AHPs accessing external funding opportunities, such as those aimed at major trauma, critical care expansion, mental health programmes and child health initiatives.



Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

#### 4.4.2 Workforce Planning Governance

As a profession, Workforce Planning is overseen in conjunction with the AHP Senior Leadership Team. This group is responsible for over-seeing work streams, including the implementation of Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> across the profession, profession specific recruitment and retention initiatives, and the implementation of initiatives and measures to compliment supplementary staffing across Allied Health Professions.

#### 4.4.3 Current Workforce Challenges

Although the wte resource across the job family has increased in recent years, this increase is being matched by the number of vacancies recorded. Whilst overall, these recruitment initiatives have successfully grown the wte strength within the overall Job Family, staffing challenges continue to be encountered within operational areas and within individual professions.

In Radiography, for example, the demand for Registrants, driven by a series of national and local priorities increasing the demand for diagnostic imaging services, will not be met by the future supply of newly qualified AHP Registrants. This supply and demand pressure is exacerbating sustainability pressures already faced within Radiography.

The imbalance between the supply of newly qualified AHP Registrants and service demand is also impacting on the Physiotherapy and Occupational Therapy services.



These services will be required to consider their future skill mix structure in light of the supply of newly qualified Registrants from local Universities, skill mix targets, and the promotion of Advanced Practice opportunities within the profession.

Similar to other Job Families, the AHPs continue to review service delivery post Covid. For example, whilst hybrid outpatient models have allowed for service continuity throughout the pandemic, the virtual model together with social distancing for essential face to face consultations has notably reduced the capacity with consequential uplift in waiting times and the number of patients waiting over 12 weeks. Solutions to this will need to be identified to address the backlog of patients waiting on treatment, particularly given the important role AHPs will play in the post Covid recovery.

#### **4.4.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026**

The SPRA 2022–2026 process has outlined a number of developments which will impact on the Allied Health Professions over the duration of this Workforce Plan. These developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, however developments of note include:

- The introduction of Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup>, coupled with a range of developments including, as examples, the intention to introduce 7-day cover, the investment in the Fife Elective Orthopaedic Centre, and initiatives aligned with the Children’s Health & Wellbeing Strategy<sup>23</sup>, will require additional workforce resources in services managed within the Acute Services Division.
- Planned investment in Digital Imaging technology within the Radiography Service, in support of a range of commitments aligned to the NHS Recovery Plan 2021–2026<sup>3</sup>, will require the appointment of additional Radiographers throughout the timescales involved in this Workforce Plan.
- In support of the Children’s Health & Wellbeing Strategy<sup>23</sup>, investment will be made to the provision of Physiotherapy services supporting Neurodisabilities; Respiratory and Rheumatology, including the introduction of new Advanced Practice roles.
- The Scottish Government’s Women’s Health Plan 2021 to 2024<sup>19</sup> describes how Healthcare professionals must work with women to understand their individual circumstances, health needs and preferences in order that personalised and tailored care is provided. This will require AHP investment.
- In response to the Scottish Government’s commitment to increase the number of Paramedics employed across NHSS, work has progressed in partnership with the University of Stirling to identify educational placements for students undertaking the Paramedic Science degree programme within services such as Urgent Care, Emergency Department and a range of GP led services. This will allow NHS Fife to utilise the unique skills and expertise of a professional group typically employed by the Scottish Ambulance Service, in order to better meet the future health needs of the local population.

#### 4.4.5 Actions to Sustain the Allied Health Professions Workforce

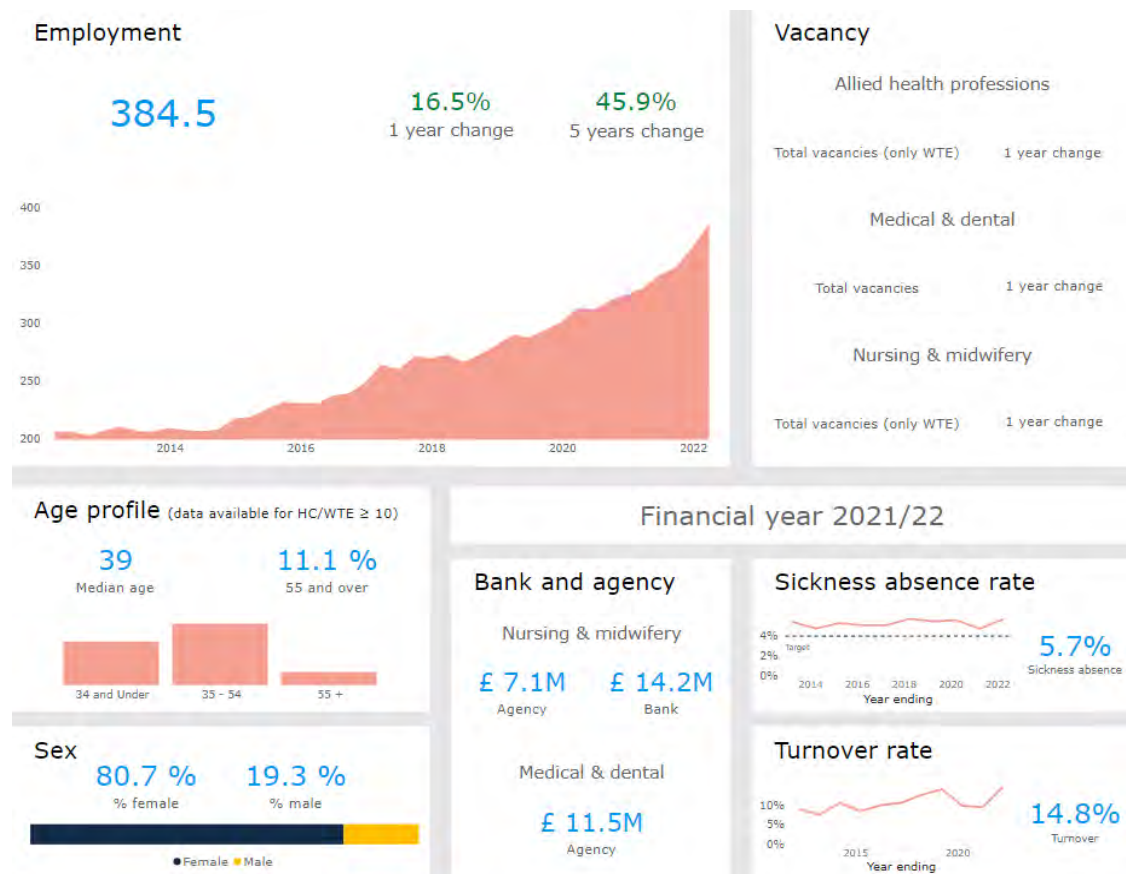
Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the AHP Senior Leadership Team in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

- To continue to improve and embed the co-ordinated recruitment programme which sees NHS Fife work in conjunction with local schools, colleges and universities, to promote both the Allied Health Professions and NHS Fife more widely.
- With increases in the number of providers of Allied Health Professional pre-registration academic programmes, actively engage with these providers to maximise the number of places and placement requirements within Fife.
- Responding to the current recruitment difficulties, particularly within Radiography, work in collaboration with Nursing & Midwifery colleagues and Yeovil District Hospitals NHS Foundation Trust to introduce a programme of international recruitment.
- Actively promote the Flying Finish Initiative which aims to enhance retention of highly experienced staff entering the latter stages of their professional careers, promote the retention of workforce knowledge and leadership capacity, reduce burnout, and enable seamless cross board working.
- In light of age demographics in particular positions and / or bands, review service sustainability strategies, particularly for Advanced Practice positions or those roles with single occupants, establishing succession plans as appropriate, and in other instances (for example Orthotics), work flexibly with existing external contractors to ensure contingencies are in place.
- Through the implementation of the Health and Care (Staffing) (Scotland) Act 2019<sup>8</sup>, undertake a thorough review of the skill mix of AHP teams, ensuing collaborative working practices between professions and the introduction of Advanced Practice and Consultant level roles as appropriate.

#### 4.5 Other Therapeutic Services

##### 4.5.1 Workforce Profile Overview

Other Therapeutic Services combines four distinct professions: Pharmacy, Clinical Psychology, Optometry and Play Specialists. Pharmacy Services, which is responsible for providing services throughout acute, community and primary settings, is managed within the Corporate functions, with Clinical Psychology managed within Fife H&SCP. The wte engaged within this job family has increased in the previous five years. This increase has been driven by a combination of factors, including the GMS contract<sup>22</sup> and increased demand for clinical pharmacy input across services and an investment in Mental Health Services for Clinical Psychology.



Source: turasdata.nes.nhs.scot

#### 4.5.2 Workforce Planning Governance

Within Pharmacy, where the professional group is managed within a single organisational hierarchy, Workforce Planning is overseen by the Senior Leadership Team. This group is responsible for over-seeing work streams including recruitment and retention initiatives, increasing independent prescribers within the service, implementation of initiatives and measures to increase the number of training grade and non-clinical posts and the implementation of Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> across the profession

#### 4.5.3 Current Workforce Challenges

The wte resource within Pharmacy has increased significantly in recent years, making it the third largest clinical subgroup family after nursing and medical staff and this trend is projected to increase and possibly accelerate within the duration of this Workforce Plan. A series of NHSS commitments, for example, the continued implementation of the GMS Contract<sup>22</sup>, will lead to a significant increase in primary care staff over the next 12 months, with other increases linked to investments in Mental Health services and the introduction of a Hospital Electronic Prescribing System across inpatient and outpatient areas. These commitments, whilst supporting other health care professional groups and ensuring patients receive the most appropriate advice, will present sustainability pressures on the service.

The impact of significant changes to pharmacy initial and post graduate education programmes, and an increased demand for independent prescribers, is also being considered by the Senior Leadership Team. The introduction of a foundation training year post graduation, replacing the current pre-registration requirements, will result in revised learning outcomes for newly qualified pharmacists. The intention for all graduates to register as Independent Prescribers from 2026 will require further development of the current workforce to ensure good supervision and support for trainees from experienced prescribers during their period of learning in practice and early careers.

The Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup> will also have an impact on Pharmacy Services, with a range of workforce & workload tools being discussed nationally to determine how this can be introduced appropriately within the profession.

#### **4.5.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026**

The SPRA 2022–2026 process has outlined a number of developments which will impact on services over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, developments of note include:

- The continued introduction of the GMS contract<sup>22</sup> will require further investment in the workforce supporting General practice.
- The introduction of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system for inpatient areas will require further significant investment throughout the duration of this workforce plan, inclusive of IT and Data Analytic roles.

#### **4.5.5 Actions to Sustain the Pharmacy Workforce**

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore Pharmacy Services, in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

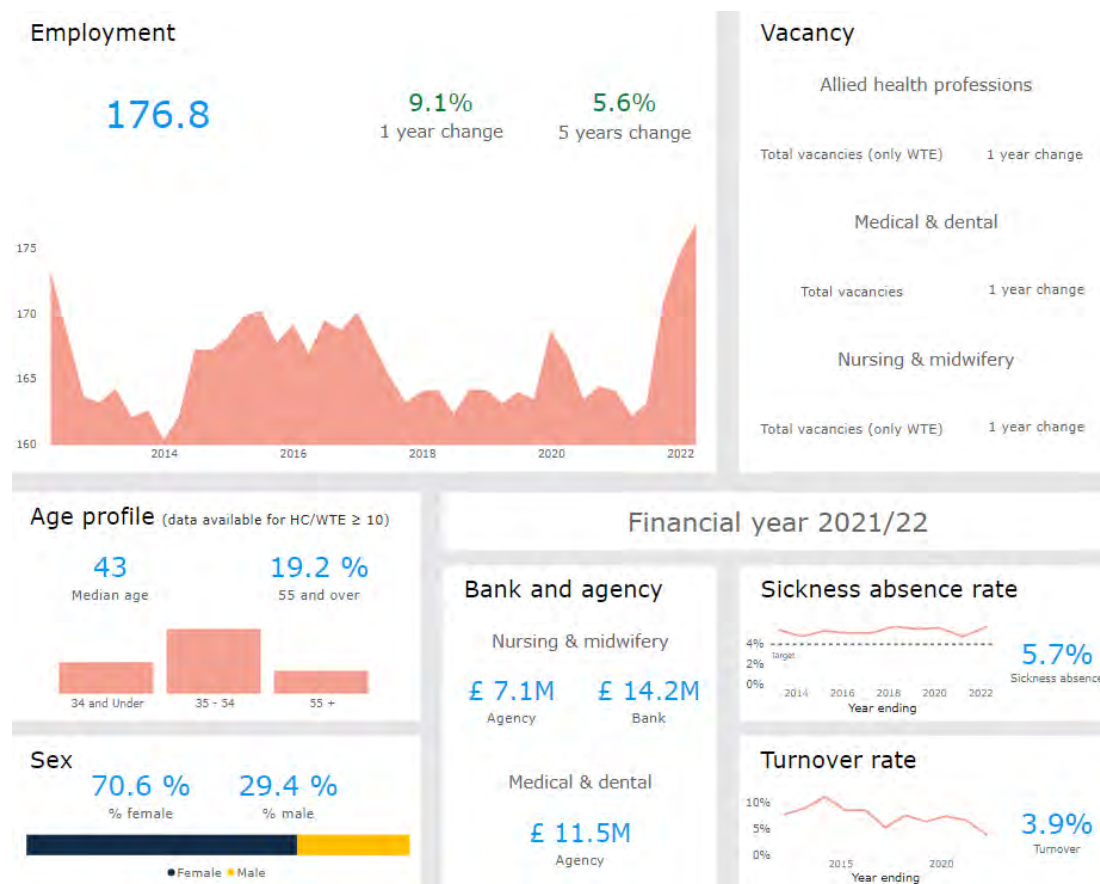
- Engagement in national discussions regarding the application of professional judgement tools in support of the Health and Care (Staffing) (Scotland) Act 2019<sup>8</sup>, informing staffing decisions and ensuring adequate staffing numbers.
- Review of workforce requirements in line with digital developments within the service, including HEPMA, Automation, and Electronic Prescribing.
- Review of career pathways in the service, with the introduction of Modern Apprenticeships for Pharmacy Support Worker Roles.
- Increase number of training posts, including rotational and cross-sector posts, to attract more applicants.

- Revision of job plans to ensure all staff have protected for their own development and to support the development of others.
- Build Capacity to support newly qualified pharmacists graduating with an Independent Prescribing qualification from 2026.

## 4.6 Healthcare Scientists

### 4.6.1 Workforce Profile Overview

Healthcare Scientists combines a number of professions who play a vital role in the prevention, diagnosis, and treatment of a range of medical conditions. Within Fife, Biomedical Science Life and Clinical Physiology make up the majority of the directly employed staff engaged within this job family, although there are other integral roles within the Job Family including, for example, those engaged in Clinical Photography and Maxillofacial Prosthetics. Whilst the wte engaged in this job family has fluctuated, it has grown in the previous year in response to the Covid-19 pandemic. The rate of growth is slower than the rate seen in other job families.



Source: [turasdata.nes.nhs.scot](https://turasdata.nes.nhs.scot)

## 4.6.2 Workforce Planning Governance

Within Healthcare Sciences, where the profession group is managed within different organisational hierarchies, Workforce Planning is overseen by the relevant senior leadership team in each hierarchy. In conjunction with the Operational Workforce Planning Group, these groups are responsible for over-seeing work streams including recruitment and retention initiatives, introduction of new roles and the implementation of the Health and Care (Staffing) (Scotland) Act 2019<sup>10</sup>.

## 4.6.3 Current Workforce Challenges

The ambitious commitments detailed within the NHS Recovery Plan 2021–2026<sup>3</sup>, specifically the commitment to increase diagnostic procedures nationally by 90,000 and the focus on cancer services, will have an impact on this Job Family. These commitments are coupled by expected turnover pressures resulting from those employees who returned to the profession to support the NHSS response to Covid-19, or those delaying life choices to retire, leaving the service in 2022 / 2023.

Other challenges, particularly in relation to the Biomedical Science Life group, relates to the requirement to maintain a 24-hour, 7-day per week service. The frequency of the unsocial hours commitment for this group, in addition to their age demographics, is reflected in wider health and wellbeing considerations. This challenge is exacerbated given the relative size of the professional group when measured against similar services in Fife, or against the Biomedical Science Life groups engaged in neighbouring boards.

The Health and Care (Staffing) (Scotland) Act 2019<sup>8</sup> will also have an impact on Healthcare Sciences Services, with a range of workforce and workload tools being discussed nationally to determine how this can be introduced appropriately within the profession.

## 4.6.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on services over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, developments of note include:

- The introduction of Digital Pathology will require additional clinical and non-clinical resources as we progress a key deliverable identified within the Regional Laboratory Medicine Collaboration.
- The upgrade to Q-Pulse, a series of integrated software applications designed to assist with information management of numerous quality activities including Laboratories, Pharmacy & Clinical Governance, will require additional resources to ensure the successful implementation of the project.
- Advances in current diagnostic testing, such as those linked Cardiac Physiology, Sepsis Testing and Qfit, will necessitate a greater resource in order to continue to meet increasing service demand.

#### 4.6.5 Actions to Sustain the Healthcare Science Workforce

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the Healthcare Science professions, in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

- In response to recruitment and training challenges in the Clinical Physiology job family, review of career pathways and the development of Support Worker roles within the profession to embed a more sustainable skill mix.
- Participation in the Scottish Government funded campaign to train additional Cardiology Physiologists across NHS Scotland, responding to increasing demand in diagnostic services.
- Continue the introduction of new roles within Biomedical Science Life, including Advanced Practice and Clinical Scientists, in order to alleviate continued pressures on the service by transferring tasks previously undertaken by Medical Consultants to other suitably skilled professionals.
- Continued engagement with local education providers, including Abertay University and Glasgow Caledonian University, to promote NHS Fife as an employer of choice.
- Engagement in national discussions regarding the application of professional judgement tools in support of the Health and Care (Staffing) (Scotland) Act 2019, informing staffing decisions and ensuring adequate staffing numbers.
- Review of workforce requirements in line with digital developments within the service, including Digital Pathology, developments in Artificial Intelligence, QFit and Matrix-assisted laser desorption / ionization time-of-flight (MALDI-TOF)

#### 4.7 Workforce Risks

There are a number of interrelated workforce risks referenced throughout this section. Although Services have an ability to mitigate certain of these risks through their workforce planning and service redesign, this will be insufficient to make a telling contribution to ensuring their sustainability against a backdrop of increasing patient demand without support from the Scottish Government. For example:

- A number of specialities are experiencing current workforce challenges associated with an inability to recruit to registered health care profession vacancies from the local or national labour market. As the projected output of registered healthcare professions from Universities will not meet current workforce demand, there will continue to be a requirement for, and cost associated with, supplementary staffing solutions. Addressing the backlog caused by the Covid-19 pandemic will only heighten these pressures.
- There is no immediate solution to these workforce challenges. Although the increase in the number of placements on registered healthcare profession courses at higher education establishments is welcome, this action alone will be

insufficient to address future workforce requirements. The commitment to increase the NHS Scotland workforce by 1% during the course of the current Parliament (circa 82.6 wte for NHS Fife), in addition to the other commitments detailed within the Integrated Health and Social Care Workforce Plan for Scotland, means that the number of registrants entering the labour market needs to significantly increase. Given the current recruitment deficit, predicted output from higher education establishments, in addition to those registrants recruited internationally, is unlikely to fill the projected gap between service demand and the availability of a registered workforce. This is already being reflected in the Nursing and Midwifery workforce, with the introduction of the Assistant Practitioner role driven, in part by the deficit of registered Nursing and Midwifery registrants entering the labour market.

- The benefits of regional collaborative working is referenced throughout this Workforce Plan, with further options for collaboration being explored, however there are limits to this approach. Where neighbouring services face greatly different challenges, greater collaboration runs the risk of destabilising services which are already under significant pressure.



## Section 5 – Building Future Organisational Capacity

As detailed within the National Workforce Strategy for Health & Social Care in Scotland (2022)<sup>4</sup>, building additional capacity within the NHSS workforce is integral to meeting our future needs. A means of achieving this is the introduction of the NHS Scotland Academy, offering accelerated training for a wide range of health and social care roles and professions. Importantly, the Academy offers an opportunity to existing staff to advance their current knowledge or learn new skills, using a range of residential, distance and virtual reality learning approaches.

The Academy will add to existing educational programmes and respond to evolving and emerging workforce needs. By addressing recruitment gaps and training needs, it aims to help ensure the health and social care workforce is prepared for future needs in Scotland

Locally, this Academy will contribute to a range of programmes and approaches being progressed within NHS Fife. The following section provides an overview of some of this activity and its importance of shaping future organisational capacity and the direction of travel to meet the Five Pillars.

### 5.1 Leadership Development Framework

Launching in 2022, NHS Fife’s Leadership Development Framework supports staff to maximise their potential, by learning new leadership and management skills or refreshing existing skills. It provides the opportunity to staff to stretch themselves in their current role or to prepare for future career progression/succession planning.

The Framework is available to all staff interested in developing their leadership career, regardless of current role. It is built around four Leadership Levels, each identifying a phase of leadership development, and supports the overarching NHSS Leadership and Management Development Framework.



The framework brings together the range of local and national programmes and development opportunities under a single coherent model. Ensuring our staff have a clear understanding of the expectations relevant to their stage of development, the opportunities open to them and how this intertwines with NHS Fife's Culture, Vision and Values.



## 5.2 Values

NHS Fife is committed to recognising and valuing staff. A common set of values are to the benefit of everyone working in the organisation and most importantly to our patients and the communities that we support. Our workforce will need to be able to see how the embedding of these values will help us to deliver safe and patient focused care. We are looking to achieve long-term goals rather than short term behaviours.

Our values inform the decisions we take and how we work together, they must be at the heart of how we attract, recruit, develop, reward and retain people to work for NHS Fife.

Our culture is reflected by what we value, and we need to support and empower our workforce to give their best in an organisation where the values are evident every day. Phase One commenced in 2020, with other phases requiring more planning before coming on-stream at later dates.

It is important that we all have the same understanding of how we're expected to work. We all interpret things differently therefore moving the values from being conceptual (a single word) to tangibly described (a behaviour) enables our workforce to recognise that everyone's got a part to play. There will be a need to understand how each of our values affects them personally, benefits their team and the people of Fife. Over time and with reinforcement this will determine how employees act every day and become 'the way things are done around here'.

This framework should be a statement of who we are: what our patients can expect from us and what we expect from each other. In order to create a behaviour's framework that is 'lived' and 'understood' by the whole organisation there will need be a need for co-creation with the workforce to understand what is important/what matters to them. Our staff side colleagues will be key partners to drive this work forward.

The Behaviours Framework will:

- Define the behaviours that our staff must demonstrate, including what they should expect from colleagues and leaders.
- Help us recognise people who are doing a great job.
- Help identify training needs.
- Support career development.
- Helps us recruit people with the right behaviours.

In addition, the Board will continue to develop and offer support for employability opportunities for the workforce by exploring alternative approaches to retain the skills and experience of staff. In balance, employability opportunities for the development of the younger workforce will continue in offering apprenticeships, further developing links with schools, colleges and Higher Education providers. There is an ambition to continue to develop and grow our existing staff.

Alongside continued participation in international recruitment initiatives, promotion of career opportunities and further expansion of development roles will all increase the employability pipeline and ensure there is an on-going supply of people choosing to work for NHS Fife. This is against a backdrop of significant Band 5 Registrant vacancies, so it is clear that change is required to sustain service delivery.

### **5.3 LinkedIn Campaign**

NHS Fife is increasing the use of LinkedIn, which is the world's largest professional network with more than 830 million members worldwide, about how the company may be able to support the recruitment and retention of staff. Whilst this has previously not been used as regularly as our other social media accounts, such as Facebook, Instagram or Twitter, our Corporate Communications Department considers it a central resource going forward and are developing a programme of bespoke LinkedIn content.

Central to the success of any relationship with LinkedIn, will be the creation of a network of active ambassadors for NHS Fife - our employees sharing their successes, experiences, and opportunities. With this in mind, LinkedIn recently hosted a 'Rock Your Profile' session for NHS Fife employees, aimed at encouraging our staff to not only join the platform, but also helping them make their LinkedIn profiles the best they can be. This session was well attended and received positive feedback by attendees - similar sessions may be held in future.

### **5.4 Career Conversation Lite**

Expanding on the Project Lift support and Self-Assessment Questionnaire, we will support staff career and leadership development by offering Career Conversations. Career Conversation Lite (CCL) provides staff with the opportunity to explore their career to date and define the most suitable development route forward for them. Increasing their self-awareness, facilitating the understanding and appreciation of their career, and outline impactful career development areas.

### **5.5 International Recruitment**

The number of advertised vacancies throughout NHS Fife, and most noticeably vacancies within the registered Nursing and Midwifery Job Family, has increased significantly in current years. This has been caused by a number of interrelated factors including the age demographics of the current workforce, Scottish Public Pension Scheme reforms, the Covid-19 pandemic impacting on life choices, in addition to increased demands for staff.

In view of the sustained challenges in securing sufficient candidates to appoint to the registered health care professional roles from traditional labour markets sources, it is increasingly recognised that recruitment options need to be extended beyond the UK job market.

In response, NHS Fife has been collaborating with Yeovil District Hospitals NHS Foundation Trust to progress International Recruitment. NHS Fife is also part of the Centre for Workforce Supply Short Life Working Group which aims to support and oversee the consultation on the roles and responsibilities required to deliver the Scottish Government's commitment of establishing a centre of expertise on international recruitment.

NHS Fife commenced a programme of international recruitment in November 2021, which will mean recruitment of an initial pilot of 40 Nurses and 3 Radiographers over with start dates from March to June 2022. The first 40 Nurses will be recruited to posts within the Acute Services Division. Unfortunately it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 to 9 months.

Accommodation for recruits has been identified within the Fife Campus of the University of Dundee's School of Health Sciences and for 6 recruits within Queen Margaret Hospital. The availability of furnished accommodation which facilitates establishing communities, is close to good transport links and the main Acute Hospital site, will make NHS Fife very attractive to overseas candidates.

Pastoral support of overseas recruits and the welcome to Fife is crucial to the success of this initiative, and engagement of the NHS Fife's Volunteering Services, Fife Equalities and Fife Voluntary Action, as well as those with lived experience as overseas recruits, will inform the development of a supportive network. Work has been completed to create a Welcome Pack and the role of how the volunteering services can assist with the wider support for each international nurse who joins NHS Fife.

## **5.6 Collaboration with Local Universities**

NHS Fife Board has an ambition to attain teaching Health Board status. With higher education institutions NHS Fife has the shared responsibility of training the next generation of healthcare workforce. Achieving this would deliver significant benefits to NHS Fife and support the Board aspiration to become an Anchor Institution. This ambition would deliver includes improved recruitment and retention. This would also augment our educational culture in NHS Fife and build on research and innovation opportunities.

## **5.7 Youth Employment and Employability**

It is recognised that the range of measures applied to manage the Covid-19 pandemic has exacerbated many inequalities, disproportionately affected young people and those with socio-economic disadvantages. Locally, these measures resulted in the suspension of volunteer and job experience opportunities, the halting of career fairs and related school activities, and delayed our establishment of a Modern Apprenticeship programme.

Over the duration of this workforce plan, and as part of our commitment to be an Anchor Intuition, NHS Fife aims to redress this impact. Our initial focus for Youth Employment and Employability will be on securing more funding to support the implementation and sustainability of future employability programmes aimed at increasing the pathways for young people to engage with NHS Fife as part of the Young Person's Guarantee.

This sustainable vision will see better engagement with the range of No One Left Behind (NOLB)<sup>23</sup> funded employability opportunities, a commitment to widen modern apprenticeship and graduate apprenticeship programmes throughout NHS Fife, and working with key partners, increase the in-placement support offered to develop and retain participants.

## **5.8 Workforce Systems and Workforce Analytics**

Building organisational capacity will necessitate improvements in the collective workforce systems operated across NHS Fife. The current technological infrastructure of these systems consists of multiple stand alone system operated by a number of Directorates within the Corporate Services functions. National discussions to simplify this landscape across Human Resources, Management Accounts, Payroll and Procurement are at an early stage with the aim unlikely to be realised during the duration of this plan.

As an interim step, NHS Fife has joined with neighbouring Health Boards in the East of Scotland to introduce the Regional Workforce Dashboard. Extracting information from a range of corporate systems, this Dashboard provides improved access and visualisation on a range of indicators including Absence, Sickness Absence, and Supplementary Staffing usage. These analytics were enhanced through other bespoke solutions, such as the Covid-19 Absence Dashboard, that allowed NHS Fife to monitor and predict daily absence levels during the pandemic.

2022/2023 will also see an e-Rostering solution introduced across NHS Fife. A National Framework for e-Rostering was established to deliver a 'Once for Scotland' solution across NHS Boards, ensuring that staff will be treated, fairly and consistently in all Health Boards in Scotland. The solution, provided by Allocate will follow best practice and guidance and will be implemented across all staff groups within NHS Fife on a phased delivery plan which will begin in September 2022. This product will be owned within the organisation, and implemented by Digital and Information to support our workforce by ensuring equality of rostering practice, ease of management of absence and safe care of patients.

## **5.9 Specific Role Development**

### **5.9.1 Consultant Pharmacists**

There is the potential for the development of Consultant Pharmacist roles during the lifetime of this Plan. Whilst still being considered by Pharmacy leaders within NHS Scotland, it is anticipated that these roles will provide leadership for innovation within their practice area and across their organisation and beyond, taking a strategic role in the development of guidelines, policies and governance. They may implement policy for their area of practice, their organisation(s), and the profession. Consultant Pharmacists are expected to conduct and supervise research, driving

practice forward and demonstrating improvement in care outcomes. They contribute to the development of research which delivers on local and national priorities.

Consultant Pharmacists will lead, design and deliver education and supervision and contribute to curriculum development in partnership with Higher Education Institutions. They are expected to work to upskill staff across grades, professions and across organisational boundaries, to assure that optimal value is gained from medicines at a population level. Consultant Pharmacists actively seek to mentor and coach pharmacist colleagues and work to develop the consultant workforce, with succession planning for their role. Across all of these activities, these Consultants act as clinical leaders, enhancing the standing of Pharmacy professionals, advocating for patients and driving improvements in care. The innovation and boundary-spanning provided by such posts offers particular advantages for the continued investment in Pharmacy services.

### **5.9.2 Physician Associates**

The use of transformation funds to develop the East Region Physician Associates (PA) Programme was agreed by the Chief Executives, HR and Medical Directors of Borders, Fife and Lothian in December 2018, to address the existing workforce gaps and other emerging delivery pressures to fulfil national commitments such as new GMS contract<sup>22</sup> implementation. The anticipated uplift in staffing for GMS was in the region of 700 wte across the East Region and therefore the use of PAs as a previously untapped resource for 'alternative healthcare roles' and 'urgent care' aspects of the Memorandum of Understanding 2<sup>14</sup> has been considered due to insufficient training pipelines in existing AHP, medical and nursing workforces.

The East Region Physician Associates Programme has progressed largely unaffected by Covid-19. In addition, a Band 8a Physician Associate Education Lead has been appointed and a Regional Medical Lead is also in place to oversee the ongoing development and governance of the East PA programme. A monthly teaching programme has been established for the PAs already in post with contributions from medical staff, ANPs and PAs. This programme is open to all East Region NHS and independently employed PAs as well as AHPs and ANPs.

The use of simulation training has also been introduced at induction and as an ongoing means of increasing training opportunities in core procedures. Audit and evaluation of the role is underway along with discussions with Radiology colleagues around the benefits of pending General Medical Council (GMC) regulation, to enable ionising radiation requests. It is hoped that PAs will be a regulated GMC profession during 2023, at which point prescribing and X-ray commissioning rights can also be achieved. These timescales tie in with the East Region sponsorship of 25 students, who graduated in the summer of 2021, sat their National certification exams and commenced employment in the region in 2022.

While NHS Fife did not secure the employment of PAs from the East Region sponsorship route, further work is now underway locally on the expansion of the PA role into General Practice, Mental Health, Urgent Care and Rheumatology, where workforce pressures are particularly evident. Employment of PAs within the Board so far has been opportunistic and whilst feedback has been extremely positive, there was no established funding route until recently.

NES are now leading the Medical Associated Professions commission and a national 'pump primed' approach to development would help support training capacity and the integration of these roles as a further branch of advanced practice. Given the timescale for regulation of the profession and prescribing rights, there is now an even greater potential to expand the employment of PAs within the Board.

### **5.9.3 Advanced Practitioners**

Advanced Practitioners are experienced Registered Health Care Professionals, primarily from Nursing, Midwifery and Allied Health Profession disciplines, who have completed higher education to a minimum of Post Graduate Diploma level. The role of an Advanced Practitioner is to manage the complete care of a patient, not solely any specific condition. The core role and function of an Advanced Practitioner focuses on the four areas of Clinical Practice, Leadership, Facilitation of Learning and Evidence, Research and Development (NES, 2018)<sup>24</sup>.

It is recognised that Advanced Practitioners play an important role in determining patient and system outcomes. There is growing evidence of the positive impact that Advanced Practitioners have on patient outcomes, including promoting access to care; reducing complications and reducing costs of care by improving patient knowledge; self-care management; and patient satisfaction (Scottish Government, 2021).

Advanced Practitioners are recognised as being integral to developing and sustaining the capacity and capability of the health and care workforce now and in the future. Consideration of the process of identification of potential trainee Advanced Practitioners earlier in the career journey, combined with robust business plans to support the development of these roles will help sustain this workforce. Opportunities for further progression to Lead Advanced Practitioner or (non-medical) Consultant posts within appropriate services will encourage highly qualified and experienced Advanced Practitioners to continue their career within Fife.

### **5.9.4 Band 4 Roles**

Responding to the Scottish Governments drive to expand and develop the Band 2-4 workforce to ease workforce pressures within health and social care, a Band 4 Assistant Practitioner pathway is currently being developed by the Clinical Band 4 Assistant Practitioner Workforce Group within the Nursing & Midwifery, Allied Health Profession and Healthcare Science Job Families. It is anticipated that this work will be taken forward at pace during 2022/2023 and will result in changes to the workforce profile within the Board.

The development of these roles will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care and offer support for registered health care professionals enabling them to practice to their full potential within their level of practice. This framework is being progressed with national groups and Higher Education Institutes.

## Section 6: Broad Action Themes

As detailed within this plan, there are a wide range of workforce demands and supply pressures that need to be planned for to ensure workforce and service sustainability. The following section sets out broad themes that are being taken forward to mitigate potential gaps within the workforce in terms of numbers and skills within the Acute Services Division and Corporate functions. The actions being taken within the Fife H&SCP are detailed separately within their Workforce Plan. The Partnership's Workforce Planning and Organisational Development Steering Group is reviewing the workstreams to be progressed within services delivered by the Integrated Joint Board.

NHS Fife will continue to identify opportunities to expand the areas in which transformational roles are utilised and establish these roles as part of multidisciplinary teams; such as Advanced Clinical Practitioners, Physician Associates and a range of Health Care Support Worker roles. Collaboration will continue with NHS Education for Scotland and St Andrews University, as well as other local and national training providers, to provide development and educational opportunities for our workforce. This is complemented by the combined efforts of our Workforce Learning and Development, Medical Education and Practice and Professional Development Teams. We will continue to work regionally to build on existing managed clinical networks. The development of regional solutions to service sustainability will remain a feature of this Plan e.g. Cancer Services, Haematology and the South East Radiology Reporting Insourcing Solution. The importance of Digital and Information to support service sustainability and new developments is key.

Continued development career pathways and promotion of development opportunities will be key for our workforce. There will be a focus on staff well-being, communication, our values, application of the NHS Scotland Staff Governance standards and listening, to ensure the workforce continues to feel valued and make NHS Fife an employer of choice.

NHS Fife has a long-term commitment to supporting staff health and wellbeing. We are a committed health working lives employer with achieving and retaining the Gold Healthy Working Lives (HWL) Award. Prior to the pandemic this meant actively supporting staff health and wellbeing by raising awareness of health promotion and protection topics.

In recognition of a requirement to improve the depth of the approach, a plan for "Going Beyond Gold" was developed in 2018. The plan is focused upon achieving a culture of kindness and a shift in organisational culture. The learning from this approach, coupled with the investment in health and wellbeing during the Pandemic, will form the foundation of the Staff Health & Wellbeing Framework, to be published by the Summer of 2022 and the requirement to provide robust mechanisms to support both staff and organisational resilience.

The pandemic period saw innovations in communication from senior management within NHS Fife, with strong messages around staff health and wellbeing. Alongside this, a range of staff wellbeing and support initiatives were developed and implemented and a focus on our Staff Hubs. This work was guided by the principles of Psychological First Aid which recognises individual's resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping mechanisms.



Adopting best practice, including trauma informed approaches, as we emerge from the pandemic will be key. This point in time provides a unique opportunity for NHS Fife and the communities we serve to reflect and to make change for the better.

There will be the continued support of staff through effective partnership working. We will continue to measure the experiences of staff through the use of local and national tools, such as iMatter, to support and empower staff and teams and to improve their experience at work.

This section is not intended to be a detailed implementation plan. The more detailed implementation / Action Plan is attached to this Plan as an Appendix and will be developed and monitored on a regular basis throughout the year by the two Workforce Planning Groups within NHS Fife and the Fife H&SCP respectively.

## Section 7: Implementation, Monitoring and Refresh

The implementation of this Workforce Plan is the responsibility of the Chief Executive, Directors and General Managers within NHS Fife. Levels of partnership working are supported by the Local Partnership fora and the Area Partnership Forum. Performance scrutiny is provided by the management structure of NHS Fife and assurance through the Staff Governance Committee.

Whilst the Director of Health & Social Care is a Director of NHS Fife, it is recognised the post holder is responsible for a range of delegated services operating within an integrated environment and responsible to the Chief Executive Officers within NHS Fife and Fife Council. The Director of Health & Social Care, along with their Senior Leadership Team, is responsible for implementing the actions which impact on NHS Fife staff engaged within the Health & Social Partnership. Working with colleagues from NHS Fife, Fife Council, the Voluntary and Third Sectors, these actions will be progressed via the appropriate governance arrangements.






This Plan is a live document that is flexible and adaptive in response to change and will complement the Fife H&SCP Workforce Plan, the future Fife Population Wellbeing Strategy<sup>1</sup>, our Workforce Strategy and our Annual Delivery Plans. This Plan will, therefore, remain a live document, continually under review.

# References

- <sup>1</sup> Population Health & Wellbeing Strategy 2022
- <sup>2</sup> Annual Delivery Plan 2022–2023 Scottish Government Guidance
- <sup>3</sup> NHS Recovery Plan 2021–2026
- <sup>4</sup> National Workforce Strategy for Health and Social Care in Scotland (2022)
- <sup>5</sup> CEL(2011)32
- <sup>6</sup> DL(2022)09
- <sup>7</sup> PROMiS National Health & Wellbeing Platform
- <sup>8</sup> Covid-19 Recovery Strategy for a Fairer Future
- <sup>9</sup> Scottish Government Public Health Priorities (2018)
- <sup>10</sup> Health and Care (Staffing) (Scotland) Act 2019
- <sup>11</sup> NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026
- <sup>12</sup> ONO UK
- <sup>13</sup> Fair Work Convention
- <sup>14</sup> Memorandum of Understanding 2 -
- <sup>15</sup> NHS Fife “Digital and Information Strategy “Digital at the Heart of Delivery”
- <sup>16</sup> Interim Joint Workforce Plan in April 2021
- <sup>17</sup> UK Covid-19 Vaccines Delivery Plan 2021
- <sup>18</sup> Immunisation Strategic Framework 2021–2024
- <sup>19</sup> Scottish Government’s Women’s Health Plan 2021–2024
- <sup>20</sup> NHS Fife Clinical Strategy 2016-2021
- <sup>21</sup> [Number of NHS doctors taking early retirement has tripled since 2008 | BMJ](#)
- <sup>22</sup> GMS Contract Implementation
- <sup>23</sup> Children’s Health & Wellbeing Strategy
- <sup>24</sup> Clinical Practice, Leadership, Facilitation of Learning and Evidence, Research and Development (NES, 2018)

# Appendix – Summary of Actions across the Five Pillars of Workforce






## i. Summary of Short-term Actions Across Five Pillars of Workforce

 <p>Plan</p>	 <p>Attract</p>	 <p>Train</p>	 <p>Employ</p>	 <p>Nurture</p>
<p>Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, giving cognizance to anticipated service demand, expected changes in workforce or service delivery, the Health &amp; Care (Staffing) (Scotland) Act, Digital enhancements and opportunities.</p> <p>Where appropriate, explore all options to ensure sustainability of those services at increased risk, including, for example, the introduction of transformation roles, regional / national collaboration and joint appointments.</p>	<p>Continue to increase the number of employment and employability programmes, such as Modern Apprenticeships and other such initiatives, in order to strengthen pipelines of candidates from the local community.</p> <p>Continue to work with local universities to maximise the number of registrants electing to work in Fife, including increasing research and teaching opportunities, hosting an increased number of undergraduate placements across all current and future professional disciplines.</p> <p>Review recruitment model for Consultant level Medical and Dental vacancies, ensuing alignment with Certificate of Completion of Training (CCT) timelines.</p>	<p>Continue to promote and grow new roles based on the outcomes of service sustainability reviews and support the establishment and implementation of career succession opportunities and implementation of alternative models of care.</p> <p>Work with all partners to support engagement with Higher Education, Local Colleges and NHS Education in Scotland to ensure that we have a comprehensive approach to training for roles at all levels.</p> <p>Seek to simplify investment in skills and training programmes from both internal and external suppliers, ensuring opportunities are aligned to developments in service design and strategic</p>	<p>Monitoring progress made in growing our workforce against a range of recruitment commitments set out in the NHS Recovery Plan 2021-26, and other associated publications.</p> <p>Review skill set and banding structure within Health Care Support Worker Roles</p> <p>Aligned to the review of the sustainability of Clinical Services, where relevant, consider measures to support retention of current senior clinical and non clinical staff</p>	<p>Continue to Support staff with the ongoing impact and challenges associated with the COVID-19 pandemic and requirements of mobilisation, remobilisation and recovery.</p> <p>Implement career development conversations, enabling staff to access the most suitable development opportunity for them.</p> <p>In conjunction with the Once for Scotland work, contribute to and promote Carer Friendly Employment Practices</p> <p>Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at the appropriate forums.</p>






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 Plan	 Attract	 Train	 Employ	 Nurture
<p>Analyse and address the gap between the current provisions of workforce data, versus the needs of the various Workforce Planning Groups.</p>	<p>Build on the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market.</p> <p>Continue to explore and establish opportunities to showcase NHS Fife, including but not restricted to Participation in recruitment events, Use of Social Media, Training events</p>	<p>priorities.</p> <p>Continue to engage in appropriate local and national initiatives to support the recruitment and training within a range of professions with recognised shortages.</p>		

## ii. Summary of Medium-term Actions across the 5 Pillars of Workforce

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, giving cognizance to Safe Staffing Legislation, Digital Opportunities and national difficulties in recruitment across certain professional groups / specialties.</p> <p>Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability pressures identified by the W&amp;WPT exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased capacity requirements; age demographics etc</p>	<p>As part of the Directorate level Workforce Plans, consider succession planning implications for range of critical roles, including specialist and advanced practitioner roles and above.</p> <p>Strengthen delivery of cancer services through introduction of comprehensive Systemic Anti-Cancer Therapy (SACT) service, and further enhancements within Acute Oncology</p> <p>Establish implications of the increased reliance on Digital and Information solutions, and drive for Paperlite solutions, on range of D&amp;I measures, including Digital Fitness Training; Information Governance and Security.</p>	<p>Build capacity to support newly qualified pharmacists graduating with an Independent Prescriber Qualification (2026) by ensuring existing IP pharmacists are fully integrated into multidisciplinary teams and maximising use of prescribing skills</p> <p>Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures</p> <p>Engage with the NHS Scotland Academy to provide pathways aimed at retraining / up-skilling the workforce to work differently, and for the creation of relevant Enhanced Practitioner Roles.</p>	<p>Measure progress against Scottish Government target to recruit additional 1% staff within next 5 years.</p> <p>Consolidation of discrete bank systems, managing supplementary staffing solutions, into single function providing greater efficiency and transparency.</p>	<p>Embed the Leadership Development Framework 2022, ensuring that the range of national and local programmes this framework incorporates are aligned to NHS Fife's Culture, Vision and Values</p> <p>Monitor trends in staff experience following implementation of the Health &amp; Care (Staffing) (Scotland) Act, and the impact this is envisaged to have of the range of indicators considered by Excellence in Care.</p>

 Plan	 Attract	 Train	 Employ	 Nurture
<p>Establish a clearer understanding of the challenges being encountered within each individual medical Specialty, consider the flow of career grade Doctors through training pipelines, and assess the fragility and sustainability of each service, at Directorate level</p> <p>Review and assess the 2021 (Scottish) Census publications, determining the impact that this has on the assumptions underpinning this Workforce Plan.</p>				





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<b>Meeting:</b>	<b>Fife NHS Board</b>
<b>Meeting Date:</b>	<b>Tuesday 26 July 2022</b>
<b>Title:</b>	<b>Whistleblowing Quarter 4 Report for 2021 / 2022</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Sandra Raynor, Head of Workforce Resourcing and Relations</b>

## 1. Purpose

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

- Assurance

**This report relates to a:**

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

## 2. Report Summary

### 2.1 Situation

With effect from 1 April 2021, all NHS organisations are required to follow the National Whistleblowing Principles and Standards and report on any concerns raised, quarterly and annually.

### 2.2 Background

This report is to provide Fife NHS Board members with an update on whistleblowing and anonymous concerns for the fourth quarter of reporting from 1 January 2022 to 31 March 2022, to provide an assurance on awareness raising of the standards and data on the training modules undertaken since 1 April 2021 to 31 March 2022.

### 2.3 Assessment

#### Reporting

The fourth quarterly report on the Standards covers the reporting period 1 January 2022 to 31 March 2022. During this period, there were two whistleblowing concerns reported within NHS Fife and none from primary care providers and contracted services. The Quarter 4 data report is attached at Appendix 1, for information.

Under the terms of the Standards, for both stage 1 and stage 2 concerns, there is the ability, in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for stage 2 concerns an update on the progress must be provided every 20 days.

Extensions have been approved for the two whistleblowing concerns received during quarter 4. The whistleblowers have been advised of the need to extend the timescales and have been kept up-to-date with the progress of the investigation into their concerns throughout the process.

NHS Fife received no anonymous concerns during this quarter four reporting period. Attached at Appendix 2 is a breakdown of concerns raised during 2021 / 2022, per quarter.

Board members are asked to note that as part of on-going engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice on reporting. The issue of quarter four reporting being separate from or incorporated into annual reporting has been noted and the INWO has indicated the intention to seek feedback from across Boards. In this cycle we have taken the decision to keep the reporting separate to allow greater flexibility in developing the format of the annual report in year one of the implementation of the Standards.

### **Awareness Raising and Training**

As previously reported, NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. Two on-line learning modules were developed by NES, and these have been promoted via a Desktop Banner, the weekly brief and Stafflink. During April 2022, a third on-line learning module has been launched for Senior Managers who are responsible for recording and reporting of Whistleblowing Concerns. The TURAS Learning modules have also been supplemented with Face-to-Face Training for those who work in services that are less enabled and may not access TURAS Learn e.g. Hotel Services.

We continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector. Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution. In this respect we are cognisant of what has been reported in local press coverage and how this informs our practice, and we intend to report on these in future quarterly reporting from 1 April 2022.

The training data is summarised between 1 April 2021 and 31 March 2022, attached at Appendix 3.

### 2.3.1 Quality / Patient Care

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

### 2.3.2 Workforce

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

### 2.3.3 Financial

N/A

### 2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

### 2.3.5 Equality and Diversity, including Health Inequalities

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

### 2.3.6 Other Impact

N/A

### 2.3.7 Communication, Involvement, Engagement and Consultation

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

### 2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes and the Quarter 4 report has been shared with Executive Directors Group, Area Partnership Forum and Staff Governance Committee.

## 2.4 Recommendation

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

- the data for the fourth quarter i.e., 1 January 2022 to 31 March 2022. Two whistleblowing concerns were received, and no anonymous concerns were received;
- the data on training from 1 April 2021 to 31 March 2022.

### 3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Concerns Raised (1 January 2022 to 31 March 2022)
- Appendix 2 – Anonymous Concerns Raised by Division for 2021 / 2022
- Appendix 3 – Whistleblowing Training Data (1 April 2021 to 31 March 2022)

**Report Contact:**

Sandra Raynor

Head of Workforce Resourcing and Relations

E-mail: [sandra.raynor@nhs.scot](mailto:sandra.raynor@nhs.scot)

## Appendix 1 – Whistleblowing Concerns Quarter 4 (1 January to 31 March 2022)

Both concerns entered the process at Stage 2, and both remain under investigation with agreed approval extensions in place.

Quarter 4 1 January 2022 to 31 March 2022	Theme	Division	Service
Concern 1	Adult Protection, Other Clinical Events, Patient Information (Records / Documentation / Tests / Results)	Health and Social Care Partnership	Community Care Services
Concern 2	Adult Protection	Health and Social Care Partnership	Complex & Critical Care Services

### Additional Detail: Concern 1

Does this whistleblowing concern include an element of any of the following?
Other HR Issue
Has the person raising the concern raised that they have experienced detriment?
No
Has a separate adverse event been logged on Datix relating to this concern?
Yes
Date adverse event logged
24/01/2022
How was the whistleblowing concern received?
Received in person
Is this whistleblowing concern being raised on behalf of another person?
No
Date the event occurred? (if known)
24/01/2022
Outcome - Investigation (Stage 2)
Under investigation

### Additional Detail: Concern 2

Does this whistleblowing concern include an element of any of the following?
N/A
Has the person raising the concern raised that they have experienced detriment?
Not known
Has a separate adverse event been logged on Datix relating to this concern?
No
Date adverse event logged
N/A
How was the whistleblowing concern received?
Received by email
Is this whistleblowing concern being raised on behalf of another person?
No
Date the event occurred? (if known)
N/A
Outcome - Investigation (Stage 2)
Under investigation

## Appendix 2 – Anonymous Concerns Raised by Division for 2021 / 2022

### Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that **nobody** knows who provided the information”.

Anonymous concerns received and investigated during Quarters 1 to 4:

### Key Themes

Analysis of the concerns raised by key themes is provided below:

Theme	Quarter 1 1 April 2021 to 30 June 2021	Theme	Quarter 2 1 July 2021 to 30 September 2021
	Nil	Safe Staffing Levels	1
		Appointment Scheduling	1

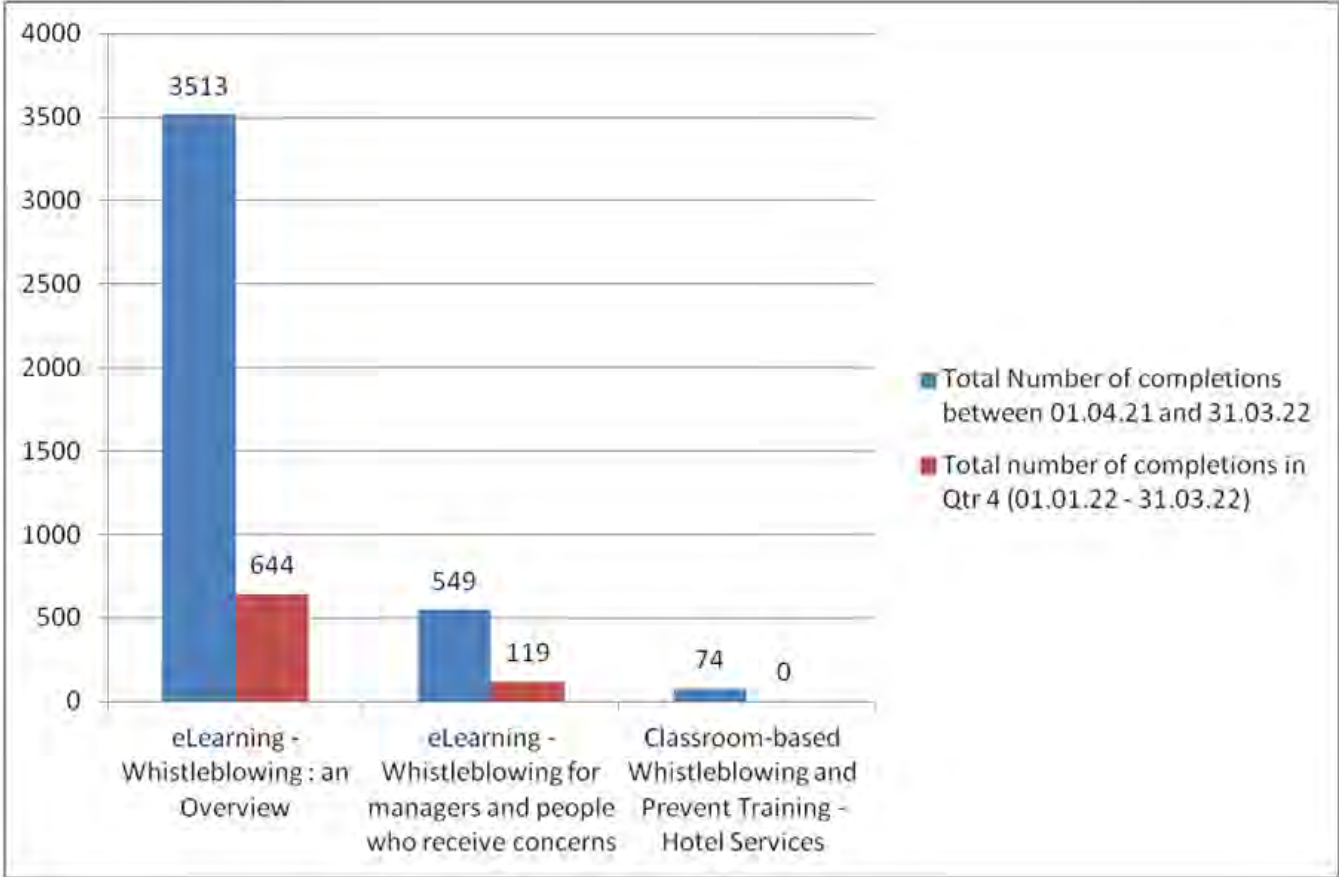
Theme	Quarter 3 1 October 2021 to 31 December 2021	Theme	Quarter 4 1 January 2022 to 31 March 2022
	Nil		Nil

### Concerns Raised by the Division

Division	Number
Acute Services Division	1
Health and Social Care Partnership	1
Corporate Directorates	0

### Appendix 3 – Whistleblowing Training Data

The training data is summarised below, the blue data shows all the training that was undertaken between 1 April 2021 and 31 March 2022 and the red data is the training that was undertaken during Quarter 4.



<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>26 July 2022</b>
<b>Title:</b>	<b>Developing our Population Health and Wellbeing Strategy - Community and Staff Engagement Programme</b>
<b>Responsible Executive:</b>	<b>Janette Owens, Director of Nursing</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director Planning and Performance</b>

## 1 Purpose

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

- Assurance

**This report relates to a:**

- NHS Board strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper provides an update on the progress of the development of the engagement, with population and staff, to inform the Population Health and Wellbeing Strategy.

### 2.2 Background

Engagement with both our citizens and staff is a crucial element of the development of the Public Health and Wellbeing (PH&W) Strategy. Whilst being cognisant that many of our staff are also our citizens it is important that we recognise that both groups will have some differences in their feedback as we engage. To support this, different models of engagement are planned.



## **Work to date**

In December 2021, an online and hard copy survey of citizens and staff was undertaken. **368** responses were received from staff members, living in Fife, and **587** from citizens giving a total response of **958**. The response groups were not representative of the population of Fife or the staff profile but still provide useful insight in the opinions of the public and staff. During the second phase of engagement, we will be aiming to be more representative with not all activity being self-selected.

## **2.3 Assessment**

The Covid-19 pandemic continues to impact on our population and this has been considered when planning and undertaking our future engagement activities.

Fife Health and Social Care Partnership (HSCP) are also undertaking considerable strategic work, including agreeing the Integrated Joint Board (IJB) Strategic Plan. We are aware that potentially we will both be seeking to consult with the same or similar groups. In order to maximise our reach, share resources and expertise, we will be working in partnership to undertake joint engagement work.

### **Next steps**

A short life working group (SLWG) with representation from both organisations has been convened. A common observation after previous periods of engagement has been around independence of those leading the engagement. In order to increase the independence of the engagement, Progressive, the company engaged to undertake the survey, have been commissioned to support us in facilitating this next phase of engagement. The initial brief for this work scopes out the aims and objectives of the engagement, areas/themes to cover and the public groups that will be set up. The themes covered will follow the 4 strategic priorities of NHS Fife.

Engagement will be targeted to both the seven localities of Fife as well as identified groups, mainly of people who may experience more challenge engaging with us. There is flexibility to add additional sessions if an identified need is uncovered during the engagement period. Sessions will be a facilitated discussion led by Progressive and themes will be explored based on questions provided in the commission brief. Each participant will be given a session outline before they attend the engagement sessions.

Separate engagement will be undertaken with staff. We are cognisant that these will need to be offered at different times, on different days to maximise the numbers we engage with. Given the current COVID position, sessions will be mainly via MS Teams with face-to-face sessions where appropriate. We will be using the same core themes as those used in the citizen sessions allowing us to compare and detail the differences between the two groups.

### **Timeline**

Both NHS Fife and Fife HSCP have established timelines for the delivery of this work. Both are working to reporting in Quarter 3 of 2022/23.







The timeline once the work has been agreed with Progressive is:

- 3 weeks lead in time to plan the sessions, arrange sessions and give notice to participants (July 2022)
- 3 weeks for formal engagement sessions to start in August 2022
- 2 weeks to analyse the write up the feedback once the sessions are complete (September 2022)
- Conclude the engagement sessions by September/October 2022

### Milestone Plan

This paper is in line with the strategy milestones agreed with the Board and the production of the IJB Strategic Plan (highlighted in blue). The plan has been updated to reflect milestone changes.

Milestone Plan for the Development of the Population Health and Wellbeing Strategy

	Mar-22	Apr-22	May-22	Jun-22	July-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Actions	Outline phased Approach to Strategy Development Plan and transitional 1- year for 2022-23 ✓	 Propose our Strategic Framework Approach for 2022-2027 ✓		Board Development Session on development of PHW Strategy		 Propose and agree NHS Fife Programme Plans and Priorities aligned to the 5 National care Programmes	Initial prioritisation and phasing across Programmes and 5- year timeline	Review and refine NHS Fife Programme Plans and Priorities aligned to the 5 National Care Programmes		Validate our Strategic Framework Approach for 2022-2027
Actions	Propose Milestone Plan and Governance Route ✓					 Prepare report detailing outcomes from current Clinical Strategy	 Propose enabling strategic plans: PAMS, Digital, Workforce, Financial	Final prioritisation and phasing across Programmes and 5- year timeline	Review and refine all enabling strategic plans: PAMS, Digital, Workforce, Financial	Finalise draft Strategy and Delivery Plan
Actions		 Propose Population Health Assessment, the role of NHS Fife in creating Health & Wellbeing ✓	 Prepare initial plan for focussed Community and Staff engagement programme ✓		<b>Review Community and staff engagement Survey – Inform focussed engagement approach</b> ✓	Launch focussed Community and Staff Engagement programme	Progress focussed Community and Staff Engagement programme	Finalise proposal in relation to the specific role of NHS Fife in creating Health & Wellbeing	Report on Outcomes from focussed Community and Staff Engagement programme Refine/validate against Engagement Outcomes – NHS Fife Programme Plans and Priorities aligned to 5 National care Programmes	Propose draft Strategy and Delivery Plan to NHS Board

#### 2.3.1 Quality/ Patient Care

The Population Health and Wellbeing Strategy will provide direction on the quality of the health and care and services that NHS Fife delivers.

#### 2.3.2 Workforce

Workforce is a key enabler to the delivery of the strategy. In addition, as part of the engagement work for the strategy, we are engaging with and listening to the views of our staff.

#### 2.3.3 Financial

There are no new financial pressures associated with this work. Budget has been previously agreed to support this work but will be considered at every stage.

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

The risks associated with this work are identified and managed by the NHS Fife Corporate PMO.

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

This work is examining, in detail, the impact of health inequalities and ensuring a population health and wellbeing response.

#### **2.3.6 Other impact**

No other impacts are anticipated.

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

Engagement is being managed as part of the engagement work stream as described above.

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

Updates on the strategy are reported to the Portfolio Board on a monthly basis. The contents of this report were discussed at the weekly strategy working group meetings and with relevant stakeholders as required.

### **2.4 Recommendation**

The NHS Fife Board is invited to:

- Take **assurance** the contents of this report and provide comments on this work.
- Take **assurance** from the model of engagement including the use of an independent external company to facilitate engagement sessions.

### **3 List of appendices**

n/a

<b>Meeting:</b>	<b>NHS Fife Board</b>
<b>Meeting date:</b>	<b>26 July 2022</b>
<b>Title:</b>	<b>Edinburgh Cancer Centre Reprovision</b>
<b>Responsible Executive:</b>	<b>Dr Chris McKenna, Medical Director</b>
<b>Report Author:</b>	<b>Gemma Couser, Associate Director of Quality and Clinical Governance and Kathy Nicoll, Cancer Transformation Manager</b>

## 1 Purpose

The purpose of this paper is to provide NHS Fife Board with an overview of the Edinburgh Cancer Centre Capital Development Initial Agreement and set out the implications for NHS Fife.

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

- Decision
- Discussion

### **This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

In 2020 NHS Fife, along with South East Scotland Cancer Network (SCAN) partner Boards, supported the submission of an Initial Agreement to reprovide the Edinburgh Cancer Centre. The IA was not approved by the Scottish Government Health and Social Care Directorates (SGHSCD) Capital Investment Group (CIG). CIG provided the following feedback on areas that required development:

- To demonstrate the development of the preferred regional service model reflecting regional strategy
- Confirmation of future demand and capacity requirements across the region
- Additional evidence of the expected benefits in terms of patient outcomes

Further to this feedback Healthcare Planners Buchan & Associates were appointed to facilitate the review of the regional service model. This involved regional engagement across SCAN including several NHS Fife sessions. Conclusion of this work has allowed the IA to be updated and finalised for submission back to CIG. The updated IA has been shared with SCAN regional Board partners and NHS Lothian has requested confirmation of support by 10<sup>th</sup> August 2022 in order to submit the IA to the Scottish Government on 17<sup>th</sup> August.

An Executive Summary of the IA is contained in appendix 1 with the full IA is available via the following link <https://www.nhsfife.org/media/37363/ecc-ia-apps-v11-june-2022.pdf>

Any member seeking additional information in advance of the Board meeting should contact Gemma Couser.

## 2.2 Background

### Regional Context

Across Scotland there are three regional cancer networks. NHS Fife is a member of SCAN. Other regional Board Partners of SCAN are NHS Lothian, NHS Borders and NHS Dumfries & Galloway. The Edinburgh Cancer Centre, on the Western General Hospital Site, delivers specialist cancer care to the population of SCAN. Where possible patients are clinically assessed, diagnosed and treated in their Board of residence. The majority of Fife patients will receive cancer treatment locally with some patients travelling to Edinburgh for radiotherapy, highly specialist systemic-anti cancer treatment (SACT) regimes and some trial treatments (data set out in section 2.3). Oncologists based at ECC deliver outreach clinics in NHS Fife.

### Driver for Change

The outdated infrastructure of the Edinburgh Cancer Centre (ECC) no longer meets the needs of delivering modern healthcare. This has been evidenced by a number of Healthcare Environment Inspections (HEI) which have highlighted that the ECC is not suitable in the current configuration. This combined with increasing demand for cancer services means that transformed models of care along with a full reprovision of ECC is required. The requirement to upgrade ECC has been acknowledged by Scottish Government with a programme of capital improvement work currently underway.

### The Vision

Through engagement across SCAN and with other key stakeholders the vision statement for ECC redevelopment is:

*To develop a world class specialist cancer centre and service on behalf of the region – and nation.*

*To be recognised as a world leading centre for cancer research, innovation and clinical academic opportunities.*

## 2.3 Assessment

Defining models of care across the SCAN region is central to informing the capital requirements and configuration of a new ECC. Buchan & Associates reviewed the regional service model through regional engagement and by carrying out extensive capacity planning and analysis to identify an optimum delivery model including evaluation of alternative service options (table 1):

	Do Nothing	Optimum Delivery Model	Decentralised radiotherapy model
<b>Description</b>	<ul style="list-style-type: none"> <li>• Impact of demographic change and tumour site growth only.</li> <li>• No change to the service delivery model</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer assessment unit; maximising direct discharge and community-based pathways.</li> <li>• Increase provision within non-acute and community settings.</li> <li>• Maximise care delivered at regional boards.</li> <li>• Reduced length of stay; increased day case rates.</li> <li>• Application of the latest radiotherapy technologies within the fleet of linear accelerators.</li> <li>• Increased number of clinical trials across all care settings.</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of radiotherapy within an additional location within East of Scotland region. Assumed to be located at an acute hospital site within the East of Scotland.</li> </ul>

Table 1. Summary of Service Options

The following services were included in the review

- Planned oncology inpatients and day case for SACT delivery and supportive therapies
- Oncology and haematology outpatients
- Unplanned care: unplanned admissions including assessment and treatment and Palliative and End of Life Care
- Radiotherapy
- Breast surgery
- Haematology: planned and unplanned inpatient and day case including SACT and supportive therapies.

Activity analysis and projections included are based on 2019 data, with projections to 2027 and 2032. Estimated growth per annum is projected at:

- inpatients 5%
- SACT 10%
- outpatients historical growth of 14% over 5 years projected over 10 years

### **Patient Activity in NHS Fife**

A review of 2019 regional activity showed:

- 84% of patients received SACT (planned oncology day case, SACT and non SACT) in Fife (9377 treatments)
- Percentage of planned outpatients reviewed in Fife
  - Oncology New 46% Review 72%
  - Haematology New 92% Review 98%
- All Acute oncology is delivered locally and the local team supports the Cancer Treatment Helpline
- 96% of patients received haematology SACT (2237 treatments) in Fife.

### **NHS Fife Patient Activity – in Edinburgh Cancer Centre (ECC)**

- Planned inpatients (oncology) – 14% of total activity (2.5 beds)
- Planned inpatients ECC (haematology) – 10% Fife patients (1.2 beds)
- Unplanned inpatient oncology beds – 8% (3.3 beds)
- Radiotherapy (including Brachytherapy) 23% Fife patients (4045 attendances).
- Planned inpatients ECC (Breast) – c140 patients per annum

Regional options which have been developed and are summarised below (table 2) and include advantages and disadvantages of each model.

	Do Nothing	Optimum Delivery Model	Decentralised Radiotherapy Model
<b>Description</b>	<ul style="list-style-type: none"> <li>Impact of demographic change and tumour site growth; no change to service delivery model</li> </ul>	<ul style="list-style-type: none"> <li>Change to planned care: shift in care setting; increased clinical trials across all care settings</li> <li>Change to unplanned care: increased direct discharge; reduced attendance; shift to planned care</li> <li>Adoption of latest radiotherapy treatment techniques</li> </ul>	<ul style="list-style-type: none"> <li>Development of a satellite radiotherapy unit within the East of Scotland network. Assumed to be located on an acute site within the East of Scotland</li> </ul>
<b>Advantages (Strengths &amp; Opportunities)</b>	<ul style="list-style-type: none"> <li>Limited change</li> <li>Avoids risk of insufficient community provision</li> </ul>	<ul style="list-style-type: none"> <li>Increased care at home/community setting</li> <li>Reduced length of stay</li> <li>Shift unplanned to planned care</li> <li>Ability to offer increase number of options to patients</li> <li>Seen as Centre of Excellence – easier to recruit and retain staff</li> </ul>	<ul style="list-style-type: none"> <li>Care closer to home for some residents</li> <li>Increased additional future capacity options</li> <li>Easier to accommodate any changes to regional flows from Tayside</li> <li>May address areas of unmet need where patients not opted for radiotherapy due to geography</li> </ul>
<b>Disadvantages (Weaknesses &amp; Threats)</b>	<ul style="list-style-type: none"> <li>Increased stay in hospital</li> <li>Less care delivered at home</li> <li>Requirement of sufficient increase in workforce, estate and costs</li> <li>Unable to offer increased number of treatment options</li> </ul>	<ul style="list-style-type: none"> <li>Additional resources within community</li> <li>Risks associated with change in modelled assumptions impacted bed requirements</li> <li>Less service resilience if concentrated on single site</li> </ul>	<ul style="list-style-type: none"> <li>Split site working for Radiotherapy staff</li> <li>Potential diseconomies of scale</li> <li>Challenge to maintain skills and training of staff deployed at satellite site</li> <li>Unable to offer specialist treatments /newest technologies at satellite site may impact on equity of access to new/trial treatments/technologies</li> <li>Recruitment challenge to maintain two services</li> <li>Location maybe sub-optimal and not address population density due to need to locate on an acute site</li> </ul>

Table 2: Service Model Options: Strengths, Weaknesses, Opportunities and Threats

### Impact on Fife – Future

Based on the proposals the impact to NHS Fife cancer services in respect of estate, capacity and workforce is summarised below:

- Shift proportion of planned oncology inpatients to NHS Fife with early discharge to Fife cancer beds and unplanned pathways
- Reduced length of stay in ECC – model a trim point to transfer to home board or non-specialist centre
- Repatriate breast screened patients to Fife (c140 per annum); impact on outpatient, radiology, surgery (assumed 80%)
- Increased the level of care closer to home
- Increased AHP input to clinics
- Increased virtual appointments
- Consider potential impact of North East Fife patients from Tayside (c400 new patient referrals) impacting on outpatient activity, radiology, oncology and treatments
- Shift in care setting e.g. from day case to outpatient, outpatient to home, for supportive therapies, immunotherapies, Oral SACT, IV, subcutaneous treatment
- Increased access to clinical trials across all areas



Estimated additional requirements in NHS Fife (2032 Impact):

	Fife
<b>Inpatient Beds</b>	<1 bed Breast Surgery
<b>Chairs</b>	+14 patients pa
<b>Outpatients</b>	
<b>Theatres</b>	+1 session Breast Surgery

Please note further work is required to determine outpatient impact.

The initial evaluation of the alternative service configuration options, which meets all the investment objectives is the Optimum Delivery Model. Proposals outlined in the optimal delivery model aligns with the NHS Fife Cancer Framework in respect of repatriation of Breast Surgery to NHS Fife for screened patients, care closer to home, shift in care settings, increased access to clinical trials and optimisation of the Allied Healthcare Professional (AHP) workforce in cancer services.

The paper recommends that the optimum delivery model is adopted for future delivery of cancer services with the SCAN region with a day of care audit to be undertaken to identify alternative care settings and for further exploration of a decentralised radiotherapy service, although this would be less likely meet critical success factor in relation to value for money and workforce sustainability.

### 2.3.1 Quality/ Patient Care

There are a range of service improvements and benefits within the model including:

- care closer to home
- reduced patient travel
- increased access to clinical trials

Should a decentralised radiology model be taken forward, this may address areas of unmet need where patients did not opt for radiotherapy due to geography.

### 2.3.2 Workforce

Cancer services workforce across NHS Fife is already under substantial pressure. The workforce implications associated with the IA will be further refined at the outline business case stage and will involve ongoing engagement across SCAN, regional workforce planning and alignment with local workforce plans.

At a high level the workforce implications identified to achieve delivery of the optimal service model are:

- Most notably for SACT and radiotherapy (additional prescribers, nursing staff. expansion of out of hours)
- Breast repatriation would increase workforce requirements
- Enhancement of roles in community or non-acute settings to deliver supportive therapies, oral SACT, etc would be required.
- There is a requirement to increase AHPs to deliver 7 day services and other community based models such as phlebotomy clinical and end of life care.
- There will be increased opportunities for advanced practice and integrated roles
- Considerable growth is expected in radiotherapy with the need for increased workforce. There are potential recruitment challenges should there be a decentralised radiotherapy site.

### 2.3.3 Financial

The IA sets out high-level incremental revenue costs, these will be reviewed as the business case develops, through engagement with SCAN partners to determine allocation based on actual activity in the future ECC. This will align with existing financial planning processes and be taken forward through the regional Directors of Finance Operational Group.

### 2.3.4 Risk Assessment/Management

A full strategic risk assessment is contained within section 2.7 of the IA. In summary key risks that require ongoing consideration by NHS Fife include:

Risk	Mitigation(s)
Availability of workforce across professional group across the region	<ul style="list-style-type: none"> <li>• Clearly outline the workforce required identifying current challenges and considering sustainability of current services across the South East region.</li> <li>• Review skill mix and staff roles to adapt to known workforce shortages. Develop a comprehensive risk assessed workforce plan for the South East region as part of Business Case.</li> <li>• Work with SG to develop an integrated plan for incremental growth of the cancer workforce, in a way that benefits all Scottish centres.</li> <li>• Provide staff training and education for the region to focus on workforce development and role redesign. Provide employment opportunities across the region - provide services closer to home.</li> <li>• Plan recruitment on local, regional, national and international levels so as to minimise de-stabilisation.</li> </ul>
Capital funding not approved by SG	<ul style="list-style-type: none"> <li>• Initial Agreement clearly articulating the wide reaching benefits of a world class cancer facility in Edinburgh.</li> </ul>

<p>Revenue funding not approved by NHS Lothian and Regional Partners</p> <p>Reduced funding in the Third Sector impacting on delivery of patient holistic approach</p>	<ul style="list-style-type: none"> <li>• Transformed ways of working to show best use of public monies. Transformed services based on most efficient use of workforce to demonstrate value for money</li> <li>• Continue to develop relationships with Third Sector partners to understand financial constraints as proposal develops</li> </ul>
<p>Partner NHS Boards not in agreement with the preferred option or unable to quantify their future requirements impacting upon the scope and success of a regional service delivery model</p>	<ul style="list-style-type: none"> <li>• Continuous dialogue with partners to ensure full discussion of the plans proposed and alignment with individual Boards' strategic visions. Develop collaborative service models to enable patient access to high quality care across the region</li> </ul>

### 2.3.5 Equality and Diversity, including health inequalities

NHS Lothian held an Integrated Impact Assessment (IIA) stakeholder event in relation to the Edinburgh Cancer Centre Capital Redevelopment on 28<sup>th</sup> November 2019. The 2022 project team have reviewed and confirmed that the outputs from 2019 remain valid, and further IIA events to ensure the needs of different population groups are addressed will take place as the outline business case progresses and service models are more clearly defined.

NHS Fife has not conducted an Equality Impact Assessment (EQIA) specifically for ECC reprovision, however an EQIA for the development of the NHS Fife Strategic Cancer Framework has been conducted (September 2021). Priorities from this work have informed NHS Fife's contribution to regional discussions in relation to the optimal service model.

### 2.3.6 Other impact

The development of this regional case is aligned to the development of the NHS Fife Cancer Strategic Framework.

### 2.3.7 Communication, involvement, engagement and consultation

- Over a 12 week period Buchan & Associates held a series of regional workshops with attendance from members of the clinical cancer and management teams from NHS Fife.
- Additionally a number of steering groups chaired by NHS Lothian and attended by SCAN regional Board partners were held to review the development of the optimal service model. NHS Fife was represented at these meetings by the Medical Director,

Director of Acute Services and the Associate Director of Quality and Clinical Governance. Meetings took place on the following dates:

- 18<sup>th</sup> November 2021
- 13<sup>th</sup> December 2021
- 7<sup>th</sup> February 2022
- 18<sup>th</sup> March 2022

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

Earlier versions of this paper have been previously considered by:

- Clinical Governance Committee 1 July 2022- the Committee took assurance

## **2.4 Recommendation**

Members of NHS Fife Board are recommended to:

- Examine and consider the implications of the Initial Agreement;
- Endorse the principles and support the optimal service delivery model; and
- Endorse NHS Fife providing formal support to NHS Lothian to progress with the IA

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1:  
Edinburgh Cancer Centre Capital Development, NHS Lothian Initial Agreement, Executive Summary, June 2022.

### **Report Contact**

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**Edinburgh  
Cancer Centre**  
Western General Hospital



# Edinburgh Cancer Centre Capital Development

## NHS Lothian Initial Agreement

**Project Owner:** Chris Stirling, Site Director WGH

**Project Sponsor:** James Crombie, Deputy Chief Executive, NHS Lothian

**Date:** 20<sup>th</sup> June 2022

**Version:** 1.1

### Document Control

<b>Title:</b>	Initial Agreement, Edinburgh Cancer Centre Capital Development at the Western General Hospital
<b>Owner:</b>	Sorrel Cosens, Senior Programme Manager, NHS Lothian

### Version History

Version	Date	Author(s)	Comments:
1	02/06/2022	Sorrel Cosens Hania Klinge Karolina Gibula	First draft set up
1.1	20/06/2022	Sorrel Cosens Leanne Whyte Emma Amor	Finance sections; Clinical Management Team feedback; Cancer Capital Programme Board feedback.

# 1 Executive Summary and Purpose

## 1.1 Purpose

An ambitious programme of work on cancer services commenced in 2018, reviewing opportunities for the transformation of experiences for cancer patients from across the South East of Scotland. Stakeholders including patients, clinicians, other staff, charities, academic institutions and the NHS Boards for Borders, Dumfries and Galloway, Fife and Lothian are in agreement on the vision for the Edinburgh Cancer Centre.

*To develop a world class specialist cancer centre and service on behalf of the region – and nation.*

*To be recognised as a world leading centre for cancer research, innovation and clinical academic opportunities.*

This Initial Agreement (IA) outlines the approach taken to the development of a clinical service model through regional engagement and the high level scope of infrastructure requirements for this cancer service model. The practical implementation of the preferred service model will be developed across the South East region and detailed as part of the Outline Business Case process.

Specifically, the purpose of this IA is:

- To build on the Strategic Assessment (Appendix 1) for the reprovision of the regional cancer centre completed and first submitted to Scottish Government in 2016.
- To demonstrate the need for change in cancer services and facilities and to describe how addressing this which will have a significant impact on patients, staff and other project stakeholders alongside the wider economy, environment and communities.
- To seek approval from the Scottish Government Health and Social Care Directorate (SGHSCD) through their Capital Investment Group (CIG) to develop an Outline Business Case (OBC) for the reprovision of the Edinburgh Cancer Centre (ECC), a South East Scotland Development hosted and led by NHS Lothian on behalf of the region, on the Western General Hospital (WGH) site.
- To share the projected costs at this Initial Agreement stage:
- These costs are based on programme completion ten years from the approval of this Initial Agreement.

## 1.2 Background and Strategic Context

### 1.2.1 National Context

The vision for this project aligns with national strategies (details of which are contained within Appendix 2 of this document), however, of particular significance is the alignment with the Scottish Government *Beating Cancer, Ambition and Action Strategy (2016)* and the 2020 refresh of this strategy.

The proposed Clinical Model specifically addresses the following aspects:

**Earlier diagnosis** - A focus on early cancer diagnosis through direct access to diagnostics and the role of imaging in accurate and timely diagnosis of cancer.

**'Prehabilitation'** – Holistic patient approach through a wellness programme, patient education and empowerment.

**Treatment** - Consistency and equity of treatment access, in standard of care and clinical trials settings, for patients across the South East of Scotland. Services will be planned and delivered locally wherever possible.

**Best care and support for all people with and beyond cancer** – Working closely with third sector organisations to provide access to individually tailored patient information, support and advice, patient education and timely access to palliative care where appropriate in the patient pathway.

**Whole system actions** - Integration of clinical research and trials with cancer services through physical co-location and service model collaboration.

**Using data for improvement** – Developing Phase II of the South East Scotland Cancer Information Programme to provide a detailed, comprehensive Regional Cancer Information Service to facilitate smooth and efficient data driven innovation.

Cancer is a priority for NHS Scotland and will remain so as NHS organisations continue to recover and remobilise following COVID-19.

During the pandemic, constrained capacity has been directed to support the most clinically urgent patients. This has meant that the majority of cancer treatments have continued as planned, with some patients receiving in independent sector capacity prioritised for cancer work (e.g. robotic prostatectomy).

Referrals to scheduled care have already returned to pre-covid-19 levels, but the proportion of urgent referrals received, including numbers of people referred with an urgent suspicion of cancer, has exceeded pre-Covid-19 volumes. Most recently a number of mutual aid requests across cancer services have been made to NHS Lothian, from Medical Directors from other territorial Health Boards also facing specific capacity challenges.

### 1.2.2 South East Scotland Regional Context

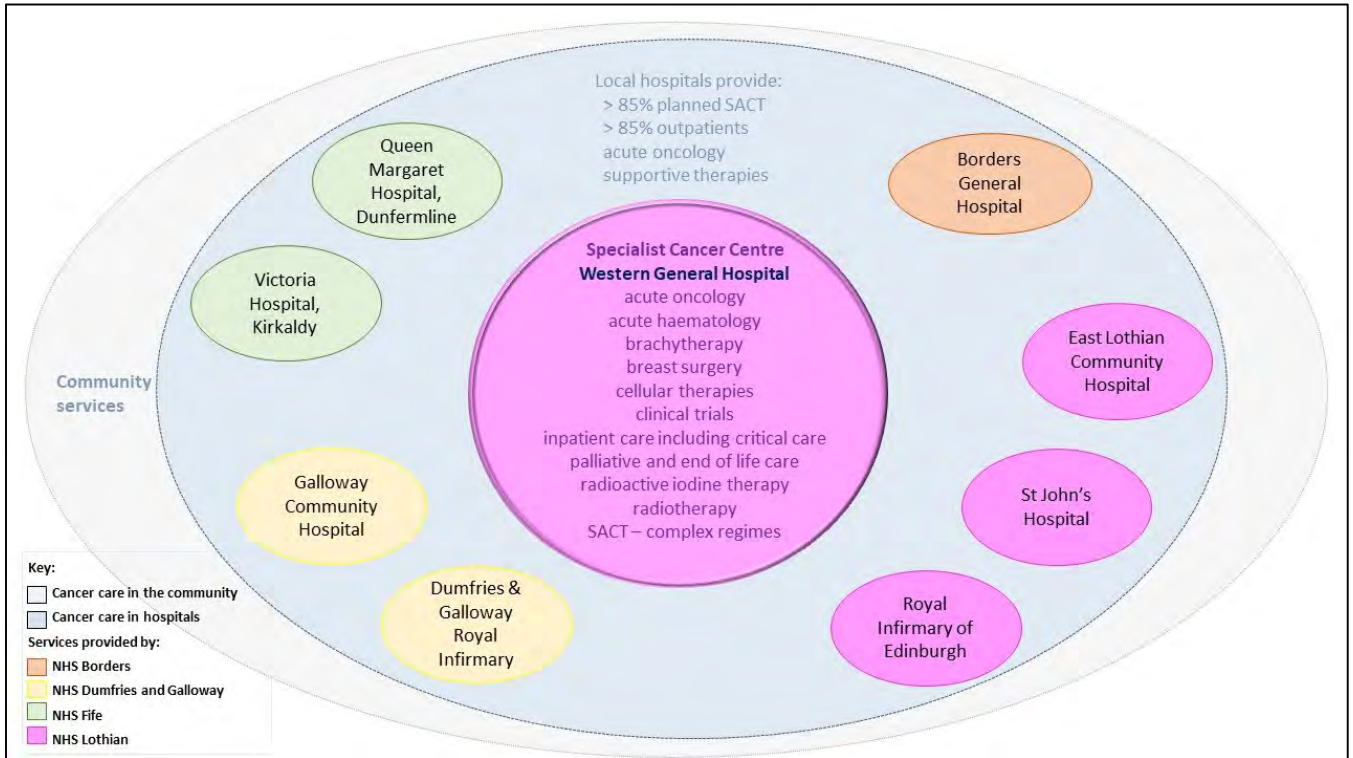
Cancer is a priority for NHS Scotland. As a member of the South East Scotland Cancer Network (SCAN), NHS Lothian works in partnership with NHS Borders, NHS Dumfries and Galloway and NHS Fife to plan and deliver cancer services across the South East of Scotland. The population across the SCAN Boards is circa 1.5m (or 27% of the Scottish population) of which 1 in 3 will have a diagnosis of cancer and 1 in 4 will die from cancer.

Currently, ECC also provides a range of specialist oncology services on behalf of NHS Tayside to a catchment population of 400,000. It is assumed that this is a temporary arrangement. Scottish Government is currently undertaking a national strategic review of Oncology Services. If this results in substantive changes to catchment areas, this proposal can be amended at OBC stage.

SCAN members are committed to providing the best care possible as close to the patient's home as they can. Approximately 80% of Oncology and Haematology services are delivered over multiple day-case and outpatient attendances. The need to travel to access care and clinical trials can in some cases be a barrier to access, and a physical, emotional, and financial challenge for patients and their families whilst on treatment.



Figure 1 : Cancer services and care settings for the SCAN region



NHS Borders, Dumfries and Galloway and Fife have worked with NHS Lothian and advisors, including healthcare planners, to review the service model and options presented in this proposal. Through the Regional Cancer Advisory Group (RCAG) the regional Chief Executives have reiterated commitment and partnership for development of the business case, starting with this Initial Agreement, and to delivering transformation of the cancer pathway for patients from across the region.

1.2.3 Lothian Context

This proposal delivers on NHS Lothian Corporate Objectives (2018-2023) and the strategic vision articulated in the Lothian Hospitals Plan. The latter sets out NHS Lothian’s strategic intent for each of the acute sites, providing a framework for development and a focus for investment on each site. The plan seeks to address the challenges of changing demography, clinical demand, workforce, condition of estate and provide an organisational focus to investment decision and management effort.

The strategic headline for each of the three acute hospitals is presented in the table below.

Figure 2: Lothian hospitals plan

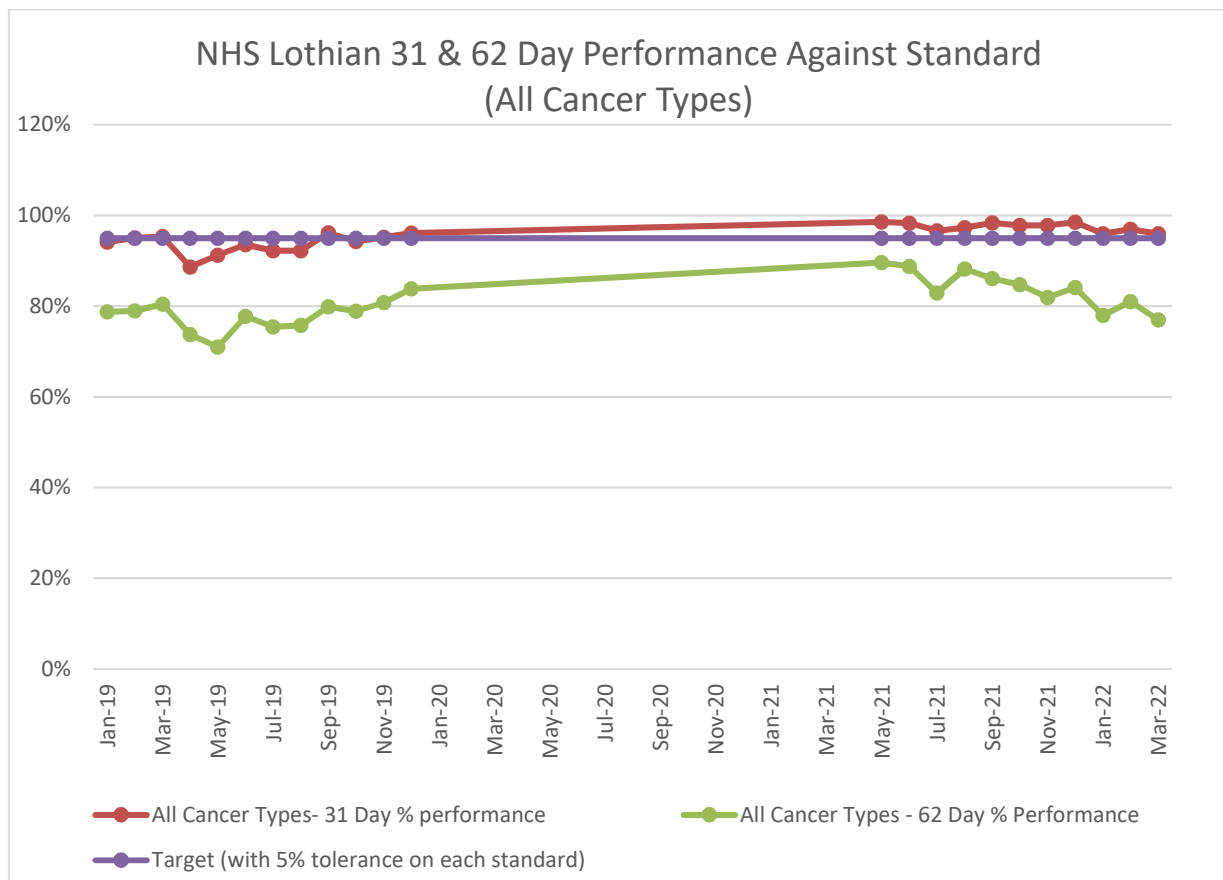
Site	Strategic Headline
Royal Infirmary of Edinburgh	South East Scotland’s emergency care centre, incorporating a major trauma centre, orthopaedic services, neurosurgery, and children’s tertiary care
St John’s Hospital	An elective care centre for Lothian and for the South East Scotland region, incorporating highly specialist head and neck, plastics and ENT services
Western General Hospital	<b>The Cancer Hospital for South East Scotland, incorporating breast, urology and colorectal surgery and Critical Care</b>

We know demand for planned care will increase based on changing demographics. Lothian’s population is ageing more quickly than the rest of Scotland. In 2028 it is projected that there will be almost 10,000 fewer people aged under 30, and 40,000 more people aged 60 and above.

The number of people in Lothian referred with an urgent suspicion of cancer are now significantly above previous levels, particularly in dermatology, gastroenterology, gynaecology, and respiratory medicine.

While the 31 day cancer waiting times standard has been consistently met throughout the pandemic (from decision to treat to first treatment), the 62 day standard remains challenged across a number of tumour groups in NHS Lothian, and across NHS Scotland (from urgent suspicion of cancer (USC) referral to first treatment).

**Figure 3: NHS Lothian Cancer Waiting Times Performance January 2019-March 2022<sup>1</sup>**



### 1.3 Need for Change

#### 1.3.1 Rising Demand for Cancer Services

Demand for cancer services has risen annually in response to a number of key drivers. It is too early to know how these will be impacted by the COVID-19 pandemic, however in the longer term it is anticipated that the underlying trends will continue:

- Increasing population within Lothian (10% between 2010-2019) and the SCAN region (6% between 2010-2019) with growth expected to increase by a further 15% (Lothian) and 7% (SCAN) in the next 25 years;
- Ageing demographic;

<sup>1</sup> Cancer Performance Team, NHS Lothian, 2022

- Increased cancer incidence, across the SCAN region which is projected to increase by a further 22% by 2025;
- Improved diagnostic techniques and capabilities;
- Improved detection and increased uptake of screening;
- Increased number of effective treatment options licensed and Scottish Medicines Consortium (SMC) approved;
- Increased duration of use of multiple regimes of Systemic Anti-Cancer Treatment (SACT) as a result of better efficacy and greater tolerability of modern SACT agents;
- Improved Radiotherapy modalities and techniques – increased indications for Radiotherapy and development of advance techniques as alternatives to surgery;
- Increased use of lifelong Supportive Therapies.

Many more people are also living with and beyond cancer resulting in a need to focus on early prevention and detection to optimise treatment and minimise morbidity and mortality. The increase in the number of patients surviving cancer, adds substantially to the complexity of care planning and delivery for those who are living with the consequences of cancer or cancer treatment.

Achieving the vision of transformed and improved cancer services and pathways for adult patients from across the South East region will:

- Provide a response to rapidly increasing demand and increasing cancer incidence across the South East region;
- Streamline patient pathways and maximise efficiencies based on a patient focused, holistic approach;
- Offer a range of specialist cancer therapies to patients in the South East region;
- Provide facilities to deliver safe and effective, high quality clinical care, designed to optimise efficiencies and new technologies;
- Provide care closer to home where clinically appropriate and financially viable;
- Make opportunities available to ensure recruitment and retention of specialist staff; including teaching, training, research and academic opportunities;
- Provide equitable access to the most innovative therapies, optimise resource utilisation and patient outcomes by integrating cancer research with core services across the South East region.

### 1.3.2 Current Edinburgh Cancer Centre facilities

A major challenge to the delivery of cancer services on the Western General Hospital (WGH) site is the outdated infrastructure of the Edinburgh Cancer Centre (ECC). The main buildings were constructed in the 1950s and no longer meet the needs and expectations of modern healthcare.

Over several years, from as early as 2010, Healthcare Environment Inspectorate (HEI) inspections and Scottish Patient Safety Programme (SPSP) visits have highlighted that Cancer Services on the Western General Hospital site are not sustainable in their current configuration. Some of the region's most immunocompromised patient groups are thus accommodated in poor quality shared bays with multiple patients sharing toilets.

Clinical risks associated with this increased sharply with the onset of the COVID-19 pandemic. Beds and treatment chairs had to be removed from clinical areas to achieve safe physical distancing. As services remobilise and underlying regional demand continues to grow over time, it will become impossible to effectively maintain safe distancing and infection control, along with timely access to specialist cancer care without a commensurate expansion of space and essential capacity.

The poor quality of accommodation and pressures on space were further acknowledged through Scottish Government approval of the programme of Oncology Enabling Projects currently underway. In the knowledge that development of a new Edinburgh Cancer Centre would take several years, the Full

Business Case to address immediate compliance issues was approved in September 2020 and the programme will complete in 2023.

Although these projects will improve current facilities, they are largely within existing infrastructure and, therefore, required NHS Lothian (and subsequently the Scottish Government) to agree derogations from current applicable healthcare building standards and other relevant guidance that cannot be met within the scope of these options.

In order to meet all applicable building and clinical standards as well as respond to a rapidly increasing demand for cancer services by delivering a transformed model of care, a full reprovision of the ECC is required.

Furthermore, if necessary changes implemented during the COVID-19 pandemic (e.g. reduction in inpatient and assessment capacity for safe physical distancing, isolation rules, reduction in hospice beds, etc) are not able to be reverted, this presents a further significant challenge to delivering care which in turn further accelerates the urgent requirement for change.

The capital investment made in the building infrastructure by the projects outlined above will continue to be realised, post Cancer Centre construction, as part of the wider site masterplan for the Western General Hospital.

### 1.4 Investment Objectives

By assessing the existing situation and the drivers for change, the changes required to deliver the vision were identified and defined as the investment objectives.

These were discussed and developed with key stakeholders at an early stage of the process and development of the proposed Clinical Model addresses these objectives as outlined below. Key stakeholders included patients and families, multidisciplinary staff in ECC and across the SCAN region, NHS Boards and charities, the full list is at Appendix 3.

**Figure 4: Investment Objectives**

Effect of the need for change on the organisation:	What has to be achieved to deliver the necessary change? (Investment Objectives)
Facilities and existing capacity unable to meet projected demand resulting in patient treatment delays	Increase service capacity and sustainability to meet demand and provide timely service access for patients
Safety issues highlighted in Healthcare Environment Inspectorate (HEI) reports Patient experience, privacy and dignity are not optimum in current accommodation Split locations result in inefficiencies in service provision, duplication of work, loss of possible collaboration	Design buildings to provide appropriate facilities for clinical care that meet all required standards, allow service collaboration and provide an improved patient experience
Workforce challenges causing detrimental effect on service provision and capacity	Improve recruitment and retention of specialist staff  Offer a range of education, training, research

Effect of the need for change on the organisation:	What has to be achieved to deliver the necessary change? (Investment Objectives)
	and academic opportunities for professional development
Patients travelling to other UK centres/ abroad for certain treatments	Offer a wide range of cutting edge specialist cancer treatment options to patients of South East Scotland, and improve resilience in Scotland’s specialist care for the people of Scotland
Improve equity of access to specialist care in South East Scotland	Patients in South East Scotland do not have access to modern treatment facilities and full range of treatment options available elsewhere in Scotland
NHS Lothian unable to participate in full complement of trials	Integration of Clinical Research and Trials with Cancer Services to enable access to an expanded range of trials and improve patient outcomes

## 1.5 Options Assessments and Preferred Option

In 2019-20 the Cancer Project Team led work to identify options for the new proposed service model for cancer, including facilities, and appraise these with stakeholders.

In 2021-22, working with a healthcare planner, these options were further developed alongside a refreshed service model.

The options were assessed at a high level in line with Scottish Government Capital Investment Manual (SCIM) guidance relevant to the IA stage of the business case process.

The emphasis in these assessments was on the clinical model of care and how it could be delivered rather than on the specifics of a new cancer centre building design.

Options were assessed against the investment objectives for the project.

### 1.5.1 Option B1 – Do nothing

This option relates to cancer services remaining at the WGH in their current location and with no change to the service delivery model. It is included as a baseline comparator.

The projected demographic change and cancer incidence growth that will impact on the demand for services is outlined in section 2.3.1, Population and Cancer Incidence Data.

The only changes to the facilities would be statutory improvements, and would still require some derogations from modern standards.

### 1.5.2 Option B2 – Optimum service model

This option represents a purpose built regional specialist cancer centre with accommodation and infrastructure designed to meet current applicable clinical standards. This option seeks to address future projected demand whilst making changes to cancer pathways across the region, including

- maximising new technologies and therapies
- increased access to clinical trials
- further shift of care to as close to home as possible
- reduction in unplanned attendances and admissions
- improved clinical outcomes, capacity utilisation, demand management through expansion of research and innovation

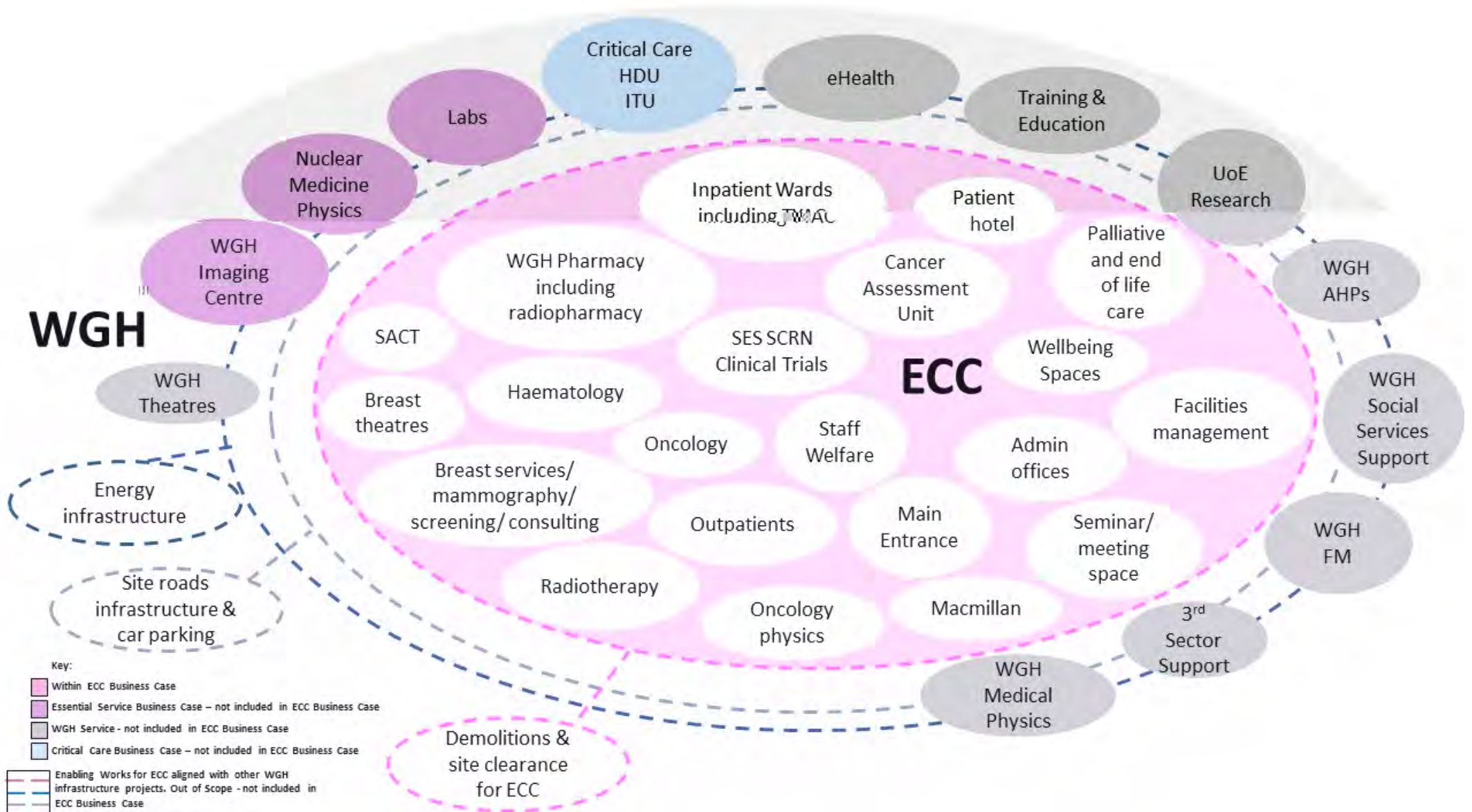
**This option was scored as the preferred option in the benefits assessment, financial assessment and economic appraisal, as described in detail later in this proposal.**

### 1.5.3 Option B3 – Decentralised radiotherapy

This option delivers the optimum service model and facilities described in option B2 above, with the variation that as well as a radiotherapy hub in the specialist regional centre, a satellite radiotherapy unit would be located on another acute hospital site in South East Scotland.

It is proposed that option will also be developed for Outline Business Case for full appraisal of the benefits and costs of a regional satellite for radiotherapy.

Figure 5: Edinburgh Cancer Centre reprovion in the context of the wider WGH site services and developments



## 1.6 Financial Assessment

The Financial Case sets out the capital and revenue costs of the shortlisted options. The assumptions within the Financial Case will continue to be challenged and refined through development of the Outline Business Case. The below table summarises the estimated capital costs for the preferred option, alongside the costs detailed in the 2020 version of the IA.

**Figure 6: Capital costs summary**

Capital Cost (£m)	Option A5 Enhanced reprovision (2020 IA)	Option B2 Optimum service model (Preferred option)
Construction	237.9	352.6
Professional Fees & NHS Project Team Fees	17.0	28.2
Other Costs (Surveys, IT, Estates)	4.6	7.6
Equipment	49.1	72.3
Site Enabling Allowance	-	1.0
Legal/Statutory Costs Allowance	-	0.5
Arts and Therapeutic Design	-	11.3
Inflation	82.2	235.5
Optimism Bias	145.7	264.5
<b>Total Cost (excl VAT)</b>	<b>536.5</b>	<b>973.5</b>
VAT	107.3	194.7
<b>Total Capital Cost</b>	<b>643.8</b>	<b>1,168.2</b>

The estimated capital costs have risen from £643.8m to £1,168.2m since the original IA was submitted. The indicative movement of £524.4m from the previous IA is significant and is summarised in the table below.

**Figure 7: Drivers of capital cost movement**

Driver	£m
<b>Capital Cost Option A5 Enhanced Reprovision (Previous IA)</b>	<b>643.7</b>
+ increase in construction and equipment cost	137.9
+ increase in fees	11.2
+ increase in other costs	15.9
+ inflationary increase	153.3
+ optimism bias increase	118.8
+ VAT increase	87.4
<b>Capital Cost Option B2 Optimum Service Model (Preferred Option)</b>	<b>1,168.2</b>

The increase in construction and equipment cost follows an increase in GIFA required of 19.9%. This was partly driven by revisiting earlier work on the clinical service model and refreshing the proposal that was submitted in the 2020 version of the IA, although this only identified a small increase in clinical spaces required. The majority of the 19.9% GIFA increase is driven by additional allowances for updated guidance on net zero carbon and other infrastructure.

The majority of the movement from the previous IA is driven by market conditions observed to date, a prudent increase in inflation assumptions, and corresponding increases in optimism bias and VAT.



The below table summarises the estimated revenue costs for the preferred option.

**Figure 8: Revenue costs summary**

Incremental Recurring Revenue Cost/year (£k)	Option B2 Optimum service model
Staffing	16,208
Drugs	29,815
Other Non-Pays	3,071
<b>Total Annual Incremental Revenue Cost</b>	<b>49,094</b>

## 1.7 Readiness to Proceed

The Board's preferred procurement strategy is that of a capital funded project utilising the established Health Facilities Scotland Framework (HFS3). This should facilitate the earliest start on site. However, the Board acknowledge that, should the funding arrangement be of a revenue nature, a form of private/ public finance initiative would be employed.

Professional services could likewise be procured via the HFS3 Framework for all lead appointments and for more specialist services such as clerk of works and validating engineers indirectly via lead appointments. It is the Board's view that provision of independent assurance via NHS National Services Scotland (NSS) is essential and that NSS may consider the need to outsource some, or all, of this assurance via a shadow design team who would be able to scrutinise, in sufficient depth, the design and execution of that design during construction and commissioning. Further work will be required to determine the cost and programme impact of these additional assurance requirements.

The current estimate for service migration, based on an approved IA in late 2022, is Q3 2032.

A clear distinction between those delivering and providing the facility (the project team) and those who will use the facility (project sponsor and project owner) is seen as essential to ensure the level of governance and assurance necessary. In addition, independent assurance that all current and relevant HFS and HPS requirements are being met, should be given to the Board and Scottish Government by NSS Assure.

The project team delivery model proposed which includes internal NHS Lothian advice from Infection Prevention and Control (IPCT), Fire, Health and Safety, eHealth and Estates and Facilities, amongst others, as the project develops. Continuity of staff over the proposed timeline will be prioritised to ensure knowledge transfer through the various phases from specification through design and construction to commissioning and final completion.

## 1.8 Conclusion

The re-provision of the Edinburgh Cancer Centre presents the opportunity to transform pathways for adult cancer patients across the South East region by developing a robust, sustainable Regional Service Delivery Model to respond to the rising demand for cancer services across the region, ultimately improving timely access to services and improving patient outcomes.

Addressing the need for change through implementation of the proposed clinical model with its wide range of associated benefits, will have a significant positive impact on patients, staff and other project stakeholders alongside the wider economy, environment and communities.

It will also address key strategic aims as outlined in the 2020 refresh of the Scottish Government Cancer Policy *Beating Cancer, Ambition and Action Strategy (2016)* and the 2020 *Recovery and Redesign: Cancer Services – Action plan*.

Furthermore, this reprovision will facilitate Scottish Government's aims to reduce health inequalities and barriers to access cutting edge therapies, as set out in the *Build Back Fairer*<sup>2</sup> report.

Ongoing collaborative regional service transformation work is critical in delivering a transformed clinical model by the time a new Edinburgh Cancer Centre is constructed alongside supporting sustainable services in the short to medium term. NHS Lothian, Fife, Borders and Dumfries and Galloway will continue to work together to deliver an ambitious 'Regional Transformation Programme' with a commitment to developing this as part of the 'roadmap' to Edinburgh Cancer Centre reprovision.

Delivery of the reprovision programme in a reasonable timeframe is essential to ensure that the articulated needs for change are addressed and associated benefits realised, whilst mitigating against ongoing risks connected with current service delivery as demand continues to grow.

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<sup>2</sup> [Build Back Fairer: The COVID-19 Marmot Review](#); The Health Foundation and Institute of Health Equity, December 2020

**AUDIT & RISK COMMITTEE**  
**(Meeting on 16 June 2022)**

No issues were raised for escalation to the Board.

**MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 16 JUNE 2022 AT 2PM VIA MS TEAMS**

**Present:**

M Black, Non-Executive Member (Chair)  
A Grant, Non-Executive Member  
A Lawrie, Non-Executive Member  
A Wood, Non-Executive Member

**In Attendance:**

K Booth, Head of Financial Services & Procurement  
P Cumming, Risk Manager  
P Fraser, Audit Scotland  
T Gaskin, Chief Internal Auditor  
L Graham, Audit Scotland  
B Hudson, Regional Audit Manager  
G MacIntosh, Head of Corporate Governance & Board Secretary  
M Michie, Deputy Director of Finance  
C Potter, Chief Executive  
H Thomson, Board Committee Support Officer (Minutes)

**Chair's Opening Remarks**

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. MEMBERS' TRAINING SESSION – THE ANNUAL ACCOUNTS: THE ROLE & FUNCTION OF THE AUDIT & RISK COMMITTEE**

The Chair welcomed P Fraser from Audit Scotland. A presentation on the role & function of the Audit & Risk Committee in the context of members' review of the annual financial accounts was provided. The main topics covered were:

- Remit of Audit & Risk Committee
- Responsibilities of Audit & Risk Committee in relation to the Annual Accounts
- Member review of Governance Statement
- Member review of Draft Accounts
- Recommending approval of Accounts to the Board

M Black, Chair, questioned if the reserves include those held by the Integrated Joint Board (IJB) and was advised by P Fraser, Audit Scotland, that the Accounts will present NHS Fife's share of the reserves, which is split 50/50 with Fife Council. P Fraser noted that a significant increase in the draft IJB reserves was expected and the audit work around this will be concluded, once the IJB Accounts are finalised and made available.

It was advised that members of the team from Audit Scotland will be present in Hayfield House on a weekly basis on a Thursday, and members were welcomed to attend to discuss any work in relation to the Annual Accounts and the Audit findings. It was reported that Audit Scotland have engaged regularly with key members of the Finance Team during the Audit process. It was also noted that the draft Annual Accounts were received a few days ahead of schedule and that they were of a good quality, enabling the audit review work to proceed promptly.

L Graham, Audit Scotland, described the level of work that Audit Scotland carry out for the Annual Accounts, in order to determine the Audit findings. It was advised that the process is going well thus far for NHS Fife and discussions are ongoing regarding the Integrated Joint Board (IJB) disclosures. It was noted the timing of the IJB Accounts reflects the different process and timescales used in the local authority. The work carried out in relation to the audit was described and it was reported that appropriate coverage for all areas of the financial statements will be ensured.

The Annual Accounts checklist was commended as being a helpful tool for members to use and this will be reissued with the July meeting papers.

**Action: Board Committee Support Officer**

The Committee thanked Audit Scotland for an informative session and their continued engagement.

## **2. Apologies for Absence**

Apologies were received from member K MacDonald, Non-Executive Member, and attendee M McGurk, Director of Finance & Strategy.

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

There were no declarations of interest made by members.

## **4. Minutes of the Previous Meeting held on 18 May 2022**

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

## **5. Action List / Matters Arising**

The Committee **noted** the updates and also the closed items on the Action List.

## **6. GOVERNANCE MATTERS**

### **6.1 Annual Review of Code of Corporate Governance**

The Board Secretary advised that the Review of Code of Corporate Governance is provided to the Committee on an annual basis, normally at the May meeting, for onward submission to the Board. It was noted that the short delay was due to the issuing nationally of the new Model Code of Conduct (Code) for Board Members, which has now been published and is incorporated in full within the document.

A summary was provided on the updated version of the Code that was provided to the Committee and it was noted that an update to Board members on the changes within the Code will be provided at a future Board Development Session, involving colleagues from NHS Education for Scotland (NES). This briefing work is being led nationally, given that all Boards have to adopt the one standard Code of Conduct.

The Head of Financial Services and Procurement provided comment on his involvement in the review specifically highlighting a number of amendments to Procurement following the UK's withdrawal from the European Union.

A Wood, Non-Executive Director, suggested consideration be given to gender-neutral language being used in the Standing Financial Instructions and Scheme of Delegation, and to ensure that the approach to language is consistent throughout. The Head of Financial Services & Procurement and Head of Corporate Governance & Board Secretary agreed to take this forward these minor textual changes, prior to the Board's review of the full document.

**Action: Head of Financial Services & Procurement and Board Secretary**

The Risk Manager highlighted the mention of the BAFs within the Code and whether those references should be removed or held until the new arrangements are in place. The Risk Manager also noted that the Clinical Governance Steering Group has changed its name to the Clinical Governance Oversight Group. The Head of Corporate Governance & Board Secretary advised that changes to Committee remits cannot be made based on future plans and suggested that BAF updates and terminology are updated for the next cycle of review, to be undertaken by the Committees early in the new year. The Risk Manager agreed to send to the Head of Corporate Governance & Board Secretary any wording which is out of date.

**Action: Risk Manager**

The Committee recommended **approval** to the Board of the updated Code, subject to the minor textual changes being made as described above.

## **6.2 Committee & Directors' Annual Assurances for 2021/22**

- **Clinical Governance Committee**
- **Finance, Performance & Resources Committee**
- **Public Health & Wellbeing Committee**
- **Remuneration Committee**
- **Staff Governance Committee**
- **Executive Directors' Assurance Letters**

The Board Secretary introduced this item and asked the Committee to consider if the statements appropriately reflect the work carried out throughout the year by the Board's standing committees and whether each gave sufficient level of detail on which members could take assurance on.

The Board Secretary advised that the Integrated Joint Board (IJB) Assurance Statement is still to be finalised, but that it is normal process to approve this prior to the Annual Accounts sign off. At present discussions are still ongoing with colleagues in the IJB in terms of timings and it is anticipated that the IJB Assurance Statement will be provided to the Committee at the next meeting. M Black, Non-Executive Member, raised concern for the timing of the IJB Assurance Statement, relative to the anticipated sign off date of the Boards Annual Accounts . The Chief Internal Auditor explained the reasons for the delay, noting this was largely due to the hiatus in IJB meetings, caused by the local authority elections recently held, and provided assurance that it is anticipated that there will be an improved timing of the IJB Assurance Statement next year.

A Grant, Non-Executive Member, questioned if returns were consistent with previous years and whether areas are highlighted that have changed from previous versions. In response, the Board Secretary advised that the reflection on the business of the year is unique and thus is newly written for each, though there is some consistency, from previous versions, particularly in the Appendices covering Best Value, Governance and Accountability. T Gaskin, Chief Internal Auditor, noted that the Board Secretary has had detailed discussions with the Committees on the level of detail to include, and the risks/issues that have been identified, therefore each statement is bespoke to address each Committee's work in these areas.

The Committee took **assurance** from the Committee & Directors' Annual Assurances for 2021/22.

### **6.3 Audit & Risk Committee Draft Annual Assurance Statement 2021/22**

The Board Secretary advised the Audit & Risk Committee Annual Assurance Statement is in draft format, which the Chair and Director of Finance & Strategy have both had input to. A section relating to the Integrated Joint Board (IJB) Assurance Statement is still to be added before it is brought back to the Committee in its final version.

The Board Secretary advised that in instances when the Annual Accounts are signed off without the IJB Assurance Statement being provided to the Board, appropriate wording would be incorporated to advise of these circumstances.

A Wood, Non-Executive Member, requested more quantification of the statements in section 4.10. The Board Secretary agreed to take this forward in the final draft.

**Action: Board Secretary**

The Committee **noted** the Audit & Risk Committee draft Annual Assurance Statement 2021/22, agreeing that a final draft would be considered at their next meeting.

### **6.4 Draft Letter of Significant Issues of Wider Interest**

The Head of Financial Services & Procurement advised that the Letter of Significant Issues of Wider Interest is an annual return made by all NHS Scotland Boards to inform Scottish Government ahead of the Annual Accounts completion and consolidation. The letter from the Chair of the Audit and Risk Committee will accompany and support the Draft Governance Statement that the committee had reviewed at the previous meeting.

The Head of Financial Services and Procurement confirmed that the letter followed the disclosure requirements from the Annual Accounts Manual and that there is nothing in addition to disclose in the letter for this year outside what has already been included in the draft Governance statement.

The Committee **approved** the letter and the return of this and the draft Governance Statement to the Scottish Government.

## **7. ANNUAL ACCOUNTS**

### **7.1 Service Auditor Reports on Third Party Services**

The Head of Financial Services & Procurement spoke to the paper and confirmed that the third Party Service Audit Reports were now all received and had been shared with Audit Scotland as part of the Annual Accounts process. The Head of Financial Services and Procurement confirmed that all three reports (NSS Practitioner and Counter Fraud Services, NSS IT Services and NHS A&A Financial Ledger Services) had come back as unqualified this year, therefore NHS Fife could take assurance that these services provided, operated under an appropriate control environment, which enables reliance to be placed upon them. It was noted that the Service Audit Report for Practitioner and Counter Fraud Services, following significant work undertaken during the year by NSS into ensuring that the recommendations made in the 2020/21 audit were met had come back as unqualified after previously being qualified in 2020/21.

The Committee took **assurance** from the audit opinions and the associated management responses for the services hosted by National Services Scotland (NSS) and by NHS Ayrshire & Arran (NHS A&A) on behalf of NHS Fife.

## **8. RISK**

### **8.1 Final Risk Management Annual Report 2021/22**

The Risk Manager advised the report is now in its final version and highlighted that comments previously received from the draft report have been incorporated, particularly in relation to language, terminology, and more definitive timescales.

The Committee took **assurance** from the Risk Management Annual Report 2021/22.

## **9. GOVERNANCE – INTERNAL AUDIT**

### **9.1 Internal Audit Annual Report 2021/22**

The Chief Internal Auditor reported that the Annual Internal Audit Plan has been delivered in accordance with the Public Sector and Internal Audit Standards. The Chief Internal Auditor highlighted Internal Audit opinions from the report that:

- The Board has adequate and effective internal controls in place
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.



The Chief Internal Auditor discussed the main points and themes in the report, noting the overall positive assessment of NHS Fife against the backdrop of another challenging year.

Following a question from A Wood, Non-Executive Member, the Chief Internal Auditor provided an explanation on the difference to the 'audit actions remaining' numbers in section 8 & 9 and 24.

A Wood, Non-Executive Member, questioned the revised timescales in the follow up of ICE recommendations (section 1, point 3) for the Organisational Duty of Candour, and sought clarification for section 1, point 4 on Adverse Events Key Performance Indicators (KPIs). The Chief Internal Auditor explained the Clinical Governance Committee receive Adverse Events, and, due to timings, the process for Adverse Events was deferred for the Organisation Duty of Candour Report.

The Board Secretary provided prior comments on behalf of K MacDonald, Non-Executive Member, and advised that notwithstanding the overall conclusion of the Internal Audit report, and in the context of an ongoing review of the Corporate Risk Register, K MacDonald noted as being of concern from a health & safety perspective the delayed progress against actions on the Organisational Duty of Candour, Adverse Events and Staff Governance Standards.

The Chief Internal Auditor reported that the NHS Fife Property & Asset Management Strategy Implementation Action Plan (PAMS) date was set to November 2022 with the rationale being that the PAMS will continue to evolve as the Health and Wellbeing Strategy evolves. The Committee was advised that by November 2022, a clearer implementation plan would be available to take forward the latest version of the PAMS.

M Black, Chair, sought clarification on the high risk 1677 - digital transformation. The Chief Internal Auditor advised that as a Health Board, there is a requirement for the Integrated Joint Board to transform the non-delegated functions, and highlighted that digital transformation is fundamental to NHS Fife to sustain services for the future.

The Chair thanked The Internal Audit team for all their hard work, and the Chief Internal Auditor thanked the Regional Audit Manager and his team for all their hard work over the year.

The Committee **approved** the report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

## 9.2 Draft Annual Internal Audit Plan 2022/23

The Chief Internal Auditor noted that the comments made at the last Committee meeting have been incorporated.

A Wood, Non-Executive Member, questioned what is covered under 'Audit Follow Up' within the plan and was advised by the Chief Internal Auditor that all areas are risk assessed and reported on a quarterly basis. The Regional Audit Manager noted that

follow up reports are provided to the Executive Directors' Group for onward submission to the Audit & Risk Committee.

A Wood, Non-Executive Member, questioned delayed discharge management, and how the decision is reached to further audit in this area. The Chief Internal Auditor advised there are numerous processes in place to reach these decisions. It was noted, areas that require more focussed attention would be raised to the Committee, and that there is a degree of flexibility within the Internal Audit Plan to identify and review areas as are required.

The Committee **approved** the partial audit plan for 2022/23 (Appendix A) and supported the approach to further developing the Internal Audit Plan for 2022/23 once the Strategic Priorities and Corporate Risk Register are approved.

## **10. FOR ASSURANCE**

### **10.1 Losses & Special Payments Quarter 4**

The Head of Financial Services & Procurement highlighted the key points from the paper, confirming that a Year End Debtors review had been carried out in 2021/22 as this review had not been carried out in 2020/21. The Head of Financial Services and Procurement gave the committee assurance that a Year End review would be carried out as part of the Annual Accounts process going forward.

The Head of Financial Services and Procurement confirmed that a Year End analysis had been carried out to identify any significant increases or emerging patterns, but that no areas of concern were raised and a summary was provided for reference. The Head of Financial Services and Procurement assured the committee that this analysis again would become part of the Annual Accounts process going forward.

M Black, Chair, questioned if action plans are put in place when either clinical or non clinical compensation payments are made to ensure lessons are learned and to prevent the same issues from recurring and exposing NHS Fife to further loss. It was agreed to ask the Director of Finance & Strategy to provide feedback on the process from her involvement with the Central Legal Office proposed settlements at the next Committee meeting.

**Action: Head of Financial Services & Procurement**

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

### **10.2 Delivery of Annual Workplan**

The Board Secretary highlighted the items on the Workplan that have been deferred.

The Committee took **assurance** from the tracked Workplan.

## **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:** Friday 29 July 2022 at 2.30pm via MS Teams.

**CLINICAL GOVERNANCE COMMITTEE**

**(Meeting on 1 July 2022)**

No issues were raised for escalation to the Board.

## Fife NHS Board

Unconfirmed

### MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON FRIDAY 1 JULY 2022 AT 10AM VIA MS TEAMS

#### Present:

C Cooper, Non-Executive Member (Chair)    A Lawrie, Area Clinical Forum Representative  
M Black, Non-Executive Member                J Owens, Director of Nursing  
A Wood, Non-Executive Member                J Tomlinson, Director of Public Health  
S Fevre, Area Partnership Forum  
Representative

#### In Attendance:

J Brown, Head of Pharmacy (*Deputising for B Hannan*)  
N Connor, Director of Health & Social Care (*Part*)  
S Cosens, NHS Lothian (*Item 7.1 only*)  
C Dobson, Director of Acute Services  
S Fraser, Associate Director of Planning & Performance (*Part*)  
A Graham, Associate Director of Digital & Information  
S Harrow, NHS Lothian (*Item 7.1 only*)  
H Hellewell, Associate Medical Director, H&SCP  
G MacIntosh, Head of Corporate Governance & Board Secretary  
M McGurk, Director of Finance & Strategy  
E Muir, Clinical Effectiveness Manager  
F Quirk, Assistant Research, Innovation & Knowledge Director (*Item 7.2 only*)  
C Reid, NHS Lothian (*Item 7.1 only*)  
H Thomson, Board Committee Support Officer (Minutes)

#### Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair highlighted that as the easing of restrictions continue, and with the rising numbers of Covid cases, there are still unprecedented pressures across the whole health and social care system. The Chair recognised the dedication of our staff and volunteers and thanked them for their ongoing hard work.

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 S Braiden (Non-Executive Member), K MacDonald (Non-Executive Whistleblowing Champion), C McKenna (Medical Director) and C Potter (Chief Executive), and attendees B Hannan (Director of Pharmacy & Medicines), L Campbell (Associate Director of Nursing), G Couser (Associate Director of Quality & Clinical Governance), J Morrice (Associate Medical Director, Women & Children's Services) and M Wood (Interim Associate Medical Director for Surgery, Medicine & Diagnostics).

## 2. Declaration of Members' Interests

There were no declarations of interest made by members.

## 3. Minutes of the Previous Meeting held on 29 April 2022

Updates to the previous minutes were made as follows:

- Item 5.2, paragraph 3: typo corrected.
- Item 5.3, paragraph 4 expanded to read: A Wood, Non-Executive Member, requested further information on the reasons for not meeting the Cancer Waiting Times 62-day target (Risk 2297). The Medical Director advised that the performance metrics would sit within the Finance, Performance & Resources Committee and the operational aspects are discussed at the Cancer Oversight Group. Clinical aspects are also discussed at the Cancer Oversight Group, with assurances coming from that Group to this Committee.
- Item 6.2, paragraph 5 expanded to read: Following a question from A Wood, Non-Executive Director, on the review of the Major Incident Plan, it was advised an update will be included in the report at the July Committee meeting.
- Item 7.3, paragraph 2 expanded to read: A Wood, Non-Executive Director, questioned if there continues to be an ongoing system issue in the reporting of hand hygiene trends, and highlighted page 12 of the report at 5.1 where it states hand hygiene trends are unable to be reported. The Director of Nursing advised that hand hygiene audits are included in the HAIRT Report (page 19 & 21), and that this data is being captured via the LanQIP dashboard. The Director of Nursing agreed to take forward the reference on page 12 – unable to report trends.

The Committee then formally **approved** the minutes of the previous meeting.

## 4. Matters Arising / Action List

### Action Item 1 - Adult Support and Protection Biennial Report 2018-2020

The Director of Nursing advised that work is being carried out in relation to the number of reported self-harm cases and the link to the Psychological Therapies Services and Addiction Services waiting lists. M Black, Non-Executive Member, raised concern over the delay in the timeline for the report coming to the Committee and the Director of Health & Social Care advised that there had been an oversight and confirmed a report will come to the meeting on 2 September 2022, for assurance.

### Action Item 2 - Clinical Governance Framework

The Associate Medical Director advised that the Clinical Governance Framework is actively being worked on, and, due to timelines being revised, the framework will come to the November Committee meeting.

M Black, Non-Executive Member, raised concern over the revised timeline for the framework and expressed displeasure over the delay. The Associate Medical Director advised that the framework has been delayed twice for feedback due to extreme service

pressures. The Director of Finance & Strategy added that engagement is vital, and assurance was provided that the Internal Auditors had referenced the delay as a minor slippage, which was unavoidable and symptomatic of wider system pressures, given the significance of the report.

#### Action Item 4 - Health & Safety Workplan

A Wood, Non-Executive Director, questioned if there is a plan or opportunity for an assurance report to come to the Committee at regular intervals in terms of the delivery of the Health & Safety Workplan. The Director of Nursing agreed to ask the Chair of the Health & Safety Subcommittee for an update.

**Action: Director of Nursing**

The Committee **noted** the updates and also the closed items on the Action List.

### **5. ACTIVE OR EMERGING ISSUES: COVID-19**

The Director of Public Health provided a verbal update and advised of an uptake in reported Covid cases within the Region, which is being driven by two new variants: Omicron ba.4 & ba.5. It was reported that the pattern of cases is not as severe as it was in the past, due to the benefits of the vaccinations. It was noted, however, that there has been an uptake in the number of care homes affected.

The Associate Medical Director reported on the impact of staffing across the system due to the rising case numbers. It was also reported that there continues to be a high number of the population coming into the hospitals to be assessed, however, less are requiring more intensive therapy. Assurance was provided that work is ongoing to mitigate the staffing pressures and ensuring all areas are safe.

S Fevre, Area Partnership Forum Representative, questioned if there is any further support for staff in terms of booster vaccinations and if that would support prevention of positive cases within our workforce. The Director of Public Health advised that booster vaccinations will be nationally led, and that it is anticipated that correspondence will be received from the Joint Committee on Vaccination and Immunisation (JCVI), who make the determination of vaccination weaning and the benefit to the population, in the coming weeks.

The Chair questioned if there is any indication that there would be any supply issues for vaccinations in the future. The Director of Public Health advised that there will be restrictions in terms of numbers of supplies that are available, and the JCVI would make the decision on the best way to use the resources.

Following a question from M Black, Non-Executive Director, on reverting back to one visitor in the hospitals, the Director of Public Health advised that allowing for one visitor reduces pressures on staff and also reduces the footfall, which subsequently should reduce risk to patients in our hospitals. It was noted discussions have taken place through the Executive Directors' Group on wider communication to the population regarding raising awareness for individuals to protect themselves.

M Black, Non-Executive Director, questioned the impact of long Covid. The Director of Public Health reported that a full understanding of the different elements of support that is required to those with long Covid is not yet available. It was noted specific work is

ongoing in relation to recovery and rehabilitation of Covid, and a framework will be brought back to the Committee.

The Director of Nursing noted that she is now a representative on the 'Long COVID Strategic Oversight Board' and updates will be brought back to the Committee.

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

## **6. GOVERNANCE MATTERS**

### **6.1 Annual Internal Audit Report 2021/22**

The Director of Finance & Strategy reported that conclusions of the Annual Internal Audit Report 2021/22 is very positive.

It was advised that the report details progress made regarding the Risk Management Improvements Programme and the review of the Board Assurance Framework. Also detailed within the report is the Organisational Duty of Candour Report, which has been delayed due to the pandemic, pressures on the systems and delays to the adverse events processes; every effort is being made to bring that back on track.

It was reported Information Governance & Security is an area of significant improvement, and all actions are complete. It was also reported good progress has been made on the Clinical Governance Framework, despite the slight delay in the timeline.

It was confirmed the Annual Internal Audit Report 2021/22 was brought to the Committee for assurance, and not for approval, as stated in the cover paper.

A Wood, Non-Executive Member, questioned the actions and support around the backlog of activity within the Organisational Duty of Candour Report and asked if an update will be brought back to this Committee on progress of actions. The Director of Finance & Strategy advised that the backlog was due to gaps in the service as a result of staff leaving the organisation and high staff absences due to Covid. It was advised that the Organisational Duty of Candour Report 2021/22 will be concluded shortly and as part of that report a section will be built in around improving resilience. The Director of Nursing added that work has been ongoing around the adverse events process and also around streamlining the complaints process as much as possible. The Organisational Duty of Candour Report 2021/22 will be brought to this Committee as soon as possible.

**Action: Associate Medical Director**

The Committee took **assurance** from the report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

### **6.2 Board Assurance Framework (BAF) - Quality and Safety**

The Director of Nursing reported that the quality & safety component of the BAF has been reviewed and updated. The risk level remains unchanged at high, and there have been no changes to the risk level or ratings of the linked risk. The BAF will be replaced by the Corporate Risk Register, and this new means of reporting will come to the Committee at the September meeting.



The Committee considered the questions set out in the paper and **approved** the updated quality and safety component of the BAF.

### 6.3 Board Assurance Framework (BAF) - Strategic Planning

The Director of Finance & Strategy reported that the Strategic Planning BAF has been assessed as moderate, and it is expected that this risk level will reduce as we progress through the milestone plan for strategy development.

The Committee **approved** the current position in relation to the Strategic Planning risk of moderate.

### 6.4 Board Assurance Framework - Digital and Information

The Associate Director of Digital & Information highlighted the two linked risks which have been removed from the Digital & Information BAF and are detailed in the paper. The current risk level for this BAF has been assessed as high, with the target score remaining at moderate.

M Black, Non-Executive Member, questioned why the cyber attack risk has been reduced. The Associate Director of Digital & Information reported that there has been the introduction of new technology for that specific risk, and work is being conducted in relation to the network and security audit to reframe some of the cyber attack risks.

The Committee took **assurance** from the content and current assessment of the Digital & Information BAF.

## 7. STRATEGY/PLANNING

### 7.1 Edinburgh Cancer Centre Reprovision - Regional Service Model Discussion

C Dobson introduced S Cosens, S Harrow and C Reid from NHS Lothian, who joined the meeting to speak to this item. S Cosens gave a presentation on the reprovision of the Edinburgh Cancer Centre, the slides for which will be shared with the Committee.

**Action: Board Committee Support Officer**

The Chair questioned the timelines once the Initial Agreement (IA) has been submitted to the Scottish Government. S Cosens advised that the Scottish Government are aware the IA will be submitted in August 2022, and that their Capital Investment Group is scheduled for 28 September 2022.

A Wood, Non-Executive Director, questioned if the decentralised radiotherapy model is an additionality. S Cosens advised that the demand in the future suggests that 10 linacs in the South East Region (Lothian, Fife, Borders and Dumfries & Galloway) are required, and that the decentralised model would suggest that at least two of these linacs would be together in another region. It was also reported that the impact of resources on other Boards in the region would be factored into service planning. S Cosens advised that the business case that is being submitted may include the radiotherapy satellite. Costings would be agreed through the South East Cancer Network (SCAN) where all the Health Boards come together to plan for cancer services

S Cosens explained that the Dumfries & Galloway Health Board send their oncology patients to the SCAN region and when specialist services are required, they are referred to the Edinburgh Cancer Centre, which is a continuation of the current service level provision. It was noted that this is a small number of patients.

The Chair commended the significant work of the whole team. S Cosens, S Harrow and C Reid were thanked for an excellent and informative presentation.

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

## 7.2 Data Sharing Agreement for Use Case Project with Data Loch

The Assistant Research, Innovation & Knowledge (RIK) Director joined the meeting and provided an update on the situation of Data Loch, as described in the paper.

A Wood, Non-Executive Member, requested clarity that the proposal is recommended and supported from an information governance perspective and questioned if there is an ethics process that is required. The Assistant RIK Director advised that the Information, Governance & Security Oversight Group recommended the proposal. It was noted that Data Loch is not a research project and is a service management project, which is subject to innovation governance oversight and data security & protection confidentiality. The Associate Director of Digital & Information reported that a detailed assessment will take place if there is a recommendation to proceed with the project.

Following a question from M Black, Non-Executive Member, the Assistant RIK Director reported that Fife benefits from being able to access two trusted research environments which offer slightly different services.

A Lawrie, Area Clinical Forum Representative, questioned if patient consent is sought for statistical data and if there is an opportunity for patients to opt out of their data being used. The Assistant RIK Director explained that the data will be subject to the NHS Code of Conduct and Data Protection Act around data confidentiality and security. It was noted that policies and protections are in place that ensure those policies are upheld within the information governance framework for Data Loch. It was also advised that the data sits within NHS Lothian's infrastructure and is subject to the same policies and frameworks as NHS Fife. The Associate Director of Digital & Information noted that Data Loch have carried out some strong engagement work to help inform the public's perception of handling data and the legislative position.

The Committee provided indicative **approval** to develop and implement a use case demonstration project with Data Loch.

## 7.3 Emergency / Resilience Planning

The Director of Public Health advised that the reporting arrangements for emergency/resilience planning is being refreshed. The paper describes the updates on progress to date and the initial recommendations from the internal audit findings.

It was advised that the cycle of reporting is on annual basis in terms of business continuity assurance, and that this was heavily disrupted due to the pandemic. It was reported that the organisation has been working to enhance command and control

structures throughout the pandemic and that the Business Continuity Plan has been tested thoroughly during this period.

A Wood, Non-Executive Member, asked if progress updates would be provided to the Committee on the future via resilience assurance reports. The Director of Public Health advised that progress updates will now be provided to the Executive Directors' Group on a quarterly basis, and that the terms of reference will be updated to reflect that change. An annual statement of assurance would come forward to the Board.

The Committee took **assurance** from the update and **noted** the focus of future resilience assurance reports will cover the following:

- Quarter 2: Testing and exercising
- Quarter 3: Business continuity assurance statement
- Quarter 4: Major Incident plan formal sign-off

## 8. QUALITY/PERFORMANCE

### 8.1 Integrated Performance and Quality Report (IPQR) Review Progress Report

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that work continues to be ongoing on the corporate risks, which will inform how the risk management information is presented in the IPQR. It was reported that corporate risks will be aligned to risk management within the IPQR, which will also be aligned to the improvement outcomes.

The Associate Director of Planning & Performance also mentioned that the metrics have all been reviewed within the IPQR and a few changes have been made. It was highlighted that screening indicators are still under discussion.

It was reported that the IPQR is now in its new format, and the new metrics have been included. It was noted that projections of activity are still a work in progress. The Scottish Government are still in discussions for agreement on projections with individual operational departments, and the projections will be included in the IPQR, once this work is complete.

Following a question from M Black, Non-Executive Member, the Associate Director of Planning & Performance provided clarity on the 'All delayed discharge bed days lost' within the operational performance metrics section of the paper.

M Black, Non-Executive Member, highlighted that there is no direction about the updating of Scottish Government directed national targets. The Associate Director of Planning & Performance agreed to take this forward outwith the meeting and respond directly back to M Black and the Committee if necessary.

**Action: Associate Director of Planning & Performance**

The Committee **noted** and **agreed** to the proposed update to the IPQR from the IPQR Review Group.

### 8.2 Integrated Performance and Quality (IPQR) Report

The Director of Nursing provided an update and gave an overview of the key points within the report.

A Wood, Non-Executive Member, questioned if the level of performance for cardiac arrest should be added to the operational performance metrics. A Wood also noted that cardiac arrest is one of the top extreme adverse events and questioned what percentage of cardiac arrests were avoidable. The Director of Nursing agreed to bring an update back to the Committee from the Resuscitation Committee who have been looking at work around deteriorating patients. Assurance was provided from the Associate Medical Director that the Resuscitation Committee are also looking at whole systems.

**Action: Director of Nursing**

Following a question from A Wood, Non-Executive Member, the Director of Nursing agreed to take forward with the Medical Director the agreement of a timeline for an update to be brought to the Committee on the Hospital Standard Mortality Rates (HSMR).

**Action: Director of Nursing**

The Director of Public Health highlighted inequalities, and whether the data within our existing statistics could be analysed further to give a better understanding of inequalities and adverse events and if there are any patterns. It was agreed to take this forward as an action.

**Action: Director of Nursing/Associate Director of Planning & Performance**

The Committee took **assurance** from the IPQR report.

### **8.3 Healthcare Associated Infection Report (HAIRT)**

The Director of Nursing spoke to the paper and highlighted the new Standards on Reduction of Healthcare Associated Infections (HAIs). A gap analysis will be carried out, and a paper will be brought back the Committee.

**Action: Director of Nursing**

It was reported that the reduction Standards for Clostridioides difficile Infection (CDI), Staphylococcus aureus Bacteraemia (SAB) and Escherichia coli Bacteraemias (ECB) have been extended to March 2024 due to the Covid response.

The Director of Nursing noted that the cleaning specification and Estates' work is still at green status, which is positive.

A Wood, Non-Executive Member, sought assurance on the resources for surgical site infection surveillance. The Director of Nursing advised that there are designated nurses for surgical site infection surveillance, however, due to the pandemic, those staff have been supporting other areas. This will be closely monitored to ensure that there is sufficient resource in place for when surveillance work returns.

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

### **8.4 No Cervix Incident – Lessons Learned**

The Director of Public Health provided background information, as detailed in the paper, and provided assurance that the process has been completed and lessons learned

identified. The full report of the lessons learned session is available via Joy Tomlinson, Director of Public Health.

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

## 9. DIGITAL/INFORMATION

### 9.1 Update on Digital Strategy 2019-2024

The Associate Director of Digital & Information highlighted the key areas from the five key ambitions for Digital & Information and advised that progress remains strong. Delays in the implementation of HEPMA and paper-lite were reported, and those activities are now underway; it is expected initiation and early adoption will take place before the close of this digital strategy period, although there is recognition that implementation will be extended past that period.

The Associate Director of Digital & Information outlined the areas where delays have been recognised and will extend beyond delivery of the strategy period.

It was reported that there is a new Scottish Government consultation relating to the development of a National Data Strategy for Health & Social Care, and NHS Fife will receive further details in August 2022 to support our response.

Following a question from M Black, Non-Executive Member, assurance was provided that data availability and sharing between the Integrated Joint Board (IJB) and Primary Care is significant and will be encouraged as much as possible.

The Committee took **assurance** of suitable progress for the Digital and Information Strategy 2019-2024, despite challenges to complete the implementation of new capabilities within the remain term of the Digital Strategy.

## 10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

### 10.1 Patient Experience & Feedback Report

The Director of Nursing spoke to the report and highlighted the key points.

It was noted that with additional staff in post, capturing live feedback from patients will be carried out. This will support improving processes around improving the patient experience.

The Committee **supported** the direction of travel indicated in the Report.

## 11. ANNUAL REPORTS

### 11.1 Clinical Advisory Panel Annual Report

The Associate Medical Director provided a brief update on the report.

A Wood, Non-Executive Member, questioned the financial details for referrals to the Independent Sector and asked if the services are being assessed. The Associate Medical Director provided assurance and advised that there is a process in place for

each provider, and that some of the services provided are for specific needs and may be the only option in the UK.

Following a question from M Black, Non-Executive Member, it was advised that addiction is just one of the services provided at The Priory, and that they also provide a service for those with severe and complex mental health needs. The Associate Medical Director agreed to provide M Black with more detail around the provision of addiction services in Fife outwith the meeting.

**Action: Associate Medical Director**

The Committee took **assurance** from the Report.

## **11.2 Director of Public Health Annual Report 2020-2021**

The Director of Public Health highlighted the main points in the paper.

The Committee **considered** the emerging issues set out within the Director of Public Health Annual Report and **endorsed** the future opportunities listed for each priority.

## **12. FOR ASSURANCE**

### **12.1 Delivery of Annual Workplan**

The Clinical Effectiveness Manager outlined the updates to the annual workplan.

It was agreed to add the Annual Resilience Report to the workplan.

**Action: Board Committee Support Officer**

The Committee took **assurance** from the tracked workplan.

## **13. LINKED COMMITTEE MINUTES**

The Committee **noted** the linked committee minutes.

13.1 NHS Fife Clinical Governance Oversight Group held on 19 April 2022 (confirmed)

13.2 Digital & Information Board held on 19 April 2022 (unconfirmed)

13.3 Fife Drugs & Therapeutic Committee held on 27 April 2022 (unconfirmed)

13.4 Fife IJB Clinical & Care Governance Committee held on 20 April 2022 (unconfirmed)

13.5 Research, Innovation & Knowledge Oversight Group held on 24 May 2022 (unconfirmed)

## **14. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **14.1 To the Board in the IPQR Summary**

There were no performance related issues to escalate to the Board.

**14.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters/issues to escalate to the Board.

**15. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** – Friday 2 September 2022 at 10am via MS Teams.

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE**

**(Meeting on 12 July 2022)**

No issues were raised for escalation to the Board.



Unconfirmed

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING  
HELD ON TUESDAY 12 JULY 2022 AT 09:30AM VIA MS TEAMS**

**Alistair Morris**  
**Chair**

**Present:**

A Morris, Non-Executive Director (Chair)                      J Owens, Director of Nursing  
W Brown, Non-Executive Stakeholder Member      C Potter, Chief Executive  
A Grant, Non-Executive Director                              J Tomlinson, Director of Public Health  
M McGurk, Director of Finance & Strategy

**In Attendance:**

J Brown, Head of Pharmacy (*deputising for B Hannan*)  
N Connor, Director of Health & Social Care  
S Fraser, Associate Director of Planning & Performance (*Items 7.1 & 7.2 only*)  
N McCormick, Director of Property & Asset Management  
G MacIntosh, Head of Corporate Governance & Board Secretary  
M Michie, Deputy Director of Finance  
K Donald, Interim PA to Director of Finance & Strategy (*observing*)  
H Thomson, Board Committee Support Officer (Minutes)

**Chair's Opening Remarks**

The Chair welcomed everyone to meeting, noting this was his first meeting as Chair. A welcome was extended to J Brown who is deputising for B Hannan.

The Chair gave thanks and appreciation to Rona Laing for all her work over the years to guide and support this Committee.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

**1. Apologies for Absence**

Apologies were received from members M Mahmood (Non-Executive Director), A Lawrie (Area Clinical Forum Representative), C McKenna (Medical Director) and attendees C Dobson (Director of Acute Services), A Graham (Associate Director of Digital & Information) and B Hannan (Director of Pharmacy & Medicines).

**2. Declaration of Members' Interests**

There was no declaration of members' interests.

### 3. **Minute of the last Meeting held on 10 May 2022**

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

### 4. **Action List / Matters Arising**

The Committee **noted** the closed item on the Action List.

## 5 **GOVERNANCE MATTERS**

### 5.1 **Annual Internal Audit Report 2021/22**

The Director of Finance & Strategy advised that the Annual Internal Audit Report 2021/22 forms part of the suite of assurance that is provided to the Audit & Risk Committee to support the Governance Statement within the Annual Accounts for 2021/22.

The Director of Finance & Strategy informed the Committee that the detailed report is positive and is testament to progress across a number of improvement areas over the previous 12 months, despite the ongoing challenges. Areas pertinent to this Committee within the Internal Control Evaluation (ICE) section of the report were highlighted.

The Committee took **assurance** from this report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement within the Annual Accounts for 2021/22.

### 5.2 **Board Assurance Framework (BAF) – Financial Sustainability**

The Director of Finance & Strategy spoke to the Financial Sustainability BAF and reported that the risk score has been reviewed and updated to High.

The Director of Finance & Strategy advised that since the writing of the report, a level of allocation to support Health Board retained Covid expenditure has been received, which offers some mitigation, however, does not close the gap in terms of the forecast Covid expenditure. Significant work, both locally and nationally, looking to manage the costs of the Covid recovery is ongoing.

In terms of the risk around not achieving the revenue financial target, it was reported that this has been assessed as high. A financial gap of £10.4m for 2022/23 is being discussed with the Scottish Government.

It was advised that guidance has been received for the medium-term financial plan submission, and work is ongoing to progress this.

The Chair questioned if there was any further Covid related support anticipated from the Scottish Government. The Director of Finance & Strategy confirmed that Scottish Government have advised there will be no funding beyond that already received for 2022/23. A detailed assessment is however being made to determine whether any acute set aside service Covid expenditure could be supported from the IJB Covid reserve.

The Director of Finance & Strategy highlighted the importance of delivering against the savings plans within the Financial Sustainability Improvement Programme, which was discussed further at agenda item 7.4.

The Director of Public Health recognised the funding challenges, due to the ongoing pressures, and fully supported the escalation of the risk.

The Committee **considered** and **approved** the updated Financial Sustainability element of the Board Assurance Framework which confirms that risk has been increased to High.

### **5.3 Board Assurance Framework (BAF) – Strategic Planning**

The Director of Finance & Strategy reported that the level of risk within the Strategic Planning BAF has been assessed as moderate, and as we continue to progress through the milestone plan activity for strategy development, it is expected that the risk level will reduce further.

As part of the discussions with the Board around risk appetite and the development of a new corporate risk register, the Director of Finance & Strategy advised that a review of the BAF risks is being carried out.

The Committee **considered** and **approved** the current position in relation to the Strategic Planning element of the Board Assurance Framework which confirms that risk has been assessed as Moderate.

### **5.4 Board Assurance Framework – Environmental Sustainability**

The Director of Property & Asset Management spoke to the Environmental Sustainability BAF and advised that the risk remains at High.

The Director of Property & Asset Management reported that discussions are ongoing around identifying risks to include in the new corporate risk register. It was advised a risk has been identified in relation to the development and delivery of the Property & Asset Management Strategy in that it may not meet the requirements of the wider Population Health & Wellbeing Strategy. A further associated new risk is that that we do not have sufficient resources to deliver the strategy in terms of workforce and capital. A further risk identified is the potential failure to deliver the climate emergency arrangements set out by the Scottish Government in November 2021.

The Committee **considered** and **approved** the current position in relation to the Environmental Sustainability element of the Board Assurance Framework which confirms that risk remains at High.

## **6 STRATEGY / PLANNING**

### **6.1 Property & Asset Management Strategy (PAMS) 2021/22**

The Director of Property & Asset Management advised that development of the PAMS is in line with supporting strategies to ensure alignment. Engagement with key stakeholders will be carried out before the PAMS is presented to the Fife Capital Investment Group and Portfolio Board. The draft PAMS will then come back to this

Committee at the meeting on 13 September 2022, before it is then presented to the wider Board.

The Chief Executive provided background detail to previous iterations of the PAMS document and provided assurance that the approach the team are taking is to ensure that the PAMS is aligned and embedded to become an integral part of the Population Health & Wellbeing Strategy.

The Committee took **assurance** from the update and supported the timeline and proposed governance route.

## **6.2 Fife Capital Investment Group Report 2022/23**

The Director of Finance & Strategy advised that the report details the proposed utilisation of the 2022/23 capital allocation. Assurance was provided that the Fife Capital Investment Group (FCIG) have reviewed in detail and supported the proposals around utilisation of the core allocation.

The Director of Finance & Strategy advised that the outline business cases for Lochgelly and Kincardine Health Centres were received positively by the Scottish Government's Capital Investment Group in June 2022. It was advised that the NHS Assure process needs to conclude and is a key milestone to be reached before full approval from the Scottish Government.

A Grant, Non-Executive Member questioned where the detail of the Elective Orthopaedic Centre expenditure is recorded and reviewed. The Director of Finance & Strategy advised a detailed breakdown of that spend is presented to the Elective Orthopaedic Centre Programme Board who review in detail, and that this Committee is presented with the high-level detail.

The Committee took **assurance** from the Report.

## **7 QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report**

The Associate Director of Planning & Performance joined the meeting and advised that the majority of the metrics within the IPQR remain very challenging. It was noted that the Annual Delivery Plan will explore ways to recover the position, and that operational plans will be aligned to the Annual Delivery Plan.

The Deputy Director of Finance spoke to the revenue expenditure section within the IPQR.

It was reported that the Covid spend, to date, totals £3.8m, and a breakdown of this is provided in the IPQR. It was reported an additional £7.5m for Covid expenditure has been allocated by the Scottish Government, and it was advised that confirmation is awaited in relation to test & protect and that this has not been included in the additional £7.5m allocation.

The Deputy Director of Finance advised that the Scottish Government have been clear that the monies that have been allocated must be spent on currently identified Covid spend.

It was reported that in terms of the cost improvement YTD target of £1.6m, that £750k has been delivered. It was advised that the slippage within this target relates to two areas: the vacancy factor target and the financial grip & control target.

A Grant, Non-Executive Member commented that the Covid funding from the Scottish Government appeared low. The Director of Finance & Strategy advised that the Scottish Government have not received any UK consequentials to support Covid spend in 2022/23 and noted that it will be a very challenging year, with anticipated high levels of scrutiny by the Scottish Government in terms of in-year expenditure and delivery against saving targets.

The Director of Health & Social Care reported on the performance indicators for Acute Services and the Health & Social Care Partnership within the IPQR. The position remains extremely challenging and pressurised across all of our system.

The Director of Health & Social Care thanked all staff and volunteers for all their hard work during these challenging times.

The Chair highlighted that the majority of our trends are on an upward trajectory, which is positive.

The Committee took **assurance** from the Report.

## 7.2 Integrated Performance & Quality Report (IPQR) Review Update

The Associate Director of Planning & Performance advised a review of the IPQR has been carried out following the Board Active Governance Session in November 2021.

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that review work continues on the corporate risks, which will inform how the risk management information is presented in the IPQR. It was reported that corporate risks will be aligned to risk management within the IPQR, which will also be aligned to the improvement outcomes.

It was reported that the IPQR is now in its new format, and new metrics have been included.

The Committee were informed that activity projections remain a work in progress.

The Associate Director of Planning & Performance also reported that improvement actions from the previous year will be included in the next iteration of the IPQR and will be aligned to the Annual Delivery Plan.

The Chair requested further detail on complaints and the level of workforce vacancies within the IPQR. The Associate Director of Planning & Performance agreed to include this in the next iteration of the IPQR.

**Action: The Associate Director of Planning & Performance**

The Committee took **assurance** from the proposed update to the IPQR from the IPQR Review Group.

### 7.3 Labs Managed Service Contract (Msc) Performance Report

The Chief Executive provided background to the report.

The Director of Property & Asset Management provided an overview of the report and advised that the report provides a summary of activity over the previous year.

The Committee took **assurance** from the Report.

### 7.4 Financial Improvement and Sustainability Programme Progress Report

The Director of Finance & Strategy advised regular updates will be provided to the Committee on this important programme.

The Director of Finance & Strategy advised that each cost improvement area is supported by a detailed cost improvement plan which is scrutinised in detail at the Financial Improvement Sustainability Programme Board and at Directorate level.

The Deputy Director of Finance added that there are a number of pipeline schemes that will be presented during the year to the Financial Improvement Sustainability Programme Board.

A Grant, Non-Executive Member requested more detail, for this Committee, on delivery of the vacancy factor and financial grip and control plans. He also requested an additional column be added to the summary, which presents the breakdown for the year, on the current position. The Deputy Director of Finance agreed to take this forward.

**Action: Deputy Director of Finance**

The Committee took **assurance** from the Financial Improvement and Sustainability Programme Progress to date.

## 8 FOR ASSURANCE

### 8.1 Delivery of Annual Workplan

The Director of Finance & Strategy outlined the updates to the annual workplan. It was noted that the Development Sessions require to be rescheduled.

The Committee **approved** the workplan.

### 8.2 Procurement Governance Board Report No. B18-22

The Director of Finance & Strategy introduced the report and confirmed that the Procurement Governance Board is now active and detailed plans are coming forward in terms of improvement activity.

It was agreed that going forward a short covering SBAR would be prepared for these internal audit reports outlining key areas of committee focus.

The Committee took **assurance** from the Procurement Governance Board Report No. B18-22.

### **8.3 Financial Process Compliance Report No. B20-22**

The Director of Finance & Strategy introduced the report.

The Committee took **assurance** from the Financial Process Compliance Report No. B20-22.

## **9. Linked Committee / Group Minutes**

The Committee **noted** the linked committee minutes:

- 9.1 Fife Capital Investment Group held on 20 April 2022 (unconfirmed)
- 9.2 IJB Finance & Performance Committee held on 11 March 2022 (confirmed) and 29 April 2022 (unconfirmed)
- 9.3 Pharmacy Practice Committee held on 30 May 2022 (unconfirmed)

Following a question from A Grant, Non-Executive Member, it was advised that there are no Non-Executive Members on the Fife Capital Investment Group as this group is a subcommittee of the Executive Directors Group (EDG) who look at the operational detail of capital on behalf of the EDG.

## **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **10.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IQPR summary.

### **10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no issues to escalate to the Board.

## **11. ANY OTHER BUSINESS**

There was no other business.

## **12. DATE OF NEXT MEETING**

The next meeting will be held on Tuesday 13 September 2022 at 9.30am via MS Teams.

**PUBLIC HEALTH & WELLBEING COMMITTEE**

**(Meeting on 4 July 2022)**

No issues were raised for escalation to the Board.



## MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 4 JULY 2022 AT 10AM VIA MS TEAMS

### Present:

T Marwick, (Chair)

C Cooper, Non-Executive Member

A Morris, Non-Executive Member

W Brown, Employee Director

M McGurk, Director of Finance & Strategy

J Owens, Director of Nursing

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)

### Chair's Opening Remarks

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 M Black (Non-Executive Director), C McKenna (Medical Director) and C Potter (Chief Executive).

#### 2. Declaration of Members' Interests

There was no declaration of members' interests.

#### 3. Minutes of Previous Meeting held on Monday 16 May 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.

### 5 GOVERNANCE MATTERS

#### 5.1 Annual Internal Audit Report 2021/22

The Director of Finance & Strategy reported that the conclusions of the Annual Internal Audit Report 2021/22 are very positive. The report is being presented to all the Board Committees this cycle, for assurance.

It was advised that the report is positive in terms of improvement activity, and, particularly for this Committee, highlighting the work on strategy development and scrutiny. The report also highlights a number of areas where improvement is needed, including the Organisational Duty of Candour Report, which has not progressed in line with the original timeline.

The Committee **noted for assurance purposes** the findings of the Annual Internal Audit Report 2021/22.

## **6. STRATEGY / PLANNING**

### **6.1 Population Health & Wellbeing Strategy: Progress Update**

The Director of Finance & Strategy provided assurance that the Population Health & Wellbeing Strategy Progress Report details some of the key components that were discussed at the April Board Development Session. A summary of the key components was provided.

The Director of Public Health reported that a workshop was carried out the previous week and deep discussions took place on the proposal, key questions to be addressed, and the focus for the new strategy. It was noted that there was a wide range of individuals from across the organisation in attendance, and there was good engagement. A key theme from the workshop was the importance of the different workstreams all contributing to the strategy. The information from the workshop will be collated and synthesised. An update on engagement activity will be provided to the Committee at its next August meeting.

The Associate Director of Planning & Performance noted that the Annual Delivery Plan and Strategic Planning & Resource Allocation (SPRA) process are interrelated to the development of the strategy.

Following a question from the Chair in terms of adding timelines, it was advised that we continue to progress through the original milestone plan for strategy development. It was agreed to include and define timelines in future updates.

**Action: Director of Finance & Strategy**

The Committee **noted for assurance** the contents of the report.

### **6.2 Mental Health Strategy Progress Report – June 2022**

The Director of Health & Social Care spoke to the report and outlined the key points, developments and priorities. It was highlighted that a significant amount of work has been taken forward, despite the challenges of the pandemic. A refresh of the strategy approved pre-Covid will be carried out for the post-pandemic period, and this work is currently ongoing.

A Morris, Non-Executive Member, praised the report in terms of the detail on key developments, stages of development and the impact, and highlighted the importance of these areas. C Cooper, Non-Executive Member, added that the report clearly outlines the challenges moving forward. C Cooper also noted that the strategy requires

to be aligned in terms of the new national strategies, such as the suicide prevention and the mental health national review, and asked if additional resources would become available to support these new and updated national strategies in relation to mental health. In response, the Director of Health & Social Care advised that resources for the new strategies are being explored, particularly for mental health, and that there has been, to date, significant investment in this area. It was reported that some of the new national strategies will come with specific commitments that will be required to be delivered, with a level of ring-fenced funding that will be fully aligned to its requirements.

The Director of Public Health highlighted page 5 of the report (stepped model of care), noting it is positive that there is an understanding around individuals with more severe and complex mental health needs in the community.

The Director of Nursing noted that she is now a representative on the 'Long COVID Strategic Oversight Board' and updates on the linkages of this work will be brought back to the Committee.

The Committee took **assurance** on the work undertaken by Fife Mental Health services during 2021/22 to support and drive delivery of the strategic priorities for the people of Fife and took **assurance** that there is joined up working in place to support connections between the Mental Health Strategy and the Mental Health Estates work.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance and Quality Report Review Progress Report**

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that work continues to be ongoing on the corporate risks, which will inform how the risk management information is presented in the IPQR. It was reported that corporate risks will be aligned to risk management within the IPQR, which will also be aligned to the improvement outcomes.

The Associate Director of Planning & Performance also mentioned that the metrics have all been reviewed within the IPQR and a few changes have been made. It was highlighted that vaccine and seasonal flu metrics have been included, and that screening indicators are still under discussion.

It was reported that the IPQR is now in its new format, and the new metrics have been included. It was noted that projections of activity are still a work in progress. The Scottish Government are still in discussions for agreement on projections with individual operational departments, and the projections will be included in the IPQR, once this work is complete.

The Director of Finance & Strategy reported that there has been a further delay from the Scottish Government in terms of formal targets, and that the Annual Delivery Plan, which is being presented to the Board Committees and Board this month, will not include the new Scottish Government targets.

A Morris, Non-Executive Director, requested more information on complaints in terms of volume of complaints and identifying particular areas of concern or trends. The Director of Nursing advised that the first quarterly report on complaints will go to the

Clinical Governance Committee in September and that this report will provide a lot more detail on complaints. Once the report develops, metrics will be identified to include in the IPQR. It was also advised that capturing live feedback from patients will be carried out. This will support improving processes around improving the patient experience.

A Morris, Non-Executive Director, also questioned the delay to providing the establishment gap measurement. The Director of Nursing advised that discussions are ongoing nationally, and Public Health Scotland have been looking at the best way to capture the establishment gap. The Director of Nursing will provide a fuller update outwith the meeting.

**Action: Director of Nursing**

A Morris, Non-Executive Director, noted measurements on the number of staff vacancies continues to be limited. W Brown, Employee Director, noted that there are around 50% less staff in some wards and that this is putting additional pressure on staff, resulting in longer staff absences due to stress and exhaustion. It was noted there is a Workforce Overview Report available, which is updated on a monthly or bi-monthly basis, and the Chair noted a verbal update could be provided alongside the Report. The Associate Director of Planning & Performance agreed to take forward and explore options for providing further measurements for staff vacancies.

The Committee **noted** and **agreed** the proposed update to the IPQR from the IPQR Review Group.

## **7.2 Integrated Performance & Quality Report**

The Associate Director of Planning & Performance noted the report is in its new version.

The Director of Health & Social Care provided an overview on CAHMS waiting times and Psychological Therapies as detailed in the IPQR, noting that work continues in these areas and that there continues to be challenges in terms of capacity to deliver, which is being addressed. Smoking cessation would be covered in more detail under agenda item 7.4.

C Cooper, Non-Executive Member, requested more detail in relation to the lower-level intervention and the wider holistic support for individuals and families. The Director of Health & Social Care advised that once all the actions for these services have been included in the IPQR, the detail will become more evident to the Committee.

A Morris, Non-Executive Member, highlighted that the majority of our trends are on an upward trajectory, which is positive. The Chair suggested that the key points from these trends are shared with the Comms Department to support any negative media.

The Committee took **assurance** from the report.

## **7.3 East of Scotland Breast Screening Programme Recovery Update**

The Director of Public Health spoke to the paper.

C Cooper, Non-Executive Member, highlighted communication and asked if patients are being advised of deferments in screening. The Director of Public Health advised

that patients in the South East are being offered alternative locations for screening and that they are also being offered an opportunity to go to the static site in Tayside if they are particularly concerned. It was noted that this service is not for symptomatic persons, and screening is provided to identify the early stages of disease, which will allow for better opportunities in care.

The Committee **noted** the contents of this report for **assurance**.

#### **7.4 Smoking Cessation & Prevention Work**

The Director of Health & Social Care provided an update on smoking cessation and prevention work, as described in the paper.

Following a question from C Cooper, Non-Executive Member, the Director of Health & Social Care confirmed that engagement/consultation with external stakeholders for the programme is carried out on an ongoing basis.

A Morris, Non-Executive Member, raised a question in relation to workforce being redeployed due to the Covid pandemic, and if that workforce has now returned to the programme. The Director of Health & Social Care explained that staff who were redeployed are in the process of being returned to their posts, and, for staff who have left roles, recruitment is being carried out for those posts.

The Committee took **assurance** regarding the work being progressed through prevention, protection and cessation and that this is aligned to the work being progressed that aligns to an indicator Integrated Performance and Quality Report.

#### **7.5 Post Diagnostic Support for Dementia Update**

The Director of Health & Social Care highlighted the key points from the paper.

The Committee took **assurance** from the work underway to address waiting list for people waiting for post diagnostic support within a 12-month period, noting that the information in the IPQR report will be replaced by a fuller annual report for assurance to the Public Health and Wellbeing Committee.

### **8. FOR ASSURANCE**

#### **8.1 Delivery of Annual Workplan**

The Director of Public Health outlined the updates to the annual workplan.

The Committee took **assurance** from the tracked workplan.

### **9. LINKED COMMITTEE MINUTES**

The Committee **noted** the linked committee minutes:

9.1 Minutes of the Public Health Assurance Committee held on 1 June 2022 (unconfirmed)

### **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **10.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

### **10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to NHS Fife Board.

### **11. ANY OTHER BUSINESS**

There was no other business.

### **12. DATE OF NEXT MEETING**

Monday 29 August 2022 at 10am via MS Teams.

**NHS FIFE STAFF GOVERNANCE COMMITTEE MEETING**

**(Meeting on 14 July 2022)**

1. Current sickness absence rates of 5.63% in May 2022. COVID-19 absence rates of 1.16% in May 2022.

2. In terms of the IPQR:

- There was an increasing trend in sickness absence during 2021 / 2022, with an average annual rate of 6.02%. This is an increase of 0.98% when compared with the previous financial year and outwith the Annual Delivery Plan Standard of 4%.

While the sickness absence rate reduced to 5.14% in April 2022, the rate remains above our target, despite the range of actions and wellbeing support for staff in place to support a reduction in sickness absence. The work is now being driven by the Attendance Management Task Force chaired by the Chief Executive, complemented by an Operational Attendance Management Review Group.

- It was also noted that COVID-19 related absence rates were 2.46% in April 2022, a reduction from the rate of 3.69% in March 2022. The Director of Workforce advised the Committee that due to the change in national guidance on Covid absence recording, all sickness absence (COVID-19 and non Covid-19 related) will be recorded as sickness absence from September 2022 and therefore this will likely cause our sickness absence rate to increase.

## **Fife NHS Board**

Unconfirmed

### **MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 14 JULY 2022 AT 10AM VIA MS TEAMS**

#### **Present:**

S Braiden, Non-Executive Member (Chair)	K Macdonald, Whistleblowing Champion & Non-Executive Member
W Brown, Employee Director	J Owens, Director of Nursing
S Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)	C Potter, Chief Executive

#### **In attendance:**

K Berchtenbreiter, Head of Workforce Development & Engagement  
N Connor, Director of Health & Social Care  
C Dobson, Director of Acute Services  
L Douglas, Director of Workforce  
S Fraser, Associate Director of Planning & Performance (*Item 7.1 & 7.2 only*)  
R Lawrence, Workforce & OD Lead for the Health & Social Care Partnership (HSCP) (*Item 6.2 only*)  
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  
H Thomson, Board Committee Support Officer (Minutes)

#### **Chair's Opening Remarks**

The Chair welcomed everyone to 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 ongoing pressures and extended a huge thanks to all staff and volunteers for their continuing efforts.

The Chair also advised that she attended the opening of the first Staff Wellbeing Hub at Queen Margaret Hospital, along with Rhona Waugh and Simon Fevre, which was a very valuable and welcoming addition to the practical support facilities available to staff.

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.



## 1. Apologies for Absence

Apologies for absence were received from members A Morris (Non-Executive Member), M Mahmood (Non-Executive Member), 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 12 May 2022

Following comments from W Brown, Employee Director, it was agreed to update the following sections of the previous minutes:

Item 5.6, paragraph 3 expanded to read: "W Brown, Employee Director, noted that sickness absence is not a substantive item on the Committee Workplan, despite it being a high priority for the organisation, and recommended that this be considered for inclusion. In response, it was advised that actions to manage sickness absence is an area which is being developed further, and that a group has been set up to have detailed discussions on sickness absence, supporting staff on returning to work, and taking that work forward. W Brown, Employee Director, noted that the delay to the work of this group progressing has potentially had an impact on staff being supported who have been absent due to sickness."

Item 5.6, now forms a separate paragraph: "The Chief Executive highlighted the governance aspect around the roles and responsibilities of the Committee, noting it was important the Committee took assurance from the ongoing work in this area, but did not become operationally involved in the work itself."

Item 6.1, paragraph expanded to read: "The Chief Executive added that communication and staff engagement will be carefully considered and include clear and meaningful explanations to groups of staff and individuals on the Corporate Objectives, to which they can support generally with their own work. W Brown, Employee Director, indicated that staff may feel they are not connected to the Corporate objectives. Assurance was provided to the Committee that there will be engagement with all staff to communicate the overall organisational objectives and aims."

Subject to these additions, the minutes of the meeting of 12 May 2022 were then **agreed** as an accurate record.

## 4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List. The following Matters Arising were discussed:

### Item 6.2 – Draft NHS Fife Three Year Workforce Plan for 2022- 2025

Following a question from W Brown, Employee Director, it was advised by the Director of Workforce that this item is on today's agenda at item 6.1, and that detail on Fair Work and International Recruitment are captured in the draft Plan. It was also

confirmed that there will be opportunities to comment on the plan before submission to SG and that actions from the plan will be sequential.

#### Item 7.1 - Integrated Performance & Quality Report (IPQR)

W Brown, Employee Director, requested more detail on the improvement work being undertaken. The Director of Workforce advised that this will be covered on today's agenda at Item 7.1 and that consideration is ongoing in respect of additional workforce reporting metrics within the IPQR and the associated timeline.

The Director of Finance & Strategy reported that work is underway on developing elements to be added to the IPQR, and that this will include establishment gap information and metrics on the health and wellbeing activities in place. The Deputy Director of Workforce confirmed that priority work is ongoing in relation to the establishment gap, Personal Development Plan data capture and performance reporting for sickness absence.

#### Item 7.2 - NHS Fife Workforce Information Overview

W Brown, Employee Director, requested an update on the work that is underway to address Employee Relations cases with extended timescales. It was advised that this will be discussed under Item 7.3 on today's agenda.

## **5. GOVERNANCE / ASSURANCE**

### **5.1 Annual Internal Audit Report 2021/2022**

The Director of Finance & Strategy reported that conclusions of the Annual Internal Audit Report 2021/22 are very positive, particularly around the progress made in strategy development. The report will form part of the suite of assurances that are provided to the Audit & Risk Committee to support the Governance Statement within the Annual Accounts for 2021/22.

In relation to the Staff Governance Committee (SGC) section of the report, it was advised that there are two recommendations within the report noted in Section 1: succession planning and coverage of the Staff Governance Standard. It was advised that the Internal Auditors had questioned if the SGC workplan and agenda is appropriately aligned to the strands of the Staff Governance Standard, as the formal alignment is not clearly signposted within papers. However, it was noted that this did not suggest that the Committee are not considering the Staff Governance Standard strands, rather than the linkages need to be more explicit.

The Deputy Director Workforce added that all the strands are being covered and are evidenced in a number of ways. It is recognised that this requires to be explicit within the agenda and workplan, and that this is being considered for the next iteration. Feedback and views will be requested from the Committee in relation to the next iteration. The Director of Workforce noted it is important that the report acknowledges that this is work in progress and is an area of continued development.

**Action: Deputy Director of Workforce**

S Fevre, Co-Chair, Health & Social Care LPF, raised concern regarding the Staff Governance Standard element of the report and highlighted the level of slippage,

noting that it is a reflection of actions not being addressed from 2020/21. W Brown, Employee Director, agreed and noted concern that there are no plans in place evidenced for 2022/23. She highlighted that the Staff Governance Standard should be aligned to all areas of the work of the Committee and that staff are being informed, and can be informed, of decisions that directly affect them. The Director of Workforce recognised the audit rating and the Director of Finance & Strategy explained that this is attributed to the length of time which has lapsed since the recommendation was made.

Assurance was provided from the Director of Workforce that the actions raised within the Annual Internal Audit Report 2021/2022 will be reflected in the Committee Workplan and within future agendas. The Chief Executive noted that actions from the Annual Internal Audit Report 2021/2022 are monitored and reviewed by the Audit & Risk Committee, as part of the formal follow-up process, and it will be in this forum that the closure of the recommendation will be monitored.

W Brown, Employee Director, highlighted the Staff Governance Board Assurance Framework risks at Section 2 and advised that the comments made by the Internal Auditors needs addressed and made visible on the Committee's Workplan, as many of the assumptions within the report are high risk. She also highlighted the implementation of the Workforce Strategy and noted that there is no tool available for monitoring progress. The Director of Workforce highlighted the importance of what is required for the new Workforce Strategy in terms of presenting, alignment and reviewing development of progress and delivery of action plans from the Workforce Plan and Strategy; how this will be achieved is still to be considered.

W Brown, Employee Director, questioned how evidence-based reports will be provided so that the Committee can be assured the Staff Governance Standard is being met. The Director of Workforce advised that progress will be reflected in a number of areas, such as the new iteration of the Board Assurance Framework. It was also advised that when the new Workforce Strategy is being prepared, attention will be given to the feedback within the Annual Internal Audit Report 2021/2022. In conclusion, the Chief Executive noted that for this Committee, an additional bullet point could be added in to the covering SBAR to provide clear visibility that each report aligns to the Staff Governance Standard and the associated strand.

The Director of Finance & Strategy confirmed the Annual Internal Audit Report 2021/22 was brought to the Committee for assurance, and not for approval, as stated in the cover paper.

The Committee took **assurance** from the findings of the Annual Internal Audit Report and its recommendations as regards the work of the Staff Governance Committee.

## **5.2 Board Assurance Framework (BAF) – Workforce Sustainability and Linked Operational High Risks Update**

The Director of Workforce highlighted the minor changes to the BAF since it was last presented to the Committee in May 2022. It was noted that the Workforce Sustainability risk level remains high.

In relation to the addition of Risk ID 1420: Loss of Consultants within the Rheumatology Service to the BAF, the Director of Health & Social Care reported that

work is ongoing in developing actions for models of care in relation to the Rheumatology Service and for recruitment, given the difficulties in recruiting to this area. The Director of Health & Social Care explained that more detail would be brought back to the Committee on the escalation of and mitigations to this risk.

**Action: Director of Health & Social Care**

W Brown, Employee Director, highlighted that the BAF reports positively on the commencement of the new registered nurses from the International Recruitment initiative, which is not necessarily a true reflection of the contribution of new starts, and that the narrative needs to reflect the current situation. The Director of Nursing agreed and provided an example of potential wording. The Director of Workforce added that with any new appointment, there is a period of induction and training. The Head of Workforce Planning & Staff Wellbeing agreed to take this forward for the next iteration of the BAF.

**Action: Head of Workforce Planning & Staff Wellbeing**

The Committee took **assurance** from the report and the **confirmation** of:

- The addition of a new linked operational high risk, Risk ID 1420: Loss of Consultants within the Rheumatology Service to the Board Assurance Framework and
- The current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework

### 5.3 Whistleblowing Quarter 4 Report

The Head of Workforce Resourcing & Relations spoke to the report and highlighted the two whistleblowing concerns at Appendix 1. It was reported that within the Whistleblowing Standards at Stage 2, there is an opportunity to extend the timelines, and extensions have been agreed for both of these concerns. It was also advised that the Whistleblowing Annual Report 2021/22 will be on the September 2022 Committee agenda and will detail improvement actions for 2022/23. In addition, the Head of Workforce Resourcing & Relations confirmed that press coverage will be added to the 2022/23 Quarterly Reports.

S Fevre, Co-Chair, Health & Social Care LPF, raised concerns regarding the recording of staff issues. K Macdonald, Whistleblowing Champion & Non-Executive Member, acknowledged that the data in the report could be more comprehensive and suggested adding staff feedback on the culture and capturing staff views on the processes. This might include how people feel about speaking up, the length of time to resolve issues, reasons for extending timelines, actions that are being taken based on feedback from staff, and to national guidance and information from other NHS Boards to inform learning. She also highlighted that there are other ways to raise concerns rather than Whistleblowing.

K MacDonald stated that it is difficult to take assurance from the report that concerns are being resolved in a timely fashion and that learning is being extracted from the process and not just the final outcome of findings. K MacDonald also noted that there is good proactive work being undertaken and that this needs to be published. The Director of Workforce added that assurance was provided to the Whistleblowing Champion at a meeting the previous day, on the actions that are in place, and discussion had taken place on representing the actions in the 2022/23 quarterly

reports and Annual Report. Assurance was provided that reports will be enhanced and that this is an iterative process.

W Brown, Employee Director, queried who approves the extensions and what the criteria is for approving Whistleblowing concerns. The Head of Workforce Resourcing & Relations explained that the Commissioning Manager, Investigating Officer and the Whistleblower meet to discuss the methodology and the factors that impact on the investigation progressing. The extensions required are then agreed along with an estimated date of when they anticipate conclusion. Once at Stage 2, this is reviewed every 20 days. W Brown added that the same process would be helpful for Employee Relations (ER) cases.

The Chief Executive noted that formal feedback from staff is available through the yearly iMatter survey, and that it would be helpful to have a mechanism in place that would encourage staff to provide feedback (both positive and negative) at any other time. K Macdonald, Whistleblowing Champion & Non-Executive Member, added that a National campaign will take place in October 2022 around 'speaking up' and that there will be an opportunity to hear stories from staff on good practice and on areas where improvement is required.

The Committee took **assurance** from the report, which confirms:

- The data for the fourth quarter i.e. 1 January 2022 to 31 March 2022. Two whistleblowing concerns were received and no anonymous concerns were received and
- The data on completion of Whistleblowing training from 1 April 2021 to 31 March 2022.

## **6. STRATEGY / PLANNING**

### **6.1 Final Draft NHS Fife Three-Year Workforce Plan for 2022- 2025**

The Head of Workforce Planning & Staff Wellbeing provided an update on the work undertaken to produce the draft three-year workforce plan for the Board. It was reported that the Health & Social Care Plan and the draft Health and Social Care Partnership (HSCP) Three Year Workforce Plan and Strategy for 2022-2025 covers the delegated services within the Partnership, and is being developed by HSCP colleagues, in collaboration with NHS Fife.

The final draft Plan provided has taken account of feedback from various parties following the circulation of the initial draft, which was discussed at the last meeting and includes updated workforce data as at 31 March 2022. The Head of Workforce Planning & Staff Wellbeing thanked service colleagues and Brian McKenna, Workforce Planning Manager, in particular, for their contributions to the development of the plan.

It was reported that the draft Plan will be considered at the Area Partnership Forum meeting the following week and will then be submitted to the Board at their July 2022 meeting, prior to submission to the Scottish Government by 31 July 2022. The Board and HSCP will then receive feedback on their respective plans and there will then be an opportunity to revise the content, prior to publication by October 2022.

In terms of the content, it was advised that there is confidence that the draft Plan satisfies the principles and requirements set out in the recent Scottish Government guidance and the six-step workforce planning methodology. It was noted the content covers the main professional groupings and details the demands and challenges these areas are facing over the period of the Plan, alongside information on the workforce risks. It also acknowledges the current backdrop and legacy of the pandemic. In addition, it is recognised that this is an iterative process and that there will be revisions in the future to take account of the emerging Population Health & Wellbeing and the Workforce Strategies.

W Brown, Employee Director, questioned why the information on the prioritisation of introducing Band 4 Nursing roles, the associated impact on the number Band 5 Nursing roles and on the Nursing workforce, is omitted from the plan. In response, the Director of Workforce advised that there is a reference to this within the plan and agreed to describe this aspect in more detail within the Plan.

**Action: Head of Workforce Planning & Staff Wellbeing**

The Committee took **assurance** from the report and **endorsed** the content of the final draft Three-Year Workforce Plan 2022–2025, following the updates, for submission to NHS Fife Board and then Scottish Government by 31 July 2022.

## **6.2 Draft Health and Social Care Partnership Three Year Workforce Plan and Strategy for 2022-2025**

The Director of Health & Social Care advised there has been a slightly different approach to the HSCP Plan and Strategy for 2022-25 to include the broad and wide range of services and remits of the Health & Social Care Partnership. An overview was provided on the key areas of the draft.

S Fevre, Co-Chair, Health & Social Care LPF, provided positive feedback on the final draft NHS Fife Three Year Workforce Plan for 2022- 2025 and the draft Health and Social Care Partnership Three Year Workforce Plan and Strategy for 2022-2025 and noted that that the synergies between the two plans was evident.

The Director of Health & Social Care thanked everyone involved in developing the plan.

The Committee took **assurance** from the report, noting that approval lay with the IJB.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report (IPQR) Review Progress Report**

The Associate Director of Planning & Performance joined the meeting and advised that a review of the IPQR has been carried out following the Board Active Governance Session in November 2021. The membership for the IPQR Review Group was outlined.

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that work continues to be ongoing on the Corporate risks, which will inform how risk management information is presented within the IPQR and aligned to the improvement actions. The Associate Director of

Planning & Performance also mentioned that metrics have all been reviewed within the IPQR. New metrics have been identified for Staff Governance, and discussions are ongoing to refine these metrics. It was also highlighted that the IPQR is now in its new format, and the Staff Governance metrics will be added.

In addition, the Associate Director of Planning & Performance reported that improvement actions from the previous year will be included in the next iteration of the IPQR and will be aligned to the Annual Delivery Plan. The Committee were informed that projections of activity are still a work in progress and subject to discussions with Scottish Government, will be included in the IPQR, once this work is complete.

W Brown, Employee Director, queried why there was no Staff Side representation on the IPQR Review group. The Associate Director of Planning & Performance noted that this was an oversight. The Director of Finance & Strategy added that the membership had been agreed by the Executive Directors' Group.

S Fevre, Co-Chair, Health & Social Care LPF, suggested considering iMatter survey indicators and performance as part of the IPQR. The Associate Director of Planning & Performance agreed to having a discussion outwith the meeting on how best to take that forward.

**Action: Associate Director of Planning & Performance**

The Deputy Director of Workforce commented that the work carried out for the IPQR review has been positive. It was noted that staff and the Health & Social Care Partnership colleagues had been involved in discussions, and the importance of continuing this engagement was highlighted.

The Committee **noted** the content of the report and **agreed** to the proposed update to the IPQR from the IPQR Review Group.

## **7.2 Integrated Performance & Quality Report**

The Director of Workforce spoke to the report and noted that sickness absence will become an overt part of this Committee's future agendas and Workplan.

The Director of Workforce highlighted the current status of sickness absence, noting that it is higher than the current 4% annual National target. A series of actions are being undertaken, with involvement from staff side colleagues, through improvement channels and the recently newly established Attendance Management Taskforce (an Operational Group is also in place to support the Taskforce). The Director of Workforce explained that the separate coding of Covid special leave will cease in August 2022, which is likely to have a consequential impact on absence rates.

K Macdonald, Whistleblowing Champion & Non-Executive Member, queried where actions and progress arising from the Attendance Management Taskforce will be reported. The Director of Workforce advised that there will be a number of locations where the actions and progress will feature, including within the narrative section of the IPQR.

The Committee discussed and took **assurance** from this report.

### 7.3 NHS Fife Workforce Information Overview

The Deputy Director of Workforce explained that the paper provides assurance around the broad information around our workforce and is separate to the IPQR. It was noted the establishment gap information is work in progress and will be brought back to the Committee for performance reporting purposes.

The Deputy Director of Workforce reported that he has had positive conversations in relation to the Employee Relations (ER) case information with W Brown, Employee Director, and that discussions with staff side colleagues will be arranged to look at themes, including reducing the number of cases addressed through formal channels, and the length of time taken for ER processes. Updates will be brought back to the Committee in due course.

The Committee took **assurance** from the report and **noted** the contents of the NHS Fife Workforce Information Overview report as at 31 March 2022 and the related appendices.

## 8. PROJECTS / PROGRAMMES

### 8.1 Workforce Implications of Memorandum of Understanding (MOU2) Implementation – General Medical Services Contract

The Director of Health & Social Care spoke to the paper and advised that the paper details the background to MOU2 and the requirements of what needs to be delivered. An update on progress was provided and it was reported that there was an underspend in relation to the funding, which partly due to the pandemic and inability to recruit. Agreement has now been reached in terms of the utilisation of this funding, including recruitment to fixed term posts and other practical support for GP Practices. It was highlighted that the requirement to transfer the Vaccination Transformation programme by April 2022 was also met.

The Director of Health & Social Care also advised that 60% of the new Community Care and Treatment service is in place to and models on how to achieve the balance are being progressed. It was also reported that the risks in relation to the workforce are recognised and continue to be worked through.

The risk in relation to pharmacotherapy was highlighted, and it was noted that it is difficult to recruit in this area, and that national agreement is awaited on what is a full Level One service. A range of actions are in place to mitigate this risk.

The Committee took **assurance** from the report and **noted** the content regarding progress in terms of recruitment of the MOU2 workforce, in particular the recent additional allocation of £6.5 million reserve on a non-recurring basis; that the Vaccination Transformation Programme transitioned on time; there is a clear identification of risk and in relation to mitigation of the associated workforce risks. The Committee also **noted** that this programme of work will continue to be reported to the Staff Governance Committee on a regular basis.

## 9. FOR ASSURANCE

### 9.1 Delivery of Annual Workplan 2022-2023



The Director of Workforce outlined the updates to the Committee Workplan. It was noted that the Workplan will be updated for the next iteration following comments throughout this meeting.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Workplan for 2022/23, since it was presented to members on 12 May 2022.

## **10. LINKED COMMITTEE MINUTES**

The Committee **noted** the following linked committee minutes:

- 10.1 Minutes of the Area Partnership Forum held on 25 May 2022 (unconfirmed)
- 10.2 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 28 April 2022 (unconfirmed)
- 10.3 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 11 May 2022 (unconfirmed)
- 10.4 Minutes of the Strategic Workforce Planning Group held on 17 May 2022 (unconfirmed)
- 10.5 Minutes of the Health and Safety Sub Committee held on 10 June 2022 (unconfirmed)

## **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **11.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the continuing challenges around the Board's sickness absence position.

### **11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters for escalation to NHS Fife Board.

## **12. ANY OTHER BUSINESS**

There was no other business.

## **13. DATE OF NEXT MEETING**

Thursday 1 September 2022 at 10.00 am via MSTeams.

**COMMUNITIES & WELLBEING PARTNERSHIP (CWP)**

**(Meeting on 15 June 2022)**

Key items discussed at the partnership were as follows:

**Terms of Reference:**

Final amendments and membership were agreed.

**Delivery Plan:**

Positive feedback on the Delivery Plan from the Recovery and Renewal Leadership Group was welcomed. There was really valuable discussion amongst partners in regard to collaboration for example between sport and leisure and cultural activities to progress the delivery plan. Reporting arrangements were finalized.

**DPH Annual Report:**

The partnership received presentation of the report and discussed the opportunity this presented to highlight particular priorities and consider future data and intelligence needs.

**Whole System Approach to Obesity Prevention:**

The partnership received a presentation from NHSF Health Promotion colleagues on this project. The group agreed WSA was a very valuable approach and in particular discussed the potential benefits for community engagement.

**Next meeting:**

The partnership agreed an aspiration for the September meeting to be face to face as a development session with venue and topics to be agreed.

**Communities & Wellbeing Partnership**  
**Meeting by Teams, Wednesday 15<sup>th</sup> June 2022, 9.30am**  
**Note**

**Present:** Andrew Gallacher (first part of meeting), Emma Walker, Fiona McKay, Heather Stuart, Jo-Anne Valentine, Kenny Murphy (part of meeting), Lucy Denvir (chair), Ruth Bennett, Sinead Braiden

**Attending:** Gill Musk, Katie Provan

**Apologies:** Bryan Davies, Paul Vaughan

**1. Welcome and introductions**

Lucy welcomed members and invited introductions.

**2. Note of last meeting on 5<sup>th</sup> April**

Note was approved as an accurate record. Matters arising:

It has now been confirmed that Elected Members will no longer be appointed to strategic community planning partnerships. Lucy noted appreciation for Judy's work as co-chair of CWP.

**ACTION:** Gill to amend ToRs and write to thank Judy on behalf of the group

Nigel Kerr has confirmed that he does not feel the need to be represented on CWP. Kenny Bissett will provide updates on air quality work, which is progressing well. If any issues were to arise Protective Services colleagues could attend to discuss as necessary.

**3. Health & wellbeing delivery plan**

**a. Feedback from Recovery & Renewal Leadership Board**

Lucy reported that the plan had gone to the Leadership Board in April and received positive feedback. There was some discussion around work not included but the Board had agreed the plan should focus on collaborative actions and be reviewed/updated as necessary.

**b. Progress on developing the plan**

Two areas of the plan – work on personal outcomes and physical activity and sport - are in development currently and progress is being made to develop/refine actions and milestones.

Emma highlighted the success of the collaborative working between the Council and FSLT over the last year, which has included weekly meetings of local teams. It is envisaged these groups will continue and be the delivery structure for the physical activity and sport strategy. The new leisure management booking system will improve ease of access to customers and enable more accurate data collection.

Ruth asked about the physical activity and sport leadership group which had met in January and plans to reconvene this wider partnership group. **ACTION:** Emma to pick up with Paul

Fiona raised the importance of linking with Locality groups and connecting to communities and the third sector – a collective effort rather than siloed working.

Heather suggested there should now be a wider conversation about collaborative working and shared resources. Can we draw out wider learning from the physical activity and sport collaboration?

Sinead highlighted the lack of childcare provision in leisure facilities. This led to a discussion about budget constraints (current and future) and the negative impact on activities which help maintain good health and wellbeing / prevent ill health, and on health inequalities. In terms of shifting the balance of care, how do we move from talk to action?

Fiona noted the high proportion of unpaid carers needing support. Some funding is available through the carers strategy – there might be potential for a local pilot? Heather noted that OnFife support carers to go free to theatres, but this is becoming difficult to sustain. **ACTION:** Fiona, Emma and Heather to explore shared challenges and potential collaboration

#### **c. Reporting on the plan**

A suggested approach to producing the first report had been circulated with the papers. Members were happy with the proposals regarding format and sign-off. The report will aim to highlight key challenges, including those raised earlier in the meeting. Time should be built in for H&SCP SLT to provide feedback. **ACTION:** Gill / working group

#### **4. Director of Public Health Annual Report**

Lucy presented an overview of the report and suggested the group could discuss further at a future meeting.

Heather suggested that we use the data to identify one or two areas where CWP could focus efforts and work collaboratively – e.g. mental health and wellbeing, young people, workforce development.

Fiona noted the need for even more collaboration to ensure links are made across strategies, priorities and reports, and that data is used consistently. H&SCP have commissioned a strategic needs assessment and it will be important to ensure the same data as that contained in the DPH annual report is used. **ACTION:** Fiona to follow up with research team

**ACTION:** Gill to circulate slides with the note and include the report on agenda for next meeting

#### **5. Whole Systems Approach to Obesity Prevention**

Lucy welcomed Kate Provan from the Health Promotion team, attending to co-present this item with Jo-Anne.

Slides and case study produced as part of the evaluation to be circulated with the note. **ACTION:** Gill

Members were positive about the whole systems approach, which recognises the wide range of factors at play in determining health. While three priority themes had been identified through this project, members noted that it was important to ensure connectedness with other aspects such as physical activity and mental health and wellbeing.

There was some discussion about purposeful engagement, in particular with communities. While this had been more challenging in light of Covid restrictions, there had been some strong examples of engagement with groups such as the Dunfermline Greenspace Forum. The work is being presented at Locality groups and there had been a good discussion at the Cowdenbeath group.

Gill noted that People and Place groups were starting to look at the refresh of Local Community Plans.

Heather suggested it could be valuable at the next meeting to consider political engagement / advocacy, especially as there are no longer elected members on the partnership.

## **6. Any other business**

Ruth - Fife's Mental Health Strategy is being refreshed and is due to be completed this year. New national strategies on Mental Health, Suicide Prevention, Self-Harm and Trauma are all due within 2022. Health Promotion's new training programme will be distributed in August (courses starting in Sept).

**ACTION:** Ruth to confirm whether we keep MH Strategy on work programme for September or defer

Jo-Anne - an event on food is being planned for late September, in the Falkland estate. This will include consultation on the Food4Fife strategy/action plan, now in development. Details to follow.

## **7. Date of next meeting**

There was some discussion of the September meeting and those who were still on the call agreed it should be a longer, face-to-face session (2-3 hours) taking place in early September. Suggestions for focus included mental health and wellbeing, building understanding of local delivery groups, and exploring links across strategies / outcome measures.

**ACTION:** members to contact Gill with any suggestions as to focus and venue

**INTEGRATION JOINT BOARD**  
**(Meeting on 25 March 2022)**

No issues were raised for escalation to the Board.



## MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 25 MARCH 2022 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)  
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  
Kenny Murphy (KM), Third Sector Representative  
Morna Fleming (MF), Carer Representative  
Paul Dundas (PD), Independent Sector Representative  
Simon Fevre (SF), Staff Representative, NHS Fife
- Professional Advisers** Nicky Connor (NC), Director of Health and Social Care/Chief Officer  
Audrey Valente (AV), Chief Finance Officer  
Helen Hellewell (HH), Associate Medical Director
- Attending** Bryan Davies (BD), Head of Primary & Preventative Care Services  
Rona Laskowski (RLAs), Head of Complex & Critical Care Services  
Lynne Garvey (LG), Head of Community Care Services  
Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning  
Katie Caldwell (KC), Community Staff Nurse (Observer)  
Norma Aitken (NA), Head of Corporate Services  
Hazel Williamson (HW), Communications Officer  
Wendy Anderson (WA), H&SC Co-ordinator (Minute)

**NO TITLE ACTION**

### 1 CHAIRPERSON'S WELCOME / OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board (IJB) including Katie Caldwell, who is a Community Staff Nurse observing the meeting as part of a shadowing opportunity. The Chair then advised that Ben Hannan has recently taken over as Director of Pharmacy and Medicines, replacing Scott Garden who has moved to NHS Lothian. Fiona Forrest has replaced Ben as Interim Deputy Director of Pharmacy and Medicines.

#### **Civic Recognition Award for the Covid Testing Team**

Fife's Covid testing staff have been recognised for their 'incredible' efforts during the pandemic at the recent Fife Civic Recognition Awards. The local Covid testing team in the Kingdom has been working throughout the pandemic to test those with symptoms and help reduce the spread of the virus. The team were

**NO TITLE****ACTION**

recognised in Exceptional Team (Public Sector) category for their incredible work to support fellow Fifiers during the pandemic lockdown and beyond.

Balgonie Ward Staff at Cameron Hospital were recently gifted a star for the amazing work they do. An appreciative family acknowledged their appreciation for all the care and support received. The Balgonie Ward Team star is part of Camelopardalis and the definition in the Collins Dictionary is – a constellation between Ursa Major and Cassiopeia: the giraffe. Staff were delighted with the gift.

The Chair advised members that a recording pen is in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

**2 CONFIRMATION OF ATTENDANCE / APOLOGIES**

Apologies had been received from Chris McKenna, Arlene Wood, Alistair Morris, Ian Dall, Joy Tomlinson and Katherine Paramore.

**3 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**4 CHIEF OFFICERS REPORT**

The Chair handed over to Nicky Connor for her Chief Officers Report.

Nicky advised that a Covid-19 and Remobilisation Briefing had been circulated to IJB members prior to the meeting and this contained key contacts for IJB members who wish to discuss items in more detail.

Nicky advised that this remains a challenging time for the Partnership with covid still having an impact across the whole health and social care system. We continue to manage these challenges daily. The recent rise in Covid 19 cases in Fife is impacting on staff, the wider population and service demands. We are working towards remobilising services, however this has to be when this is safe to do so and is monitored on a daily basis, using the OPEL tool which was demonstrated to IJB and Local Partnership Forum (LPF) members recently.. We continue to report into the command structure that is in place connecting with both NHS Fife and Fife Council Executive Teams.

The flow of people from hospital to a home or homely setting continues to be a significant priority and there have been impacts on services due to care home closures, staff self-isolating and absence and it remains a priority to ensure those leaving hospital return home or a homely setting as soon as it is safe to do so.

Nicky extended her sincere thanks to all staff working across all sectors of Health and Social Care in Fife for their ongoing support and commitment to delivery of health, social work and social care to the people of Fife. This has often meant working in different roles to support critical services and this is greatly valued.

The partnership has received notification that there will be a joint Inspection by Healthcare Improvement Scotland and the Care Inspectorate as part of their



**NO TITLE****ACTION**

planned approach for the next phase of joint inspections across Scotland. The focus will be on *“How effectively is the partnership working together, strategically, and operationally, to deliver seamless services that achieve good health and wellbeing outcomes for adults?”* Discussions are ongoing regarding when this inspection will commence and the full scope of the inspection and the Board will be updated as more information is received.

Janette Owens then updated on behalf of herself and Chris McKenna and advised that there is currently significant pressure on all areas of the NHS and partnership. Wednesday 23 March 2022 was a Day of Reflection, two years on from the first lockdown, with videos being shared on the staff website. Close collaborative working across the whole system is evident. There was a visit recently by the Chief Nurse for Scotland who visited various areas, including the Care Home Hub and Wards at Queen Margaret Hospital, Dunfermline.

**5 MINUTES OF PREVIOUS MEETING 28 JANUARY 2022**

Paul Dundas had asked for a small amendment to Item 8, paragraph 5. This had been done prior to the meeting and the updated draft Minute had been recirculated.

Tim Brett requested two minor changes, which will be made following the meeting. Once these are done, the Minute from the meeting held on 28 January 2022 will be approved as an accurate record.

**6 MATTERS ARISING – ACTION NOTE**

The Action Note from the meeting held on 28 January 2022 was approved as accurate.

**7 FINANCE UPDATE**

This report had been discussed at the Finance & Performance (F&P) Committee on Friday 11 March 2022. The Chair introduced Audrey Valente who presented this report.

The report outlined the financial position of the delegated and managed services based on 31 December 2021 (for Fife Council) and 31 January 2022 (for NHS Fife) was a surplus of £0.573m. Scottish Government have provided further funding to NHS Boards and IJBs in relation to Covid-19, Fife’s share of this is £43m. There is a need to continue with our transformation plans at pace.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David assured members that areas such as staffing vacancies within the Partnership are closely scrutinised at F&P meetings.

Dave Dempsey enquired about unallocated budgets and whether these are now fully allocated. Audrey advised that funds will be fully committed but not drawn down until required. Rona Laskowski advised that Mental Health has received a significant range of funding in recent months, all with explicit criteria on how they are to be used. Plans are ongoing to recruit additional staff and funding for this will not be committed until people are in post. Funding will be held in Reserves and carried forward into the next financial year

**7 FINANCE UPDATE (Cont)**

Tim Brett asked about winter funding and how this is being managed. Audrey advised that it has been difficult to separate specific winter and Covid-19 monies but these are all reflected in the current monitoring position.

Martin Black asked whether carrying forward funds would preclude the partnership accessing further monies next year. Audrey advised that funds carried forward would be used before any further requests were made to Scottish Government for further funding.

Discussion took place around Covid-19 funding and whether this would continue given that restrictions are being lifted. It is expected that this will become part of our business as usual activity going forward into Years 2 and 3 and could form part of any future budget gap.

Sinead Braiden asked about vacancies particularly in Children's Services. Nicky advised that the Senior Leadership Team (SLT) have taken decisions regarding including increasing the number of Health Visitor placements over the next few years as one way to ensure safe staffing. Recruitment is a priority and is reported to SLT regularly.

The Board examined and considered the key actions/next steps, approved the financial monitoring position as at January 2022 and approved the commitments against reserves as at January 2022.

**8 REVENUE BUDGET 2022-2023**

This report had been discussed at the Finance & Performance (F&P) Committee on Friday 11 March 2022. The Chair introduced Audrey Valente who presented this report.

Audrey Valente updated on the Revenue Budget 2022-23 as well as the budget gap and medium-term position to March 2025. Budget for next year is balanced with an expected £4m gap in year 2 and a £7m gap in year 3. These are high level estimates which take account of expected recurring funds and new cost pressures which will be refined going forward. During 2022 the Medium-Term Financial Strategy will be aligned to the refreshed Strategic Plan. There is recognition that most of the savings agreed in the 2020-21 and 2021-22 budgets must be delivered to ensure a balanced budget.

Recruitment will commence shortly to allow the transformation programme to progress.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David advised that the budget paper received a high level of scrutiny from F&P members and there is a high level of confidence in this paper.

Discussion took place around the report including the Primary Care Improvement Plan and a request for a paper/discussion at a future Development Session on Set Aside. Nicky agreed that this should happen given the impact on transformation and whole system working.

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**8 REVENUE BUDGET 2022-2023 (Cont)**

Tim Brett asked about the ongoing transformation work which is a key piece of work. Audrey advised that a paper was taken to a recent F&P Committee and an updated paper would be brought to a future IJB meeting.

Discussion took place around the impact of the budget on the 3<sup>rd</sup> and Voluntary Sectors. Fiona McKay advised that a paper has been taken to F&P on grants and awards and this was approved. There is no negative impact on these budgets.

The Board discussed and approved the budget proposed in Appendix 1, agreed that the medium-term financial strategy is deferred, updated and aligned in conjunction with the Strategic Plan and instructed the Chief Officer to progress the recruitment plans and approve reserves are utilised to progress these plans with a Direction to both partner organisations.

**9 PERFORMANCE REPORT – EXECUTIVE SUMMARY**

The full Performance Report had been discussed at the Finance & Performance (F&P) Committee on Friday 11 March 2022. The Chair introduced Fiona McKay who presented this report.

Fiona advised that this report highlighted areas of significant challenge within the partnership. Progress is being made on assessment beds and the interim bed model. The Performance Report is being reviewed and some areas may be added in future reports.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David advised that the committee received the very detailed, full report at their recently meeting and it continues to look at the report in depth. If the committee had concerns these would be raised with the Senior Leadership Team who would seek to address issues.

Discussion took place around the report, the Board's oversight of performance and the improving position with delayed discharges. SLT continue to focus on improving and sustaining services.

This report was presented to the Board for awareness.

**10 CODE OF CONDUCT FOR MEMBERS OF FIFE INTEGRATION JOINT BOARD**

This report had been discussed at the Audit & Risk (A&R) Committee on Wednesday 9 March 2022. The Chair then introduced Norma Aitken who advised that Scottish Government approved the Model Code of Conduct in December 2021 and all Public Bodies are required to sign up to this. If approved then a copy would be sent to IJB members.

The Chair then invited Dave Dempsey, Chair of A&R to comment on discussions at the Committee before questions from Board Members. Dave advised that A&R were happy to recommend the Code of Conduct to IJB members for their approval.

The Board approved the adoption of this version of the Model Code of Conduct and associated Guidance.

**11 APPROVED INTEGRATION SCHEME**

The Chair introduced Nicky Connor who presented this report which has been discussed at various meetings throughout the review process.

Nicky advised that the reviewed Integration Scheme has been approved by Scottish Government and would continue to form the framework for how we work with Fife Council and NHS Fife. There are minimal changes to the original Integration Scheme.

The next step will be to revise our governance structures to discharge our responsibilities and reduce duplication. It is proposed to hold a special IJB meeting on Friday 25 April 2022 to bring forward details of the new governance structure and proposed Terms of Reference for the refreshed government committees, with a view to these being implemented following the Local Government Elections in May 2022.

The Board were assured the 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.

**12 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / ITEMS TO BE ESCALATED**

Nicky Connor asked the Chairs of the Governance Committees and Local Partnership Forum for feedback from the committee's and if they had any items to escalate to the IJB.

**Tim Brett - Clinical & Care Governance (C&CG) Committee – Confirmed Minute from 7 January 2022**

Tim advised there was nothing to escalate from this meeting to the IJB. There had been a full discussion of the Alcohol and Drug Partnership Annual Report. A further meeting of C&CG had taken place on 4 March 2022.

**David Graham - Finance & Performance (F&P) Committee - Confirmed Minute from 14 January 2022 / Verbal Update from 11 March 2022**

David had nothing to escalate from either F&P meeting.

**Dave Dempsey - Audit & Risk (A&R) Committee – Confirmed Minute from 13 January 2022 / Unconfirmed Minute from 9 March 2022**

Dave advised he had nothing to escalate from either A&R meeting. Discussion had taken place on various risk related matters and there had been a good level of engagement.

**Nicky Connor - Local Partnership Forum (LPF) – Confirmed Minute from 19 January 2022 / Confirmed Minute from 15 February 2022**

Nicky advised that monthly (rather than bi-monthly) LPF meetings are currently being held given the current pressures. Winter, Covid-19, workforce, health & safety and communications and engagement continue to be priorities.

Discussion took place around staffing concerns, communication with redeployed staff, continued recruitment issues and the workforce strategy.

There was nothing to escalate from either meeting.

**NO TITLE**

**ACTION**

**13 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 updating on the dates of the next meetings.

**14 DATES OF NEXT MEETINGS**

**INTEGRATION JOINT BOARD – FRIDAY 22 APRIL 2022 – 10.00 am**

**MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON WEDNESDAY 18 MAY 2022 AT 2PM VIA MS TEAMS**

**Present:**

M Black, Non-Executive Member (Chair)  
A Grant, Non-Executive Member  
A Lawrie, Non-Executive Member  
K MacDonald, Non-Executive Member  
A Wood, Non-Executive Member

**In Attendance:**

K Booth, Head of Financial Services & Procurement  
A Clyne, Audit Scotland  
P Cumming, Risk Manager  
T Gaskin, Chief Internal Auditor  
B Hudson, Regional Audit Manager  
G MacIntosh, Head of Corporate Governance & Board Secretary  
M McGurk, Director of Finance & Strategy  
C Potter, Chief Executive  
H Thomson, Board Committee Support Officer (Minutes)

**Chair's Opening Remarks**

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. Welcome / Apologies for Absence**

A Wood was welcomed to her first meeting of the Committee, having agreed to step into the role of member over the next few months whilst the Committee was without a Fife Council representative, to ensure quoracy of meetings. Apologies were received from attendee T Fraser (Audit Scotland).

**2. Declaration of Members' Interests**

There were no declarations of interest made by members.

**3. Minutes of the Previous Meeting held on 17 March 2022**

It was agreed to amend the wording under item 6.2, 2<sup>nd</sup> last paragraph, last sentence to: "Values and having an open and transparent culture will form part of the discussion, with reference also to the Whistleblowing Standards." This clarifies that the Board's discussion on Whistleblowing at its recent Development Session was part of a broader session on values and culture.

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

#### 4. **Action List / Matters Arising**

The Committee **noted** the updates and also the closed items on the Action List.

### 5. **GOVERNANCE MATTERS**

#### 5.1 **Draft Governance Statement**

The Head of Corporate Governance & Board Secretary advised that the draft Governance Statement is presented to the Committee for comment, and that there is time to incorporate any comments before it is submitted formally as part of the Annual Accounts.

It was reported at the next Committee meeting in June, a training session will be delivered on the Annual Accounts and will include an opportunity to review the Governance Statement in terms of questioning if it reflects the organisation, and that it covers all areas and risks identified appropriately.

The Director of Finance & Strategy reported that the first half of the Governance Statement is largely prescriptive and noted that the Accounting Manual provides direction on the type of information that needs to be included. From the 'Review of Adequacy and Effectiveness' section, there are opportunities to influence and make comment.

A Wood, Non-Executive Director, questioned where the control weakness that have been highlighted through the year's internal audit programme would be reported. The Chief Internal Auditor explained the process of measuring controls and issues and noted that there were no control weaknesses identified thus far that were significant enough to be included as a disclosure in the Governance Statement. The Director of Finance & Strategy added that anything that could materially impact the financial statements would be the type of information disclosed. The Regional Audit Manager added that there are other supporting assurance documents that will be provided to the Committee at future meetings (such as the individual Director's assurance letters), and the Governance Statement was only one aspect of the overall assurance pack. The Chief Executive noted that there are various assurances that come from Directors and cover a variety of points around risk, internal audit recommendations and accountability.

The Committee thanked everyone involved for their hard work in producing the draft Governance Statement.

The Committee **reviewed** the draft Governance Statement.

The Committee **approved** the Governance Statement, subject to any subsequent comments being received.

#### 5.2 **Review of Annual Workplan**

The Head of Corporate Governance & Board Secretary reported that the Annual Workplan, will be provided to each meeting as a tracked version, detailing which items have been reported on schedule and any deferrals. It was advised that the tracked workplan would be for information and noting at future Committee meetings.

It was agreed to clarify in future iterations of the workplan that the Private Meeting with the Auditors involves both External and Internal Auditors.

**Action: Board Committee Support Officer**

The Committee **approved** the annual workplan.

### **5.3 Notification of External Audit Appointment from 2022/2023**

The Director of Finance & Strategy reported that Audit Scotland have advised on the new five-year appointments to the external audit positions for all NHSS Boards, and the appointments were outlined. It was noted throughout 2022/2023 there will be a period of engagement to allow the new auditors to familiarise themselves with NHS Fife as an organisation.

The Committee took **assurance** from this appointment process.

### **5.4 Annual Accounts Preparation Timeline**

The Head of Financial Services & Procurement advised that the draft Annual Accounts were submitted to Audit Scotland on 12 May 2022. It was noted the timeline has been reduced compared to last year, and an overview was provided on the timelines, as detailed in the paper.

The Committee took **assurance** from the Annual Accounts Preparation Timeline, commending the work done thus far to meet all deadlines.

## **6. RISK**

### **6.1 Draft Risk Management Annual Report 2021/2022**

The Risk Manager advised that the paper covers the improvement programme of work which commenced in November 2021. It was reported that Internal Audit have provided feedback on the draft report, and an appropriate statement will be added that confirms that *“adequate and effective risk management arrangements have been put in place throughout the year”*.

The key points in the report were outlined. A Wood, Non-Executive Member, asked if some particular areas could be more explicit to provide clarity and this was agreed to.

The draft Risk Management Annual Report 2021/2022 will be brought back to the Committee at its next meeting. Comments were welcomed and will be considered for inclusion.

The Committee **considered** and took **assurance** from the content of the draft report.



## 6.2 Risk Management Improvement Programme – Progress Report

The Risk Manager advised that the paper outlines the current position. It was noted that some aspects of the report are covered within the draft Annual Report and summarises some of the key areas of work being undertaken and work still to be carried out.

The Committee took **assurance** from this update on the programme to refresh and improve the Risk Management Framework.

## 6.3 Board Assurance Framework (BAF)

The Risk Manager advised that the report reflects the components of the BAFs that have most recently been reported to the Governance Committees. It provides the position on each, the current risk levels relating to those components and summarises where there are particular changes to the respective areas of the BAF and linked risks.

It was advised that work is underway to move some risks from the BAF to the new corporate risk register. It was reported that a risk dashboard is under development and will become a feature of the Integrated Performance & Quality Report (IPQR) going forward.

It was advised that work is underway on the corporate risks related to environmental sustainability, climate change and health equalities, and a progress update will be provided at the next Committee meeting. The last iteration of the BAF in its current format will be presented at the July Governance Committee cycle of meetings.

A Wood, Non-Executive Member, questioned the number of risks remaining high, given that delivery of mitigations is being carried out, particularly for environmental sustainability, and that this needs to be reflected as we move to a corporate risk register. The Director of Finance & Strategy highlighted the challenges in scoring risks and ensuring mitigation impact is consistent with the scoring.

The Chief Internal Auditor advised it is important that target risks have an associated target date at which progress is due to be made.

The Director of Finance & Strategy advised that, going forward there will be two risks for financial sustainability; one that will monitor our in-year position and the creation of an additional corporate level finance risk which describes the level of risk on securing financial sustainability over the medium-term.

The Director of Finance & Strategy reported that work is underway to develop a proposed new risk appetite statement, and this is expected to conclude at the end of June 2022.

The Committee took **assurance** from the BAF and the working being undertaken to improve the risk management framework.

## 7. GOVERNANCE – INTERNAL AUDIT

### 7.1 Internal Audit Framework

The Chief Internal Auditor advised that the Internal Audit Framework is presented on a yearly basis to the Audit & Risk Committee and is a requirement of the Audit Standards. The Audit Standards are being reviewed and brought back to the Committee next year.

It was reported there are no significant changes from the previous year. An update will be brought back to the Committee setting out how information is shared between the Fife Integrated Joint Board (IJB) and the Audit & Risk Committee.

A Wood, Non-Executive Director, questioned if the wider governance of the organisation could be made more explicit. The Chief Internal Auditor agreed to widen the narrative and will bring back that extract from the framework to the next Committee meeting.

**Action: Chief Internal Auditor**

The Committee **approved** the Internal Audit Framework for 2022/23, subject to the change agreed.

## **7.2 Internal Audit Progress Report 2021/2022**

The Regional Audit Manager introduced the report, which details progress made throughout the 2021/2022 plan and the commencement of the 2022/2023 annual plans.

The improvement activities were outlined, and the Regional Audit Manager requested any comments or feedback from Members on the FTF website. The advice and input section of the paper was also outlined.

A Lawrie, Non-Executive Member, questioned how to prevent the incomplete or missing audit information within the progress report from happening in the future. The Regional Audit Manager advised the management response to that section of the report will be presented to the next Clinical Governance Committee, who will take forward issues raised within the B23/22 Resilience Interim Report. The Head of Corporate Governance & Board Secretary noted that bringing back tracked workplans to Committee meetings will support evidencing items that are either deferred or have been removed, improving tracking and oversight more generally.

The Committee **discussed** and took **assurance** on the progress on the delivery of the Internal Audit Plan.

## **7.3 Draft Annual Internal Audit Plan 2022/2023**

The Chief Internal Auditor spoke to the plan and noted that the risk profile is changing given the ongoing context of COVID 19 and through appropriate alignment with the strategic planning process, any new risks will be reflected in the corporate risk register.

A Wood, Non-Executive Member, noted that a number of areas within the non-financial Key Performance Indicators (KPIs) are at the status of red and questioned if a deep-dive into those areas through internal audit would support any improvements in terms of processes and controls. Examples were provided on some of the red status elements, including waiting times and delayed discharge. The Chief Executive advised that, as part of the Annual Delivery Plan, the Scottish Government have requested detail on how

we will address these areas through our strategic planning process. It was also advised there will be more connectivity in terms of our risks, performance and linking into our planning. The Chief Internal Auditor agreed to take forward the examples of the red status elements provided for further discussion and welcomed any other suggestions to take forward for the plan.

The Director of Finance & Strategy noted that, due to the pandemic, the plan appropriately covers the key financial control areas and recognises that, over the coming months, the plan will be further developed and refined. The Chief Internal Auditor noted that addressing sustainability is a key issue and will be built in at every stage.

The Head of Corporate Governance & Board Secretary noted there is an opportunity for the Committee to have sight of the list of areas being reviewed in the Integrated Joint Board (IJB), to help complete the full audit planning picture.

The Chief Internal Auditor thanked the Regional Audit Manager for all the hard work in producing the draft Annual Internal Audit Plan 2022/2023.

The Committee:

- **Approved** the audit plan for 2022/23 (Appendix A) and supported the approach to further developing the Internal Audit Plan for 2022/23 once the Strategic Priorities and Corporate Risk Register are formalised.

## **8. GOVERNANCE - EXTERNAL AUDIT**

### **8.1 Patients' Private Funds - Audit Planning Memorandum**

The Director of Finance & Strategy advised that the external audit planning memorandum on Patients' Private Funds is presented to the Committee for assurance, and the financial statements will be included in the Annual Accounts for review in July 2022.

The Head of Financial Services & Procurement advised that Alan Mitchell, Thomson Cooper, will be attendance at the July 2022 meeting to discuss the completed Patients' Private Funds audit.

The Committee took **assurance** from the Audit Planning Memorandum.

## **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

There were no issues to highlight to the Board.

## **10. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting:** Thursday 16 June 2022 at 2pm via MS Teams.

## Fife NHS Board

Confirmed

### MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON FRIDAY 29 APRIL 2022 AT 10AM 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  
A Wood, Non-Executive Member

#### In Attendance:

N Connor, Director of Health & Social Care  
P Cumming, Risk Manager (*Item 5.5 only*)  
C Dobson, Director of Acute Services  
A Graham, Associate Director of Digital & Information  
B Hannan, Director of Pharmacy & Medicines  
H Hellewell, Associate Medical Director, H&SCP  
G MacIntosh, Head of Corporate Governance & Board Secretary  
A Mackay, Speech and Language Therapy Operational Lead (*observing*)  
M McGurk, Director of Finance & Strategy (*Part*)  
E Muir, Clinical Effectiveness Manager  
E O'Keefe, Consultant in Dental Public Health (*Item 6.2 only*)  
M Paterson, Head of Nursing (*Deputising for L Campbell*)  
H Thomson, Board Committee Support Officer (Minutes)

#### Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair highlighted that as the easing of restrictions continue, there are still unprecedented pressures across the whole health and social care system.

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), R Laing (Non-Executive Member), A Lawrie (Area Clinical Forum Representative), C Potter (Chief Executive) and J Tomlinson (Director of Public Health), and attendees L Campbell (Associate Director of Nursing), G Couser (Associate Director of Quality & Clinical Governance), J Morrice (Associate Medical Director, Women & Children's Services) and M Wood (Interim Associate Medical Director for Surgery, Medicine & Diagnostics).

#### 2. Declaration of Members' Interests

There were no declarations of interest made by members.

### **3. Minutes of the Previous Meeting held on 10 March 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.

Following a question on the timescale for action two (further detail to be provided on the number of reported self-harm cases and the link to the Psychological Therapies Services and Addiction Services waiting lists), it was advised that data is being collated and the paper will go to the Executive Directors' Group on 5 May 2022, before a full report is brought to the Committee in July. The Action list will be updated accordingly.

#### **4.1 Covid Update**

The Medical Director provided a verbal update on Covid noting that the previous four to six weeks had been challenging. The situation has started improving, however, a further wave of Omicron cases across our Health & Social Care system has put significant pressures on staffing and on elements of health care activity. Discussions on whole system approaches continue at the Executive Directors' Group Gold Command meetings on a weekly basis, and actions are taken.

Following a question, it was advised whole system preparations are being made for any new potential variants. It was reported that there is a new Head of Resilience who has been appointed, and the areas of focussed work are around emergency planning, resilience guidance documents, and assurance for the Business Continuity Plans that are in place across the organisation.

Discussion took place on staff wellbeing and continued working in pressurised and challenging situations. Alternatives are required on managing staff resources, and it was noted the Staff Governance Committee, and various Workforce Groups across all of our partnerships are addressing issues and staff resourcing.

Recognition was provided to staff, and senior nursing staff in particular, in keeping clinical services as safe as possible.

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

### **5. GOVERNANCE MATTERS**

#### **5.1 Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups**

The Head of Corporate Governance & Board Secretary provided background and advised that the reports provide the outputs from each of the groups and is a summary of the business undertaken. The reports seek to demonstrate that they have all undertaken and delivered on their individual remits, and that there are no matters of urgency or high risk to bring to the attention of the Clinical Governance Committee at this time that would otherwise be disclosed in the Governance Statement.

The Associate Director of Digital & Information informed the Committee that both the Digital & Information Board and the Information Governance & Security Steering Group Subcommittees recognise improving positions around governance, delivery and assurance that can be provided. The work of both subcommittees has been valued by the attendance of members from the Executive Directors Group and their input in ensuring we are aligned to the organisation's objectives and the development of the strategy.

S Braiden, Non-Executive Member to be added to the attendance schedule, and C Cooper, Non-Executive Member to be removed from the appropriate dates of the attendance schedule, for the Clinical Care Governance Committee of the IJB.

**Action: Head of Corporate Governance & Board Secretary**

In advance of finalising the Annual Assurance Statement for the Clinical Care Governance Committee of the IJB, A Wood, Non-Executive Member questioned the level of detail within the report, in terms of scope and depth of the business undertaken and provided some examples. The Director of Health & Social Care clarified that the Care & Clinical Governance Committee is a subcommittee of the IJB and is not a subcommittee of the NHS Fife Health Board or the NHS Fife Clinical Governance Committee. Through review of the IJB governance and the strengthening of the operational assurance arrangements then there is the ability to strengthen clarity for this reporting of assurance in the future. This will be able to be defined in the Clinical Governance Framework to demonstrate the connections of assurance. The Director of Health & Social Care accepted the feedback depth and agreed to take forward with the relevant colleagues and make clarification in the Annual Assurance Statement for the future.

**Action: Director of Health & Social Care**

The financial risks within the Board Assurance Framework were highlighted and it was questioned how this aligns within the Digital & Information Board Annual Assurance Statement 2021/22. The Associate Director of Digital & Information advised an improving position was presented to the most recent Digital & Information Board on the financial risk profile for Digital & Information, and this will be reflected on the next iteration of the Board Assurance Framework.

The Head of Corporate Governance & Board Secretary agreed to share a template for the Statements & Reports, for consistency.

**Action: Head of Corporate Governance & Board Secretary**

The Committee took **assurance** from the Statements & Reports.

## **5.2 Clinical Governance Committee Annual Statement of Assurance 2021/2022**

The Head of Corporate Governance & Board Secretary reported that the Clinical Governance Committee Annual Statement of Assurance 2021/2022 provides a summary of the business undertaken. It was advised that Covid has had an influence on the workplan throughout the year, and priority meetings had also taken place.

A Wood, Non-Executive Member questioned if a further update is required within the Health & Safety Subcommittee Annual Statement of Assurance 2021/2022, as she felt there are a number of weaknesses within the controls of the health & safety risks. The Board Secretary agreed to discuss with the Director of Property & Asset Management

and add in an update on the Health & Safety Manager recruitment, and relevant health & safety training.

**Action: Head of Corporate Governance & Board Secretary**

It was agreed to reference the Hospital Standardised Mortality Ratio (HSMR) within the Clinical Governance Committee Annual Statement of Assurance 2021/2022, with a paper to come to a future meeting of the Clinical Governance Committee for assurance. It was also agreed to incorporate reference to the Internal Audit Report.

**Action: Head of Corporate Governance & Board Secretary**

An updated draft of the Clinical Governance Committee Annual Statement of Assurance 2021/2022 will be circulated to members.

**Action: Head of Corporate Governance & Board Secretary**

The Committee **approved** the Clinical Governance Committee Annual Statement of Assurance for 2021/2022, subject to members comments regarding amendments necessary, for final sign off by the Chair and submission to the Audit & Risk Committee.

### **5.3 Board Assurance Framework (BAF) – Quality & Safety**

The Medical Director discussed the unlinked risks and risks newly linked to the BAF.

In terms of Risk 2214: Nursing and Midwifery Staffing Levels, it was reported that this risk covers the workforce discussed within the Workforce Sustainability BAF at the Staff Governance Committee, and that there is a potential impact on quality & safety.

Following a question, it was advised workforce remains a high risk due to the current pressures of Covid.

A Wood, Non-Executive Member requested further information on the reasons for not meeting the Cancer Waiting Times 62-day target (Risk 2297). The Medical Director advised that the performance metrics would sit within the Finance, Performance & Resources Committee and the operational aspects are discussed at the Cancer Oversight Group. Clinical aspects are also discussed at the Cancer Oversight Group, with assurances coming from that Group to this Committee.

M Black, Non-Executive Member questioned if there should be a separation between Covid and long Covid. The Medical Director agreed long Covid is a separate issue, and advised consideration is required on where long Covid, if considered in a risk, would sit and what the risk of long Covid is to the organisation.

The Committee took **assurance** from the Quality & Safety BAF.

### **5.4 Board Assurance Framework (BAF) – Digital & Information**

The Associate Director of Digital & Information reported that there has been limited change to the BAF since the last Committee meeting. The overall BAF is rated as a high risk.

It was advised that the risks associated with cyber security due to the situation in Ukraine has reflected in a change of rating to Risk 1338: NHS Fife at increased cyber attack risk. A number of actions have been identified by the National Centre of Excellence for

Security and from the Digital & Information Team, and ensuring organisational awareness continues.

The Committee took **assurance** from the content and current assessment of the Digital & Information BAF.

## **5.5 Risk Management Improvement Programme Progress Report**

The Risk Manager joined the meeting and spoke to the key points within the Risk Management Improvement Programme Progress Report.

The Committee took **assurance** from this update on the plan to refresh and improve the Risk Management Framework.

## **5.6 Review of Annual Workplan**

The Clinical Effectiveness Manager advised that the Clinical Governance Committee approved the Annual Workplan at the March 2022 meeting. For assurance, the Annual Workplan, presented as a tracked version, will go to each future Committee meeting to enable the Committee to clearly track and monitor items that have been covered, carried forward to a future meeting, or removed.

Following a question, it was advised some national reports would go through the Acute Services Clinical Governance Committee, and any items for escalation would be brought to this Committee.

The Committee took **assurance** from the Annual Workplan.

# **6. STRATEGY / PLANNING**

## **6.1 Proposed Corporate Objectives 2022/2023**

The Director of Finance & Strategy advised a discussion on the Strategic Framework took place at the recent Board Development Session, and the proposed corporate objectives link into the framework as an annual output. Each of the corporate objectives will be linked into each of our four NHS Fife strategic priorities, with a relationship to the National Care Programmes.

It was reported that the 25 corporate objectives, as detailed in the paper, will support moving forward with aspects of our vision against our strategic priorities already agreed. The expectation is that a large number of corporate objectives will feature on the agenda of the Clinical Governance Committee in terms of progress throughout the year and that this may require some additional adjustments to the workplan to ensure they are presented at the appropriate time. Some other corporate objectives will also feature on the Staff Governance Committee and Finance, Performance & Resources Committee. It was noted each Committee will examine the corporate objectives from a specific perspective.

It was advised that Executive Leads have been identified for each of the corporate objectives, and they will be in discussion with the Executive Directors' Group in terms of who will have key contributing roles and supporting roles. Each corporate objective will be delivered as a collaborative effort.



The Director of Health & Social Care informed the Committee of the priority areas that sit under the Health & Social Care Partnership and will involve collaborative working; Refresh Mental Health Strategy, Delivering Home First, Integrated and Primary Care Strategy and pace of delivery within the localities of Fife.

The Director of Acute Services advised that the corporate objectives within Acute Services require collaborate working in terms of achieving the objectives. The objectives reflect our position at this phase of the pandemic, and learnings from the pandemic in terms of remodelling our emergency department to cope with new levels of demand, how we can offer more interfaced care, early discharges, and recovery and remobilisation of our Elective Care Programme.

Following a question from A Wood, Non-Executive Member, the Director of Finance advised the BAF as it currently stands, does not reflect only corporate level risks, and includes operational risks. The Corporate Risk Register, that will replace the BAF, will reflect anything that could threaten delivery against corporate level objectives. It was noted that risk that is managed on a daily basis is at an operational level.

M Black, Non-Executive Member questioned the definition of Data Loch and was advised that this is the big data project that is a collaboration between Health Boards and Universities. NHS Fife and the Health & Social Care Partnership are in collaboration with the Data Loch team. Updates on Data Loch will be provided to the Committee in due course.

The Committee **considered** and **endorsed** the corporate objectives.

## 6.2 Emergency/Resilience Planning

The Consultant in Dental Public Health, Emma O'Keefe joined the meeting and provided a verbal update on emergency/resilience planning. The findings from the recent Internal Audit Report indicated the resilience arrangements across NHS Fife were not functioning with effectiveness and resilience. This was identified from within the strategic audit planning process as a high risk due to limited assurance.

It was advised a full system review will be undertaken this financial year as part of the Internal Audit Plan. Key issues and actions will be taken forward with priority. An update on timelines will be provided out with the meeting.

**Action: Director of Public Health**

A Head of Resilience was appointed on 7 March 2022, and it was reported that they are currently working on a status report for NHS Fife which will be shared with the Committee at the July meeting. It was advised that there is a new Emergency, Preparedness, Resilience & Response Hub which was established on the NHS Fife intranet at the end of March 2022. A business planning review is currently underway across NHS Fife, and Business Continuity Plans are being checked and refreshed across all departments; Business Continuity training is being offered to staff too. It was noted recent testing was undertaken by the Scottish Ambulance Service.

The Director of Finance advised full resilience planning has been ongoing on a daily basis over the pandemic, and an additional paragraph has been requested to be added to the internal audit report to reflect and give this more context.

Following a question from A Wood, Non-Executive Director, on the review of the Major Incident Plan, it was advised an update will be included in the report at the July Committee meeting.

The Associate Director of Digital & Information advised a Resilience Workshop on Cyber Security has been scheduled and will inform an update to the Committee in due course.

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

### **6.3 Governance of Advanced Practitioners**

The Director of Nursing advised that the Governance of Advanced Practitioners paper focusses on Advanced Nurse Practitioners and update was provided, as detailed in the paper.

Following a question from S Braiden, Non-Executive Member it was advised it will be ensured that clinical supervision is very much part of the support of Advanced Nurse Practitioners. It was noted clinical supervision is not mandated.

The Director of Pharmacy & Medicines advised that close working is ongoing around the governance of non-medical prescribing and other areas. The paper describes the beginning of the work for the Advanced Nurse Practitioners, and this will expand to other professional groups.

M Black, Non-Executive Member questioned if there is a financial risk with Advanced Nurse Practitioners. It was reported that developments are ongoing, and business cases will be developed going forward. It was noted the needs of the service will be identified before any posts are put in place.

Following a question from A Wood, Non-Executive Director on the timelines, it was advised work in advance practice has been ongoing for a few years. It has been identified through the work that clinical supervision is not as robust as it should be, and non-clinical time needs to be built in and developed slowly as we move forward. Work is currently ongoing nationally around the Advanced Nursing Practitioner role and it was reported that there are no concerns within NHS Fife, and we are on track with timelines.

The Director of Nursing confirmed that when the publication of a Scottish Government Transforming Roles for Advancing Practice in the Allied Health Professions is received, a paper will come back to the Committee. (Further reports will be brought back to the Committee throughout the year for assurance).

It was noted that the implementation of a separate uniform for Advance Nursing Practitioners is being taking forward, and this will denote to members of the public and staff.

The Committee took **assurance** from the Governance of Advanced Practitioners paper.

### **6.4 Early Cancer Diagnostic Centre (ECDC) Report**

The Medical Director provided an update and advised that NHS Fife is one of three pilot sites, and funding is available for another year. The ECDC will become an important

part of recovery of cancer services moving forward. It was noted the ECDC is not a centre and is a pathway, and work is underway to define the terminology.

It was highlighted that around 40% of patients are not diagnosed through the existing urgent suspicion of cancer (USC) pathway in Scotland, and that the ECDC may capture more of these patients.

The referral pathway was outlined, and it was noted that there may be reasons why the ECDC pathway is not used.

It was reported that the assessment of the ECDC is being carried out by Strathclyde University, and that patients are being asked to complete an evaluation form with findings published in due course. It was noted there has been some excellent feedback to date.

Following a question from the Chair, the Director of Health & Social Care advised that there is support from MacMillan Cancer Support which is ongoing, and the support will be integrated into the pathway as a partnership approach. Updates will be provided to the Cancer Strategy Group.

Following a question from A Wood, Non-Executive Member, the Medical Director advised that through ECDC it is expected that the number of tests and radiology that people receive could be reduced by avoiding multiple opinions and reviews.

M Black, Non-Executive Member questioned the patient navigator and was advised that this is provided for assurance to patients to move through the processes seamlessly.

It was reported there is too small a sample size to conclude the differential in males and females who have completed the ECDC pathway.

The Committee took **assurance** from the Early Cancer Diagnostic Centre (ECDC) Report.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report (IPQR)**

The Director of Nursing provided an overview on the Clinical Governance measures and advised that the target for inpatient falls has been achieved locally. Work continues across Acute Services and the Health & Social Care partnership to improve pressure ulcer care, which has not yet reached the local target. It was advised that the measures will be closely monitored.

The Committee took **assurance** from the IPQR.

### **7.2 Progress on Annual Delivery Plan (RMP4) 2021/2022**

The Associate Director of Planning & Performance provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022 and advised that the paper covers three related documents: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the RMP4 were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete actions that have not been met will be carried forward. Guidance for next year has been received from the Scottish Government, and it was reported that the majority of the work has already been carried out through the Strategic Planning Resource Allocation (SPRA) process. The key actions for delivery through 2022/2023 from each of the Directorates has been considered, and this has also been reflected in the corporate objectives.

Following a question from M Black, Non-Executive Director it was advised that increasing beds in wards will be influenced by national guidance around the Infection Control Manual and from our Infection Control Department colleagues. The Director of Health & Social Care noted that there is a demand in our system which is affecting the number of available beds, and this is monitored closely between the Health & Social Care Department and Acute Services.

The Committee:

- Took **assurance** from the progress of deliverables within Joint Remobilisation Plan 4 (RMP4)
- Took **assurance** from the lessons learned from Review of National Response to Winter 2021/22
- Took **assurance** from the performance in the Winter Report 2021/22 – Data to March 2022

### 7.3 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided an update on the HAIRT and advised the report covers the previous quarter and highlighted the main areas within the report.

A Wood, Non-Executive Director questioned if there continues to be an ongoing system issue in the reporting of hand hygiene trends, and highlighted page 12 of the report at 5.1 where it states hand hygiene trends are unable to be reported. The Director of Nursing advised hand hygiene audits are included in the HAIRT Report (page 19 & 21), and that this data is being captured via the LanQIP dashboard. The Director of Nursing agreed to take forward the reference on page 12 – unable to report trends.

A Wood, Non-Executive Director praised staff noting that high occupancy has had no impact on infection & control.

The Committee took **assurance** from the HAIRT.

## 8. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

### 8.1 Patient Experience & Feedback Report

The Director of Nursing provided an update on the Patient Experience & Feedback Report and outlined the key points from the report.

The Recovery & Improvement Plan describes the work being taken forward to understand and improve the patient experience. The plan also describes how we are redesigning the Patient Relation Service to improve complaints handling. Workload is

also being analysed, including length of time to draft responses to complaints. Updates on the Recovery & Improvement Plan will be provided to the Committee.

The new format for the Quarterly Reports that come to the Committee was highlighted, and it was advised that the report will be iterative and will include more detail on complaints. The Director of Nursing advised including staff experiences and stories to the report is being explored.

The contents of the Quarterly Report were outlined.

It was reported complements are recorded on Datix and not all department services use the system, and it is hopeful to encourage sight to the complement reports as we progress with the revised Quarterly Reports.

It was noted an update on adverse events will be added to the Quarterly Report.

The Committee took **assurance** from the Patient Experience & Feedback Report.

## **9. ANNUAL REPORTS**

### **9.1 Radiation Protection Annual Report**

The Medical Director advised the Radiation Protection Annual Report is provided to the Committee for assurance on an annual basis and noted there were no issues to highlight.

The Committee took **assurance** from the contents of the Radiation Protection Annual report.

## **10. LINKED COMMITTEE MINUTES**

The Committee **noted** the following linked Committee minutes.

- 10.1 Acute Services Division Clinical Governance Committee Update
- 10.2 Minutes of the Area Clinical Forum held on 7 February 2022 (confirmed) & 7 April 2022 (unconfirmed)
- 10.3 Minutes of the Area Medical Committee held on 8 February 2022 (unconfirmed)
- 10.4 Minutes of the Area Radiation Protection Committee held on 2 March 2022 (unconfirmed)
- 10.5 Minutes of the NHS Fife Clinical Governance Oversight Group held on 15 February 2022 (unconfirmed)
- 10.6 Minutes of the Fife Drugs & Therapeutic Committee held on 9 February 2022 (unconfirmed)
- 10.7 Minutes of the Fife IJB Clinical & Care Governance Committee held on 4 March 2022 (confirmed)
- 10.8 Minutes of the Health & Safety Subcommittee held on 11 March 2022 (unconfirmed)

- 10.9 Minutes of the Infection Control Committee held on 2 March 2022 (unconfirmed)
- 10.10 Minutes of the Information Governance & Security Steering Group held on 4 March 2022 (unconfirmed)
- 10.11 Minutes of the Research, Innovation & Knowledge Oversight Group held on 31 March 2022 (unconfirmed)

## **11. FOR ASSURANCE**

### **11.1 Internal Audit Report B23/22 Resilience - Interim Report**

The Committee noted the contents of the report and took **assurance** from earlier discussions. A further paper will come to the Committee in due course.

## **12. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **12.1 To the Board in the IPQR Summary**

There were no performance related issues to escalate to the Board.

### **12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters/issues to escalate to the Board.

## **13. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting** – Friday 1 July 2022 at 10am via MS Teams.

Confirmed

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING  
HELD ON TUESDAY 10 MAY 2022 AT 09:30AM VIA MS TEAMS**

**RONA LAING**  
**Chair**

**Present:**

R Laing, Non-Executive Director (Chair)	M McGurk, Director of Finance & Strategy
W Brown, Non-Executive Stakeholder Member	A Morris, Non-Executive Director
A Grant, Non-Executive Director	J Owens, Director of Nursing
A Lawrie, Area Clinical Forum Representative	C Potter, Chief Executive
M Mahmood, Non-Executive Director	

**In Attendance:**

N Connor, Director of Health & Social Care  
C Dobson, Director of Acute Services  
S Fraser, Associate Director of Planning & Performance  
B Johnston, Head of Capital Planning & Project Director (*agenda item 6.4 only*)  
N McCormick, Director of Property & Asset Management  
Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
M Michie, Deputy Director of Finance  
B Hannan, Director of Pharmacy & Medicines  
P Cumming, Risk Manager (*agenda item 5.5 only*)  
H Thomson, Board Committee Support Officer (Minutes)

**Chair's Opening Remarks**

The Chair welcomed everyone to meeting. Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

The Chair acknowledged the ongoing pressures with services and staff and noted that the organisation is no longer operating under direction of the Scottish Government. It was advised that there has been little change since the restrictions ended in terms of the enormous pressure on services and the impact that is having on our service performance.

It was noted this is the last meeting for R Laing, who is retiring from the Board at the end of May. The Committee warmly thanked R Laing for her service and contribution to the Board and wished her all the very best for the future. A Morris has agreed to take up the position of Chair going forward.

## 1. Apologies for Absence

Apologies were received from members Dr C McKenna, Medical Director, and Dr J Tomlinson, Director of Public Health.

## 2. Declaration of Members' Interests

The Chair made a declaration of interest on item 6.4 Kincardine & Lochgelly Health Centres Business Cases, and advised she is presently a patient at Lochgelly Health Centre.

## 3. Minute of the last Meeting held on 15 March 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 MATTERS

### 5.1 Finance, Performance & Resources Committee Annual Statement of Assurance 2021/2022

The Head of Corporate Governance & Board Secretary advised that the Committee Annual Statement of Assurances are issued to the Audit & Risk Committee and the Board on a yearly basis to demonstrate that the Committees, via its various meetings, has addressed all aspects of the remit. A Morris, Non-Executive Member, agreed the report has the right level of detail to provide appropriate assurance on the items covered by the Committee in the past year.

The Committee **approved** the paper, for final sign-off by the Committee Chair and submission to the Audit & Risk Committee.

### 5.2 Board Assurance Framework (BAF) – Financial Sustainability

The Director of Finance & Strategy advised that the version of the BAF presented to the Committee will be replaced with a new corporate risk register from June 2022.

The BAF reflects the year-end financial position as of 31 March 2022, subject to external audit of the financial statements in July 2022.

It was reported that the moderate risk score reflects the in-year financial position. The creation of an additional corporate level finance risk which describes the level of risk on securing financial sustainability over the more medium-term is being progressed for the new corporate risk register.

The Committee took **assurance** from the content of the Board Assurance Framework.

### 5.3 Board Assurance Framework – Strategic Planning



The Director of Finance & Strategy advised that the BAF reflects the year-end position, and the risk level remains at moderate. It was highlighted that this risk is expected to reduce as we progress through the milestone plan activity in terms of the strategy development.

It was reported all the Directorates are reviewing content within the existing BAFs in advance of transitioning to the new corporate risk register.

The creation of an additional corporate level risk in this area which describes the level of risk associated with the successful implementation of an impactful new strategy is being progressed for the new corporate risk register.

The Committee took **assurance** from the content of the BAF and **approved** the current position in relation to the Strategic Planning risk of Moderate.

#### **5.4 Board Assurance Framework – Environmental Sustainability**

The Director of Property & Asset reported that the environmental sustainability risk remains high and will remain so until the commissioning of the new Fife Orthopaedic Elective Centre completes by the end of 2022.

The recommendations identified within the Internal Audit Internal Control Evaluation in terms of delivery of the Property & Asset Management Strategy (PAMS) and capital programme will remain on the corporate risk register until it can be demonstrated that the risks have been appropriately mitigated through delivery of the new Fife Orthopaedic Elective Centre.

The Committee took **assurance** from the content of the Board Assurance Framework.

#### **5.5 Risk Management Improvement Programme Progress Report**

The Risk Manager joined the meeting to speak to the paper, in terms of the development of the strategic risk profile, it was reported that work is underway to include climate change and equality risks. Risks for inclusion within the corporate risk register are currently being identified with a view to concluding that work by the end of May 2022. It was reported a risk dashboard is under development and will become a feature of the IPQR going forward. It was also reported the escalation process is under review around risks and how those are managed.

The Director of Nursing informed the Committee that the process has been very positive, in terms of nursing, quality & control and governance.

The Chair requested more detail on governance and asked if the dashboard will be presented to each Board Committee. In response, it was advised that the risks within the corporate risk register will be assigned and be specific to each Committee. It was advised the IPQR will include all the risk management information from each Committee. It was also advised the positive aspects of the Board Assurance Framework will be retained and some of the more extraneous information that does not necessarily support understanding will be removed.

The Chief Executive added that the work that has been carried out has been very positive and reported that a meaningful assessment of our risks and how it connects

overall to all the work that we do will be presented to Committees going forward, which will provide greater assurance.

The Risk Manager and team were thanked for all their hard work.

The Committee took **assurance** from this update on the plan to refresh and improve the Risk Management Framework.

## 5.6 Review of General Policies & Procedures

The Head of Corporate Governance & Board Secretary introduced the report which is presented to the committee twice a year for assurance purposes.

It was reported that good progress has been made since the last report to the Committee. A General Policies and Procedures Guidelines Pack has been developed and a workplan established, which will enable a more proactive approach to reviewing policies & procedures. The Board Committee Support Officer noted that these documents will be available to staff through Stafflink in the coming weeks. It was advised that more work is required to reduce the backlog, particularly for procedures. The current pressures on staff were highlighted which has had an impact on progress in reducing the backlog.

A Morris, Non-Executive Director, suggested deadlines for completion for the outstanding policies & procedures. The Head of Corporate Governance & Board Secretary agreed and noted a discussion would be required on the escalation route internally in the first instance. It was also noted that some of the policies are part of the wider work that is ongoing, such as the Risk Management Improvement Programme.

It was reported an electronic system would have benefits across the organisation, and discussions are still underway on how this could be addressed.

The Committee took **assurance** from the contents of the report.

## 5.7 Review of Annual Workplan

The Head of Corporate Governance & Board Secretary reported that the Annual Workplan will be provided to each meeting as a tracked version. It was advised that the tracked workplan would be for information and noting at future Committee meetings.

The Committee **approved** the annual workplan.

## 5.8 Committee Development Sessions Programme 2022/23

The Director of Finance & Strategy spoke to the paper.

A Morris, Non-Executive Member, requested a timetable for the development sessions, and it was advised that timings will be aligned to the milestone plan for strategy development. The Director of Finance & Strategy will take forward a suggested timetable, and this will be brought back to the next meeting incorporated into the annual workplan.

**Action: Director of Finance & Strategy**

The Committee reviewed and **approved** the proposed development session topics for 2022/23, recognising that this may iterate over the course of the year.

## **6 STRATEGY / PLANNING**

### **6.1 Corporate Objectives 2022/2023**

The Director of Finance & Strategy advised that the corporate objectives align with the strategic framework, and progress against those relevant to this Committee will appear as substantive items throughout the year.

The Chief Executive advised that the corporate objectives links together strategic priorities and the outputs from the Strategic Planning Resource Allocation (SPRA) process.

A Morris, Non-Executive Member, welcomed the clarity provided on the direction of the corporate objectives, which provides a better understanding on the delivery of outcomes that we want to achieve.

Discussion took place on communicating the corporate objectives to staff. It was reported that the corporate objectives have been developed through the SPRA process at Directorate level.

W Brown, Employee Director, emphasised that not all staff will be aware of what the corporate objectives are and the importance of them. It was advised that comms and staff engagement will be carefully considered and include clear and meaningful explanations to groups of staff and individuals. It was noted there is an opportunity at the next stage of the strategy development to present the corporate objectives aspects to the wider organisation and provide opportunities for staff input and discussion.

The Chief Executive thanked the Director of Finance & Strategy and the Director of Workforce, for the work in reaching the current position and noted that the corporate objectives have been discussed in detail with the Executive Directors' Group.

The Committee considered and **endorsed** the corporate objectives.

### **6.2 Fife Capital Investment Group Report 2022/2023**

The Deputy Director of Finance highlighted the main points from the report.

The Committee took **assurance** from the Fife Capital Investment Group Report 2022/2023

### **6.3 Orthopaedic Elective Project**

The Director of Nursing spoke to the paper.

Following a question from A Morris, Non-Executive Director, on recruitment for the new build, an update was provided, and it was noted that there are no issues at this time.

The Chief Executive noted that staff transferring to the new build will be supported with the transition. W Brown, Employee Director, noted that there may be issues with the

transition of theatre staff, and the Director of Nursing advised that this will be considered during the recruitment process.

The Committee took **assurance** from the update on the Orthopaedic Elective Project.

## 6.4 Kincardine & Lochgelly Health Centres Business Cases

The Head of Capital Planning & Project Director spoke to the key points on the Kincardine & Lochgelly Health Centres Business Cases.

A Morris, Non-Executive Member, questioned the involvement with Forth Valley Health Board on the Kincardine Centre and was advised that the Health & Social Care Partnership are in discussions and engaging with Forth Valley Health Board as they will provide the General Practitioner (GP) services and that NHS Fife will provide all other services within the centre.

The Director of Property & Asset Management supported the business cases and noted that they align well with the primary care premises strategy work that is ongoing.

Following a question from the Chair on the action list in relation to the IT & digital elements of the project, it was advised that the buildings will be flexible to accommodate a range of IT initiatives. Discussions are ongoing with Digital & Information and the Health & Social Care Partnership, and a subcommittee has been formed with various stakeholders. It was reported that the IT & digital elements will be incorporated through the full business case process, and the action list will be updated accordingly.

The Committee **endorsed** the Business Cases and recommended for Board approval at the end of May 2022.

## 7 QUALITY / PERFORMANCE

### 7.1 Integrated Performance & Quality Report

#### Acute Services

The Director of Acute Services provided an update on operational performance which has experienced unprecedented levels of demand from an unscheduled care perspective. The operational performance does however benchmark favourably against other Health Boards in Scotland. A focus continues on clinical prioritisation and maintaining this current level of service in demanding circumstances.

#### Health & Social Care Partnership

The Director of Health & Social Care Partnership advised delayed discharge continues to be report to the Finance, Performance & Resources Committee, with the other targets now reported to the Public Health & Wellbeing Committee.

It was advised that this period of reporting reflects an incredibly challenging time with very high number of ward closures, community ward closures and care home closures which has had a significant impact on flow. Significant pressures in relation to workforce was also reported.

It was noted that the Health & Social Care Partnership and Acute Services teams are working closely together on the pressures being experienced. Assurance was provided

that there has been a significant improvement in delays and total delays in Fife, which is reflected in the national data. It was noted delays is a national challenge and remains a priority for NHS Fife.

#### Finance

The Deputy Director of Finance provided an update on the revenue expenditure and noted that in-year targets have been met and are now subject to external audit.

It was reported the final tranche of Covid monies was received in February 2022, unallocated funding from this allocation will be carried forward by the Integration Joint Board (IJB) in a reserve for 2022/23.

Following a question from the Chair on the Covid reserve, the Deputy Director of Finance advised discussions have commenced with the Chief Financial Officer (CFO) on appropriately earmarking for Health Board delegated costs against this reserve.

The Committee took **assurance** from the Integrated Performance & Quality Report

## **7.2 Progress of Annual Delivery Plan (RMP4) 2021/2022**

The Associate Director of Planning & Performance provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022 and advised that the paper covers three related aspects: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the Annual Delivery Plan were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete actions that have not been met will be carried forward into the annual delivery plan for 2022/23.

Guidance from the Scottish Government has been received for the 2022/23 Annual Delivery Plan (which will replace the RMP).

The Committee took **assurance** from:

- The progress of deliverables within Joint Remobilisation Plan 4 (RMP4)
- The lessons learned from Review of National Response to Winter 2021/22
- The performance in the Winter Report 2021/22 – Data to March 2022

## **8 LINKED COMMITTEE / GROUP MINUTES**

The Committee **noted** the linked committee minutes:

- 8.1 Minute of Fife Capital Investment Group, dated 9 March 2022
- 8.2 Minute of Pharmacy Practice Committee, dated 18 March 2022

## **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **9.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IQPR summary.

**9.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

The Chair and Director of Finance & Strategy will discuss any issues to be escalate to the Board.

**10. ANY OTHER BUSINESS**

There was no other business.

**11. DATE OF NEXT MEETING**

The next meeting will be held on Tuesday 12 July 2022 at 9.30am via MS Teams.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING  
HELD ON MONDAY 16 MAY 2022 AT 10AM VIA MS TEAMS**

**Present:**

T Marwick, (Chair)

R Laing, Non-Executive Director

M Black, Non-Executive Director

C Potter, Chief Executive

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

J Owens, Director of Nursing

J Tomlinson, Director of Public Health

**In Attendance:**

R Bennett, Health Promotion Service Manager (*agenda item 8.2 only*)

N Connor, Director of Health & Social Care

G Couser, Associate Director of Quality & Clinical Governance (*agenda item 5.2 only*)

B Davis, Head of Primary & Preventative Care (*agenda item 6.7 only*)

S Fraser, Associate Director of Planning & Performance

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

F Richmond, Executive Officer to the Chief Executive & Board Chair

H Thomson, Board Committee Support Officer (Minutes)

**Chair's Opening Remarks**

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**

R Laing, Non-Executive Member, declared an interest on item 6.7 Kincardine & Lochgelly Health Centres Business Cases, advising she is presently a patient at Lochgelly Health Centre.

**3. Minutes of Previous Meeting held on Tuesday 8 March 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 Primary Care Governance and Oversight

The Committee thanked all the team involved for their hard work, noting the update provided in the paper on Primary Care governance arrangements.

The Committee took **assurance** from the proposal for the establishment of a Primary Care Governance and Strategic Oversight Group.

### 5 GOVERNANCE MATTERS

#### 5.1 Public Health & Wellbeing Committee Annual Statement of Assurance 2021/2022

The Head of Corporate Governance & Board Secretary provided background and advised that the Committee Annual Statement of Assurances are issued to the Audit & Risk Committee and the Board on a yearly basis to demonstrate that the Committee, via its various meetings, has addressed all aspects of the remit. The reports are detailed to provide assurance on individual topics. It was noted for 2021/2022, only part of the year has been reported and the report is briefer than is the case for other committees, reflecting the fact the Committee was only established in October 2022.

The Chair thanked everyone on the progress made since the Committee was established.

The Committee **approved** the Public Health & Wellbeing Committee Annual Statement of Assurance 2021/2022, for final sign-off by the Chair and submission to the Audit & Risk Committee.

#### 5.2 Risk Management Improvement Programme Progress Report

The Associate Director of Quality & Clinical Governance joined the meeting and provided an update. It was advised that the draft Strategic Risk Profile is currently being refined through the engagement sessions that are taking place. Close working has taken place with Senior Leadership Teams in relation to development of the corporate risk register. In addition, a refresh of the escalation and de-escalation process is taking place. It is expected that the first meeting of the Risk & Opportunities Group will take place in August 2022, which will support the new approach to strategic planning.

It was reported work is underway for the requirement of a risk appetite Board statement agreement, and this is expected to conclude at the end of June 2022.

The Committee took **assurance** from the update on the plan to refresh and improve the Risk Management Framework.

#### 5.3 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy reported that the current risk level has been assessed as moderate and it is expected that this level of risk is likely to reduce over the next 3 to 6 months due to all the work being carried out in relation to creating structures and governance to support our strategy development work. It was also advised that this risk is in relation to the governance of strategy development and, going



forward, a new risk is being drafted in the corporate risk register, for consideration, around the effectiveness of strategy and delivery.

The Committee **approved** the current position in relation to the Strategic Planning risk of Moderate.

#### **5.4 Review of Annual Workplan**

The Director of Public Health advised that the workplan will be reviewed periodically throughout the year and will 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.

The Chair requested that the Mental Health Strategy Implementation item is not deferred further than July 2022, given the current priorities of focus on mental health.

The Committee took **assurance** from the Annual Workplan.

## **6 STRATEGY / PLANNING**

### **6.1 Population Health & Wellbeing Strategy - Public and Staff Engagement**

The Director of Nursing reported that a key element of the Population Health & Wellbeing Strategy is having wide engagement with the citizens of Fife, staff and partners.

It was advised that the engagement process commenced in December 2021, with community and colleague conversations, and the results of that engagement has informed the plan for the next phase. It was stressed that the plan will be delivered in collaboration with NHS Fife and the Integrated Joint Board, to connect our health & social care services seamlessly and not duplicate any engagement activity.

It was reported that a second phase of conversations is expected to be delivered over a 12-week period between July and September 2022. It is recognised community engagement is a key component of the strategy. It was also reported that Health Improvement Scotland have published an Equality Framework for Engagement & Participation and this, and a number of other tools, will be used going forward to inform the strategy.

It was advised that the proposed questions will be further developed following discussions with the Health & Social Care colleagues. It was noted the EQIA has been completed.

Following a number of points raised by Committee Members, it was advised that Committee Members' comments will be considered through the process of developing the strategy. It was reported that Focus Groups will take place, which will discuss reaching out to other subgroups within the population. The EQIA sets out differential needs with our engagement groups, and the Public Health Team will be working with some of these groups, particularly children & young people. It was also advised that

Locality Workers in the Health & Social Care Partnership will be engaging with the harder-to-reach communities directly. Initial discussions have commenced with the voluntary sector to support reaching specific groups. The Chair highlighted that some groups are self-selecting, and to take this into consideration.

Committee members discussed the benefits of open-ended and positive-framed questions. The Chair requested that the external facilitator is fully briefed on the format of the questions and the particular local needs of Fife that the strategy is seeking to address.

The Committee:

**Approved** and **noted** the public and staff engagement plan for the Population Health and Wellbeing Strategy and progress made.

**Approved** and **supported** the proposal to engage an external facilitator to deliver the engagement plan.

## 6.2 Corporate Objectives 2022/2023

The Director of Finance & Strategy advised that the corporate objectives link into the strategic framework, and some of the objectives will feature at this Committee as substantive items. It was also advised the objectives will form the core of the transitional plan 2022/2023.

Two proposed late changes were outlined; corporate objective 12 and 14, which sit more appropriately under 'To Improve Health & Wellbeing' strategic area.

It was advised that the corporate objectives were on the agenda at other Committees for this cycle of meetings, and the Chair requested that this is detailed in cover papers going forward for clarity.

The Committee **considered** and **endorsed** the corporate objectives for onward approval at the Board.

## 6.3 Anchor Institution Programme Board and Community Benefit Gateway

The Director of Public Health advised that since April 2021, a lot of progress has been made on Anchor Institutions, however, progress was slightly slower than originally expected due to the impact of the pandemic. The progress made and next steps were outlined, as detailed in the paper. It was advised that the Scottish Government have not provided timelines, which is positive in terms of the pace of developing the Anchor Institutions.

It was noted that Community Benefit Gateway will also support our ambition, and it is a national initiative which Fife is taking part in.

The Chief Executive provided an outline on the detailed discussions which took place at the recent national Chief Executives meeting and the Place and Wellbeing Programme Board. It was reported that the Anchor Institutions and Health Boards commitment to it will form a foundation as part of the annual delivery plans to be

submitted in July 2022. The Chief Executive provided assurance that work is ongoing in terms of embedding the Anchor approach, and ensuring it becomes part of our core business.

Following a question from the Chair, it was advised that there is work ongoing in terms of a national procurement guidance, and a National Procurement Workstream, which the Government is leading on, is taking this forward. To date, the guidance has not been received and it was reported that we will continue to do what we can locally around procurement, employability and initiatives with direct impact on the citizens of Fife.

It was noted that there has been no critical or short supply of medicines due to Brexit, and that this is being monitored closely.

The Committee **considered** and **discussed** the contents of the paper and those areas of business included in development as an Anchor Institution.

#### **6.4 Mental Health Estate Re-Design Programme**

The Medical Director provided an update on progress to date and reported that engagement has been, and continues to be, a key aspect of the programme.

The key elements of work facilitating completion of the initial Agreement (IA) was outlined, and it was noted that the programme is in the very early stages.

The Chair highlighted the importance of communication around the programme. Following a question, it was advised communication, at this time, does not include an approach to those who are visually impaired or hard of hearing. The Medical Director agreed to raise this point about the consultation.

The Chair agreed with the Chief Executive that at the next MSPs' meeting, an update would be provided to MSPs on the programme.

The Committee took **assurance** from the Mental Health Estate Re-Design Programme.

#### **6.5 Implementation of the Immunisation Strategic Framework/Governance Assurance**

The Director of Health & Social Care spoke to the paper, summarising its content.

The Committee:

- Took **assurance** regarding the implementation of the strategic framework and the plans being progressed to ensure the four priorities are achieved, with assurance of an effective governance structure and commitment to an ongoing evaluation and review within the transition period agreed.
- Took **assurance** regarding safe and effective delivery supported by effective governance arrangements in line with the national issues communicated.

#### **6.6 Briefing Paper on NHS Scotland Policy for Climate Emergency and Sustainable Development**

The Director of Property & Asset Management joined the meeting and spoke to the key points on the Briefing Paper on the NHS Scotland Policy for Climate Emergency and Sustainable Development. The action areas and themes within Appendix 1 were highlighted, and the proposed governance arrangements within Appendix 2 were outlined.

R Laing, Non-Executive Member, commented that there is a strong link with the action areas / themes and the existing work of the Fife Health Charity, who may be able to support in some areas.

The Chief Executive advised that the Annual Delivery Plan for 2022/2023 will include climate sustainability as a common thread.

The Committee took **assurance** and **approved** the governance arrangements and approach to resourcing in order to support the formulation of the plan to develop NHS Fife's approach to the Policy and Strategy.

## **6.7 Kincardine & Lochgelly Health Centres – Outline Business Cases**

The Head of Primary & Preventative Care joined the meeting and provided an update on the service model that will be delivered within the Kincardine & Lochgelly Health Centre developments. It was advised that there has been a large amount of early engagement over the previous months, which has informed a service schedule of accommodation and was developed alongside the design of the building. The model, as it stands, is based on primary care improvement and having a multi-service approach. It was reported a project outline is being developed, along with a high level project plan, and the aim is to have a finalised model, for approval, by March 2023.

The Director of Public Health highlighted the main challenges faced in the previous year. It was reported the outline business cases have been scrutinised through the Fife Capital Investment Group (FCIG) and the Portfolio Board, and there has also been external scrutiny of costings.

M Black, Non-Executive Member, questioned if the model could be replicated in Health Centres that NHS have responsibility for. It was advised that a primary care strategy is being developed for Fife and will outline our ambition for primary care locally and will also sit alongside the national priorities around primary care improvement. The strategic approach was described.

The Committee **endorsed** the Business Cases to allow for development of both Full Business Cases in advance of the construction delivery.

## **7 QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report (IPQR)**

The Director of Finance & Strategy introduced the IPQR and advised that although performance levels are lower than pre-Covid levels, NHS Fife is benchmarked favourably against other Health Boards in Scotland.

The Director of Health & Social Care noted that there is a delay in reporting for the smoking cessation due to it being a 12-week programme that is undertaken. It was reported that the majority of services continue to be delivered remotely, and the translation services have also been available during this time. The team are exploring ways in moving the services, where possible, to face-to-face. A fuller report will come back to this Committee at the July meeting on smoking cessation and prevention work.

An update was provided on CAHMS performance, recruitment and workforce development. The key points from the Psychological Therapies performance were provided.

Concern was raised on the lower levels of performance, and it was advised that a list of improvement actions are now included within the report, and that those areas of low performance are a priority.

The Committee **discussed** and took **assurance** from the report.

## **7.2 Test & Protect Update**

The Director of Public Health spoke to the paper and advised that this will be the last regular stand-alone report to the Committee on Test & Protect. Future updates, when available, will be provided to the Committee on the future national surveillance programme.

The Chair thanked the Test & Protect Team for all their hard work over the pandemic period.

The Committee took **assurance** from the test & protect update.

## **7.3 Flu Vaccine & Covid Vaccine (FVCV) Programme Delivery Update**

The Director of Health & Social Care highlight the key points from the paper.

M Black, Non-Executive Director, questioned if there could be an opportunity for media coverage around the total number of vaccinations that have been given. It was advised that this will be highlighted at the next Board meeting, which the media are in attendance for.

The Committee took **assurance** of the progress achieved and updated information regarding the programme and ongoing developments in the approach.

## **7.4 Progress of Annual Delivery Plan (RMP4) 2021/22**

The Associate Director of Planning & Performance provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022 and advised that the paper covers three related documents: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the Annual Delivery Plan were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete

actions that have not been met will be carried forward into this year's annual delivery plan.

Guidance from the Scottish Government has been received for the 2022/23 Annual Delivery Plan (which will replace the RMP) and is due to be submitted by the end of July 2022.

The Committee:

- Took **assurance** from the progress of deliverables within Joint Remobilisation Plan 4 (RMP4)
- Took **assurance** from the lessons learned from Review of National Response to Winter 2021/22
- Took **assurance** from the performance in the Winter Report 2021/22 – Data to March 2022

## 8 ANNUAL REPORTS

### 8.1 Director of Public Health Annual Report 2020/2021

The Director of Public Health spoke to the report.

The Medical Director highlighted that further discussion and research is required on the impact of the previous two years due to Covid, and the future impact of the cost of living situation, on the health of the population. It was noted that the Fife Health Charity may be able to support with funding for any research projects.

R Laing, Non-Executive Member, noted it would be helpful to see improvements and deterioration in areas within the report.

The Chief Executive advised that actions will be developed through the strategy milestone plan and work.

The Committee **considered** the emerging issues set out within the Director of Public Health Annual Report and **endorsed** the future opportunities listed for each priority.

### 8.2 Health Promotion Service Annual Report 2021/2022

The Health Promotion Service Manager joined the meeting and spoke to the report.

The Committee took **assurance** from the work undertaken by Fife Health Promotion Service during 2021/22 to support delivery of strategic priorities and public health priorities for the people of Fife and the priorities for 2022/23.

## 9 LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

- 9.1 Minutes of the Population Health & Wellbeing Portfolio Board held on 17 March 2022 (unconfirmed)

9.2 Minutes of the Public Health Assurance Committee held on 9 February 2022 (unconfirmed) & 6 April 2022 (unconfirmed)

## **10 ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **10.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary.

### **10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters to escalate to NHS Fife Board.

## **11. ANY OTHER BUSINESS**

There was no other business.

## **12. DATE OF NEXT MEETING**

Monday 4 July 2022 at 10am via MS Teams.

## **Fife NHS Board**

Confirmed

### **MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 12 MAY 2022 AT 10AM VIA MS TEAMS**

#### **Present:**

S Braiden, Non-Executive Member (Chair)	A Morris, Non-Executive Member
W Brown, Employee Director	J Owens, Director of Nursing
M Mahmood, Non-Executive Member	C Potter, Chief Executive
S Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF) ( <i>part</i> )	A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum (LPF)

#### **In attendance:**

N Connor, Director of Health & Social Care  
P Cumming, Risk Manager (*agenda item 5.3 only*)  
C Dobson, Director of Acute Services  
L Douglas, Director of Workforce  
S Fraser, Associate Director of Planning & Performance (*agenda item 7.3 only*)  
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  
H Thomson, Board Committee Support Officer (Minutes)

#### **Chair's Opening Remarks**

The Chair welcomed everyone to the meeting, noting that P Cumming, Risk Manager, will be attending to speak to agenda item 5.3, Risk Management Improvement Programme Progress Update. It was also noted that S Fraser, Associate Director of Planning and Performance, will be attending to speak to agenda item 7.3, Progress of Annual Delivery Plan (successor to RMP4) 2021/2022.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

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 acknowledged that the Emergency Footing ceased across NHS Scotland on 30 April 2022 and expressed the Committee's sincere thanks to all colleagues for their efforts during this continued period of extended pressure and very challenging levels of activity.



## 1. Apologies for Absence

Apologies for absence were received from member K Macdonald (Whistleblowing Champion & Non-Executive Member) and attendee K Berchtenbreiter (Head of Workforce Development & Engagement).

## 2. Declaration of Members' Interests

There were no declarations of interest made by members.

## 3. Minutes of the last Meeting held on Thursday 3 March 2022

The minutes of the last meeting were **agreed** as an accurate record.

## 4. Matters Arising / Action List

There were no matters arising.

The Committee **noted** the updates and the closed items on the Action List.

## 5. GOVERNANCE / ASSURANCE

### 5.1 Draft Staff Governance Committee Annual Statement of Assurance 2021 – 2022

The Head of Corporate Governance & Board Secretary provided background and advised that the Committee Annual Statement of Assurances are issued to the Audit & Risk Committee and the Board on a yearly basis, to demonstrate that the Committees, via their various meetings, has addressed all aspects of the remit. The reports are detailed to provide assurance on individual topics covered during the course of the year.

The Chair requested that any further comments be submitted directly to the Head of Corporate Governance & Board Secretary via email, and should any further amendments be made, a revised draft would then be circulated to members for final approval.

The Committee **approved** the Annual Statement of Assurance (subject to members' comments regarding any amendments necessary), for final sign-off by the Chair and onward submission to the Audit & Risk Committee.

### 5.2 Board Assurance Framework (BAF) – Workforce Sustainability and Linked Operational High Risks Update

The Director of Workforce spoke to the BAF and advised that there are a few minor changes to the content of the BAF, which are tracked in Appendix 1. It was confirmed that there are no new linked operational high risks. The review of content of this BAF will be taken forward in line with the Risk Management Improvement Programme work.

S Fevre, Co-Chair, Health & Social Care LPF, questioned how to recognise improvements within the content of the BAF, in relation to risks facing services, and noted that staff do not feel there have been any improvements. The level of

assurance within the BAF was also questioned, given the ongoing high levels of activity facing clinical staff. The Director of Workforce advised that the BAF is only one aspect of providing assurance and agreed that there is a high level of pressure within the system, which is due to staff capacity. The work that is ongoing to address the staffing capacity issues was outlined, and the supply issue in terms of the general labour market in NHS Scotland was highlighted.

The Director of Finance & Strategy described the purpose of the BAF, noting that it is intended to provide assurance on the risk levels associated with workforce sustainability and to ensure these are recorded at the right level. It was reported that it is recognised in the BAF that workforce sustainability remains a high risk area, and the purpose of the BAF is to articulate, as far as possible, everything that is being done to mitigate that risk.

The Director of Nursing added that care assurance is being considered, as part of the care assurance framework in relation to staff experience, and how that strand of care assurance will be included and be captured within the Board's risk profile. Risks around availability of workforce are also being identified, and discussions are taking place on what else can be done to improve in this area.

Discussion took place on the BAF and its contents. A Morris, Non-Executive Member, highlighted the difficulty in connecting all staff to the work of the BAF, due to the complexity and size of the organisation. W Brown, Employee Director, expressed frustration on the structure and content of the BAF and its relevance to staff generally. It was noted that through the Risk Management Improvement Programme work, the structure and contents of the BAFs are being reviewed. A further update on the risk management improvement work was provided at item 5.3.

Following a question from W Brown, Employee Director, on the definition of the sentence within the paper at point 2.3.2 "This report meets all strands of the NHS Scotland Staff Governance Standard", the Director of Workforce provided an explanation, highlighting this was addressing a previous ask of members, and agreed to clarify the wording in future papers. It was noted that development sessions are being arranged, in order to brief members on each strand of the Staff Governance Standard and how the Committee's workplan and agenda items relates.

**Action: Director of Workforce**

The Committee took **assurance** from the content of the report, including the current risk ratings for the Workforce Sustainability elements of the BAF.

### **5.3 Risk Management Improvement Programme Progress Update**

P Cumming, the Board Risk Manager joined the meeting and spoke to the key points within the Risk Management Improvement Programme Progress Report and the approach on moving forward with risk management arrangements for NHS Fife. It was noted that the previous discussion on the relevance of the BAF highlighted the need to review the current approach.

In terms of the development of the strategic risk profile, it was reported that work is underway to include climate change and health & equalities risks. It was advised that there is an intention to move some components from the Board Assurance Framework and create a corporate risk register. It was reported that a risk

dashboard is under development and will become a feature of the Integrated Performance & Quality Report (IPQR) going forward. It was also reported that the escalation process is under review around risks and how those are managed.

A Morris, Non-Executive Member, commended the progress of the risk management improvement programme and thanked all those involved. W Brown, Employee Director, agreed, though highlighted the challenges in meeting the stated timescales detailed in the programme summary.

The Director of Finance & Strategy agreed to circulate an example of the new risk dashboard for members' feedback.

**Action: Director of Finance & Strategy**

The Committee took **assurance** from the update on the plan to refresh and improve the Risk Management Framework.

#### **5.4 Staff Governance Standard – Update on Equality, Diversity and Human Rights including Equality, Inclusion & Diversity Report**

The Director of Nursing and Head of Workforce Planning & Staff Wellbeing presented on the Staff Governance Standard by providing an update on Equality, Diversity and Human Rights.

W Brown, Employee Director, raised a question on behalf of S Fevre, (who had to leave the meeting for a short period of time) regarding the BAME (Black, Asian & minority ethnic) network and lack of involvement. Head of Workforce Planning & Staff advised that agreement has been made with the co-chairs to reinvigorate the BAME network during the course of 2022 and progress with actions that group members feel are important. It was noted it was not intended to be an NHS Fife Management led group.

Following a question from A Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates LPF regarding the lack of self reported staff data within the Equality, Inclusion & Diversity Report, and ways to get people engaged with providing this information, the Head of Workforce Planning & Staff Wellbeing advised that this will be encouraged in the new communication plan and discussions have taken place with the new Equality & Diversity Lead Officer, on ideas to promote to staff. It was noted it will become mandatory for new starts to complete this information, albeit there will be an option to 'prefer not to say'.

The Committee took **assurance** from the update provided in respect of Equality, Diversity and Human Rights and the ongoing work in this area.

#### **5.5 Whistleblowing Quarter 3 Report**

The Head of Workforce Resourcing & Relations spoke to the Whistleblowing Quarter 3 Report. It was noted that a third online training module has been added on whistleblowing for managers who are responsible for recording and reporting. Future reports will include data on the completion rates of that module.

The Chief Executive advised that the next iteration of this report will also include an acknowledgement on instances where we have been approached by the media for comment on staff concerns raised externally.

W Brown, Employee Director, questioned the timing and frequency of the report, including the training report, noting that there was an opportunity for the Committee to receive more recent data than has been tabled. The Deputy Director of Workforce advised that the training information was added in-year and explained the delay in timings and the internal governance route for the report, prior to its submission to Staff Governance. It was noted that improving the timing of reports being considered via the governance routes will be addressed in the year ahead.

It was noted that there are various routes for staff to raise a concern, and work is ongoing to be more overt in encouraging staff to raise concerns. Further detail on the work publicising the routes for raising concerns was requested, and a brief update was provided. A more detailed update will be brought back to the Committee at a future meeting.

**Action: Director of Workforce**

The Deputy Director of Workforce reported that the Board had, at their April 2022 Development Session, a vibrant discussion around developing an open and transparent culture. A dedicated morning session was given to discussing issues of culture, including whistleblowing, and feedback from Board members involved had indicated they were very supportive of the processes in place that value staff and the staff voice.

The Director of Nursing added that encouraging staff to use Datix to report any incidents of concern will also support our quality and clinical governance processes.

The Director of Health & Social Care advised that regular walk-arounds are taking place within HSCP, which involves talking informally to individuals, with some issues being addressed immediately. It was also advised that feedback is being collated, utilised and actions created. The importance of face-to-face interaction was noted.

Assurance was provided to the Committee that Datix reporting is strongly encouraged and that it supports resolving individual and organisational issues.

The Committee agreed to take **assurance** from the report at the next meeting, following further discussions to be had outwith the meeting.

**Action: Head of Workforce Resourcing & Relations**

## **5.6 Review of Staff Governance Committee Workplan 2022/2023**

The Director of Workforce spoke to the report and highlighted the deferred items on the Staff Governance Committee Annual Workplan. For assurance, the Annual Workplan, presented as a tracked version, will go to each future Committee meeting to enable the Committee to clearly track and monitor items that have been considered, carried forward to a future meeting, or removed.

The Head of Workforce Planning & Staff Wellbeing highlighted the provisional dates for the future Development Sessions and thanked those for suggesting discussion topics, noting further suggestions would be welcomed from all members.

W Brown, Employee Director, noted that sickness absence is not a substantive item on the workplan, despite it being a high priority for the organisation, and recommended that this be considered for inclusion. In response, it was advised that sickness absence is an area which is being developed further via data reporting within the IPQR, and that there is also a group having detailed discussions on sickness absence, supporting staff on returning to work, and taking that work forward. The Chief Executive highlighted the governance aspect around the roles and responsibilities of the Committee, noting it was important the Committee took assurance from the ongoing work in this area, but did not become operationally involved in the work itself.

The Committee **approved** the updated Staff Governance Committee Workplan for 2022/2023.

## **6. STRATEGY / PLANNING**

### **6.1 Corporate Objectives 2022/2023**

The Director of Finance & Strategy advised that a discussion on the Strategic Framework had taken place at the recent Board Development Session, and the proposed Corporate Objectives link into the framework as an annual output. Each of the Corporate Objectives will be linked into each of the four NHS Fife strategic priorities, with a relationship to the National Care Programmes.

It was reported that the 25 Corporate Objectives, as detailed in the paper, will support moving forward with aspects of our vision against our strategic priorities already agreed.

The Corporate Objectives will be brought back to the Committee for endorsement and assurance that the process is in place to appropriately create a set of objectives and seeking endorsement on what is being proposed.

The Chief Executive added that communication and staff engagement will be carefully considered and include clear and meaningful explanations to groups of staff and individuals on the Corporate Objectives, to which they can support generally with their own work. Assurance was provided to the Committee that there will be engagement with all staff to communicate the overall organisational objectives and aims.

The Committee **considered** and **endorsed** the Corporate Objectives.

### **6.2 Draft NHS Fife Three Year Workforce Plan for 2022- 2025**

The Head of Workforce Planning & Staff Wellbeing advised that the Three Year Workforce Plan for 2022-2025 will align to the Annual Delivery Plan, Population Health & Wellbeing Strategy and the future NHS Fife Workforce Strategy.

It was reported that the document presented to the Committee is the initial draft for comment, before it is submitted in a final draft to the July Staff Governance Committee and the July Population Health & Wellbeing Portfolio Board for onward submission to the Scottish Government at the end of July 2022. Feedback will then

be provided by the Scottish Government, and revisions will be made prior to publication on the website in October 2022. It was noted that the plan in its current format requires some refining, including more work on the workforce risks.

It was advised that the National Workforce Strategy for Health & Social Care was published in March 2022, and Appendix 1 'Workforce Guidance' was published in April 2022. Consideration is being given to both of those documents in relation to the draft Three Year Workforce Plan for 2022-2025. Other aspects that have been considered in the development of the plan were outlined.

A Morris, Non-Executive Member, commended the work thus far in developing the plan and questioned if there is work ongoing with university graduates to address the gaps in particular specialisms. It was advised that the Scottish Government colleagues would take this forward in terms of the training, structure, and the number of eligible university graduates. It was also advised this was a suggested topic for one of the Workforce Development Sessions in the future for the Committee.

Following a question from A Morris, Non-Executive Member, on addressing the cohorts in terms of the lower and higher end of the age profile, it was reported that this detail will be included within the plan.

W Brown, Employee Director, questioned how we evidence the Fair Work agenda, how international recruitment is progressing, and the short-term review on the skillset and banding of Health Care Support Workers. It was agreed a discussion would take place out with the meeting on these points and an update brought back to the Committee with the Plan's next iteration.

**Action: Head of Workforce Planning & Staff Wellbeing**

The Committee **supported** the content of the draft Three Year Workforce Plan 2022–2025, prior to approval of the final content at the July 2022 Staff Governance Committee and Population Health and Wellbeing Strategy Portfolio Board meetings, for submission thereafter to the Board and Scottish Government.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report (IPQR)**

The Director of Workforce reported that a focus within the IPQR is sickness absence and noted that the data will rise and fall quickly due to a number of factors. It was advised the Scottish Government will review the sickness absence target overall, as part of benchmarking across Boards.

The Committee **examined**, and **considered** NHS Fife performance, with particular reference to the year-end position in terms of staff sickness absence, and noted the improvement work that is being undertaken.

### **7.2 NHS Fife Workforce Information Overview**

The Deputy Director of Workforce highlighted the background to the paper.

It was reported that, in terms of vacancies, we are working towards the provision of establishment gap information, and the most recent publication of the workforce

statistics, which have not been released yet, shows some degree of reduction in job vacancy and recruitment activity. It was also reported that ongoing discussions are taking place with the HR Directors' Network around improvements in this area, involving Scottish Government colleagues. It was noted that colleagues are currently working on addressing the establishment gap, and, through development of the IPQR, an update will be brought back to the Committee.

S Fevre, Co-Chair, Health & Social Care LPF, questioned the range of wellbeing activity being offered and noted that some staff are unable to access activities due to workforce pressures not permitting their release from their core role. It was noted that the Wellbeing Group has planned activity to help address this concern and consideration is being given to a Staff Health & Wellbeing Framework going forward. It was also noted Wellbeing Champions will be introduced to provide local support.

W Brown, Employee Director, noted that the number of employee relations cases has not changed. It was also noted that the timeframes for certain processes to be resolved are lengthy, and that this has a negative effect on staff morale. The Deputy Director of Workforce advised that work is underway to address cases with extended timescales.

M Mahmood, Non-Executive Member, highlighted confidentiality being retained in relation to spiritual care services and noted that feedback is being collated to look at ways to improve these services.

The Committee took **assurance** and **noted** the contents of the NHS Fife Workforce Information Overview report and the related appendices.

### 7.3 Progress of Annual Delivery Plan (successor to RMP4) 2021/2022

The Associate Director of Planning & Performance joined the meeting and provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022. She advised that the paper covers three related documents: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the Annual Delivery Plan were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete actions that have not been met will be carried forward into this year's Annual Delivery Plan. The key themes from the actions that have not been met were outlined, along with key areas from the Winter Review document. It was reported that the Winter Monitoring Report reflects the current pressures.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted the flexibility of staff during the Winter period, with many staff being reassigned from their core roles. He noted that there was a resultant negative impact on staff, which needs to be considered going forward into the next Winter period.

The Committee:

- Took **assurance** on the progress of deliverables within Joint Remobilisation Plan 4 (RMP4) and that in future these plans will be called the Annual Delivery Plan
- Took **assurance** from the lessons learned from Review of National Response to Winter 2021/2022

- Took **assurance** from the performance in the Winter Report 2021/2022 – Data to March 2022

## **8. LINKED COMMITTEE MINUTES**

The Committee **noted** the following linked committee minutes:

- 8.1 Minutes of the Area Partnership Forum held on 23 March 2022 (unconfirmed)
- 8.2 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 17 February 2022 (unconfirmed)
- 8.3 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 16 March 2022 (unconfirmed)
- 8.2 Minutes of the Strategic Workforce Planning Group held on 22 February 2022 (unconfirmed)
- 8.3 Minutes of the Health and Safety Sub-Committee held on 11 March 2022 (unconfirmed)

Following a question, it was advised that the Health & Safety Sub-Committee is formally a subcommittee of the Clinical Governance Committee. The minutes are presented to this Committee for noting, given the potential for cross-over into matters of staff governance.

## **9. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **9.1 To the Board in the IPQR Summary**

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the sickness absence position.

### **9.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board**

There were no matters for escalation to NHS Fife Board.

## **10. ANY OTHER BUSINESS**

There was no other business.

## **11. DATE OF NEXT MEETING**

Thursday 14 July 2022 at 10.00am via MS Teams.



# **Fife Integrated Performance & Quality Report**

**Produced in May 2022**

# Introduction

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

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

The IPQR comprises of the following sections:

## I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. 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  
24 May 2022

Prepared by:

### **SUSAN FRASER**

Associated 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 continue to plan the recovery of services following 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 was superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and RMP4 included 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

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The current performance status of the 29 indicators within this report is 12 (41%) classified as **GREEN**, 2 (7%) **AMBER** and 15 (52%) **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 March:

- % of patients waiting for Diagnostics, TTG and New Outpatients appointments within the Standard timescales increased by a modest figure
- % bed days lost due to patients in delay continuing a downward trend towards target

Additionally, it has now been 23 months since the Cancer-31 DTT performance fell below the 95% Standard.

## b. National Benchmarking

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National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in over 85% 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	Mar-21	34	Feb-22	34	Mar-22	27	↑	N/A			
	HSMR	N/A	Year Ending	Dec-20	1.01	Sep-21	1.04	Dec-21	1.02	↑	YE Dec-21	1.02	●	1.00
	Inpatient Falls	7.68	Month	Mar-21	7.97	Feb-22	7.33	Mar-22	7.62	↓	N/A			
	Inpatient Falls with Harm	1.65	Month	Mar-21	1.68	Feb-22	1.59	Mar-22	2.28	↓	N/A			
	Pressure Ulcers	0.42	Month	Mar-21	1.22	Feb-22	1.23	Mar-22	1.07	↑	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	Mar-21	16.5	Feb-22	15.4	Mar-22	15.2	↑	QE Dec-21	12.8	●	17.3
	SAB - Community	N/A	Quarter Ending	Mar-21	13.0	Feb-22	8.7	Mar-22	10.9	↓	QE Dec-21	8.5	●	9.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Mar-21	10.2	Feb-22	4.7	Mar-22	5.8	↓	QE Dec-21	4.6	●	13.3
	C Diff - Community	N/A	Quarter Ending	Mar-21	7.6	Feb-22	1.1	Mar-22	2.2	↓	QE Dec-21	1.1	●	5.0
	ECB - HAI/HCAI	33.0	Quarter Ending	Mar-21	21.6	Feb-22	27.3	Mar-22	28.1	↓	QE Dec-21	33.6	●	34.1
	ECB - Community	N/A	Quarter Ending	Mar-21	33.6	Feb-22	39.3	Mar-22	45.8	↓	QE Dec-21	39.2	●	39.8
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Mar-21	84.9%	Feb-22	67.8%	Mar-22	67.8%	↔	2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Mar-21	26.3%	Feb-22	12.8%	Mar-22	11.8%	↓	2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-21	100.0%	Feb-22	100.0%	Mar-22	100.0%	↔	N/A			
	4-Hour Emergency Access	95%	Month	Mar-21	90.8%	Feb-22	83.0%	Mar-22	79.6%	↓	Mar-22	79.6%	●	71.6%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Mar-21	49.7%	Feb-22	52.7%	Mar-22	55.2%	↑	Dec-21	64.5%	●	34.6%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Mar-21	53.4%	Feb-22	48.8%	Mar-22	53.4%	↑	Dec-21	53.7%	●	46.5%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Mar-21	80.6%	Feb-22	61.2%	Mar-22	61.6%	↑	Dec-21	57.9%	●	49.6%
	18 Weeks RTT	90%	Month	Mar-21	72.4%	Feb-22	71.4%	Mar-22	69.8%	↓	QE Dec-21	71.2%	●	74.2%
	Cancer 31-Day DTT	95%	Month	Mar-21	100.0%	Feb-22	100.0%	Mar-22	96.1%	↓	QE Dec-21	100.0%	●	97.1%
	Cancer 62-Day RTT	95%	Month	Mar-21	80.3%	Feb-22	83.8%	Mar-22	78.6%	↓	QE Dec-21	82.3%	●	79.0%
	Detect Cancer Early	29%	Year Ending	Sep-20	19.0%	Jun-21	21.4%	Sep-21	23.2%	↑	2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Mar-21	89.9%	Feb-22	86.9%	Mar-22	88.1%	↑	N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Mar-21	5.9%	Feb-22	7.0%	Mar-22	6.6%	↑	QE Sep-21	10.4%	●	6.7%
	Delayed Discharge (# Standard Delays)	N/A	Month	Mar-21	47	Feb-22	55	Mar-22	46	↑	Mar-22	15.22	●	27.75
Antenatal Access	80%	Month	Jan-21	87.8%	Dec-21	90.0%	Jan-22	87.8%	↓	2021	90.1%	●	88.5%	
Finance	Revenue Resource Limit Performance	Breakeven	Month	Mar-21	N/A	Feb-22	Breakeven	Mar-22	£0.380m	↑	N/A			
	Capital Resource Limit Performance	£32.4m	Month	Mar-21	N/A	Feb-22	£19.2m	Mar-22	£32.4m	↑	N/A			
Staff Governance	Sickness Absence	3.89%	Month	Mar-21	4.43%	Feb-22	5.63%	Mar-22	5.59%	↑	YE Mar-21	4.77%	●	4.67%
Public Health & Wellbeing	Smoking Cessation	473	YTD	Jan-21	53.5%	Dec-21	54.0%	Jan-22	54.8%	↑	QE Sep-21	58.9%	●	82.0%
	CAMHS Waiting Times	90%	Month	Mar-21	73.0%	Feb-22	68.0%	Mar-22	70.6%	↑	QE Dec-21	71.9%	●	70.3%
	Psychological Therapies Waiting Times	90%	Month	Mar-21	84.3%	Feb-22	79.2%	Mar-22	82.7%	↑	QE Dec-21	80.6%	●	84.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑	FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jan-21	88.5%	Dec-21	88.2%	Jan-22	76.8%	↓	QE Dec-21	93.4%	●	93.1%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	94.6%	↑	2019/20	93.2%	●	81.3%
Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.6%	↓	2019/20	58.5%	●	42.9%	

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

		Quarter End			Month End			
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
		Projected	3,120	3,400	1,203	1,269	1,268	3,740
		Actual	2,981	2,953	756	1,012	1,169	2,937
		Variance	279	-167	-608	-447	-257	-803
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)		Projected	17,100	19,125	20,905	7,286	7,287	21,861
		Actual	19,488	20,161	19,600	5,073	6,358	18,932
		Variance	2,388	1,036	-1,305	-2,213	-929	-2,929
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)		Projected	1,801	1,833	1,840	613	613	1,840
		Actual	1,406	1,511	1,381	446	433	1,376
		Variance	-395	-322	-459	-167	-180	-464
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)		Projected	10,850	11,250	13,642	4,480	4,605	4,607
		Actual	12,971	12,629	11,733	3,962	4,149	12,680
		Variance	2,121	1,379	-1,909	-518	-456	-1,012
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)		Projected	17,110	19,110	20,620	7,110	6,450	6,780
		Actual	20,729	20,814	18,554	5,883	5,997	19,206
		Variance	3,619	1,704	-2,066	-1,227	-453	-1,134
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)		Projected	80.0%	80.0%	80.0%	85.0%	86.0%	87.0%
		Actual	77.4%	77.4%	77.4%	77.1%	83.0%	79.6%
		Variance	-2.6%	-2.6%	-2.6%	-7.9%	-3.0%	-7.4%
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)		Projected	8,040	8,320	10,680	3,520	3,190	3,410
		Actual	10,085	10,001	9,975	3,275	2,923	6,198
		Variance	2,045	1,681	-705	-245	-267	-3,922
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	2,610
		Actual	2,885	3,047	2,820	973	928	2,945
		Variance	435	437	210	103	58	335
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)		Projected	415	435	384	128	128	384
		Actual	305	337	306	84	93	304
		Variance	-110	-98	-78	-44	-35	-80
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)		Projected			200	70	70	210
		Actual			215	66	67	231
		Variance			15	-4	-3	21
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)		Projected			405	130	143	393
		Actual			350	126	150	428
		Variance			-55	-4	7	35
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)		Projected			68	20	10	30
		Actual			13	8	6	25
		Variance			-55	-12	-4	-5
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)		Projected			69.3%	70.0%	75.0%	80.0%
		Actual			71.9%	69.4%	68.0%	70.6%
		Variance			2.6%	-0.6%	-7.0%	-9.4%
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)		Projected			1,941	768	799	630
		Actual			1,750	600	530	629
		Variance			-191	-168	-269	-1
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)		Projected			234	85	70	55
		Actual			113	22	29	37
		Variance			-121	-63	-41	-18
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)		Projected			73.2%	67.5%	65.9%	70.9%
		Actual			80.1%	81.8%	79.2%	82.7%
		Variance			6.9%	14.3%	13.3%	11.8%

		Month End	Month End	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) <sup>1</sup>		Projected	65	63	84	81	73	66
		Actual	127	112	69	96	100	91
		Variance	62	49	-15	15	27	25
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) <sup>1</sup>		Projected	28	27	23	21	21	20
		Actual	47	29	26	46	45	45
		Variance	19	2	3	25	24	25
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) <sup>1</sup>		Projected	37	36	61	60	52	46
		Actual	80	83	43	50	55	46
		Variance	43	47	-18	-10	3	0

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

## e. Assessment

CLINICAL GOVERNANCE		Target	Current
<b>HSMR</b>		<b>1.00</b>	<b>1.02</b>
<p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.</p>			
<b>Inpatient Falls (with Harm)</b>	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	<b>1.65</b>	<b>2.28</b>
<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 a small decrease since December. As noted in the position paper at last CG committee a range of improvement work is ongoing in the continued challenges that the current pandemic presents and as previously described. Data continues to be reviewed with supported improvement action in focussed areas as required.</p>			
<b>Pressure Ulcers</b>	<i>50% reduction by December 2020, continued for FY 2021/22</i>	<b>0.42</b>	<b>1.07</b>
<p>Acute: Over the past year hospital acquired pressure ulcer rate has shown a random pattern, with no signs of improvement or deterioration to the process. Data over time continues to be monitored by senior nursing team and shared with clinical teams for discussion at a variety of forums, in order to drive improvement. Access to the newly developed Data and Insight Hub is being arranged for senior nurses, to assist with triangulation of data in order to develop a comprehensive understanding of the system. Clinical Teams continue to follow the process for Major and Extreme Adverse Events for shared learning.</p> <p>HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Data continues to be monitored weekly via the Quality Matters Assurance Safety Huddle, allowing for early identification of emerging themes. This is shared with services and teams across the partnership to inform change and improvement. Actions from LAERs also support key learning in relation to hospital and community acquired pressure ulcers.</p>			
<b>Caesarean Section SSI</b>	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	<b>2.5%</b>	<b>2.5%</b>
<p>Mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. Maternity services continue to monitor the SSI cases locally, and, where necessary (i.e Deep or Organ space infection), carry out Clinical Reviews. The performance data provided should be interpreted with caution as it is non-validated and does not follow the NHS Fife Methodology. There has been no national comparison data published since Q4 2019.</p>			
<b>SAB (MRSA/MSSA)</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	<b>18.8</b>	<b>15.2</b>
<p>NHS Fife continues to be on target to achieve the 10% reduction. There have been no Renal haemodialysis line SABs since October and no PVC SABs since August. There have been 2 PWID SABs in 2022 to date.</p>			
<b>C Diff</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	<b>6.5</b>	<b>5.8</b>
<p>NHS Fife is on target to achieve the 10% reduction. There have been only 3 health care associated CDI in 2022 to date. 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 of infection since August.</p>			
<b>ECB</b>	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	<b>33.0</b>	<b>28.1</b>
<p>The target for NHS Fife is to achieve an initial 25% reduction of HCAI ECBs by March, and we are currently on target to achieve this. There were 17 ECBs in total for February, of which only 7 were HCAI and with no CAUTIs. Reducing CAUTI incidence remains the quality improvement focus to achieve a further 25% reduction of HCAI SABs, required by March 2024.</p>			

CLINICAL GOVERNANCE		Target	Current
<b>Complaints – Stage 2</b>	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	<b>65%</b>	<b>11.8%</b>
<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 have seen a significant decrease in the number of concerns and Stage 1 complaints relating to COVID-19 vaccination appointments and/or booster vaccinations; however, the overall delays caused by managing the pandemic continues to feature within complaints.</p>			

OPERATIONAL PERFORMANCE		Target	Current
<b>4-Hour Emergency Access</b>	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	<b>95%</b>	<b>79.6%</b>
<p>Attendance has continued to be high, impacting on the 4-hour access target. Escalation actions include additional support through the Flow and Navigation Centre with additional primary care triage. Assessment pathways in AU1 continue to see high numbers compounding whole site high occupancy and demand for bed capacity. The emergency department continue with plans for remodelling to allow for expanded assessment provision.</p>			
<b>Patient TTG (Waiting)</b>	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	<b>100%</b>	<b>55.2%</b>
<p>Performance in February has deteriorated further. Elective activity has been significantly less than projected with inpatient surgery in particular being restricted to urgent and cancer patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,283 patients on list in February, 27% greater than in March 2021. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver additional capacity in the plan. It is anticipated that there will be a gradual resumption in non-urgent core activity in April, but this is heavily dependent on our ability to maintain access to beds for elective activity.</p>			
<b>New Outpatients</b>	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	<b>95%</b>	<b>53.4%</b>
<p>Performance continued to deteriorate in February 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 increased with 21,654 on the outpatient waiting list which is 10% higher than in March 2021. 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 has risen to 444 in February but has reduced by 55% since March 2021. Due to the ongoing need for physical distancing and the pressures of unscheduled care our outpatient capacity and therefore activity continues to be restricted. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver additional capacity in the plan. There has been a gradual resumption in routine activity and it is anticipated that this will continue, but this is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from the Omicron variant.</p>			
<b>Diagnostics</b>	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	<b>100%</b>	<b>61.6%</b>
<p>Performance improved slightly in February. The improvement has been in Radiology with 63.9% waiting less than 6 weeks whilst the performance in endoscopy has deteriorated to 44% of patients waiting less than 6 weeks. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. The overall waiting list for diagnostics has stabilised at 6,607 in February although the number waiting for an Endoscopy and Ultrasound has increased whilst the number waiting in CT and MRI has decreased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver the additional capacity in the plan. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.</p>			
<b>Cancer 62-Day RTT</b>	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	<b>95%</b>	<b>78.6%</b>
<p>February 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 in relation to COVID-19 and lack of resources, particularly radiology capacity over the festive period. Breast, Oncology and Urology (Prostate) are our current most challenged pathways. The majority of breaches continue to be seen in Prostate. The range of breaches was 4 to 55 days (average 18 days).</p>			



OPERATIONAL PERFORMANCE		Target	Current
<b>FOI Requests</b>	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	<b>85%</b>	<b>87.8%</b>
<p>There were 62 FOI requests closed in February, 5 of which were late, a monthly closure performance of 91.8%.</p> <p>The performance figure above reflects the performance for the 3-month period from December 2021 to February 2022 and is the highest 3-month figure since the period from April to June 2021. Provisional figures for March show a further improvement.</p>			
<b>Delayed Discharges</b>	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	<b>5%</b>	<b>6.6%</b>
<p>The number of bed days lost due to patients in delay in the last 3 months has reduced significantly 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&amp;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. At the February census, approximately half of delays were coded as 51X (Adults With Incapacity) or 100 (Commissioning/Reprovisioning).</p>			

FINANCE		Forecast	Current
<b>Revenue Expenditure</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>Breakeven</b>	<b>£0.380m</b>
<p>There is a statutory requirement for NHS Boards to ensure expenditure is within the Revenue Resource Limit (RRL) and Capital Resource Limit (CRL) set by the Scottish Government Health and Social Care Directorate (SGHSCD). At the end of March 2022, the board has achieved both financial targets with an underspend against the Revenue position of £0.380m. The financial position remains subject to review and confirmation by Audit Scotland as part of their year-end review of Annual Accounts which is currently underway. Full funding was received in year to meet Covid 19 expenditure with unallocated funding carried forward in an ear marked reserve for Covid 19 purposes in 2022-23 by the Integration Joint Board. Covid funding received from SG included £13.7m to support the board achieve a near break-even position at 31 March 2022. The in-year savings target of £8.2m was delivered in full at the end of December with additional savings of £1.4m secured in January taking total savings secured to £9.6m.</p>			
<b>Capital Expenditure</b>	<i>Work within the capital resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>£32.4m</b>	<b>£32.4m</b>
<p>The capital resource limit for 2021/22 is £32.4m. The capital position for the period to March records spend of £32.4m. A small allowable overspend of £0.032m in relation to a technical accounting entry was recorded against the Capital resource limit.</p>			

STAFF GOVERNANCE		Target	Current
<b>Sickness Absence</b>	<i>To achieve a sickness absence rate of 4% or less</i>	<b>3.89%</b>	<b>5.59%</b>
<p>The sickness absence rate in March was 5.59%, a reduction of 0.04% from the rate in February. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the 2022/2023 financial year was 1.87%.</p> <p>Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS (AfC) 2019/2 was not achieved. We anticipate further NHSScotland guidance on sickness absence targets, which is expected to reflect the circumstances of the last two years.</p>			

PUBLIC HEALTH & WELLBEING		Target	Current
<b>Smoking Cessation</b>	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	<b>473</b>	<b>216</b>
<p>Service provision continues to be delivered remotely by phone, Near Me appointments and use of translation service. We are regularly in contact with all the GP practices where we previously delivered a service. It has been a fluid situation over the last 3 months with practices keeping in touch with updates on clinic space, and we have two practices which are keen to have us start delivering a service starting in the first week of May. We are continuing to support pregnant mums as both midwives have retired. In March we tested some outreach work to assess community appetite to engage in community activity; both sessions were successful so plans to increase community outreach activity have been progressed. No Smoking Day activity saw a small uptake of interest and engagement in the service.</p>			
<b>CAMHS Waiting Times</b>	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	<b>90%</b>	<b>70.6%</b>
<p>Work on the CAMHS Referral to Treatment (RTT) continues with a lowered RTT as work on the longest waits increases. The amount of activity is increased as new staff capacity improves however 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. The process to fill vacant posts continues with a total of 21 posts either in development or out to advert.</p>			
<b>Psychological Therapies</b>	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	<b>90%</b>	<b>82.7%</b>
<p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year and this remains the case in the first 2 months of 2022. This has resulted in an increase in numbers on the waiting list including, in February, an increase 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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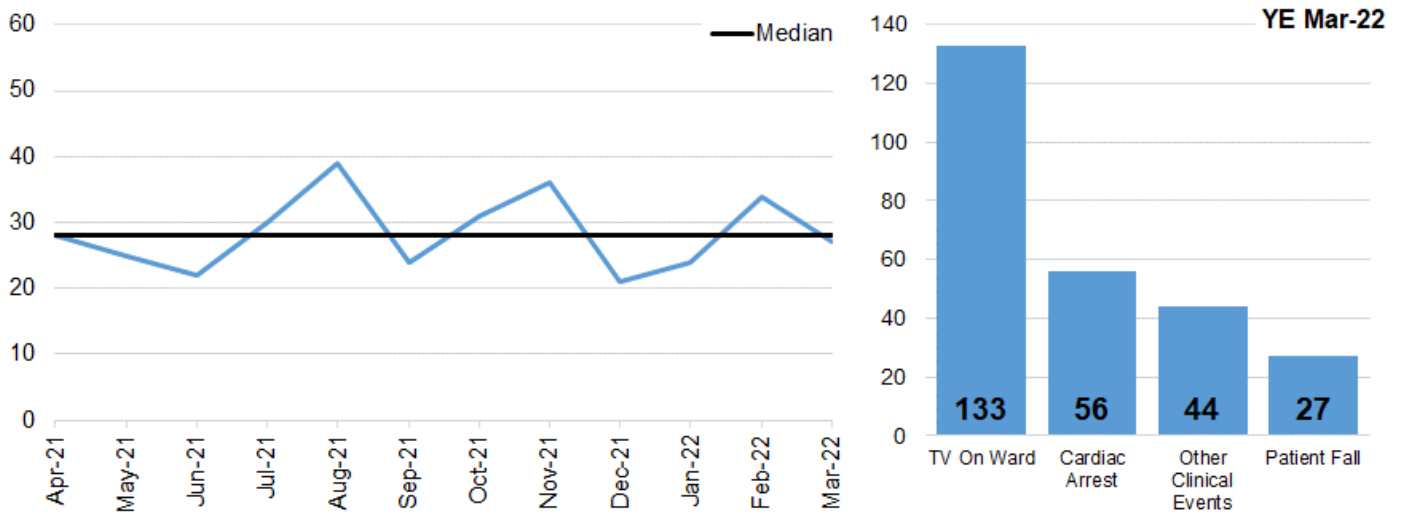
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# CLINICAL GOVERNANCE

## Adverse Events

### Major and Extreme Adverse Events



### All Adverse Events

	Month	2021/22											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
ALL	NHS Fife	1358	1373	1351	1421	1455	1397	1394	1442	1493	1502	1280	1414
	Acute Services	594	649	606	629	616	609	648	635	596	615	510	653
	HSCP	725	682	694	741	801	746	690	748	835	853	720	689
	Corporate	39	42	51	51	38	42	56	59	62	34	50	72
CLINICAL	NHS Fife	937	1012	936	1010	958	964	950	1018	969	943	888	1015
	Acute Services	547	600	547	568	551	536	569	584	536	567	459	595
	HSCP	372	388	365	412	386	401	351	405	394	361	400	374
	Corporate	18	24	24	30	21	27	30	29	39	15	29	46

### Commentary

Incident numbers in January were in keeping with normal variation, but although there was a significant overall decrease in February the number of incidents reported as Major or Extreme in this month increased.

The main categories of events showing decreases were:

- Other Clinical events – the most notable reduction is in 'Hypoglycaemia (BM<4)' which have seen a consistent reduction from 50 in March 2021 to 19 in February 2022
- Medication incidents decreased to <100 per month for the first time in this 12-month period, however the number of Major/Extremes in this category increased

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient. Adverse Events improvement work is ongoing. A dedicated Adverse Events resource folder has been created within Blink, and this holds resources to facilitate adverse events incident management as well as including links to human factors training. Collaborative work on the adverse events improvement plan is ongoing.

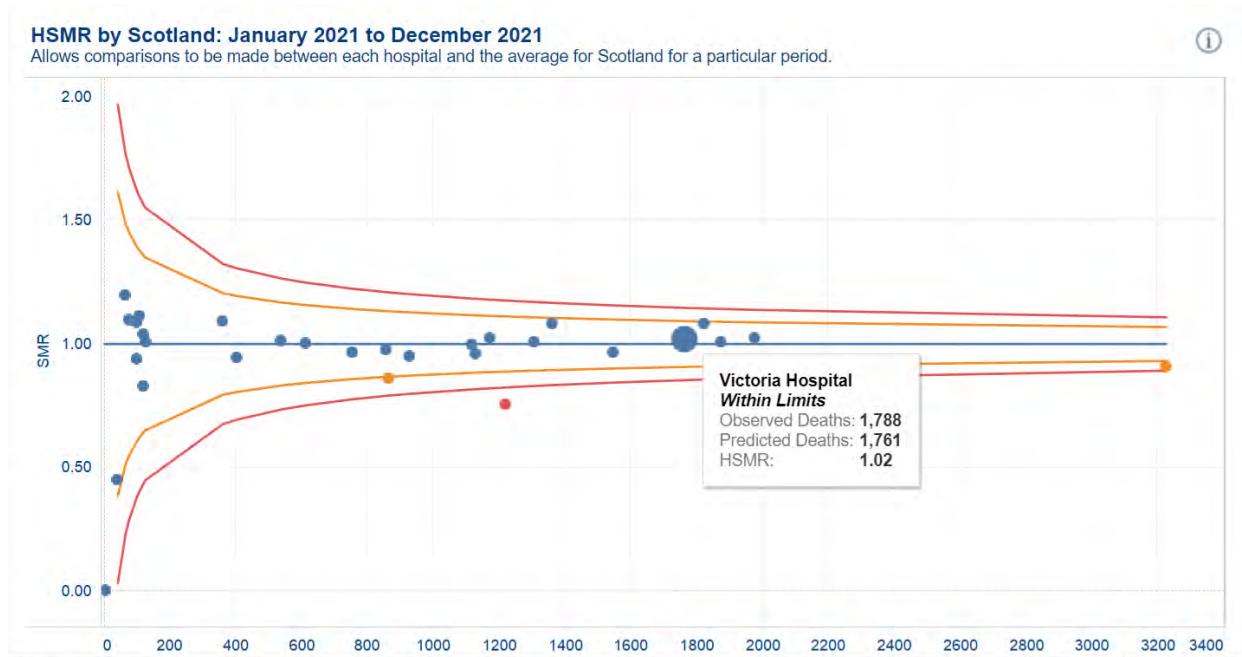
## HSMR

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

### Reporting Period; January 2021 to December 2021<sup>P</sup>

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rate for Victoria Hospital is shown within the Funnel Plot.



### Commentary

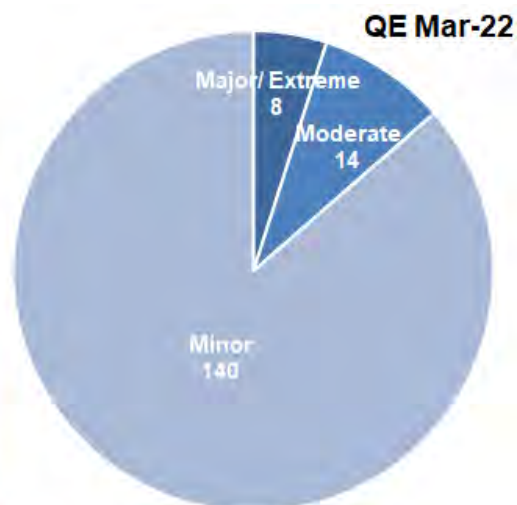
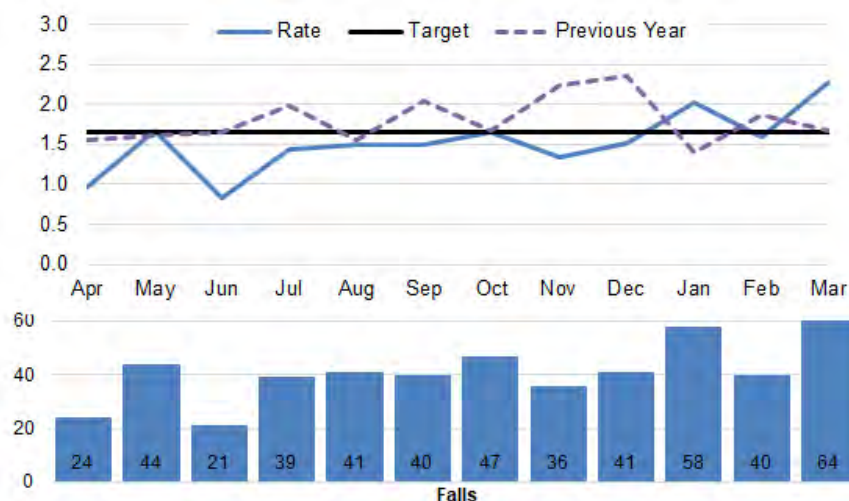
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.

## 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

	2021/22											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
<b>NHS Fife</b>	0.98	1.68	0.82	1.45	1.50	1.50	1.66	1.33	1.52	2.02	1.59	2.28
<b>Acute Services</b>	0.35	0.88	0.33	0.79	1.26	0.81	1.44	1.11	0.64	1.80	1.14	1.53
<b>HSCP</b>	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.52	2.27	2.21	1.95	2.94
<b>Target</b>	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	2.65

### 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

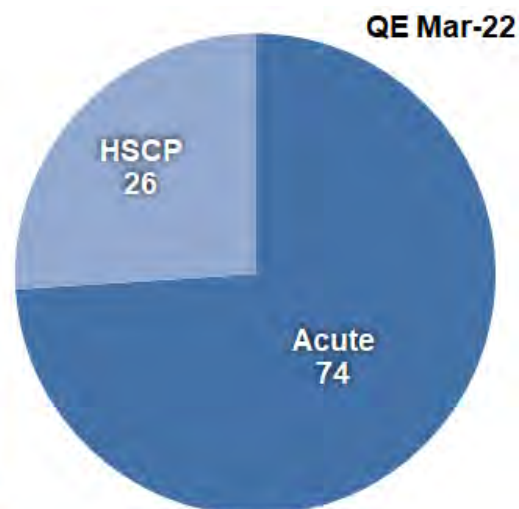
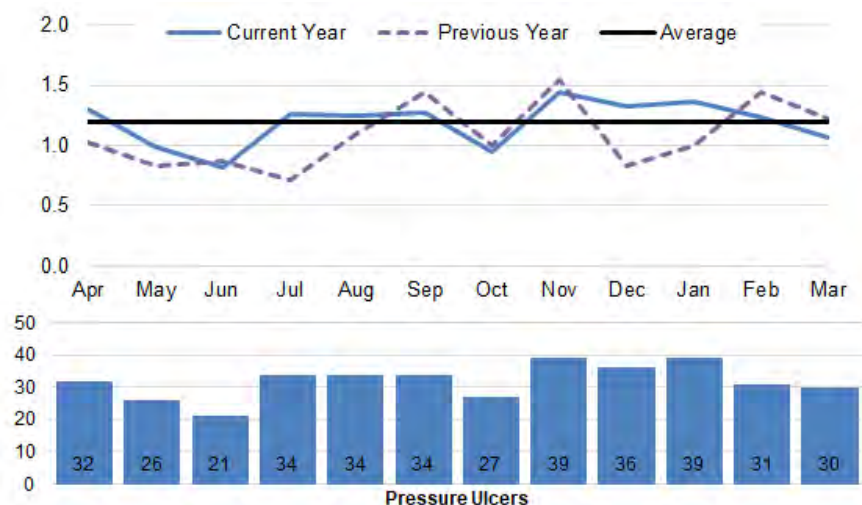
<b>20.3 Falls Audit</b>	<b>By Aug-22</b>
As previously noted the expected new national driver diagram and measurement package are not yet finalised and the local audit programme will be fully developed following receipt of this; if further delayed, an interim audit programme will be commenced. This will be reviewed again in the Summer.	
<b>20.5 Improve effectiveness of Falls Champion Network</b>	<b>By Aug-22</b>
This work remains on hold due to staffing challenges, with contact being maintained with existing champions	
<b>21.2 Falls Reduction Initiative</b>	<b>Complete Nov-21</b>
<b>21.3 Integrated Improvement Collaborative</b>	<b>Complete Jan-22</b>

## 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

		2021/22											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Grade 2 to 4	NHS Fife	1.30	0.99	0.82	1.26	1.25	1.28	0.95	1.44	1.33	1.36	1.23	1.07
	Acute Services	2.51	1.60	1.58	2.13	2.36	2.18	1.44	2.54	2.24	2.25	1.84	1.76
	HSCP	0.23	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55	0.58	0.72	0.47

### 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

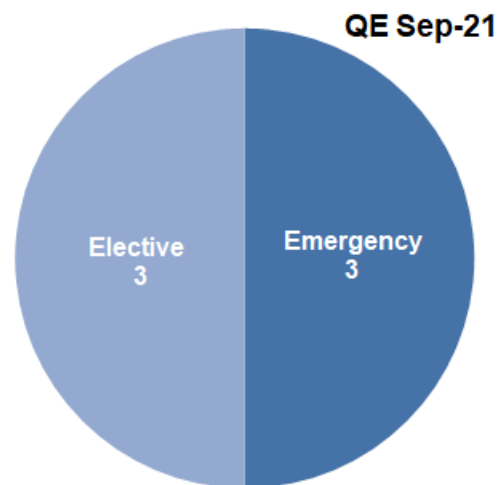
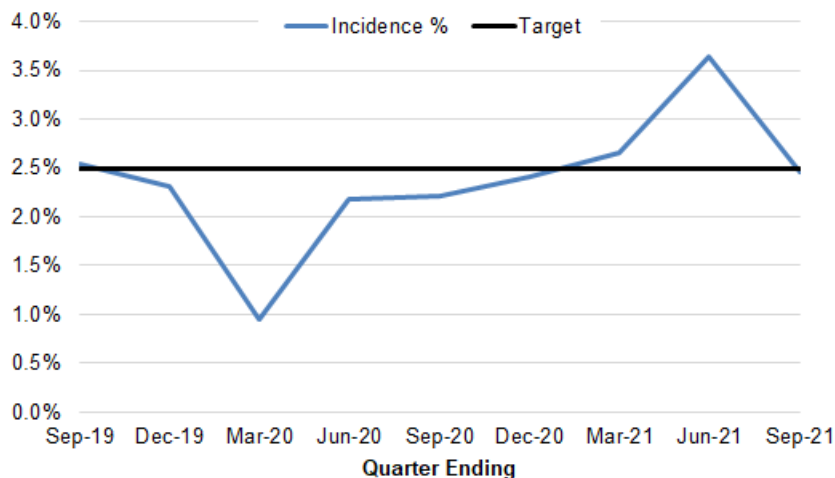
#### IMPROVEMENT ACTIONS

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	Complete Mar-22
22.2 Community Nursing QI Work	Complete Mar-22
22.3 ASD Pressure Ulcer Improvement Programme	Complete Mar-22
22.4 Implementation of Focused Improvement Activities	Complete Mar-22

**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
<b>NHS Fife</b>	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
<b>Scotland</b>	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**

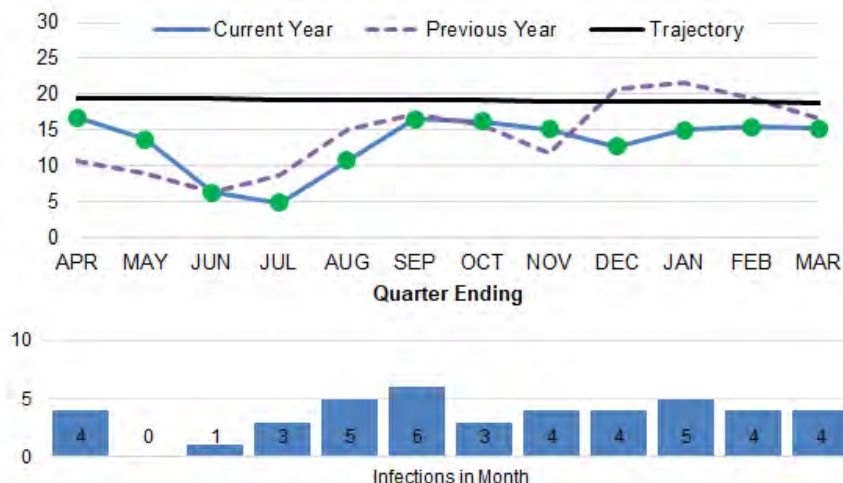
**Complete Mar-22**



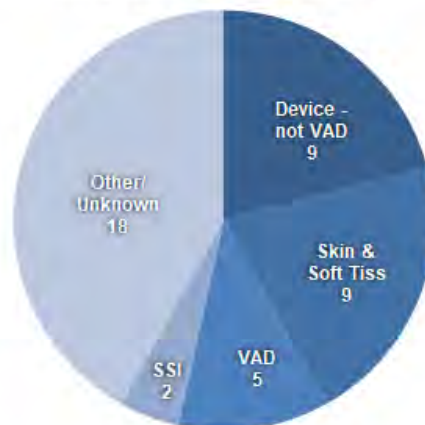
## SAB (HAI/HCAI)

*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 Mar-22



### National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	6.3	18.7	20.6	17.8	6.3	16.6	12.8
<b>Scotland</b>	20.3	17.3	18.9	18.4	18.6	18.3	17.3

### 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

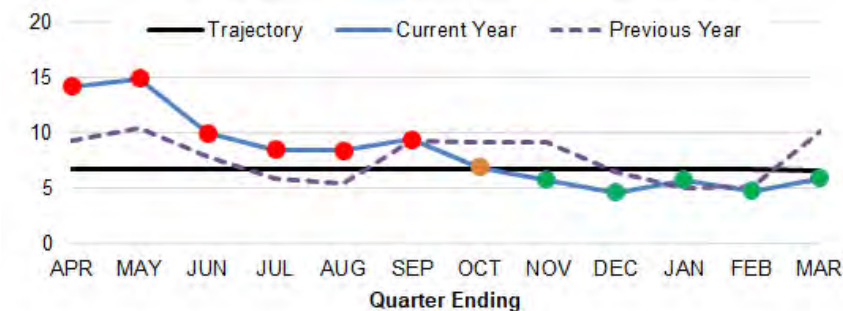
### IMPROVEMENT ACTIONS

<b>20.1 Reduce the number of SAB in PWIDs</b>	<i>Complete Mar-22</i>
<b>20.2 Ongoing surveillance of all VAD-related infections</b>	<i>Complete Mar-22</i>
<b>20.3 Ongoing surveillance of all CAUTI</b>	<i>Complete Mar-22</i>
<b>20.4 Optimise comms with all clinical teams in ASD &amp; the HSCP</b>	<i>Complete Mar-22</i>
<b>22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters</b>	<i>Complete Mar-22</i>

## 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 Mar-22



### National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	7.9	9.3	7.7	14.0	10.0	9.5	4.6
Scotland	15.4	17.4	16.4	15.8	14.6	16.8	13.3

### 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

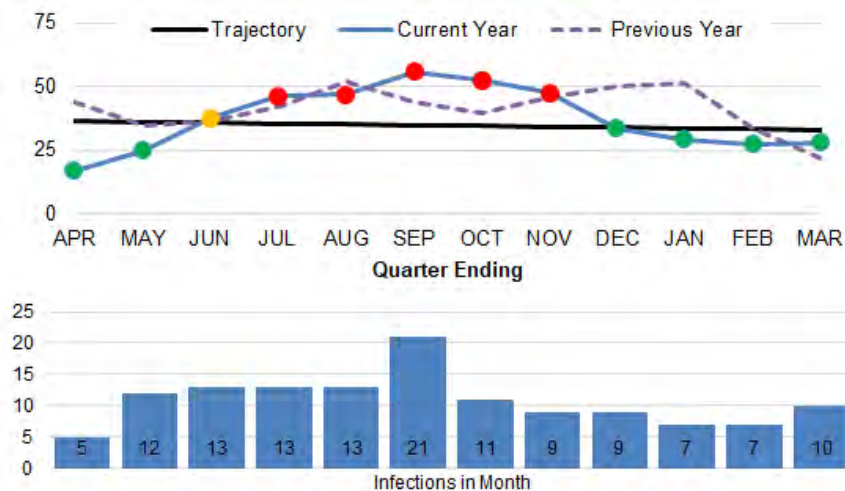
### IMPROVEMENT ACTIONS

20.1 Reducing recurrence of CDI	<i>Complete Mar-22</i>
20.2 Reduce overall prescribing of antibiotics	<i>Complete Mar-22</i>
20.3 Optimise communications with all clinical teams in ASD & the HSCP	<i>Complete Mar-22</i>

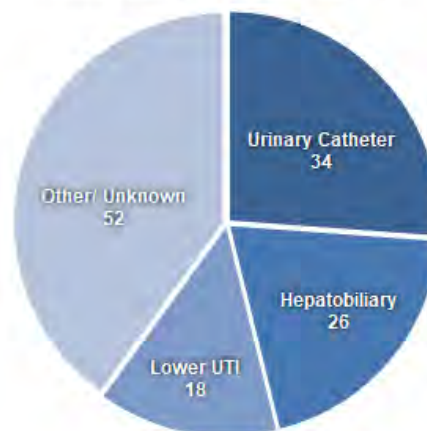
## ECB (HAI/HCAI)

*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 Mar-22



### National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
<b>NHS Fife</b>	36.4	45.3	50.3	21.6	37.6	60.3	33.6
<b>Scotland</b>	39.7	42.0	40.9	34.7	38.2	41.4	34.1

### 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

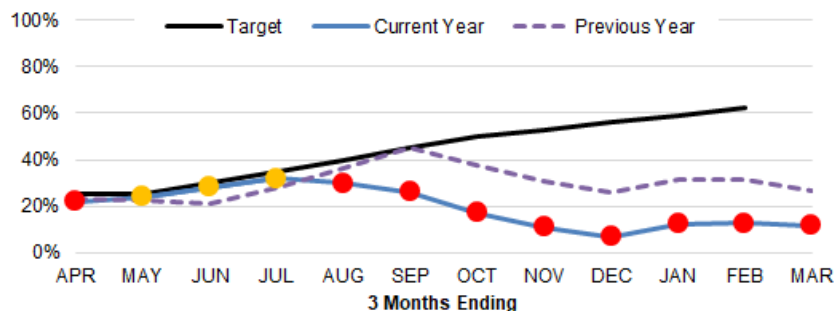
### IMPROVEMENT ACTIONS

<b>20.1 Optimise communications with all clinical teams in ASD &amp; the HSCP</b>	<b>By Mar-24</b>
<p>Monthly ECB reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance and a DATIX is submitted for all catheter associated ECBs, prompting an LAER by the patient's clinical team. ECB rates reduced in Q4 of 2021 following NHS Fife receiving an exception report for HCAI &amp; CAI rates in Q3, for which an Action Plan was submitted to ARHAI.</p> <p>NHS Fife is currently on target for achieving the 25% target reduction by the end of March; a further 25% reduction of HCAI ECBs is to be achieved by March 2024.</p>	
<b>20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)</b>	<b>By Mar-24</b>
<p>The UCIG meeting last met in November, two further meetings having been cancelled. 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.</p> <p>A new eCatheter insertion &amp; Maintenance bundle on Patientrack is currently being trialled by Urology before being rolled out across the AS &amp; HSCP to ensure optimum catheter care is delivered across NHS Fife.</p>	
<b>22.1 Develop ECB Strategy</b>	<b>Complete Mar-22</b>

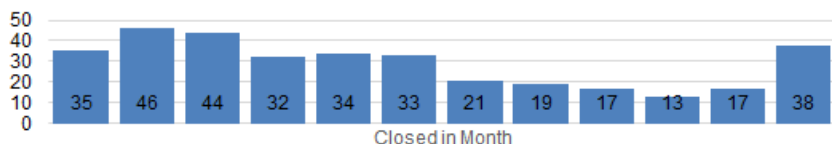
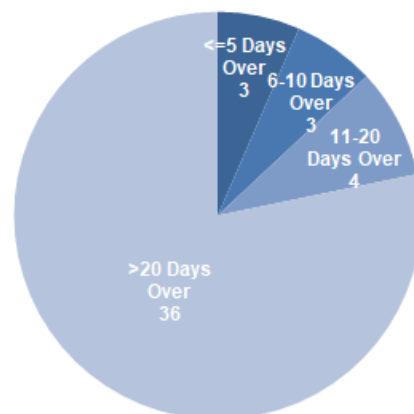
## Complaints | Stage 2

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

### Local Performance



### Closure Breaches; QE Mar-22



### Performance by Service Area

3-Month Ending	2021/22											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	21.9%	24.2%	28.0%	32.0%	30.0%	26.3%	17.0%	11.0%	7.0%	12.2%	12.8%	11.8%
Ack <= 3 Days (Monthly)	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	88.2%	84.6%	100.0%	89.5%
ASD	15.9%	15.7%	22.5%	23.5%	25.7%	26.2%	19.3%	14.0%	7.5%	17.1%	17.6%	12.2%
HSCP	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%	5.9%	8.3%	0.0%	0.0%	7.7%

### KEY CHALLENGE(S) IN 2021/22

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

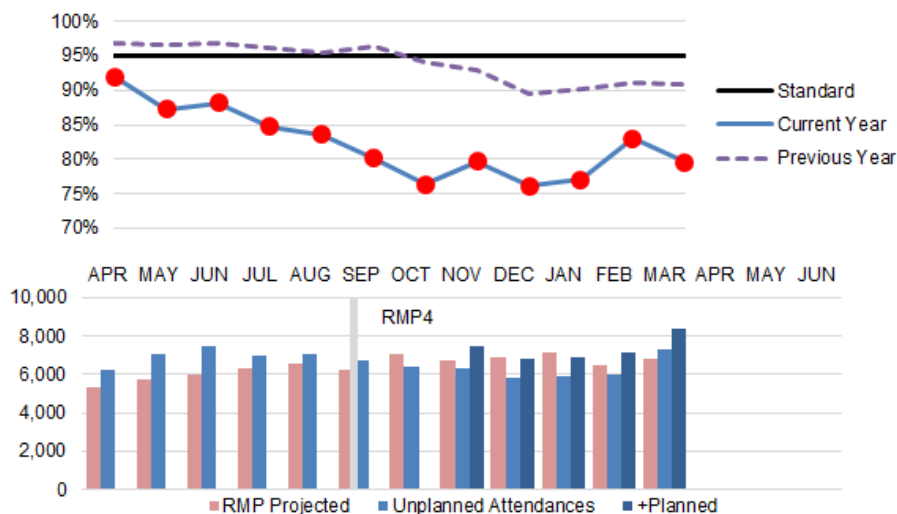
### IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality	By Sep-22
<p>Patient Relations have yet to recommence in-house QA checks on draft final responses; however, it is hoped we will be in a position to recommence this in the near future.</p> <p>Review of the current complaint handling process by Clinical Governance and Patient Relations also continues to be on hold due to the ongoing response to COVID-19 and current capacity issues. This will be recommended in the future.</p> <p>In March, there was a focus within the Patient Relations team to work on the backlog of complaint response, which had been created due to the pressures on clinical services whilst managing Covid-19 measures. Over the course of 14 days, the team were able to clear the backlog of responses that were ready to draft and move these cases onward through the complaint's procedure.</p>	
22.2 Improve education of complaint handling	By Sep-22
<p>This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. Unfortunately, training remains on hold due to the ongoing response to COVID-19 and current capacity issues; however, there have been some training sessions delivered virtually during the pandemic. It is hoped to recommence training once the picture in regard to Covid-19 settles somewhat and face-to-face training in large groups can be accommodated once again.</p> <p>Although bespoke training sessions were due to be undertaken with Fife Wide &amp; Fife East in May in 2021, this has not been possible to achieve for the reasons above. It is hoped there will be capacity to recommence this soon.</p>	

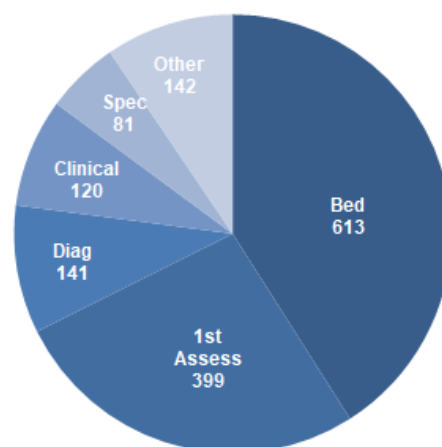
## 4-Hour Emergency Access

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; Mar-22



### National Benchmarking

Month	2021/22											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%	79.6%
Scotland	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%	76.0%	74.2%	71.6%

### 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

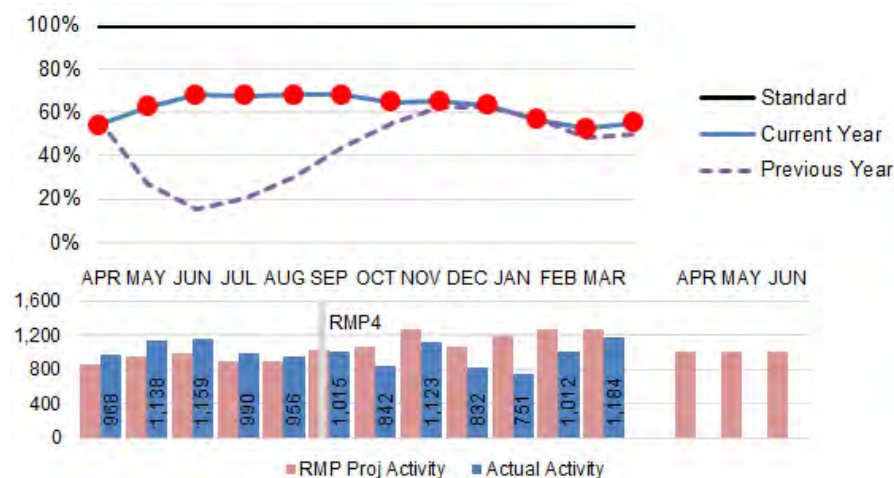
### IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	Complete Mar-22
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	Complete Mar-22
22.3 Develop re-direction policy for ED	Complete Dec-21

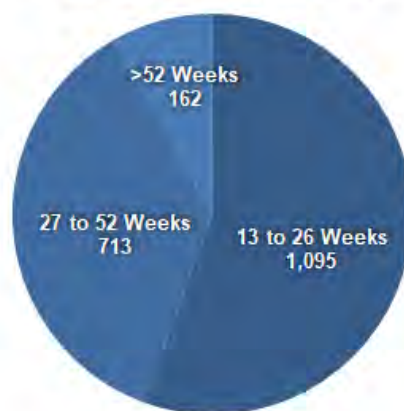
## Patient TTG

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

### Local Performance



### Breaches Breakdown Mar-22



### National Benchmarking

	2021/22											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%	55.2%
Scotland	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%	37.5%	37.3%	34.6%			

### 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

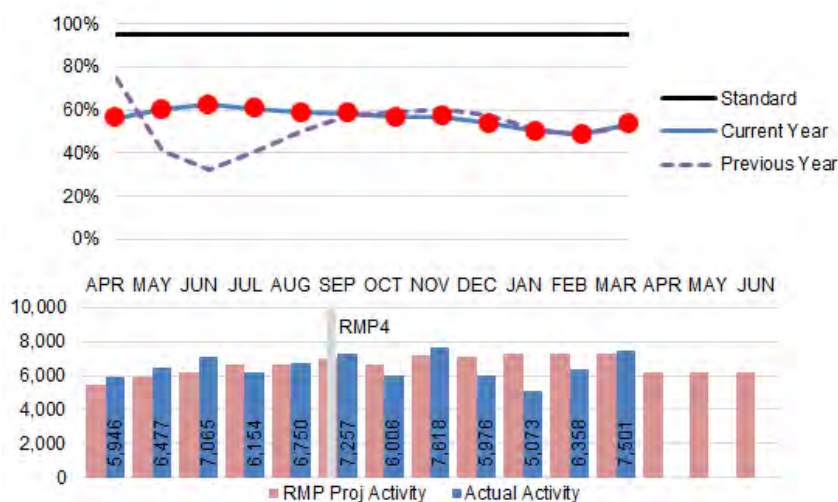
### IMPROVEMENT ACTIONS

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 Sep-22
Business case delayed awaiting decision on suitable IT system	
22.3 Undertake waiting list validation against agreed criteria	Complete Mar-22
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	Complete Mar-22

## New Outpatients

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

### Local Performance



### Breaches Breakdown Mar-22



### National Benchmarking

	2021/22											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%	53.4%
Scotland	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%	48.0%	48.4%	46.5%			

### 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

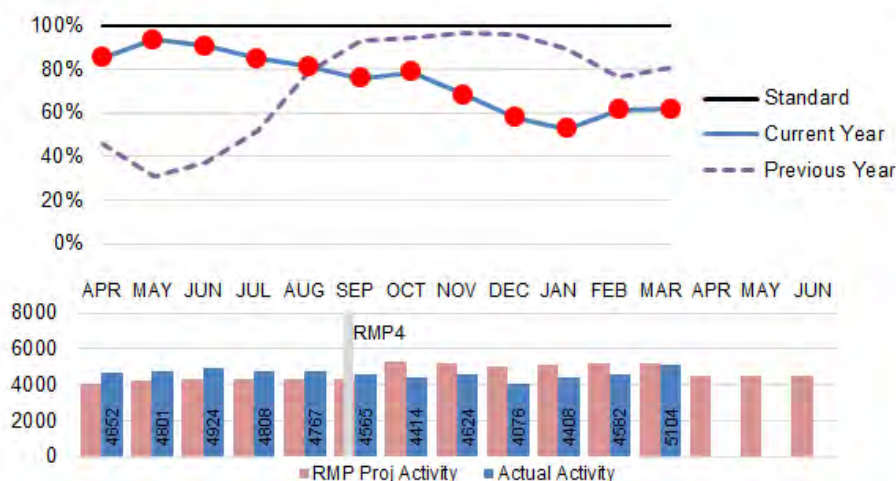
### IMPROVEMENT ACTIONS

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	Complete Mar-22
22.3 Actively promote and support staff wellbeing initiatives within the acute division	Complete Mar-22
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	Complete Dec-21

## 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 Mar-22



### National Benchmarking

	2021/22											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%	61.6%
Scotland	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%	55.2%	56.9%	49.6%			

### 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	Complete Mar-22
22.3 Actively promote and support staff wellbeing initiatives within the acute division	Complete Mar-22
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	Complete Jan-22

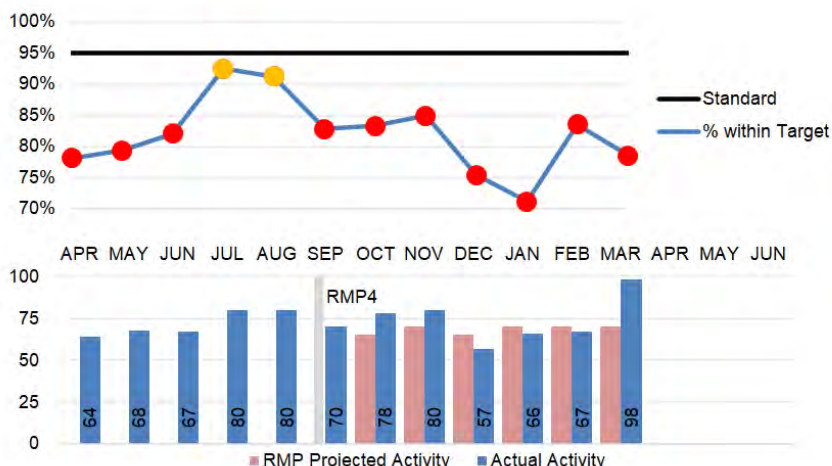


## Cancer 62-Day Referral to Treatment

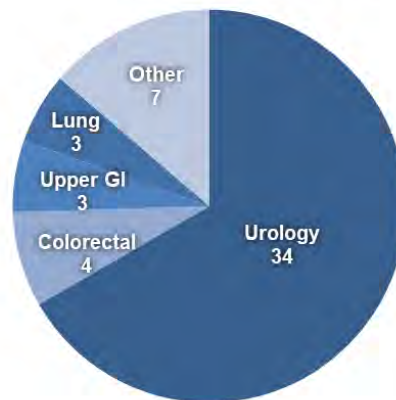
At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

### Local Performance

#### 62 Day Referral to Treatment



#### Breaches: Jan to Mar 22



### National Benchmarking

Month	2021/22											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%	78.6%
Scotland	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%	75.5%

### 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

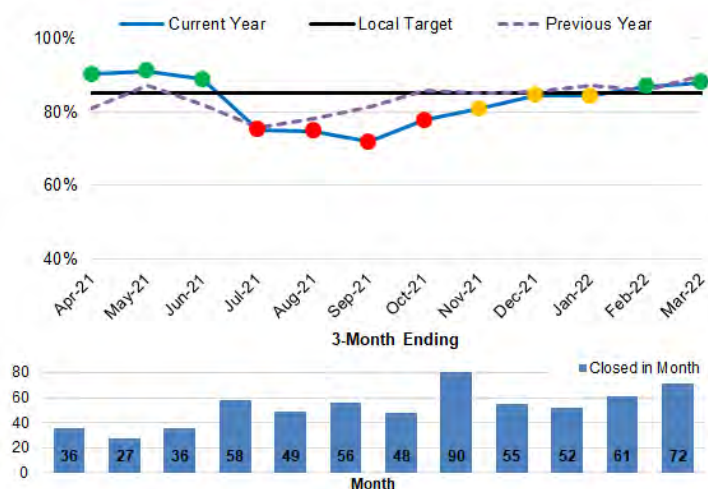
### IMPROVEMENT ACTIONS

<b>20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points</b>	<b>By Mar-23</b>
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.	
<b>20.4 Prostate Improvement Group to continue to review prostate pathway</b>	<b>By Mar-23</b>
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.	
<b>21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan</b>	<b>By May-22</b>
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. The Framework is out for consultation.	
<b>22.1 Effective Cancer Management Review</b>	<b>By May-22</b>
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. An action plan has been drafted and is to be sent to the relevant groups for ratification.	

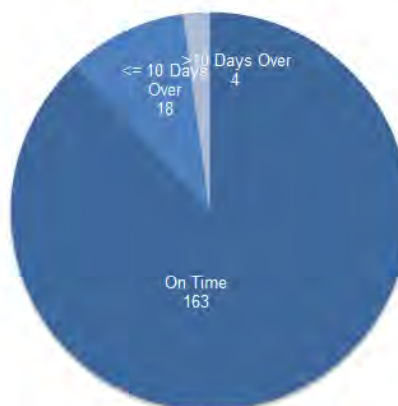
## Freedom of Information Requests

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

### Local Performance



### Closure Period, QE Mar-22



### Performance by Service Area

Monthly	2021/22											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Health Board	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%	85.4%	85.7%	94.2%	91.0%
IJB	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%	100.0%	60.0%	77.8%	80.0%

### 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.

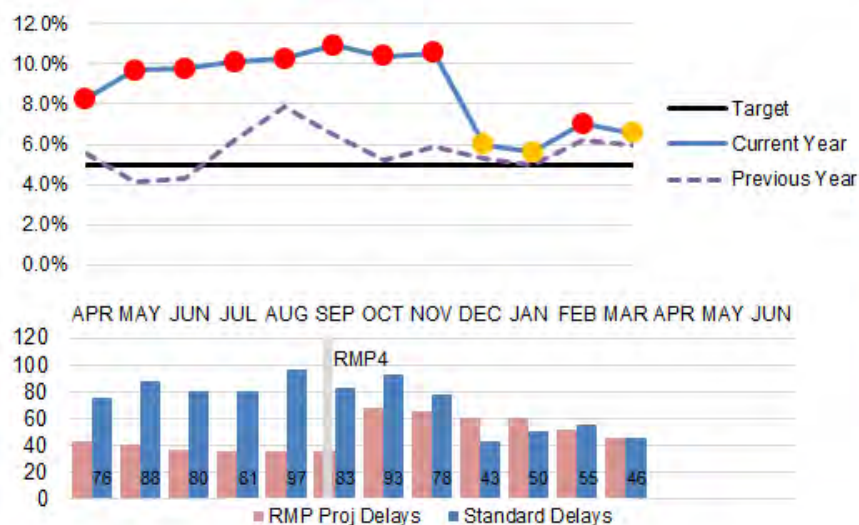
### IMPROVEMENT ACTIONS

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

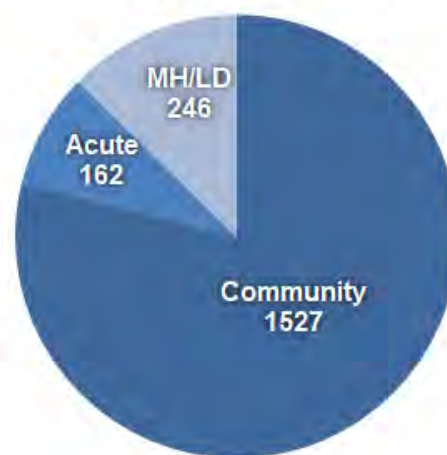
## Delayed Discharges (Bed Days Lost)

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 | Mar-22



### National Benchmarking

Quarter Ending	2019/20			2020/21			2021/22		
	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%
Scotland	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.7%

### 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

<b>21.1 Progress HomeFirst model / Develop a 'Home First' Strategy</b>	<b>By Dec-22</b>
The Oversight "Home First" group continue to meet on a regular basis, and Project Management Office (PMO) support is in place. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, and this action will continue for the remainder of 2022.	
<b>22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals</b>	<b>Complete Jul-21</b>
<b>22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community</b>	<b>By Sep-22</b>
The test of change is ongoing, however, the number of STAR beds available has been limited due to care home closures (COVID). This has resulted in a slip to the initial target completion date.	
<b>22.3 Reduce number of delays due to awaiting the appointment of a Welfare Guardian</b>	<b>Complete Mar-22</b>
<b>22.4 Develop capacity within START plus additional investment to develop a programme of planning with the private agencies supported by Scottish Care</b>	<b>Complete Mar-22</b>
<b>22.5 Surge capacity established to support admission demand</b>	<b>Complete Mar-22</b>

## 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

1.1 This report provides a summary of the draft financial position for NHS Fife to 31 March 2022.

There is a statutory requirement for NHS Boards to ensure expenditure is within the Revenue Resource Limit (RRL) and Capital Resource Limit (CRL) set by the Scottish Government Health and Social Care Directorate (SGHSCD). The revenue outturn position is summarised in the table below:

#### Revenue Financial Position as at 31 March 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>NHS Services (incl Set Aside)</b>				
<b><u>Clinical Services</u></b>				
Acute Services Division	247,146	247,146	266,382	-19,236
IJB Non-Delegated	9,475	9,475	9,344	131
Non-Fife & Other Healthcare Providers	90,611	90,611	93,712	-3,101
<b><u>Non Clinical Services</u></b>				
Estates & Facilities	80,909	80,909	78,759	2,150
Board Admin & Other Services	110,097	110,097	110,575	-478
<b><u>Other</u></b>				
Financial Flexibility & Allocations	20,760	20,760	0	20,760
HB retained offsets	0	0	0	0
Income	-52,951	-52,951	-53,105	154
<b>SUB TOTAL</b>	<b>506,047</b>	<b>506,047</b>	<b>505,667</b>	<b>380</b>
<b><u>Health &amp; Social Care Partnership</u></b>				
Fife H & SCP	437,639	437,639	437,639	0
<b>SUB TOTAL</b>	<b>437,639</b>	<b>437,639</b>	<b>437,639</b>	<b>0</b>
<b>TOTAL</b>	<b>943,686</b>	<b>943,686</b>	<b>943,306</b>	<b>380</b>

1.2 The financial position remains subject to review and confirmation by Audit Scotland as part of their year-end review of Annual Accounts which is currently underway. The Board draft Annual Accounts have been produced in line with the agreed timetable and the audited accounts will be considered by the Audit and Risk Committee on 29 July 2022.

Throughout the financial year significant work to identify, monitor and report the financial impact of managing the Covid-19 global pandemic continued. Quarterly returns were provided to Scottish Government capturing expenditure incurred on behalf of both Health Board retained services; and Health delegated and Social Care services. Full funding was received to meet Covid-19 expenditure incurred in year. In addition, remaining Covid-19 funding has been carried forward in an earmarked reserve for Covid-19 purposes by the Integration Joint Board. This funding is to support the continued management of the pandemic response in 2022/23. There will be no further specific funding for Covid 19 costs in 2022/23 and consequently a focus will be required to reduce the significant Covid 19 costs that have built up over the last 2 years.

NHS Fife began the financial year with an underlying financial gap of £21.8m. Given the continuance of the impact of the global pandemic and all efforts being focused on the Covid-19 response, the Board committed to delivering savings of £8.2m in year leaving a budget deficit of £13.6m for which non-repayable funding support was granted from Scottish Government. This was in line with Scottish Government's commitment to support in-year financial balance across all NHS Boards.

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

The Board's reported financial position is an underspend of £0.380m. The position comprises an adverse variance for Acute Services Division of £19.236m and £3.101m for External Health Care Providers, offset by favourable variances across Corporate Functions of £22.4m, which includes the receipt of non-recurring Scottish Government funding support of £13.7m to enable the Board to break even. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £6.1m 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) report a breakeven position following an in-year budget realignment to Social Care, and a year-end transfer of the remaining core underspend.

- 1.3 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 was regularly updated and shared through established reporting mechanisms. The year-end Covid-19 expenditure position details are contained within Appendix 1.
- 1.4 The March allocation letter was issued on 5 May 2022 and included Mental Health Recovery Renewal - Facilities projects £1.022m and additional Covid Funding £1.461m. Further allocation details are contained within Appendix 2.
- 1.5 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. Despite the challenges the pandemic has created in the delivery of cost improvement plans, the board has delivered savings totalling £9.618m at the end of March. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources.
- 1.6 The overall capital budget for 2021/22 was £32.389m. The capital position for the period to March records spend of £32.389m. The difference of £0.032m relates to an allowable overspend of £0.035m on net book value and an underspend of £0.003m on the CRL.

### 2. Health Board Retained Services

#### Clinical Services financial performance at 31 March 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	247,146	247,146	266,382	-19,236
IJB Non-Delegated	9,475	9,475	9,344	131
Non-Fife & Other Healthcare Providers	90,611	90,611	93,712	-3,101
Income	-52,384	-52,384	-52,538	154
<b>SUB TOTAL</b>	<b>294,848</b>	<b>294,848</b>	<b>316,900</b>	<b>-22,052</b>

- 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 clear exit strategies in line with service provision and limited Covid-19 funding as we move in to the new financial year.
- 2.2 The Acute Services Division reports an **overspend of £19.236m**. Cost pressures continue to reflect the exceptional demand on unscheduled care capacity and challenges with delayed discharges. The many actions taken to manage demand pressures significantly increased the requirement for temporary staffing. Increased expenditure across medicines budgets also added to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs budgets and Biologics.
- 2.3 The IJB Non-Delegated budget reports an **underspend of £0.131m**. 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 £3.101m** and is broadly in line with the position reported last month. Further detail is contained in Appendix 4.

## Corporate Functions and Other Financial performance at 31 March 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	80,909	80,909	78,759	2,150
Board Admin & Other Services	110,097	110,097	110,575	-478
<u>Other</u>				
Financial Flexibility & Allocations	20,760	20,760	0	20,760
<b>SUB TOTAL</b>	<b>211,766</b>	<b>211,766</b>	<b>189,334</b>	<b>22,432</b>

- 2.5** The Estates and Facilities budgets report an **underspend of £2.150m**. This comprises an underspend in pay of £0.821m which is continuing the trend of previous months across several departments including estates services, catering, and portering. Non-pay costs continue to perform well with the exception of property maintenance. The ongoing increases in energy prices will continue to be monitored, as will general price inflation and its resulting impact.
- 2.6** Within the Board's corporate services there is **an overspend of £0.478m**. The following Corporate Services are underspent as a result of vacancies as previously reported, the Finance Directorate (£0.282m), the Nursing Director budget (£0.317m), and Medical Director (£0.559m). There is a further underspend (£0.605m) relating to financial transactions associated with injury benefit, early retirement and legal costs. The aforementioned underspends are subsumed following year-end adjustments to reflect unused annual leave commitments, in the main, which has resulted in an overall overspend across Corporate Services.
- 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 £20.699m** has been released at month 12 and includes receipt of the non-recurring support received from SG. 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 a **balanced position**.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Health &amp; Social Care Partnership</u>				
Fife H & SCP	437,639	437,639	437,639	0
<b>SUB TOTAL</b>	<b>437,639</b>	<b>437,639</b>	<b>437,639</b>	<b>0</b>

- 3.2** The year-end position takes account of the non-recurring budget realignment process of £3.743m from Health delegated to Social Care made in December. The position further reflects a year end transfer to earmarked health delegated reserve which includes a further core underspend of £3.514m. This is in addition to a significant Covid-19 earmarked reserve of £35.994m; and unspent funding allocations of £22.654m. The Health delegated cumulative earmarked reserve is detailed in Appendix 6. All funding will be carried forward by the Integration Joint Board and will be clearly itemised and earmarked for specific purposes for 2022/23.

The NHS Fife year-end position does not include any risk share with the Health and Social Care Partnership given Integration Authorities were also provided with Scottish Government support to achieve a balanced position.

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 £6.1m overspend to month 12 per 1.1 and 2.2 above).

## 4. Recommendation

4.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to consider and take assurance from the following key points:

- the reported core underspend of £0.380m for 2021/22 subject to external audit review;
- that funding allocations for Covid-19 reflected in the 2021/22 financial year match fund additional costs incurred across Health and Social Care;
- the details of the Covid-19 funding carried forward in an earmarked reserve for Covid-19 purposes by the Local Authority Partner on behalf of the Integration Joint Board. This funding is to support continuation of costs which were funded in 2021-22 as a direct result of Covid-19.

## Appendix 1: Covid-19 Funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total
	£000's	£000's	£000's	£000's
<b>Allocations Q1</b>	8,702	2,878		11,580
<b>Allocations Q2</b>	6,815	6,831	192	13,838
<b>Final allocation in January</b>	20,947	2,965	6,982	30,894
<b>HSCP ear marked reserve</b>		3,399		3,399
<b>Additional</b>		35,478		35,478
<b>Total funding</b>	<b>36,464</b>	<b>51,551</b>	<b>7,174</b>	<b>95,189</b>
<b>Allocations made for April to March</b>				
Planned Care & Surgery	1,423			1,423
Emergency Care & Medicine	9,241			9,241
Women, Children & Clinical Services	3,190			3,190
Estates & Facilities	1,413			1,413
Board Admin & Other Services	1,301			1,301
Public Health Scale Up	1,035			1,035
Test and Protect	5,436			5,436
Primary Care & Prevention Serv		986		986
Community Care Services		1,892		1,892
Complex & Critical Care Serv		321		321
Professional/Business Enabling		199		199
Covid Vaccine/Flu		12,159		12,159
Social Care			7,174	7,174
Non-repayable support	13,656			
Exclude additional		35,478		
<b>Total allocations made to M12</b>	<b>36,695</b>	<b>51,035</b>	<b>7,174</b>	<b>45,770</b>
<b>Total</b>	<b>-231</b>			
<b>Covid offset</b>	<b>60</b>			
<b>Balance In Reserves</b>	<b>-171</b>	<b>516</b>	<b>0</b>	<b>49,419</b>
<b>Remaining funding c/fwd to 2022/23</b>		<b>35,478</b>		





## Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	99	99	96	3
Borders	45	45	57	-12
Dumfries & Galloway	25	25	57	-32
Forth Valley	3,227	3,227	3,672	-445
Grampian	365	365	275	90
Greater Glasgow & Clyde	1,680	1,680	1,667	13
Highland	137	137	203	-66
Lanarkshire	117	117	216	-99
Lothian	31,991	31,991	33,530	-1,539
Scottish Ambulance Service	103	103	103	0
Tayside	40,084	40,084	41,923	-1,839
Savings				0
	<b>77,873</b>	<b>77,873</b>	<b>81,799</b>	<b>-3,926</b>
<b>UNPACS</b>				
Health Boards	10,801	10,801	9,943	858
Private Sector	1,151	1,151	1,427	-276
	<b>11,952</b>	<b>11,952</b>	<b>11,370</b>	<b>582</b>
<b>OATS</b>				
	721	721	478	243
<b>Grants</b>				
	65	65	65	0
<b>Total</b>	<b>90,611</b>	<b>90,611</b>	<b>93,712</b>	<b>-3,101</b>

## Appendix 5: Financial Flexibility & Allocations

	Flexibility Released to March -22 £'000
<b>Financial Plan</b>	
Junior Doctor Travel	14
Consultant Increments	232
Cost Pressures	339
Developments	1,933
<b>Sub Total Financial Plan</b>	<b>2,518</b>
<b>Allocations</b>	
Waiting List	711
Pay Award:AfC	1,664
Covid General	-169
Cancer Waiting Time	100
Distinction Award	3
Young Patients Family Fund	34
2020/21 Surplus	340
Additional Band 2-4	564
International Recruitment	28
NSD Handback	1,311
Funding Support	13,656
<b>Sub Total Allocations</b>	<b>18,242</b>
<b>Total</b>	<b>20,760</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

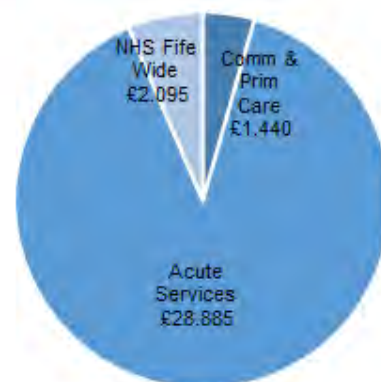
## Appendix 6: IJB Earmarked Reserve

<b>IJB Earmarked Reserve at 31/03/2022</b>					
	<i>2020/21 Earmarked Reserve £</i>	<i>2020/21 Reserve used in 2021/22 £</i>	<i>2020/21 Reserve balance at 31/03/2021 £</i>	<i>2021/22 Earmarked Reserve £</i>	<i>TOTAL Earmarked Reserve £</i>
Covid-19 earmarked reserve - SG letter February 2022				35,478	35,478
Vaccine	740	-740	0	2,472	2,472
Flu	203	-203	0	0	0
General Covid-19			0	2,351	2,351
SC Covid-19 spend 21-22				-4,307	-4,307
<b>Total Covid earmarked reserve</b>	<b>943</b>	<b>-943</b>	<b>0</b>	<b>35,994</b>	<b>35,994</b>
Covid-19 spend (from SC reserve)		-2,456	-2,456		-2,456
Care homes	526	-82	444	373	817
Urgent Care Redesign	935	-408	527	423	950
Primary Care Improvement Fund	2,524	-1,011	1,513	5,072	6,585
Action 15	1,315	-505	810	981	1,791
RT Funding	1,500	0	1,500	0	1,500
FSL	500	-500	0	0	0
ADP (from Core)	315	0	315	1,385	1,700
District Nurses	30	0	30	183	213
Fluenz	18	0	18		18
Mental Health Recovery & Renewal			0	3,932	3,932
Workforce Wellbeing			0	244	244
Budival			0	213	213
Child Healthy Weight			0	23	23
Acceleration of 22/23 MDT recruitment			0	300	300
Multi Disciplinary Teams			0	1,384	1,384
GP Premises			0	430	430
Afghan Refugees			0	47	47
Dental Ventilation			0	669	669
Interface care			0	170	170
			0		
Core general reserve	2,897	-38	2,859	1,461	4,320
Core general reserve	-195		-195		-195
Core underspend				3,514	3,514
<b>Total earmarked reserve (excluding Covid-19)</b>	<b>10,365</b>	<b>-5,000</b>	<b>5,365</b>	<b>20,804</b>	<b>26,169</b>
<b>TOTAL IJB Reserves</b>	<b>11,308</b>	<b>-5,943</b>	<b>5,365</b>	<b>56,798</b>	<b>62,163</b>

**Capital Expenditure**

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

**Local Performance**



**Commentary**

The total Capital Resource Limit for 2021/22 is £32.389m including allocations for specific projects. The capital position for the period to March records spend of £32.421m. The difference of £0.032m relates to an allowable overspend of £0.035m on net book value and an underspend of £0.003m on the CRL.

**1. Annual Operational Plan**

The capital plan for 2021/22 was approved by the FP&R Committee in July and was subsequently approved at the NHS Fife Board. NHS Fife's agreed programme of £32.389m is detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
Mental Health Review	22
Lochgelly Health Centre	348
Kincardine Health Centre	207
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Louisa Jordan Equipment	50
Laundry Equipment	655
2nd Tranche NIB Equipment	1,176
National Eyecare Workstream	228
Capital to Revenue Transfer	- 351
SG Extra Funding Request	591
Decontamination Room	350
Colposcope	12
Extra National Eyecare Workstream	51
Audiology Equipment	97
Additional Equipment Funding	136
Decontamination Equipment	241
Additional Equipment Funding PH2	160
<b>Total</b>	<b>32,389</b>

There were also net book value right offs totalling £0.035m which allowed for additional spend on the programme. The result was an overspend of £0.032m and an overall underspend in the capital programme of £0.003m.

Despite being a challenging year in terms of supply chain issues, availability of materials and price increases on materials, the capital plan and associated capital resource limit was achieved in full.

## 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 an objection has been received by the Fife Council planning department. This matter remains under discussion.

## 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 £32.386m, this excludes the allowable £0.035m net book value adjustment.

2.2 The main areas of spend to date include:

Statutory Compliance	£4.620m
Equipment	£7.938m
Digital	£1.643m
Elective Orthopaedic Centre	£16.740m
Health Centres	£0.555m
Clinical Prioritisation	£0.898m

## 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:

**Consider and take assurance** from the capital expenditure position to 31 March 2022 of £32.421m and the year-end spend of the total capital resource allocation of £32.386m subject to the external audit review process.

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Clinical Prioritisation	218	211	211
Statutory Compliance	364	157	157
Capital Equipment	151	149	149
Condemned Equipment	23	23	23
National Infrastructure Equipment Funding	6	6	6
Kincardine Health Centre	207	207	207
Lochgelly Health Centre	348	348	348
Decontamination Room	350	350	350
<b>Total Community &amp; Primary Care</b>	<b>1,666</b>	<b>1,451</b>	<b>1,451</b>
<b>ACUTE SERVICES DIVISION</b>			
Statutory Compliance	2,953	2,979	2,979
Capital Equipment	1,984	1,958	1,958
Clinical Prioritisation	763	687	687
Condemned Equipment	88	73	73
National Infrastructure Equipment Funding	3,407	3,370	3,370
Elective Orthopaedic Centre	15,907	16,740	16,740
Laundry Equipment	655	654	654
National Eyecare Workstream	279	147	147
Colposcope	12	12	12
QMH Theatre	1,000	754	754
Extra SG Funding Request	591	814	814
Audiology Equipment	97	96	96
ECG Machines - Louisa Jordan Equipment	23	23	23
Decontamination Equipment	241	245	245
<b>Total Acute Services Division</b>	<b>28,001</b>	<b>28,552</b>	<b>28,552</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Information Technology	1,200	1,643	1,643
Clinical Prioritisation	0	0	0
Statutory Compliance	0	0	0
Condemned Equipment	1	0	0
Fire Safety	60	182	182
Scheme Development	0	0	0
Vehicles	142	198	198
Covid Capital	1,325	46	46
Mental Health Review	22	26	26
<b>Total NHS Fife Wide Schemes</b>	<b>2,750</b>	<b>2,095</b>	<b>2,095</b>
<b>TOTAL CAPITAL ALLOCATION FOR 2021/22</b>	<b>32,417</b>	<b>32,098</b>	<b>32,098</b>
<b>ANTICIPATED ALLOCATIONS 2021/22</b>			
ECG Machines - Louisa Jordan Equipment	27	27	27
Capital to Revenue Transfer	-351	0	0
Additional Equipment Funding	136	136	136
Additional Equipment Funding PH2	160	160	160
<b>Anticipated Allocations for 2021/22</b>	<b>-28</b>	<b>323</b>	<b>323</b>
<b>Total Anticipated Allocation for 2021/22</b>	<b>32,389</b>	<b>32,421</b>	<b>32,421</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 2: Capital Plan - Changes to Planned Expenditure

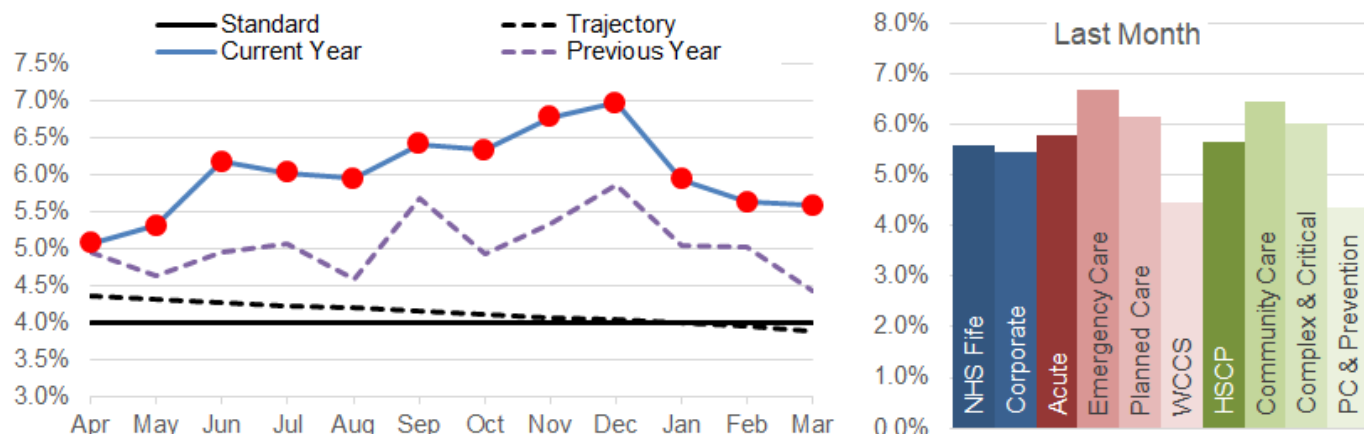
Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to February	March Adjustment	Total March
Routine Expenditure	£'000	£'000	£'000	£'000
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	151	-2	149
Condemned Equipment	0	23	0	23
Clinical Prioritisation	0	218	-7	211
Statutory Compliance	0	364	-207	157
Lochgelly Health Centre	0	207	141	348
Kincardine Health Centre	0	348	-141	207
National Infrastructure Equipment Funding	0	6	0	6
Decontamination Room	0	350	0	350
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>1,666</b>	<b>-215</b>	<b>1,451</b>
<b>Acute Services Division</b>				
Capital Equipment	0	1,981	-23	1,958
Condemned Equipment	0	88	-15	73
Clinical Prioritisation	0	763	-76	687
Statutory Compliance	0	2,953	26	2,979
National Infrastructure Equipment Funding	0	3,407	-37	3,370
Elective Orthopaedic Centre	0	15,907	833	16,740
National Eyecare Workstream	0	279	-132	147
Laundry Support	0	655	-1	654
Colposcope	0	12	0	12
Audiology Equipment	0	97	-2	96
Extra SG Funding Request	0	591	223	814
QMH Theatre	0	1,000	-246	754
ECG Machines - Louisa Jordan Equipment	0	0	23	23
Decontamination Equipment	0	0	245	245
	<b>0</b>	<b>27,734</b>	<b>818</b>	<b>28,552</b>
<b>Fife Wide</b>				
Backlog Maintenance / Statutory Compliance	3,500	-3,518	18	0
Fife Wide Equipment	1,805	-1,802	-3	0
Digital & Information	1,000	200	443	1,643
Clinical Prioritisation	500	-482	-18	0
Condemned Equipment	90	-89	-1	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	122	182
General Reserve Equipment	94	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	142	56	198
Covid Capital	0	1,325	-1,279	46
Mental Health Review	0	22	4	26
<b>Total Fife Wide</b>	<b>7,194</b>	<b>-4,441</b>	<b>-658</b>	<b>2,095</b>
<b>Total Capital Resource 2021/22</b>	<b>7,194</b>	<b>24,959</b>	<b>-56</b>	<b>32,098</b>
<b>ANTICIPATED ALLOCATIONS 2021/22</b>				
Capital to Revenue Transfer	-351	0	0	0
Additional Equipment Funding	136	0	0	136
Additional Equipment Funding PH2	160	0	0	160
ECG Machines - Louisa Jordan Equipment	27	0	0	27
<b>Anticipated Allocations for 2021/22</b>	<b>-28</b>	<b>0</b>	<b>0</b>	<b>323</b>
<b>Total Planned Expenditure for 2021/22</b>	<b>7,166</b>	<b>24,959</b>	<b>-56</b>	<b>32,421</b>



## Sickness Absence

To achieve a sickness absence rate of 4% or less (Improvement Target for 2021/22 = 3.89%)

### Local Performance



### National Benchmarking

Month	2021/22											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%	5.59%
Scotland	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%	5.37%	4.96%	5.47%

### 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-23**

The additional OH Physician is providing specific support for staff affected by Mental Health and training is available for managers. This is in addition to the individual case work being progressed by local managers and HR staff, with input when necessary from the specialist OH Mental Health Nurse. The new OH Occupational Therapist is providing support to staff resuming work following diagnoses of long COVID, and this will continue into 2022/2023.

Additional staff support is being provided via a variety of services and initiatives, alongside the 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.

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, Values Based Reflective practice, Psychology Staff support and Health Psychology inputs, alongside bespoke wellbeing sessions for specific staff groups (e.g. Health Visitors and ICU).

On line Fuel Poverty sessions took place in March, with additional on site sessions arranged for May. Plans have been completed and implemented in terms of the use of the extra Scottish Government funding allocation for Staff Health and Wellbeing, with a range of staff support activities in train for 2022/2023. A staff financial wellbeing policy is being developed.

**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-23**

In addition to routine activities, a questionnaire is being circulated to managers in advance of the Promoting Attendance training sessions to identify areas for provision of support, both within and outwith the training sessions. The new Once for Scotland eLearning module is being promoted to complement our internal training and to assist managers and staff with their understanding of the policy.

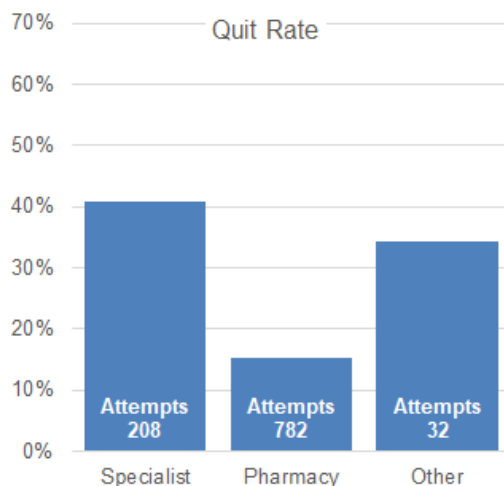
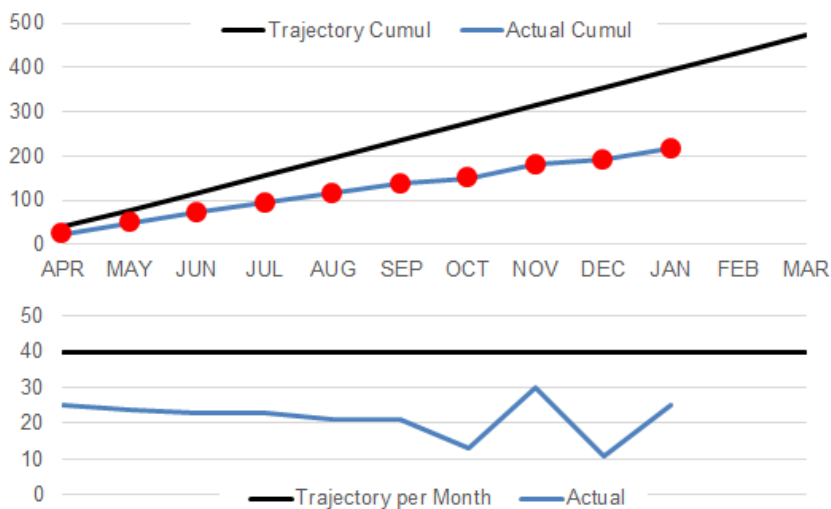
Feedback received following a programme to reinforce attendance management processes undertaken during 2021 has resulted in a series of actions being progressed by key stakeholders. Promoting attendance at work is a regular agenda item at LPF and APF meetings ensuring regular discussion and suggestions/actions for consideration.

**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 2021/22, 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	21	13	30	11	25		
	Actual Cumul	25	49	72	95	116	137	150	180	191	216		
	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%	58.1%	54.3%	57.1%	54.0%	54.8%		
Scotland	Achieved			92.4%			82.0%						

**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

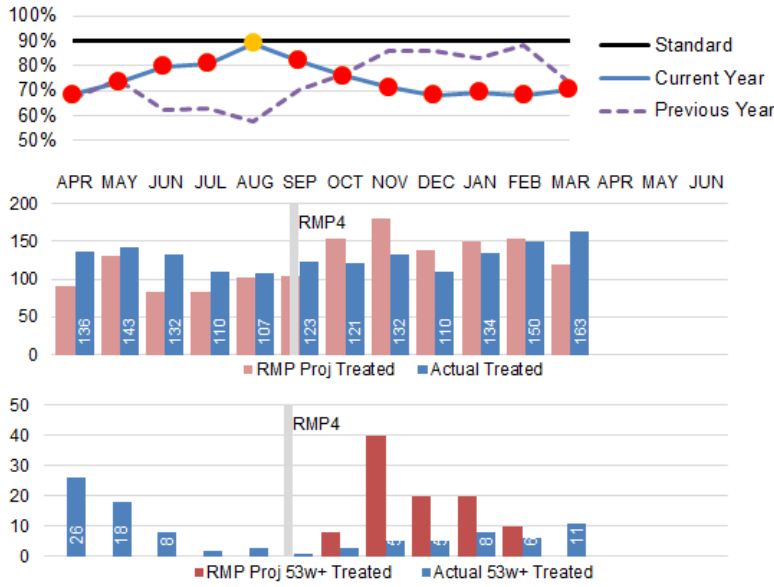
**IMPROVEMENT ACTIONS**

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	Closed Mar-22
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	Complete Mar-22

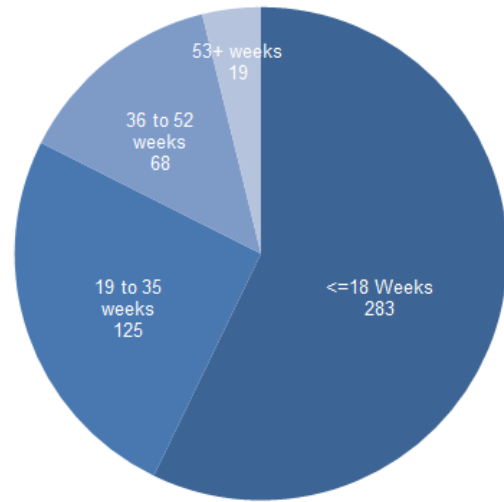
**CAMHS 18 weeks RTT**

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

**Local Performance**



**Waiting List (495) Mar-22**



**National Benchmarking**

Month	2021/22											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%	70.6%
Scotland	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%	71.5%	70.5%	68.9%			

**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**

<b>21.1 Re-design of Group Therapy Programme</b>	<b>Complete Jul-21</b>
<b>21.3 Build CAMHS Urgent Response Team (CURT)</b>	<b>By Jun-22</b>

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 with a 180% increase through 2022. Recruitment is underway to increase the existing CURT staffing capacity from 2.8 wte to 6.6 wte to address the increasing referral trend for urgent presentations. Review of activity and effectiveness of the model is ongoing utilising improvement methodology.

<b>22.1 Recruitment of Additional Workforce</b>	<b>By Jun-22</b>
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Recruitment is ongoing across multiple service areas to improve RTT, Longest waits and CAMHS service provision. From the 12 staff identified to address immediate capacity issues, 9 have been appointed with remaining posts re-advertised at lower banding to improve uptake. 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. This is balanced against staff departures and retirements which have created 6 additional posts for recruitment.

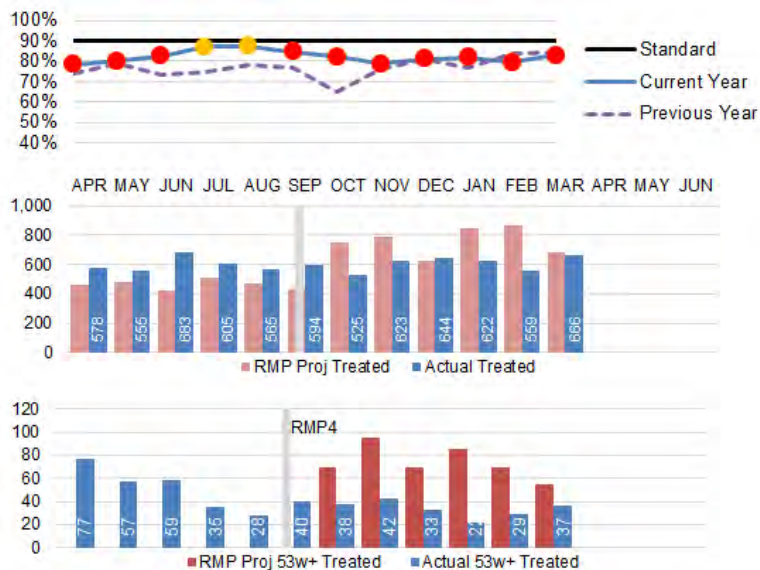
Phase 1 and Phase 2 recruitment as part of the SG Recovery & Renewal fund is underway. Currently Fife CAMHS has 21 wte posts either out to recruitment or in development with additional roles in admin (5.0 wte) and AHP (3.0 wte) working through the recruitment process.

<b>22.2 Workforce Development</b>	<b>Complete Mar-22</b>
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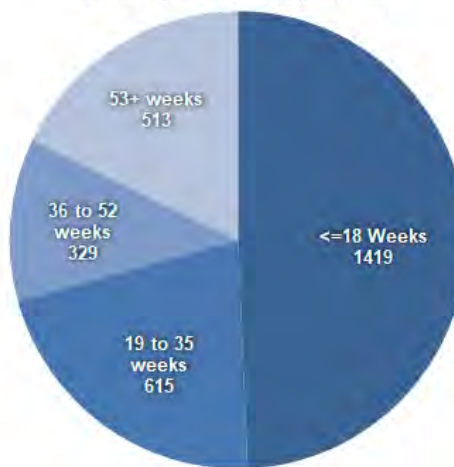
**Psychological Therapies 18 weeks RTT**

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

**Local Performance**



**Waiting List (2876) Mar-22**



**National Benchmarking**

Month	2021/22											
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%
Scotland	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%	85.5%	83.0%	85.1%			

**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**

<b>20.5 Trial of new group-based PT options</b>	<b>Complete Sep-21</b>
<b>22.1 Increase access via Guided self-help service</b>	<b>Complete Sep-21</b>
<b>22.2 Expansion of skill mix model to increase delivery of low intensity interventions</b>	<b>Complete Jan-22</b>
<b>22.3 Recruit new staff as per Psychological Therapies Recovery Plan</b>	<b>By Jun-22</b>
There remain significant national issues with workforce availability for staff who can provide highly specialised PTs - required to address our WL backlog. The service has been successful in recruiting other grades of staff to 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 NHS Education for Scotland national recruitment campaign has been less successful than hoped but we do have some applicants for highly specialist posts, with interview dates for end of April. However, we shall not be able to recruit to all of the posts that were identified as required within the PT Recovery Plan.	
<b>22.4 Waiting list management within General Medical Service in Clinical Health</b>	<b>By May-22</b>
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.	
<b>22.5 Programme of training to increase capacity for work with more complex patients</b>	<b>Complete Mar-22</b>