

# NHS Fife Public Health & Wellbeing Committee

Tue 08 March 2022, 10:00 - 12:00

MS Teams

## Agenda

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10:00 - 10:00 **1. Apologies for Absence**

0 min

*Tricia Marwick*

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10:00 - 10:00 **2. Declaration of Members' Interests**

0 min

*Tricia Marwick*

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10:00 - 10:00 **3. Minutes of Previous Meeting held on Monday 10 January 2022**

0 min

*Enclosed* *Tricia Marwick*

 Item 3 - Public Health Wellbeing Committee Minutes (unconfirmed) - 20220122.pdf (7 pages)

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10:00 - 10:15 **4. Matters Arising / Action List**

15 min

*Enclosed* *Tricia Marwick*

 Item 4 - Public Health & Wellbeing Action List - 20220308.pdf (1 pages)

**4.1. Progress Update on Primary Care Pressures**

*Verbal* *Chris McKenna*

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10:15 - 10:35 **5. GOVERNANCE MATTERS**

20 min

**5.1. Proposed Annual Public Health & Wellbeing Committee Workplan 2022/23**

*Enclosed* *Joy Tomlinson*

 Item 5.1 - SBAR Proposed Annual Public Health & Wellbeing Committee Workplan 2022-23.pdf (8 pages)

**5.2. Review of Committee's Terms of Reference**

*Enclosed* *Gillian MacIntosh*

 Item 5.2 - SBAR Review of Committee's Terms of Reference .pdf (3 pages)

 Item 5.2 - Committee's Terms of Reference.pdf (3 pages)

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10:35 - 11:05 **6. STRATEGY / PLANNING**

30 min

**6.1. NHS Fife Population Health & Wellbeing Strategy Development Proposal**

Enclosed Margo Mcgurk

Item 6.1 - SBAR NHS Fife Population Health & Wellbeing Strategy Development Proposal.pdf (4 pages)

## 6.2. Strategic Planning & Resource Allocation (RMP 2022/23)

Verbal Margo Mcgurk

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## 11:05 - 11:45 7. QUALITY / PERFORMANCE 40 min

### 7.1. Integrated Performance & Quality Report

Enclosed Margo Mcgurk

Item 7.1 - SBAR Integrated Quality & Performance Report.pdf (3 pages)

Item 7.1 - Appendix 1 Integrated Performance & Quality Report.pdf (44 pages)

### 7.2. Integrated Performance & Quality Report (IPQR) Review Process

Enclosed Margo Mcgurk

Item 7.2 - SBAR Integrated Performance Quality Report (IPQR) Review Process .pdf (6 pages)

### 7.3. Testing & Tracing Update

Enclosed Joy Tomlinson

Item 7.3 - SBAR Testing & Tracing Update .pdf (4 pages)

### 7.4. Flu Vaccine & Covid Vaccine (FVCV) Programme Update

Enclosed Nicky Connor

Item 7.4 - SBAR Flu Vaccine & Covid Vaccine (FVCV) Programme Update .pdf (13 pages)

### 7.5. Update on CAMHS & Psychological Services

Enclosed Nicky Connor

Item 7.5i - SBAR Update on CAMHS.pdf (8 pages)

Item 7.5ii - SBAR Update on Psychological Therapies.pdf (9 pages)

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## 11:45 - 11:50 8. LINKED COMMITTEE MINUTES 5 min

### 8.1. Public Health Assurance Committee dated 14 December 2021 (unconfirmed)

Enclosed Joy Tomlinson

Item 8.1 - Public Health Assurance Committee dated 14 December 2021 (unconfirmed).pdf (8 pages)

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## 11:50 - 11:50 9. ESCALATION OF ISSUES TO NHS FIFE BOARD 0 min

## 11:50 - 11:50 10. ANY OTHER BUSINESS 0 min

## 11:50 - 11:50 11. DATE OF NEXT MEETING - TUESDAY 12 APRIL 2022 AT 10AM 0 min

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING  
HELD ON MONDAY 10 JANUARY 2022 AT 2PM VIA MS TEAMS**

**Present:**

T Marwick (Chair)	C Potter, Chief Executive
M Black, Non-Executive Director	C McKenna, Medical Director
M McGurk, Director of Finance & Strategy	J Owens, Director of Nursing
R Laing, Non-Executive Director	J Tomlinson, Director of Public Health

**In Attendance:**

N Connor, Director of Health & Social Care  
S Fraser, Associate Director of Planning & Performance  
G MacIntosh, Head of Corporate Governance & Board Secretary  
F Richmond, Executive Officer to the Chief Executive & Board Chair  
H Thomson, Board Committee Support Officer (Minutes)

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

**1. Apologies for Absence**

Apologies were received from members W Brown, Employee Director, and C Cooper, Non-Executive Director.

**2. Declaration of Members' Interests**

There were no declarations of interest made by members.

**3. Minutes of Previous Meeting held on Monday 15 November 2021**

The minutes from the previous meeting was **agreed** as an accurate record.

**4. Matters Arising / Action List**

The Committee **noted** the updates and also the closed items on the Action List.

**5. GOVERNANCE / ASSURANCE**

**5.1 Testing & Tracing Update**

The Director of Public Health provided an update and advised that Covid messages have been absorbed by members of the public, as evidenced by a steady increase in testing over the festive period. The highest day for testing was on 31 December 2021. The Scottish Government have confirmed funding will be available for testing until June

2022, and the contact tracing workforce and the wider public health team funding has been agreed to the end of September 2022.

The Chair questioned if the testing data correlates with the peak demand experienced for the Covid booster/vaccination programme. The Director of Health & Social Care agreed to ask the team to liaise with the Director of Public Health on the data available, to explore potential correlations. It was noted that there was a reduction in individuals attending for vaccinations immediately after 25 December 2021, which then increased towards 31 December 2021.

**Action: Director of Health & Social Care**

Following a question from the Chair on tracing and the ability for this to keep pace with the high number of positive cases, the Director of Public Health advised that this has been a live area of conversation nationally. We follow the World Health Organisation's agreed approach, which has been adjusted throughout the pandemic; this will continue until we reach a stage of endemicity, moving away from the earlier stages of the pandemic. It was noted that the focus on tracing is with the most vulnerable at periods of very high activity.

Concern was raised at the potential move towards the potential charging for Lateral Flow Tests, as reported recently in the media, as it was noted there will be a number of the population who would be unable to afford to purchase the tests.

The Committee **noted** the testing & tracing update.

## **5.2 Flu Vaccine & Covid Vaccine (FVCV) Programme**

Due to the timing of the data required for the Scottish Government, the Flu Vaccine & Covid Vaccine (FVCV) Programme paper was submitted late to the Committee. The Chair requested papers be submitted timeously, incomplete if data is still awaited, and that an addendum be then circulated, or a verbal update be provided on the most up-to-date position at the meeting, which can be recorded in the Committee minutes.

The Director of Health & Social Care provided a brief update on the FVCV programme and highlighted that the 'Booster by the Bells' campaign exceeded the Scottish Government's target, with a reached uptake in Fife of 80.3% as at 31 December 2021, which is higher than the Scottish average. It was noted that there was a number of the population receiving their first vaccination within this period, who had not come forward previously, which is positive news.

It was reported that over 788,000 vaccines in Fife have now been delivered, and the summary table within the paper was outlined, which shows progress across each of the age group cohorts. It was noted progress is going well in terms of all the priority areas.

Guidance from the Joint Committee on Vaccination and Immunisation (JCVI) on a further booster is expected in the coming months and a campaign will likely take place in Spring 2022, likely directed towards the older population.

It was advised that a paper is shortly being submitted to the Executive Directors' Group (EDG) on a move towards the stabilisation of the workforce and permanent recruitment to support the FVCV programme.



Following a question on the reduction in the administration of the seasonal flu vaccine during the booster campaign period and queries on when this will be reintroduced, it was advised that current levels of flu are low, and the protective measures currently in place for Covid (face masks, improved hand hygiene, physical distancing etc.) have also reduced the spread of other respiratory viruses that normally peak around Winter. It was noted that the flu programme was paused due to the prioritisation of the booster programme, though this has now recommenced.

The staff and volunteers involved in the FVCV programme delivery were congratulated for all their fantastic work and achievements, particularly over the busy festive period.

The Committee **noted** and took assurance from the FVCV report.

### **5.3 Update on CAMHS & Psychological Therapies**

The Director of Health & Social Care advised that the papers include a description on how we are supporting the longest waits for the services, as requested at the Committee's previous meeting. The paper gives further information on investment in key areas, enhancing workforce resource and how these are being targeted at the patients waiting longest. Different models in the service to support delivery is being explored.

Members discussed the update position on longest waits, particularly those who have waited over 104 weeks for specialised treatment, which has been a long-standing issue within the service. It was questioned what plans and actions are in place within the mental health strategy for a redesign of models of care, to make the services more robust. The committee acknowledged the importance of continuing progress to strengthen mental health services in Fife. The potential impact of the community mental health teams working in an outreach manner, and the connections between the most vulnerable and deprived, linking them to services available, was noted.

The Director of Health & Social Care acknowledged that the current position on longest waits is not acceptable and although there have been improvements seen in the data, it is not yet at the level required. The Chief Executive noted there have been significant improvements in some areas of CAMHS and Psychological Therapies; however, longest waits continue to be at an unacceptably high level. It was advised that the Scottish Government had scrutinised our Psychological Therapies and CAMHS services, to give advice on areas that could be improved, which was welcomed.

Following questions, it was advised that those presently waiting over 104 weeks for specialist support are receiving help and support in the interim. It was requested that when reporting longest waits, that this information providing assurance about ongoing care provision is made more explicit, to help contextualise the raw data.

It was advised that improvements to the CAHMS and Psychological Therapies has been affected by the pandemic (in common with other NHS Fife services also). Over recent times, the national priority has been to redeploy staff to carry out vaccinations, and NHS Fife staff previously involved in delivering mental health support have been redeployed to that area. This has had a resultant impact on performance.

It was noted that post-pandemic there will be a large impact on demand for mental health services. Reducing dependencies on the more specialist services is required, and it was advised early intervention with community mental health workers, the voluntary sector and other services are being looked at. Work is underway to consider how we support them and to ensure pathways are available as early as possible, alongside making use of technology to offer services remotely.

An update was provided on upskilling of staff and new roles to support the services, and it was noted pathways are being explored for people to develop their career directly into the CAHMS service. Work is ongoing with NHS Education for Scotland (NES) in developing areas to support Psychological Therapies, and the new posts were described. This will allow for staff to specialise in these areas, thus developing new skills and helping address the recruitment challenges that have historically been difficult to manage.

It was reported that group work for mental health was paused, due to the limitations on individuals gathering because of the pandemic, and this has had an impact on waiting times for some individuals. A key priority is to take this forward in a safe manner in coming months.

Following discussion, it was agreed the following be included in future committee papers:

- Information to be more explicit for longest waits, helping contextualise what other support is being offered whilst individuals with the most complex requirements wait for specialist support
- Reference to be added to earlier papers which contain more detailed information and have been presented at previous Committee meetings, to ensure the link between papers
- Detailed actions to be included in future papers, with more narrative and descriptors

It was agreed Frances Baty, Head of Psychology Department, be invited to attend the Committee for specific discussions in this area.

The Committee **noted** the report on CAMHS and Psychological Therapies, and the assurances contained in the paper on progress thus far. It was requested that an update be brought back in two months' time, which will include the additions as described above.

**Action: Director of Health & Social Care**

#### **5.4 Developments of Draft Committee Workplan**

The Director of Public Health provided a brief update on the developments of the draft Committee workplan, which follows formal ratification of the Terms of Reference at the November 2021 Board meeting.

A meeting was held on 3 December 2021 with the Committee Chairs and Executive leads to discuss overlapping areas. Agreement was made on items to be carried over to the Public Health & Wellbeing Committee, and those items are now included on the draft workplan. Review of all committee workplans is due to take place in advance of

the March cycle of meetings, and this will ensure consistency across individual groups. It was noted timelines are still to be finalised. The workplan will be flexible and will continue to be developed in line with the ambitions of the Committee.

It was advised that the Alcohol & Drug Partnership Annual Report is included in the draft workplan and the governance route of that report is through the Integrated Joint Board (IJB). Agreement is still to be made on which Committee the report will be presented to, for assurance (it is currently presented to the Clinical Governance Committee, though would more appropriately fall within the remit of the new committee).

The Committee **agreed** the content of the draft workplan and noted that further updates will be tabled in due course.

## **6. STRATEGY / PLANNING**

### **6.1 NHS Fife Population Health & Wellbeing Strategy Update**

#### Public & Staff Engagement

The Director of Finance & Strategy provided an update on the survey and advised that the survey closed on 22 December 2021 with 950 confirmed responses (300 responses from staff and 650 responses from the wider public). The response rate was disappointing in terms of total volume, when measured against the population of Fife overall. It is expected a top-level report with key messages will be available on 11 January 2022, and a full draft report will be available on 25 January 2022. A further update will be brought back to the Committee.

**Action: Director of Finance & Strategy**

Discussion took place on the various groups to consult with, for wider engagement and to have more targeted conversations. Challenges in the methods of engagement was also discussed, particularly due to the current climate and restrictions. Suggestion was made to join groups' scheduled meetings via MS Teams, where possible, or to target specific groups, such as school pupils, via distribution of surveys directly into the classroom.

It was advised that conversations had begun with the Patient Liaison Team to link into specific groups. Suggestion was made to liaise with Community Councils, which could support the reach into localities and open up further avenues for contact with local groups and interests.

During the current level of activity on Covid, it was confirmed that the team should continue engagement with the public, including the harder to reach groups, though can pause the detailed engagement with the clinical frontline team. It was noted we need a range of general population engagement of Fife to be able to shape a Public Health & Wellbeing Strategy that meets the needs of that diverse population, and so further work needs to be undertaken to get more input from our stakeholders to help inform the strategy's priorities.

#### Public Health Needs Assessment

The Director of Public Health provided a brief update on the Public Health Needs Assessment paper.

It was confirmed inequalities is clearly defined in the Annex of the paper.

Following a comment on the influencing of allocation of funding, it was advised that this will be incorporated at the next stage of the strategy development.

The Committee **noted** the progress of the development of the Population Health and Wellbeing Strategy.

## **6.2 Anchor Institution Programme Board**

The Director of Public Health gave an overview of the Anchor Institution Programme Board and highlighted the updates on work being taken forward in Fife. It was noted that regular meetings are taking place through the Programme Board.

The Chair emphasised that Fife Health Charity is independent of NHS Fife as an organisation, and that the Fife Health Charity monies would not be expected to be used to support our work with the Anchor Institutions.

M Black, Non-Executive Member, noted that there is no rehab centre presently situated in Fife, and it would be helpful to consider the use of empty estates and buildings to provide this service.

The Committee **noted** the Anchor Institution Programme Board update.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report (IPQR)**

The Director of Finance & Strategy advised that the IPQR details the October 2021 position. Following the meeting held on 3 December 2021 with Chair and Executive Leads to discuss the IPQR, work is now required to frame a specific version of the IPQR on the areas that were agreed. An iteration will be brought back to the next meeting.

**Action: Director of Finance & Strategy**

It was advised that other Committees will scrutinise the current IPQR at their January 2022 meetings.

The Committee **noted** the IPQR Report.

## **8. ANNUAL REPORTS**

### **8.1 Fife Child Protection Annual Report 2021**

The Director of Nursing provided an overview on the report.

The Committee **noted** and took **assurance** from the Fife Child Protection Annual Report.

## **8.2 Adult Support and Protection Biennial Report 2018 – 2020**

The Director of Nursing provided an overview on the report and advised the next report is due in October 2022.

The Committee **noted** and **took** assurance from the Adult Support and Protection Biennial Report 2018 – 2020.

## **9. LINKED COMMITTEE MINUTES**

The Committee **noted** the linked Committee minutes.

9.1 Public Health Assurance Committee dated 20 October 2021 (confirmed)

## **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

It was agreed to escalate to the NHS Fife Board, the detailed discussion and scrutiny of the longest waits for Psychological Therapies services, and that an update will be brought back in two months' time with more explicit information for longest waits, to help contextualise what other support is being offered whilst individuals with the most complex requirements wait for specialist support.

It was also agreed to escalate to the NHS Fife Board that the Committee had considered the progress report in respect of the Public Health & Wellbeing survey, and that next steps were agreed.

**Date of Next Meeting:** Tuesday 8 February 2022 at 10am via MS Teams.

<b>KEY:</b>	Deadline passed / urgent
	In progress / on hold
	Closed

## PUBLIC HEALTH & WELLBEING COMMITTEE – ACTION LIST

**Meeting Date:** Tuesday 8 March 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	10/01/22	<b>Testing &amp; Tracing</b>	The Director of Health & Social Care to ask the team to liaise with the Director of Public Health on data available, to explore potential correlations, in relation to the testing data and the peak demand experienced for the Covid booster/vaccination programme.	<b>NC</b>	08/02/22	25/01/22 – NC advised there had been no increase in vaccine activity on New Year's eve, therefore, there is not a connection to the test and protect activity.	Closed
2.	10/01/22	<b>NHS Fife Population Health &amp; Wellbeing Strategy - Public &amp; Staff Engagement</b>	A further update to be brought back to the Committee on public & staff engagement.	<b>MM</b>	08/02/22	On agenda.	Closed
3.	10/01/22	<b>Integrated Performance &amp; Quality Report (IPQR)</b>	An iteration of the IPQR to be brought back to the next meeting	<b>MM</b>	08/02/22	On agenda.	Closed
4.	10/01/22	<b>CAMHS and Psychological Therapies</b>	An update to be brought back in two months' time, to include the additions as described in the minutes (dated 10/01/22, item 5.3).	<b>NC</b>	08/03/22	On agenda.	Closed

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>8 March 2022</b>
<b>Title:</b>	<b>Proposed Annual Public Health &amp; Wellbeing Committee Workplan 2022/23</b>
<b>Responsible Executive:</b>	<b>Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Joy Tomlinson, Director of Public Health</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Decision
- Discussion

**This report relates to a:**

- Local policy

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

This paper presents the proposed workplan for the Public Health and Wellbeing Committee in 2022/2023 for discussion and agreement with members.

### 2.2 Background

The draft Public Health and Wellbeing Committee workplan was presented to committee members at their first meeting in October 2021, alongside the proposed Terms of Reference. The committee was established to give greater focus on wellbeing and prevention and to consider placement of public health aspects of existing areas of work so that enhanced input could be provided by the Board.

The draft workplan was constructed following an initial review of workplans aligned with other Board committees. It was recognised that a run-in period would be required to further develop the scope and content of the workplan. A monthly cycle of meeting

patterns was established, which would allow flexibility in bringing reports already committed and to support forward momentum.

## 2.3 Assessment

### **Workplan changes and development opportunities**

The Chairs and Executive Leads of existing standing committees met together in December 2021. There was broad support for the approach taken to date with content of the workplan. There was also agreement to ensure greater visibility for the breadth of primary care based services, which the new committee would be well placed to provide. Work has progressed since that meeting and a new Primary Care Governance and Strategy group has been established. This group has been included within the updated workplan attached in appendix 1, under the strategy section.

A key ambition set out by committee was to provide a forum for assurance for the developing Clinical Strategy, the Population Health and Wellbeing Strategy. Early meetings of the Committee have received reports on the progress towards the new strategy and this work is ongoing. The timescales for the Strategy have changed, in response to the significant pressures due to the COVID19 pandemic and winter in recent months.

The Place and Wellbeing Programme is one of four care programmes being progressed by the Scottish Government's Health and Social Care Directorate and aligns with the ambitions of the committee. The Programme steering group held their second meeting on 21<sup>st</sup> of February. Two improvement workstreams are currently under development. The first of the workstreams is, 'to support Scotland's' health and social care providers to become active anchor institutions'. The second aim is, 'to identify effective models of community-led third sector provision of health improvement....and support their integration within local health and social care provision'. The Programme Board have developed an Equality Framework which will support all of their work, this has seven underlying principles:

- A human rights based approach
- Advance equalities of opportunity for those with protected characteristics
- Reduce inequalities of outcome caused by socio-economic disadvantage
- Trauma informed
- Inclusion health approach
- An anti-racist and culturally competent approach
- Apply an intersectional lens to all equalities approaches

The Place and Wellbeing Programme will also progress a third ambition, to consider whole system working (this has not yet been tabled for discussion). The Anchor programme board is already incorporated within the workplan for Committee. The second workstream ambition, to strengthen community health improvement, is also reflected within the workplan but may need further development as the national Programme becomes fully established. The existing workplan reflects the importance of equalities but it may also benefit from



development and a change is suggested to the workplan focussing on inequalities as a separate section.

The monthly meeting cycle originally agreed by Committee members has not been achieved. Scheduled meetings in December 2021 and February 2022 were cancelled due to a combination of factors. All papers which are presented to the Committee are required to be seen and scrutinised by either the Executive Directors' Group or Portfolio Board in advance. This means that actions or updates that are required following meetings may only have two weeks of opportunity to progress, prior to an update paper being provided, and this limits the scope and content of updates. The workplan attached in Appendix 1 shows an adjusted two-monthly reporting schedule for committee members to consider.

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

The development of the workplan offers opportunity to strengthen preventive and early interventions for the population of Fife. This will be reviewed once the committee becomes fully established.

### **2.3.2 Workforce**

The workplan will provide greater visibility for whole population programmes of work for Board and therefore a route to support the workforce delivering community based programmes of work and partnership working.

### **2.3.3 Financial**

There are no direct financial consequences as a result of the development of this workplan.

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

There are risks as services remobilise and pressures emerge that wider preventive activities may be disadvantaged. The committee workplan will enable shared understanding of any emerging pressures.

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

The emerging Equality Framework from the Place and Wellbeing national steering group provides an additional perspective, which will support the Board's Equality Outcomes.

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

The workplan builds upon discussion between Committee Chairs and Executive Leads of Clinical Governance, Finance, Performance & Resources and Public Health & Wellbeing, seeking to avoid duplication and enhancing clarity across the spread of Committee remits.

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

This paper has been considered by the Executive Directors' Group, via circulation, on 25 February 2022.

## **2.4 Recommendation**

The Committee are asked to consider and **agree** the draft workplan noting the following:

- Addition of Primary Care Governance and Strategy Group
- Prominence of Anchor institution within national Place and Wellbeing programme of work and potential for further expansion of this element within the workplan
- Change in equality and diversity section heading to 'inequalities', which will be further developed in line with the ambitions of the national Place and Wellbeing programme.
- Proposed change to the meeting frequency for the committee, to a two monthly cycle

### 3 List of appendices

The following appendices are included with this report:

- Appendix No 1 – Proposed Annual Committee Workplan 2022/23

#### **Report Contact**

Joy Tomlinson

Director of Public Health

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## PUBLIC HEALTH &amp; WELLBEING COMMITTEE

## PROPOSED ANNUAL WORKPLAN 2022 / 2023

Governance – General													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Escalation of Items to Board	Chair	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Governance Matters													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Committee Self-Assessment	Board Secretary				✓								
Corporate Calendar / Committee Dates	Board Secretary						✓						
Review of Annual Workplan	Board Secretary	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ Approv al
Review of Terms of Reference	Board Secretary												✓
Annual Assurance Statement	Board Secretary		✓										
Annual Internal Audit Report	Director of Finance & Strategy				✓								
Strategy / Planning													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Population Health and Wellbeing Strategy	Director of Finance & Strategy		✓		✓		✓		✓		✓		✓
Anchor Institution Programme Board/Portfolio Board	Director of Public Health		✓				✓				✓		
Corporate Objectives	Director of Finance & Strategy								✓				✓

Strategy / Planning (cont.)													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Remobilisation / Strategic Planning Resource Allocation *timing tbc	Director of Finance & Strategy / Associate Director of Planning & Performance		✓										
Briefing Paper on NHS Scotland Policy for Climate Emergency and Sustainable Development	DoPAM		✓										
Mental Health Strategy Implementation	Director of Health & Social Care		✓						✓				
Primary Care Governance and Strategy Group	Director of Health & Social Care												
Quality / Performance													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Covid Testing Programme	Director of Public Health		✓		✓		✓		✓		✓		✓
Flu Vaccine / Covid Vaccine (FVCV) Programme	Director of Public Health / Director of Health & Social Care		✓		✓		✓		✓		✓		✓
Children Services	Director of Health & Social Care		✓										
Health Promoting Health Service	Director of Public Health						✓						
Healthy Weight *timing tbc	Director of Public Health				✓								
Integrated Performance and Quality Report	Director of Finance & Strategy / Associate Director of Planning & Performance		✓		✓		✓		✓		✓		✓
Joint Health Protection Plan	Director of Public Health				✓								
Oral Health Reporting	Director of Public Health										✓		
Sexual Health and Blood Borne Virus Framework *timing tbc	Director of Health & Social Care												

Quality / Performance (cont.)													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Smoking Cessation *timing tbc	Director of Health & Social Care												
Inequalities													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Equalities Outcome Report <i>(also goes to CGC)</i>	Director of Nursing												✓
Participation and Engagement Report <i>(also goes to CGC)</i>	Director of Nursing		✓		✓		✓		✓		✓		✓
Inclusivity overview	TBC				✓								
Child Poverty Action Plan	Director of Public Health						✓						
Addiction Services *timing tbc	TBC												
Annual Reports													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Adult Support & Protection Annual Report <i>(also goes to CGC)</i>	Director of Nursing										✓		
Alcohol & Drugs Partnership Annual Report *timing tbc	Director of Health & Social Care												
Director of Public Health Report <i>(and additional updates, based on agreed priorities)</i> <i>(also goes to CGC)</i>	Director of Public Health		✓										✓
Fife Child Protection Annual Report	Director of Nursing										✓		
Health Improvement Annual Report <i>(and additional updates, based on agreed priorities)</i>	Director of Health & Social Care		✓										

Annual Reports (cont.)													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Immunisation Annual Report <i>(also goes to CGC)</i>	Director of Public Health				✓								
Integrated Screening Annual Report <i>(also goes to CGC)</i>	Director of Public Health						✓						
Linked Committee Minutes													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Minutes of Fife Partnership Board <i>(meeting dates will be confirmed after the elections in May)</i>	Director of Public Health												
Minutes of Population Health & Wellbeing Portfolio Board	Director of Finance & Strategy		✓ date tbc		✓ date tbc		✓ date tbc		✓ date tbc		✓ date tbc		✓ date tbc
Minutes of Public Health Assurance Committee	Director of Public Health	✓ 6/3			✓ 1/6		✓ 3/8		✓ 5/10		✓ 7/12		TBC 01/02
Other / Adhoc													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)													
	Lead	12/04/ 22	05/05/ 22	07/06 /22	05/07 /22	16/08 /22	08/09 /22	04/10 /22	08/11 /22	06/12 /22	11/01 /23	09/02 /23	01/03/ 23

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>8 March 2022</b>
<b>Title:</b>	<b>Review of Committee's Terms of Reference</b>
<b>Responsible Executive:</b>	<b>Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Gillian MacIntosh, Board Secretary</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Decision

**This report relates to a:**

- Local policy

**This aligns to the following NHSScotland quality ambition:**

- Effective

## 2 Report summary

### 2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter.

### 2.2 Background

The current Terms of Reference for the Committee were last reviewed in October 2021, following consideration by the Committee at its first meeting following its establishment in July 2021. The initial Terms of Reference were approved by the Board in November 2021.

### 2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Proposed amendments largely relate to terminology, reflecting a number of operational changes linked to the development of the new Strategy.

The Committee should note that it is likely that further updates to the section on risk management (see Section 7) will be required, after the Board has considered the

forthcoming changes to risk reporting and the BAFs, which will be captured in a future update.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

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

N/A

### **2.3.2 Workforce**

N/A

### **2.3.3 Financial**

N/A

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

The regular review and update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided to the Board.

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

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

### **2.3.6 Other impact**

N/A

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

N/A

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

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

## **2.4 Recommendation**

This paper is provided for

- **Decision** – consider the attached remit, advise of any proposed changes and approve a final version for further consideration by the Board.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1 – Public Health & Wellbeing Committee's Terms of Reference



**Report Contact**

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

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

Date of Board Approval: \*\*\*

## **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.

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 Institution Programme Board and the 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.

<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>8 March 2022</b>
<b>Title:</b>	<b>NHS Fife Population Health &amp; Wellbeing Strategy Development Proposal</b>
<b>Responsible Executive:</b>	<b>Carol Potter, Chief Executive</b>
<b>Report Authors:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Approval

**This report relates to:**

- Population Health and Wellbeing Strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

### 2.2 Background

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

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

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

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

## **2.3 Assessment**

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

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

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

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

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

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

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

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

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

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

### 2.3.1 Quality/ Patient Care

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

### 2.3.2 Workforce

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

### **2.3.3 Financial**

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

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

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

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

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

### **2.3.6 Other impact**

n/a

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

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

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

This is the first formal presentation of the proposal however the key aims have been socialised with members of EDG and the Chair and Vice-Chair of the NHS Fife Board.

## **2.4 Recommendation**

The Committee is asked to approve the proposal to phase the development of the strategy as set out in section 2.3.

## **3 List of appendices**

None

### **Report Contact**

Margo McGurk

Director of Finance & Strategy/Deputy Chief Executive

[Margo.mcgurk@nhs.scot](mailto:Margo.mcgurk@nhs.scot)



<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>8 March 2022</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Author:</b>	<b>Bryan Archibald, Head of Performance</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Discussion

**This report relates to the:**

- Joint Fife Remobilisation Plan for 2021/22 (RMP4)

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Population, Health & Wellbeing Committee is a new body set up to monitor progress in this area of the NHS Fife services. This report informs the committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of December 2021.

### 2.2 Background

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

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

## 2.3 Assessment

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife is working according to the Joint Fife Remobilisation Plan for 2021/22 (RMP4), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly until the end of the FY.

The Public Health & Wellbeing aspects of the report cover measures listed in the table below.

Measure	Update	Target	Current Status
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
Drugs & Alcohol WT <sup>1</sup>	Monthly	90%	Not achieving
Dementia PDS <sup>2</sup>	Quarterly	N/A	N/A

<sup>1</sup> Local data collection has been paused since August 2021 to allow the investigation of data quality issues following a move to a new reporting system. The formal PHS quarterly publications in September and December were also cancelled, but are scheduled to restart in February.

<sup>2</sup> There are no formal targets for either of the Dementia PDS measures (referrals and 1-year support). The guidance to Health Boards is to aim for a year-on-year improvement.

### 2.3.1 Quality/ Patient Care

IPQR contains quality measures.

### 2.3.2 Workforce

IPQR contains workforce measures.

### 2.3.3 Financial

Financial aspects are covered by the specific sections of the IPQR.

### 2.3.4 Risk Assessment/Management

Not applicable.

### 2.3.5 Equality and Diversity, including health inequalities

Not applicable.

### 2.3.6 Other impact

None.

### 2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The February IPQR will be available for discussion at the round of March Standing Committee meetings.

### 2.3.8 Route to the Meeting

The IPQR was ratified by EDG and approved for release by the Director of Finance & Strategy.

## 2.4 Recommendation

The PH&W Committee is request to:

- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR, with respect to its frequency of presentation and enhancement of its content to suit the goals of the committee

## 3 List of appendices

None

### Report Contact

Bryan Archibald

Planning and Performance Manager

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# **Fife Integrated Performance & Quality Report**

**Produced in February 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  
15<sup>th</sup> February 2022

Prepared by:

### **BRYAN ARCHIBALD**

Planning & Performance Manager

# I. Executive Summary

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

Health Boards are planning the recovery of services following the first and second waves of the COVID-19 Pandemic. NHS Fife agreed its Joint Remobilisation (RMP3) for 2021/22 at the start of 2021, and this effectively replaced the previous 1-year or 3-year Annual Operational Plans. It has now been superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and RMP4 include forecasts for activity across key outpatient and inpatient services, and progress against these forecasts is included in this document by two methods:

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

The RMP provides a detailed, strategic view of how NHS Fife will approach the recovery, while the IPQR drills down to a level where specific Improvement Actions are identified and tracked. In order to provide continuity between the IPQR from version to version (year to year), Improvement Actions carry a '20', '21' or '22' prefix, to identify their year of origin. They are shaded in **BLUE** if they are assessed as being complete or no longer relevant.

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

## a. LDP Standards & Key Performance Indicators

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The current performance status of the 29 indicators within this report is 8 (28%) classified as **GREEN**, 5 (17%) **AMBER** and 16 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There were notable improvements in the following areas in December:

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

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

## b. National Benchmarking

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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 around 80% where we are able to compare our performance nationally we are delivering performance within either the upper quartile or the mid-range.

### c. Indicator Summary

Performance	
meets / exceeds the required Standard / on schedule to meet its annual Target	
behind (but within 5% of) the Standard / Delivery Trajectory	
more than 5% behind the Standard / Delivery Trajectory	

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22	Reporting Period	Year Previous	Previous	Current	Trend	Reporting Period	Fife	Scotland					
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Dec-20	24	Nov-21	32	Dec-21	26	↑		N/A			
	HSMR	N/A	Year Ending	Sep-20	1.01	Jun-21	1.03	Sep-21	1.04	↓		YE Sep-21	1.04	●	1.00
	Inpatient Falls	7.68	Month	Dec-20	8.90	Nov-21	8.35	Dec-21	8.33	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Dec-20	2.35	Nov-21	1.37	Dec-21	2.18	↓		N/A			
	Pressure Ulcers	0.42	Month	Dec-20	0.83	Nov-21	1.40	Dec-21	1.37	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Sep-20	2.2%	Jun-21	3.6%	Sep-21	2.5%	↑		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Dec-20	20.6	Nov-21	15.1	Dec-21	12.7	↑		QE Sep-21	16.6	●	18.3
	SAB - Community	N/A	Quarter Ending	Dec-20	11.7	Nov-21	11.9	Dec-21	9.6	↑		QE Sep-21	9.5	●	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Dec-20	6.5	Nov-21	5.8	Dec-21	4.6	↑		QE Sep-21	9.5	●	16.7
	C Diff - Community	N/A	Quarter Ending	Dec-20	2.1	Nov-21	2.1	Dec-21	1.1	↑		QE Sep-21	4.2	●	4.9
	ECB - HAI/HCAI	33.0	Quarter Ending	Dec-20	50.3	Nov-21	47.6	Dec-21	33.6	↑		QE Sep-21	60.3	●	41.4
	ECB - Community	N/A	Quarter Ending	Dec-20	24.4	Nov-21	32.4	Dec-21	33.1	↓		QE Sep-21	42.2	●	39.4
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Dec-20	82.4%	Nov-21	71.4%	Dec-21	67.9%	↓		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Dec-20	25.8%	Nov-21	12.2%	Dec-21	7.0%	↓		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-20	100.0%	Nov-21	100.0%	Dec-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Dec-20	86.9%	Nov-21	74.6%	Dec-21	71.4%	↓		Dec-21	76.1%	●	75.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Dec-20	62.3%	Nov-21	65.1%	Dec-21	63.1%	↓		Sep-21	69.3%	●	37.5%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Dec-20	57.5%	Nov-21	57.1%	Dec-21	53.8%	↓		Sep-21	58.0%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Dec-20	95.9%	Nov-21	68.3%	Dec-21	57.8%	↓		Sep-21	75.8%	●	57.8%
	18 Weeks RTT	90%	Month	Dec-20	70.9%	Nov-21	70.0%	Dec-21	72.9%	↓		QE Sep-21	71.4%	●	75.1%
	Cancer 31-Day DTT	95%	Month	Dec-20	98.8%	Nov-21	100.0%	Dec-21	100.0%	↔		QE Sep-21	98.9%	●	96.7%
	Cancer 62-Day RTT	95%	Month	Dec-20	91.3%	Nov-21	85.0%	Dec-21	75.4%	↓		QE Sep-21	89.3%	●	83.1%
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Dec-20	85.4%	Nov-21	80.9%	Dec-21	84.5%	↑		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-20	5.3%	Nov-21	10.6%	Dec-21	6.0%	↑		QE Jun-21	9.2%	●	5.0%
	Delayed Discharge (# Standard Delays)	N/A	Month	Dec-20	25	Nov-21	82	Dec-21	44	↑		Dec-21	14.56	●	23.83
	Antenatal Access	80%	Month	Nov-20	85.1%	Oct-21	90.2%	Nov-21	88.4%	↓		FY 2020/21	89.3%	●	88.5%
	Smoking Cessation	473	YTD	Oct-20	51.4%	Sep-21	57.6%	Oct-21	52.9%	↓		QE Jun-21	64.4%	●	92.4%
	CAMHS Waiting Times	90%	Month	Dec-20	85.8%	Nov-21	71.2%	Dec-21	68.2%	↓		QE Sep-21	83.8%	●	78.6%
	Psychological Therapies Waiting Times	90%	Month	Dec-20	80.8%	Nov-21	78.8%	Dec-21	81.1%	↑		QE Sep-21	86.3%	●	87.2%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓		QE Mar-21	94.5%	●	95.6%
Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	96.1%	↑		2018/19	93.7%	●	75.1%	
Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.5%	↓		2018/19	60.9%	●	43.4%	
Finance	Revenue Resource Limit Performance	(£14.2m)	Month	Dec-20	N/A	Nov-21	(£14.2m)	Dec-21	(£13.8m)	↑		N/A			
	Capital Resource Limit Performance	£33.5m	Month	Dec-20	N/A	Nov-21	£9.9m	Dec-21	£11.8m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Dec-20	5.87%	Nov-21	6.79%	Dec-21	6.98%	↓		YE Mar-21	4.77%	●	4.67%



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

		Quarter End			Month End			
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
<b>Better than Projected   Worse than Projected   No Assessment</b> (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	3,400	1,203	1,269	1,268	3,740
	Actual	3,260	2,953	2,795	752			
	Variance	279	-167	-605	-451			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	20,905	7,286	7,287	7,288	21,861
	Actual	19,488	20,161	19,599	5,060			
	Variance	2,388	1,036	-1,306	-2,226			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	1,840	613	613	614	1,840
	Actual	1,406	1,511	1,258	441			
	Variance	-395	-322	-582	-172			
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	13,642	4,480	4,605	4,607	13,692
	Actual	12,971	12,629	11,733	3,962			
	Variance	2,121	1,379	-1,909	-518			
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	20,620	7,110	6,450	6,780	20,340
	Actual	20,728	21,110	18,701	5,920			
	Variance	3,618	2,000	-1,919	-1,190			
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			80.0%	85.0%	86.0%	87.0%	83.0%
	Actual			77.4%	77.1%			
	Variance			-2.6%	-7.9%			
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	10,680	3,520	3,190	3,410	10,120
	Actual	10,085	10,006	9,980	3,298			
	Variance	2,045	1,686	-700	-222			
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85	5.63				5.73
	Actual	5.55	6.17	6.34				
	Variance	-0.27	0.32	0.71				
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	2,610	870	870	870	2,610
	Actual	2,885	3,047	2,819	980			
	Variance	435	437	209	110			
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	384	128	128	128	384
	Actual	305	337	306				
	Variance	-110	-98	-78				
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70	210
	Actual			215				
	Variance			15				
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120	393
	Actual			350				
	Variance			-55				
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			68		10	0	30
	Actual			13				
	Variance			-55				
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			69.3%	70.0%	75.0%	80.0%	75.0%
	Actual			71.9%				
	Variance			2.6%				
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			1,941	768	799	630	2,197
	Actual			1,750				
	Variance			-191				
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			234	85	70	55	210
	Actual			113				
	Variance			-121				
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.2%	67.5%	65.9%	70.9%	67.9%
	Actual			80.1%				
	Variance			6.9%				
		Month End	Month End	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	66
	Actual	128	112	69	96			
	Variance	63	49	-15	15			
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) <sup>1</sup>	Projected	28	27	23	21	21	20	20
	Actual	47	29	25	46			
	Variance	19	2	2	25			
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) <sup>1</sup>	Projected	37	36	61	60	52	46	46
	Actual	81	83	44	50			
	Variance	44	47	-17	-10			

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

CLINICAL GOVERNANCE		Target	Current
<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>7.0%</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 continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments, particularly in regard to the programme team delivering third vaccines.</p>			

OPERATIONAL PERFORMANCE		Target	Current
<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>74.6%</b>
<p>The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation Centre are being increased further to support prevention of admission from primary care and early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.</p>			
<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>63.1%</b>
<p>Performance in December has deteriorated further with 63.1% waiting less than 12 weeks compared to stable performance of 68% in June. Elective activity in December was significantly less than projected with surgery being restricted to urgent patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,121 patients on list in December, 34% greater than in January. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients and difficulties in maintaining access to beds for elective activity. It is anticipated that there will be a gradual resumption in non urgent activity in February, but this is heavily dependent on our ability to maintain access to beds for elective activity.</p>			
<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>53.8%</b>
<p>Performance stabilised in November but deteriorated in December with 53.8% waiting less than 12 weeks following the decision to cancel routine outpatients to support the response to the emergence of the Omicron variant and significant pressures in unscheduled care. The waiting list has reduced but remains high with 20,619 on the outpatient waiting list. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks rose slightly in December but has reduced by 67% since March. Due to the ongoing need for physical distancing our outpatient capacity and therefore activity continues to be restricted. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients.</p>			
<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>57.8%</b>
<p>Performance continues to be under significant pressure, decreasing to 57.8 % of patients in December waiting less than 6 weeks (52.7 % for endoscopy and 58.7% for radiology). The waiting list for diagnostics has increased again, to 6,661 in December. This increase is seen in both endoscopy (mainly Colonoscopy) and radiology (mainly CT and Ultrasound). The demand for urgent and inpatient examinations particularly for CT and Ultrasound remains high resulting in increased routine waits for these modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.</p>			
<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>75.4%</b>
<p>December continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to staffing issues and lack of resources. Breast, Oncology and Urology capacity are our current most challenging areas. The majority of breaches continue to be seen in Prostate due to the challenging, lengthy pathway. The range of breaches were 2 to 126 days (average 27 days).</p>			
<b>FOI Requests</b>	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	<b>85%</b>	<b>84.5%</b>

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

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

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

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

**Delayed Discharges**

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

**5%****6.0%**

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

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

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

**(£14.2m) (£13.8m)**

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

**Capital Expenditure**

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

**£33.5m £11.8m**

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

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

*To achieve a sickness absence rate of 4% or less*

**3.89%****6.98%**

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

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

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

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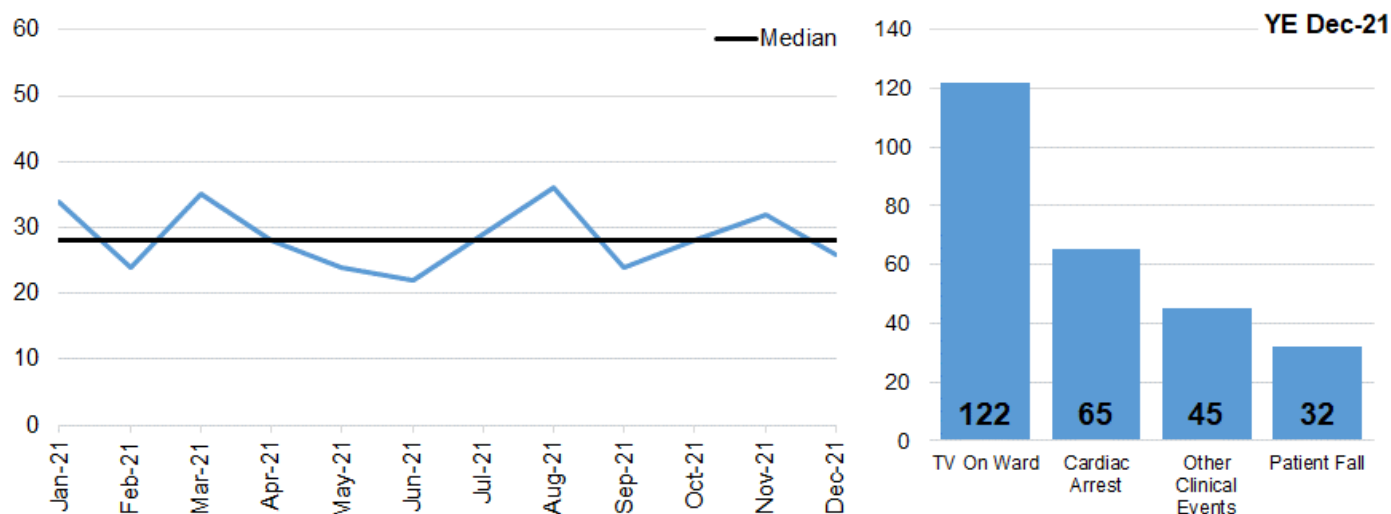
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# CLINICAL GOVERNANCE

## Adverse Events

### Major and Extreme Adverse Events



### All Adverse Events

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

### Commentary

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

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

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

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



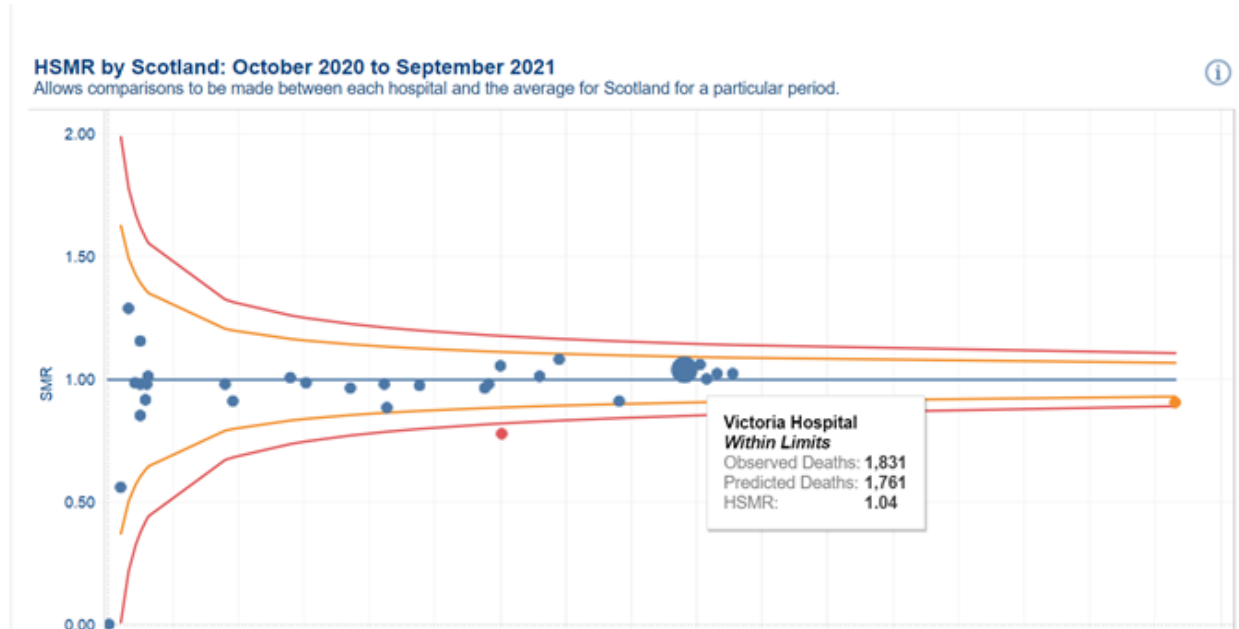
## HSMR

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

### Reporting Period; October 2020 to September 2021<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 (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.

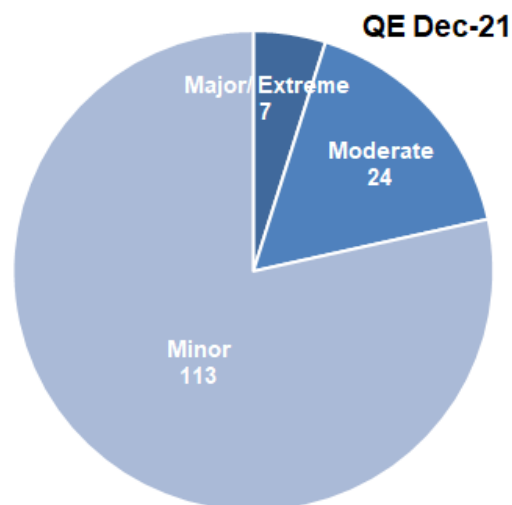
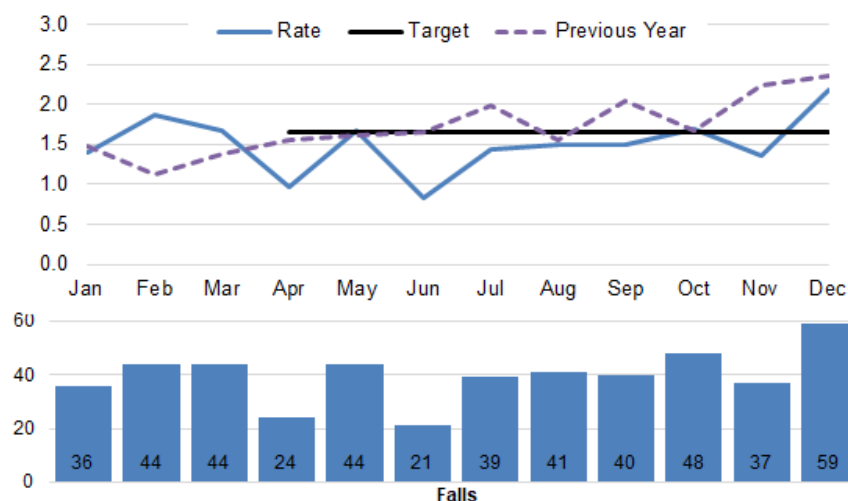


## Inpatient Falls with Harm

Reduce Inpatient Falls with Harm rate per 1,000 Occupied Bed Days (OBD)

Target Rate (by end March 2022) = 1.65 per 1,000 OBD

### Local Performance



### Performance by Service Area

	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<b>NHS Fife</b>	1.39	1.87	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.69	1.37	2.18
<b>Acute Services</b>	1.24	1.18	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.52	1.27	2.08
<b>HSCP</b>	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.46	2.27
<b>Target</b>				1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65

### KEY CHALLENGE(S) IN 2021/22

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

### IMPROVEMENT ACTIONS

#### 20.3 Falls Audit

**By May-22**

A new national driver diagram and measurement package have still to be finalised and due to current challenges NHS Fife documentation will be reviewed and audit plans finalised. There is no update on progress in the national work and the planned review of local documentation and update of the local paperwork will be deferred until then. This action will be for ongoing review and local action until the national position is clarified.

#### 20.5 Improve effectiveness of Falls Champion Network

**By Mar-22**

This work is on hold due to staffing challenges, with contact being maintained with existing champions

#### 21.2 Falls Reduction Initiative

**Complete Nov-21**

#### 21.3 Integrated Improvement Collaborative

**Complete Jan-22**

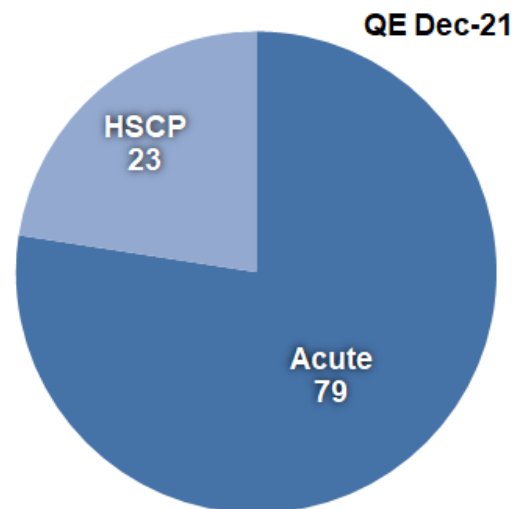
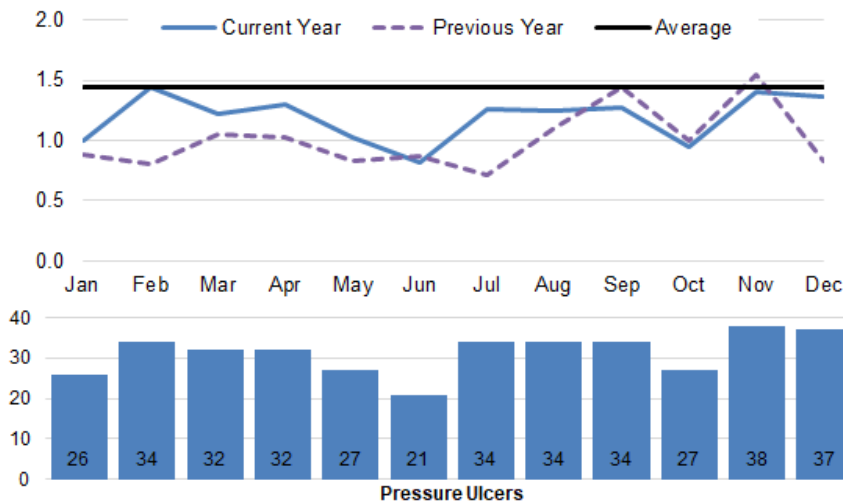
The Community Hospital collaborative has been concluded. As a result of this work data is collated and shared with the Nursing Directorate and Heads of Service weekly. This data looks at a number of differing indicators including falls, tissue viability, and medication errors to inform decisions and strategy. Actions from the weekly Quality matters huddle are logged and actioned, with involvement of Lead Nurses and services real time. This is now embedded and this specific action is closed.

## Pressure Ulcers

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

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

### Local Performance



### Performance by Service Area

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

### KEY CHALLENGE(S) IN 2021/22

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

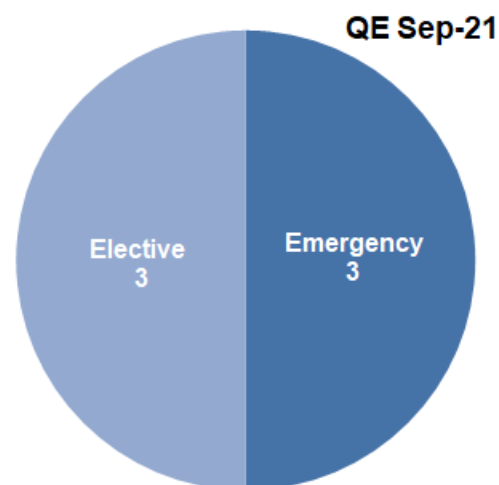
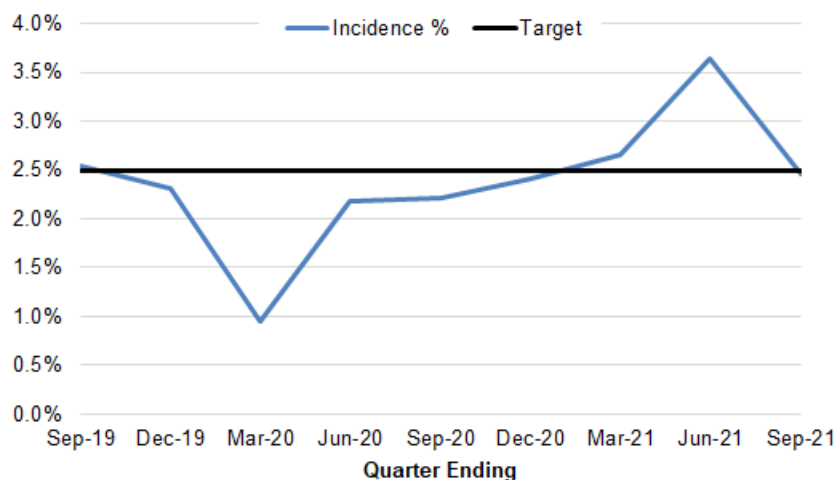
#### IMPROVEMENT ACTIONS

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

## Caesarean Section SSI

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

### Local Performance



### National Benchmarking

Quarter Ending	2018/19				2019/20		
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
<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**

**By Mar-22**

The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing (LAER/SAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

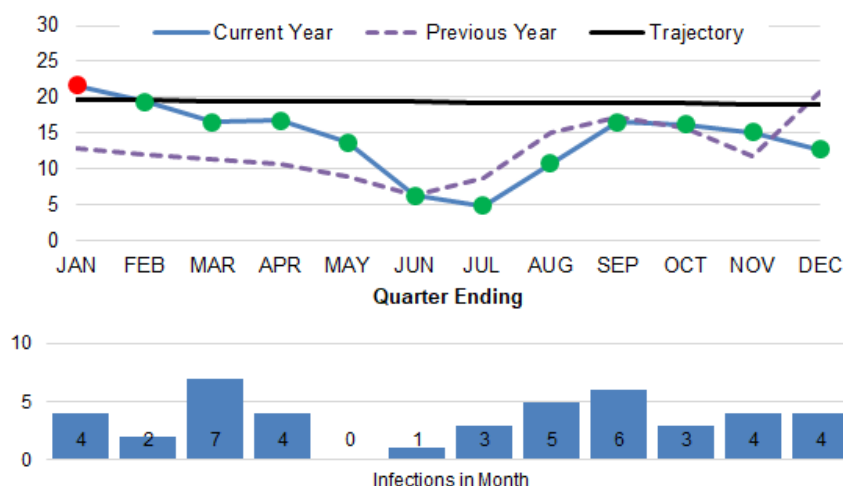
Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance.

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

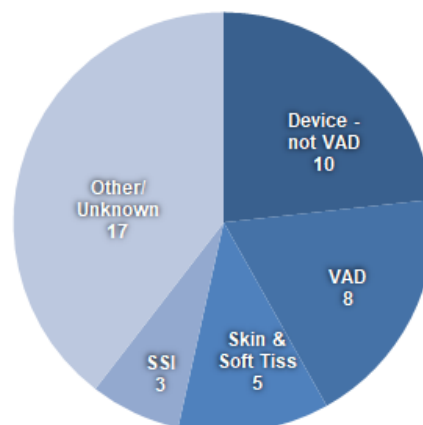
## SAB (HAI/HCAI)

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

### Local Performance



### Infection Source: YE Dec-21



### National Benchmarking

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

### KEY CHALLENGE(S) IN 2021/22

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

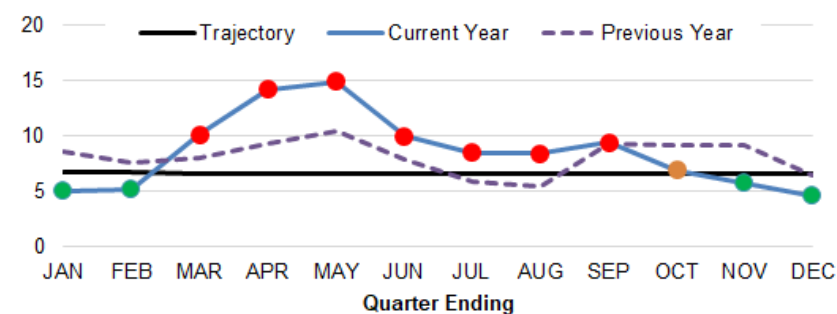
### IMPROVEMENT ACTIONS

<b>20.1 Reduce the number of SAB in PWIDs</b>	<b>By Mar-22</b>
The incidence of SABs in PWIDs has continued to reduce, with only 4 cases identified in 2021 (compared to 5 in 2020 and 14 in 2019). The PGD for Antibiotic prescribing is now in progress by Addiction Services and IPCT continues to provide support. IPCT are currently awaiting an update from the Addictions Services Manager. A voiced over educational video by IPCT on SAB definitions, signs, symptoms and interventions has been completed for AS staff training.	
<b>20.2 Ongoing surveillance of all VAD-related infections</b>	<b>By Mar-22</b>
Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern	
<b>20.3 Ongoing surveillance of all CAUTI</b>	<b>By Mar-22</b>
Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The most recent January meeting was cancelled. The Driver Diagram for the UCIG is currently being reviewed and updated.	
<b>20.4 Optimise comms with all clinical teams in ASD &amp; the HSCP</b>	<b>By Mar-22</b>
Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high-risk groups/areas and improve patient outcomes. The Ward Dashboard utilised by clinical staff to access and display 'days since last SAB' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	
<b>22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters</b>	<b>By Mar-22</b>
Electronic insertion and maintenance bundles for PVCs are completed on Patienttrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

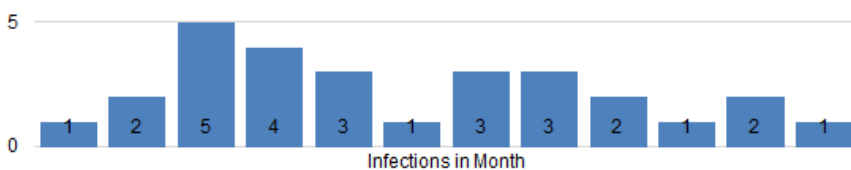
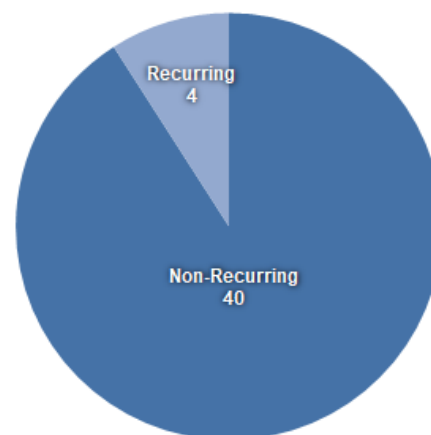
## C Diff (HAI/HCAI)

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

### Local Performance



### CDI Recurrence: YE Dec-21



### National Benchmarking

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

### KEY CHALLENGE(S) IN 2021/22

Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

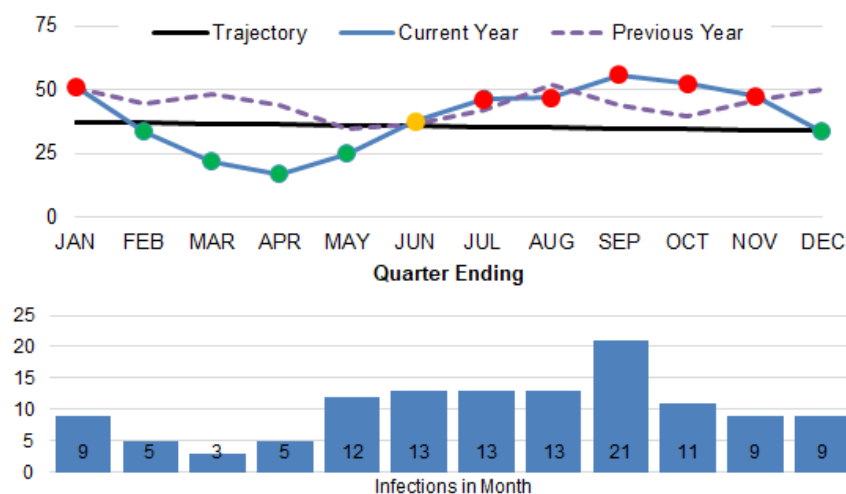
### IMPROVEMENT ACTIONS

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

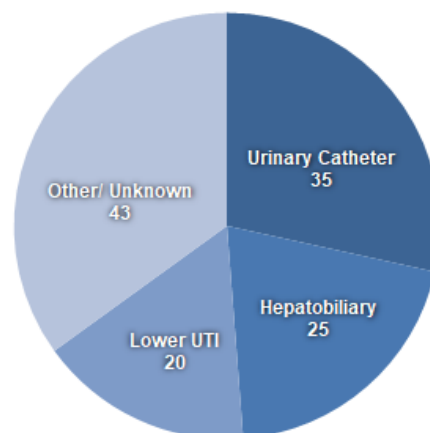
## ECB (HAI/HCAI)

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

### Local Performance



### Infection Sources: YE Dec-21



### National Benchmarking

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

### KEY CHALLENGE(S) IN 2021/22

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

### IMPROVEMENT ACTIONS

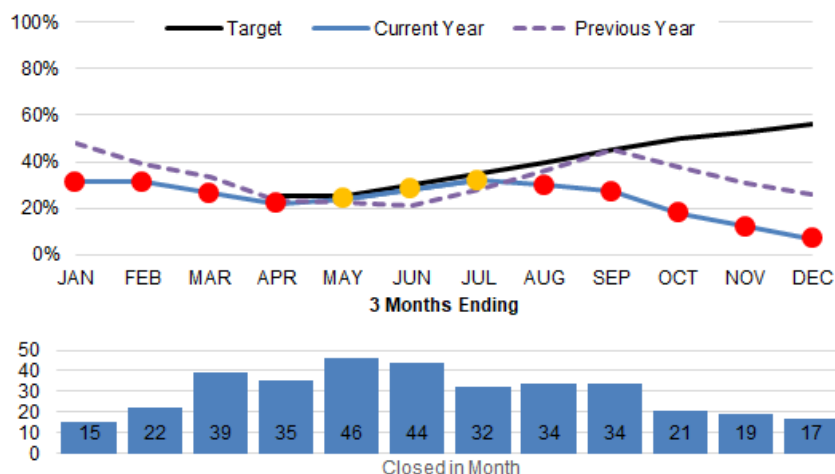
<b>20.1 Optimise communications with all clinical teams in ASD &amp; the HSCP</b>	<b>By Mar-22</b>
<p>Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. From December, as part of the strategy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



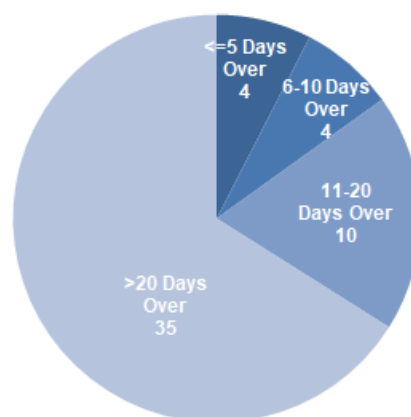
## Complaints | Stage 2

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

### Local Performance



### Closure Breaches; QE Dec-21



### Performance by Service Area

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

### KEY CHALLENGE(S) IN 2021/22

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

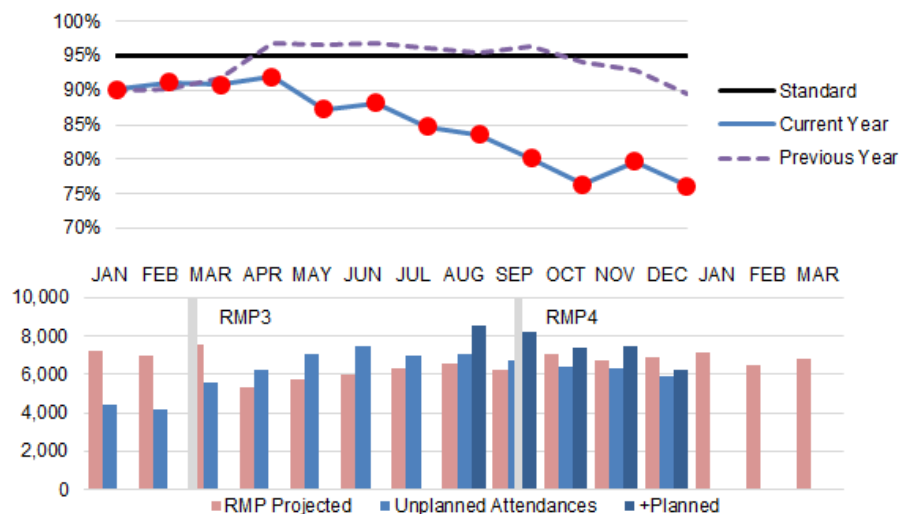
### IMPROVEMENT ACTIONS

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

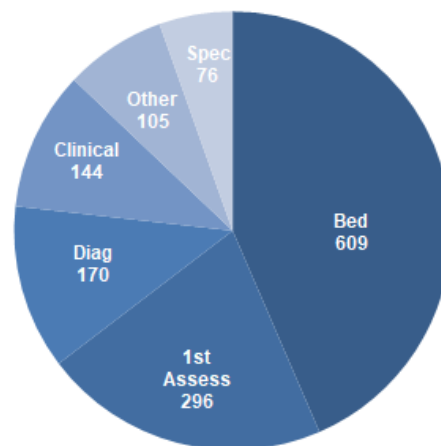
## 4-Hour Emergency Access

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

### Local Performance



### Breach Reason; Dec-21



### National Benchmarking

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

### KEY CHALLENGE(S) IN 2021/22

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

### IMPROVEMENT ACTIONS

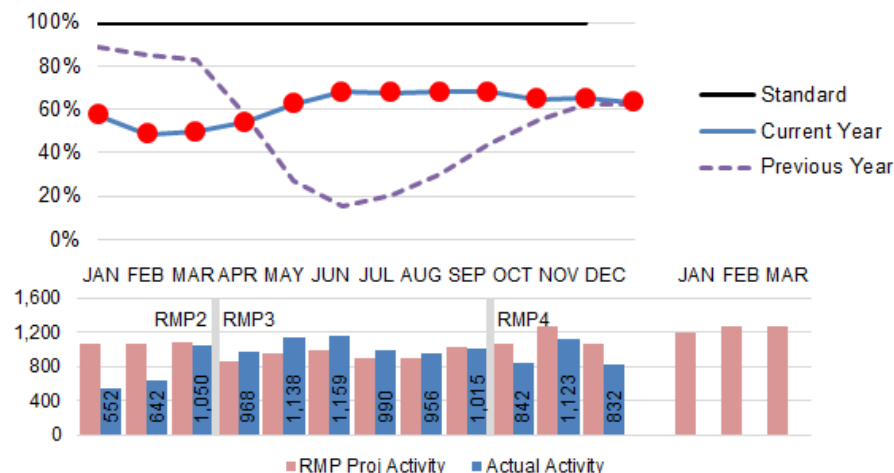
<b>21.2 Integration of the Redesign of Urgent Care model and the Flow &amp; Navigation Hub</b>	<b>By Apr-22</b>
Virtual Flow and Navigation appointments to ED are now in place and the Hub has expanded to handle GP calls previously taken by ANPs into AU1. Early indication shows decreased number of referrals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



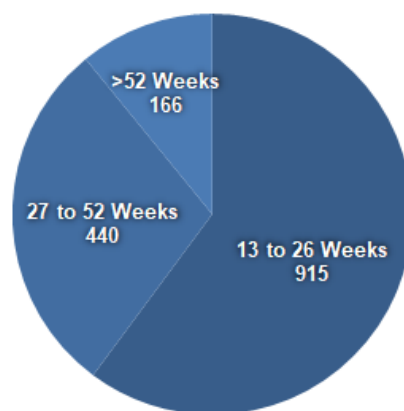
## Patient TTG

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

### Local Performance



### Breaches Breakdown Dec-21



### National Benchmarking

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

### KEY CHALLENGE(S) IN 2021/22

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

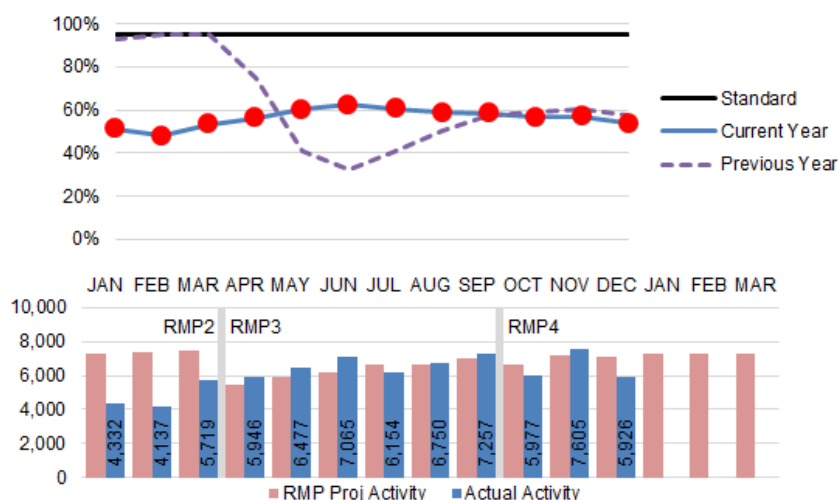
### IMPROVEMENT ACTIONS

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

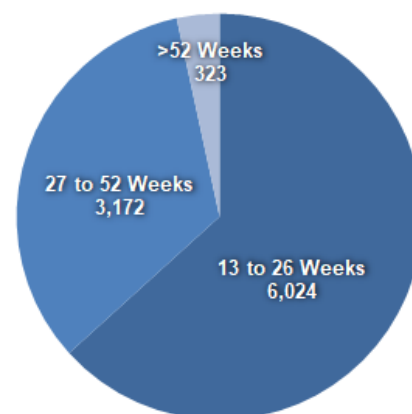
## New Outpatients

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

### Local Performance



### Breaches Breakdown Dec-21



### National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%
Scotland	44.5%	43.9%	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%			

### KEY CHALLENGE(S) IN 2021/22

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

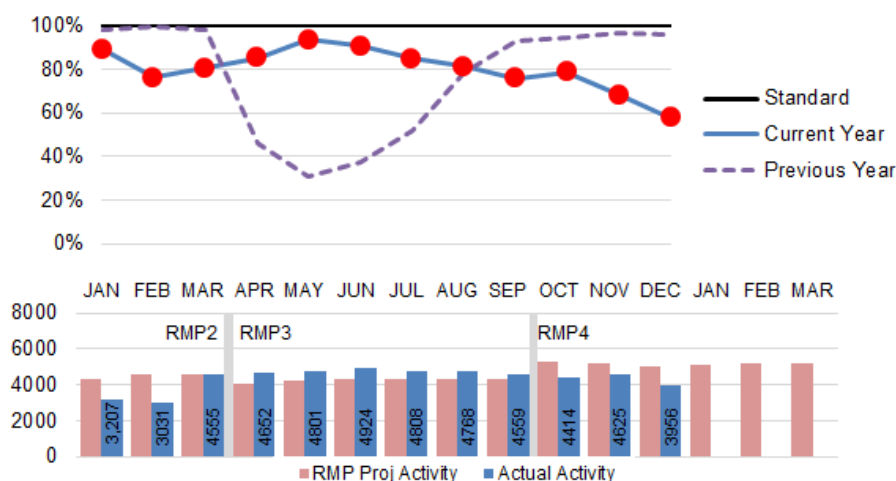
### IMPROVEMENT ACTIONS

<b>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</b>	<b>Complete Sep-21</b>
<b>22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity</b>	<b>By Mar-22</b>
First meeting of Integrated Planned Care Programme Board held on 8 <sup>th</sup> December; revised HEAT map being developed	
<b>22.3 Actively promote and support staff wellbeing initiatives within the acute division</b>	<b>By Mar-22</b>
Directorates promoting and supporting initiatives	
<b>22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement</b>	<b>Complete Dec-21</b>
Revised guidance issued and following advice from Infection Control local team unable to reduce social distancing to 1m in outpatients in VHK or QMH. Restricted capacity remains.	

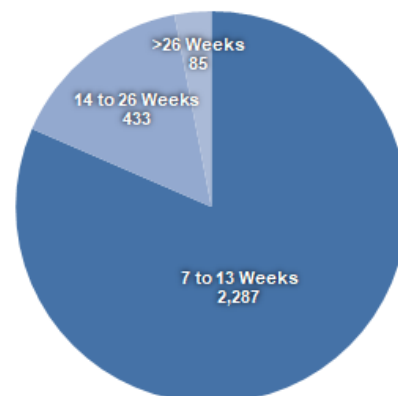
## Diagnostics Waiting Times

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

### Local Performance



### Breach Breakdown Dec-21



### National Benchmarking

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

### KEY CHALLENGE(S) IN 2021/22

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

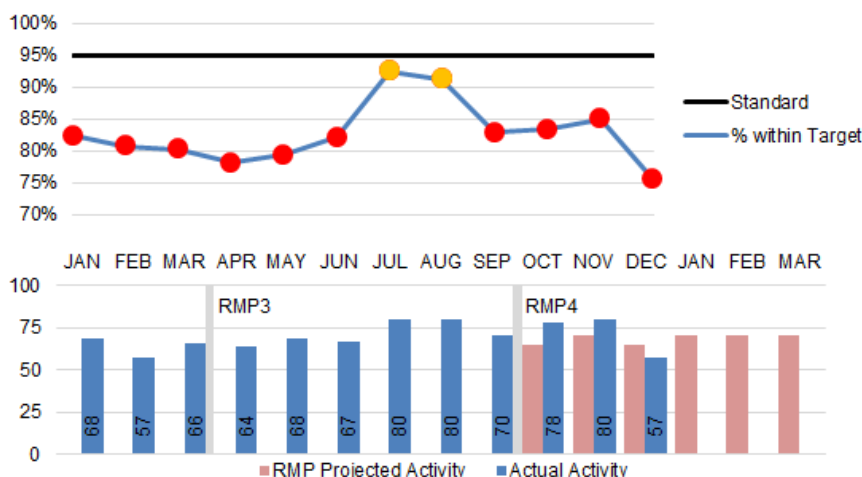
### IMPROVEMENT ACTIONS

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

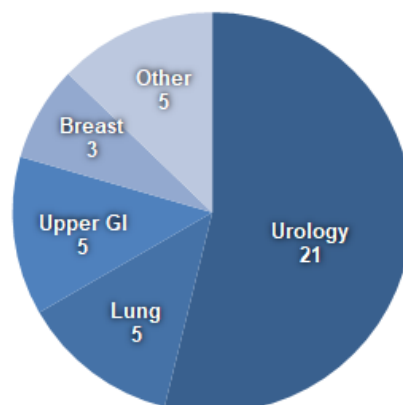
**Cancer 62-Day Referral to Treatment**

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

**Local Performance**



**Breaches: Oct to Dec 21**



**National Benchmarking**

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

**KEY CHALLENGE(S) IN 2021/22**

- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

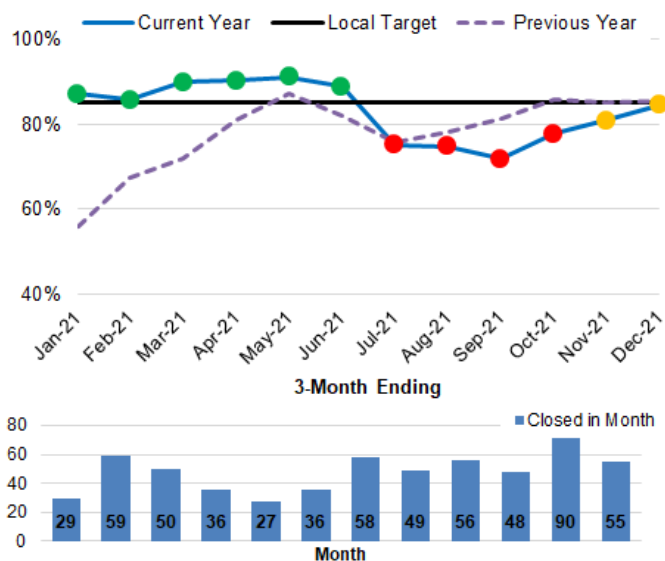
**IMPROVEMENT ACTIONS**

<b>20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points</b>	<b>By Mar-22</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-22</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.	
<b>22.1 Effective Cancer Management Review</b>	<b>By Mar-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.	

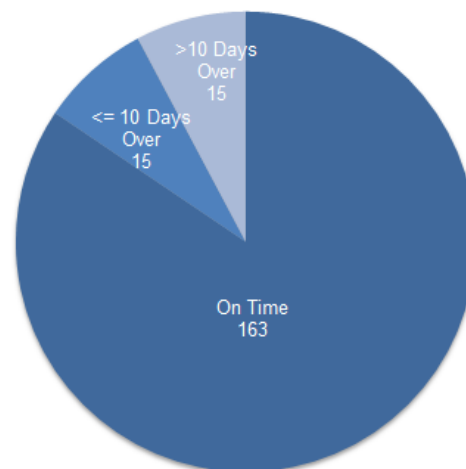
## Freedom of Information Requests

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

### Local Performance



### Closure Period, QE Dec-21



### Performance by Service Area

Monthly	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%	85.4%
IJB	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%	100.0%

### KEY CHALLENGE(S) IN 2021/22

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

### IMPROVEMENT ACTIONS

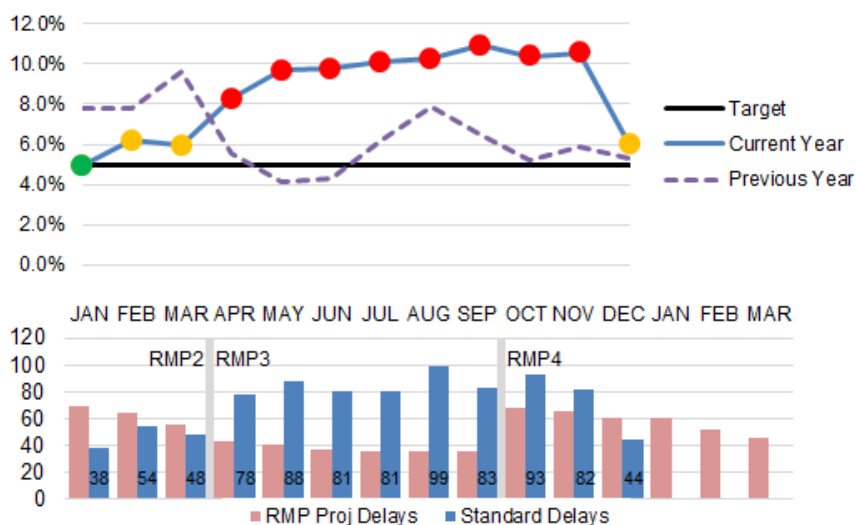
<b>21.1 Organisation-wide Publication Scheme to be introduced</b>	<b>Complete Jun-21</b>
<b>21.2 Improve communications relating to FOISA work</b>	<b>Complete Dec-21</b>

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

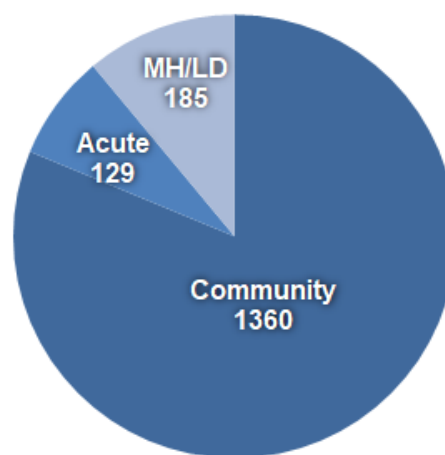
## Delayed Discharges (Bed Days Lost)

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

### Local Performance



### Bed Days Lost | Dec-21



### National Benchmarking

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

### KEY CHALLENGE(S) IN 2021/22

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

### IMPROVEMENT ACTIONS

<b>21.1 Progress HomeFirst model / Develop a 'Home First' Strategy</b>	<b>By Mar-22</b>
The Oversight "Home First" group continue to meet on a regular basis. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
<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 Mar-22</b>
The test of change is ongoing, however, the number of STAR beds available has been limited due to care home closures (COVID)	
<b>22.3 Reduce number of delays due to awaiting the appointment of a Welfare Guardian</b>	<b>By Mar-22</b>
Project working with families/carers to ensure that they can navigate the system to apply for private guardianship started last May and will be taken forward by Circles Project. A review of the guardianship paperwork and templates is complete, and the refreshed document has been approved by H&SC and NHS Fife (Acute). It will be held within patient notes to provide an overview and audit trail.	
<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>By Apr-22</b>
Development of Care at Home Collaborative, supported by Scottish Care, started in November. This will bring together 10-12 care at home providers to work together, to maximise resources and capacity to help service user return to their own home, following a period in a care home interim placement. Recruitment is ongoing.	
<b>22.5 Surge capacity established to support admission demand</b>	<b>By Jun-22</b>
QMH (Ward 3/8/8A), Glenrothes (Ward 1/2/3), Cameron (Balgonie/Balcurvie/Letham), VHK (Ward 6/9)	



## Revenue Expenditure

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

### 1. Executive Summary

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

#### Revenue Financial Position as at 31<sup>st</sup> December 2021

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

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

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

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

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

### 2. Health Board Retained Services

#### Clinical Services financial performance at December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	234,729	178,742	195,232	-16,490
IJB Non-Delegated	9,462	7,112	6,954	158
Non-Fife & Other Healthcare Providers	90,611	67,975	71,999	-4,024
Income	-38,709	-30,702	-30,767	65
<b>SUB TOTAL</b>	<b>296,093</b>	<b>223,127</b>	<b>243,418</b>	<b>-20,291</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 the projected covid impact into the new financial year. The Quarter 3 financial return and projections which includes an update on the financial impact of Covid 19 will be used by Scottish Government to inform further funding allocations for Covid 19 for the remainder of the financial year.
- 2.2 The Acute Services Division reports an **overspend of £16.490m**. Acute Services are experiencing particularly challenging capacity pressures at the front door and downstream wards on top of existing historic cost pressures.. Measures are underway to ease the pressures including increasing temporary over recruitment to unregistered nursing posts and creation of a nursing pool. A significant proportion of the reported overspend to December relates to unachieved savings of £9.077m. The remainder of the reported overspend continues across Nursing, Senior and Junior Medical Pay budgets, non-pay pressures within Haematology/Oncology medicines budgets and growth demand on diabetic pumps. Growth in spend on Acute medicines has accelerated beyond available funding significantly and is an issue being reported across boards in Scotland.
- 2.3 The IJB Non-Delegated budget reports an **underspend of £0.158m**. This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.
- 2.4 The budget for healthcare services provided out-with NHS Fife is **overspent by £4.024m** per Appendix 4. As reported previously, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are still ongoing with NHS Tayside. There has been seen an increase in spend (actual & expected) for patients receiving treatment out-with Scotland.



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## Corporate Functions and Other Financial performance at December 2021

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

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

### 3. Health & Social Care Partnership

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

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

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

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

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

## 4. Forecast

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

## 5. Recommendation

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

## Appendix 1: Covid-19 Funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
<b>Allocations Q1</b>	8,702	2,878		11,580	
<b>Additional allocation</b>	6,815	7,023		13,838	
<b>HSCP ear marked reserve</b>		2,898		2,898	
<b>Anticipated allocation</b>	4,088			4,088	
<b>Total funding</b>	<b>19,605</b>	<b>12,799</b>	<b>0</b>	<b>32,404</b>	<b>0</b>
<b>Allocations made for April to December</b>					
Planned Care & Surgery	1,220			1,220	
Emergency Care & Medicine	5,974			5,974	
Women, Children & Clinical Services	2,361			2,361	
Acute Nursing	170			170	
Estates & Facilities	873			873	
Board Admin & Other Services	1,399			1,399	
Public Health Scale Up	778			778	
Test and Protect	3,872			3,872	
Primary Care & Prevention Serv		576		576	
Community Care Services		1,198		1,198	
Complex & Critical Care Serv		214		214	
Professional/Business Enabling		156		156	
Covid Vaccine/Flu		9,987		9,987	
Social Care					
<b>Total allocations made to M9</b>	<b>16,647</b>	<b>12,131</b>	<b>0</b>	<b>28,778</b>	<b>0</b>
<b>Balance In Reserves</b>	<b>2,958</b>	<b>668</b>	<b>0</b>	<b>3,626</b>	<b>0</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 2: Revenue Resource Limit

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

## Appendix 3: Savings Position at December 2021

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

## Appendix 4: Service Agreements

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

## Appendix 5: Financial Flexibility & Allocations

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

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

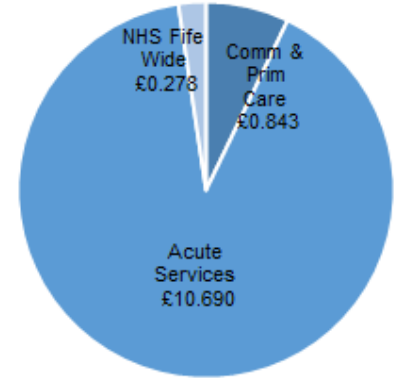
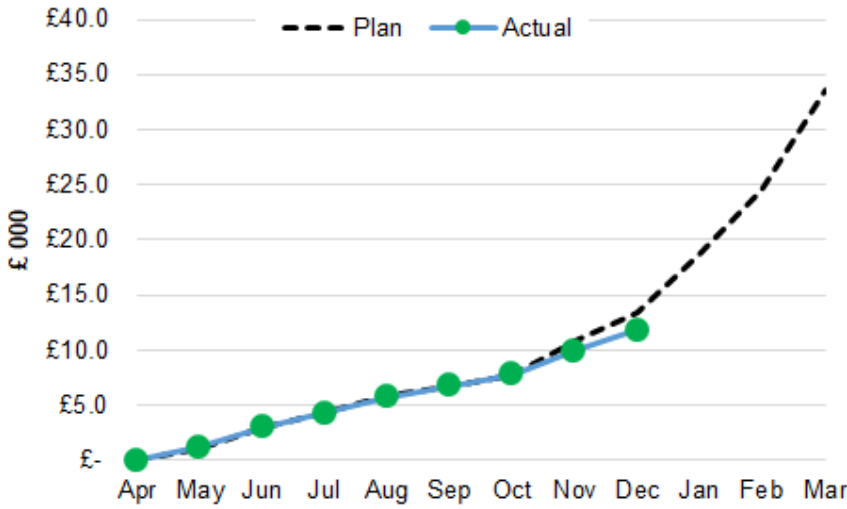
## Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

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



**1. Annual Operational Plan**

The capital plan for 2021/22 was approved by the FP&R Committee in July and was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.546m. This comprises:

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

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

**Capital Receipts**

1.1 Work continues into the new financial year on asset sales re disposals:



- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – an offer has been accepted subject to conditions for planning and access - however the GP's have now put in an objection to the planning department

## 2. Expenditure / Major Scheme Progress

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

2.2 The main areas of spend to date include:

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

## 3. Recommendation

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

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

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

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 2: Capital Plan - Changes to Planned Expenditure

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

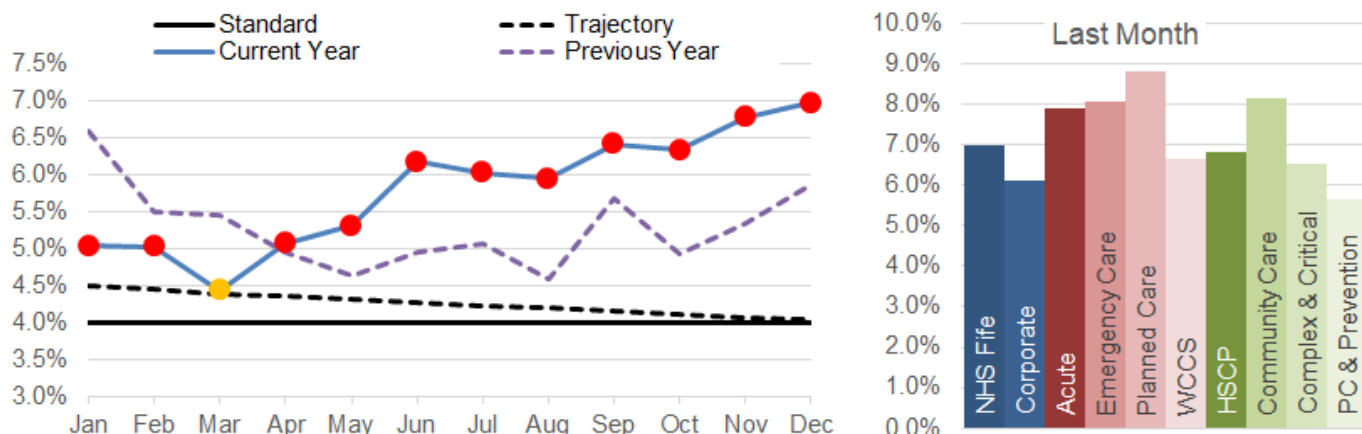
<b>ANTICIPATED ALLOCATIONS 2021/22</b>				
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	207	0	0	207
Lochgelly Health Centre	348	0	0	348
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Pre Capital Grant Funding	50	0	0	50
SG Payback	-200	0	0	-200
ECG Machines - Louisa Jordan Equipment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

<b>Total Planned Expenditure for 2021/22</b>	<b>11,520</b>	<b>2,237</b>	<b>19,789</b>	<b>33,546</b>
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## Sickness Absence

To achieve a sickness absence rate of 4% or less (Improvement Target for 2021/22 = 3.89%)

### Local Performance



### National Benchmarking

Month	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%
Scotland	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%

### KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

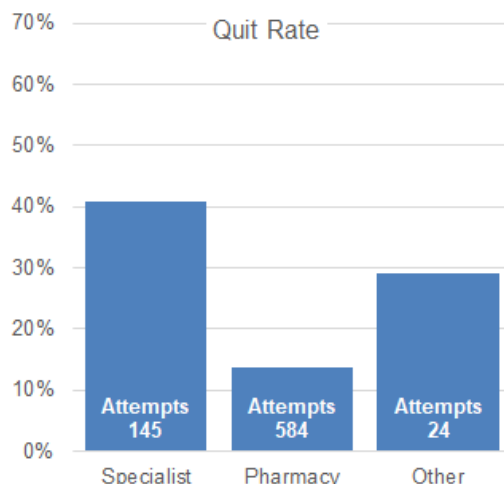
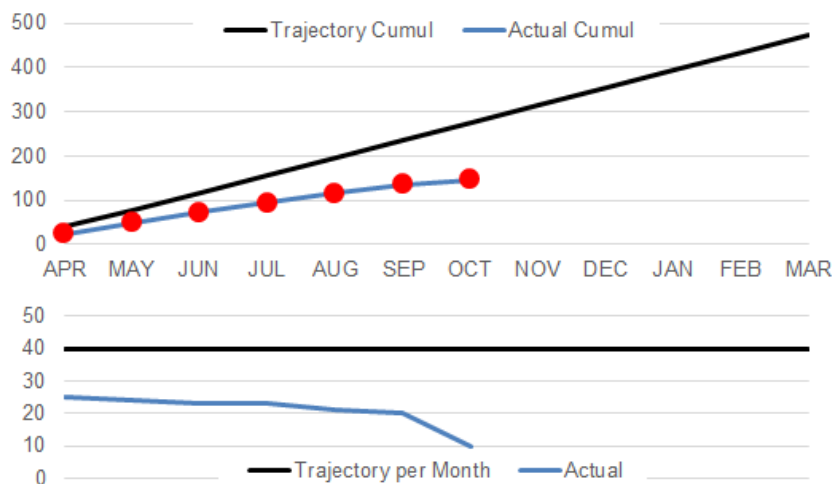
### IMPROVEMENT ACTIONS

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

**Smoking Cessation**

*In 2020/21, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife*

**Local Performance**



**National Benchmarking**

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	23	23	21	20	10					
	Actual Cumul	25	49	72	95	116	136	146					
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.0%	60.1%	58.9%	57.6%	52.9%					
Scotland	Achieved			92.4%									

**KEY CHALLENGE(S) IN 2021/22**

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

**IMPROVEMENT ACTIONS**

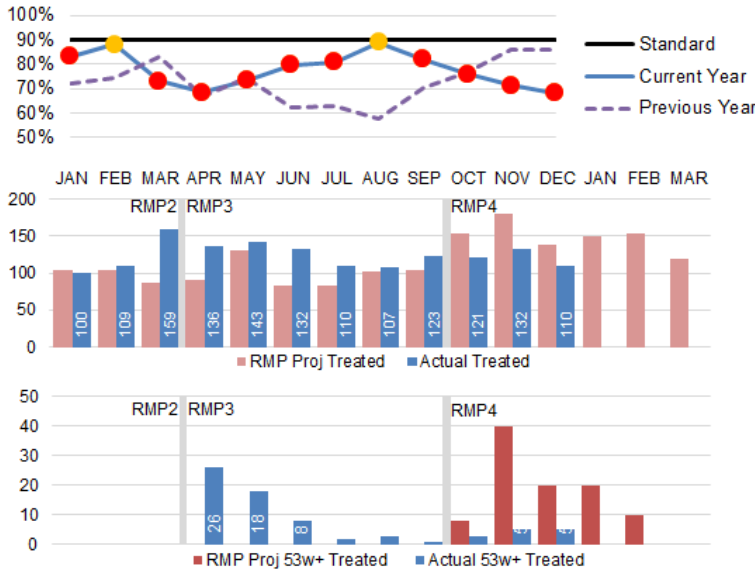
<b>20.2 Test Champix prescribing at point of contact within hospital respiratory clinic</b>	<b>Complete Oct-21</b>
<b>20.3 'Better Beginnings' class for pregnant women</b>	<b>Complete Oct-21</b>
<b>20.4 Enable staff access to medication whilst at work</b>	<b>By TBD</b>
<i>Action paused due to COVID-19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

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

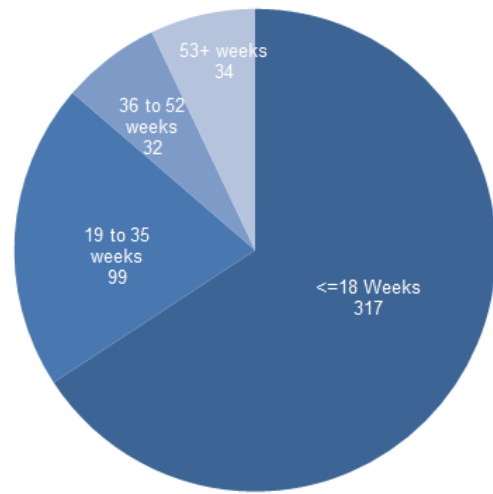
**CAMHS 18 weeks RTT**

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

**Local Performance**



**Waiting List (482) Dec-21**



**National Benchmarking**

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

**KEY CHALLENGE(S) IN 2021/22**

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

**IMPROVEMENT ACTIONS**

<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 Mar-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. This has resulted in all of the available CURT capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Two members of existing staff have retirements pending which adds additional pressures to the service. Review of activity and effectiveness of the model is ongoing.

<b>22.1 Recruitment of Additional Workforce</b>	<b>By Mar-22</b>
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Recruitment is ongoing across multiple service areas to improve RTT, Longest waits and CAMHS service provision. From the 10 staff identified to address immediate capacity issues, 7 have been appointed and 2 temporary staff are due to take up post in February to work on longest waits. All new staff have worked through induction programme to ensure they are competent to take on caseloads and are incrementally increasing clinical activity towards full capacity. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment has been approved by HSCP SLT and escalated to EDG for support. Re-allocation of caseloads based on revised East and West CAMHS geographical boundaries is underway.

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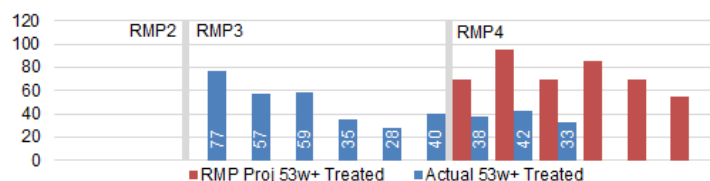
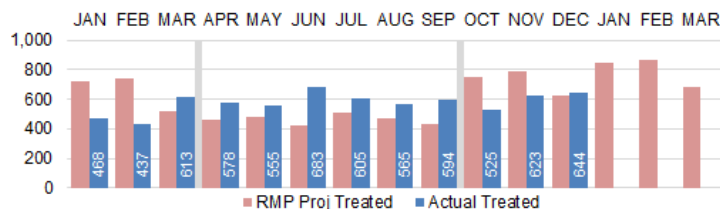
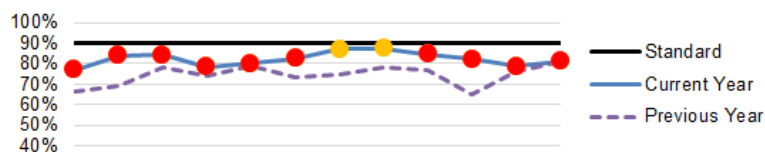
A revised development and training programme was postponed in January due to high Covid-19 absences and it has been rescheduled for February. Three Programmes have been developed to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is completed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



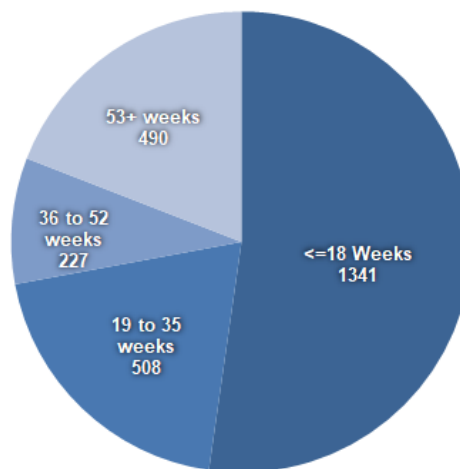
**Psychological Therapies 18 weeks RTT**

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

**Local Performance**



**Waiting List (2566) Dec-21**



**National Benchmarking**

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

**KEY CHALLENGE(S) IN 2021/22**

- Recruitment of staff required to achieve waiting times standard at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

**IMPROVEMENT ACTIONS**

<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>
A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for brief/low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes has been evaluated and have shown positive clinical outcomes. They have also had a positive impact on waiting times within the Pain Management service. A different approach to their implementation is now underway in the general medical service.	
<b>22.3 Recruit new staff as per Psychological Therapies Recovery Plan</b>	<b>By Mar-22</b>
Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion. A national issue with workforce availability has impacted recruitment, so the service has progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.	
<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>By Jun-22</b>
The AMH psychology service have implemented a structured programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology. This will reduce the demand upon the Clinical Psychologists in the service who are able to work with people with more complex presentations.	

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>8 March 2022</b>
<b>Title:</b>	<b>Integrated Performance Quality Report (IPQR) Review Process</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Strategy</b>
<b>Report Authors:</b>	<b>Bryan Archibald, Planning and Performance Manager</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Assurance

**This report relates to:**

- Integrated Performance and Quality Report

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

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

### 2.2 Background

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



## 2.3 Assessment

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

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

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

### Review of Current Clinical Governance Metrics

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

### Review of Areas of Operational Performance

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

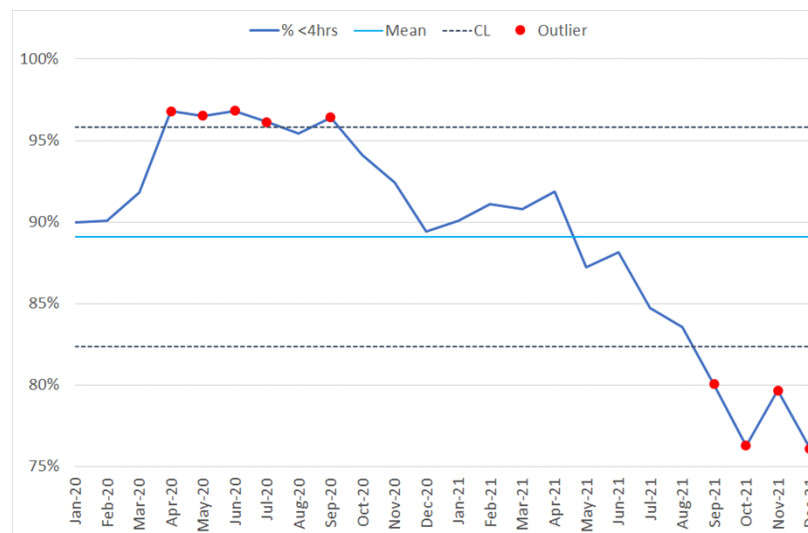
include these additional aspects from April 2022. The inclusion of mandatory training information will be explored through next reporting year.

### **New Reporting Section on Public Health**

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

### **Utility of Statistical Process Control Charts (SPC)**

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



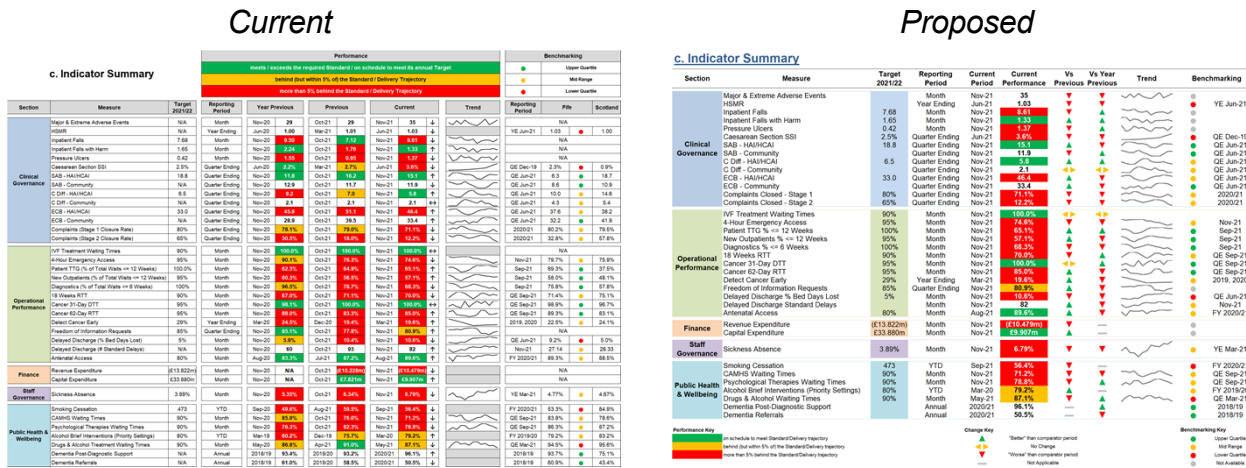
### **Tailoring IPQR to be Committee Specific**

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

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

## Review of Presentation of Key Indicators Summary

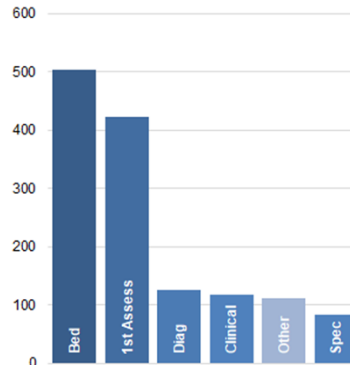
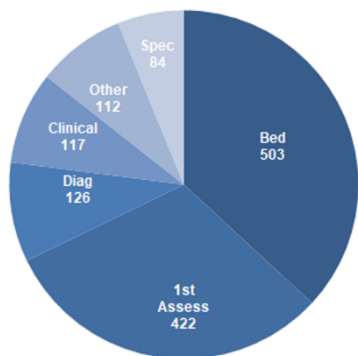
The presentation of the indicator summary within IPQR has been reviewed. Proposed layout has removed supplementary information but still retains current performance levels, comparisons against previous time periods and benchmarking.



## Utility of Pie Chart Presentation

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

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



## Integrating Improvement Actions with SPRA/RMP Process

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

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

It is acknowledged that it is likely that improvement work will not be captured within SPRA therefore these will still need sought from Service Leads. These improvement actions will be collated with same format as SPRA for consistency.

### **Developing an Interactive Dashboard**

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

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

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

#### **2.3.2 Workforce**

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

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

#### **2.3.3 Financial**

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

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

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

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

The IPQR considers the appropriate equality and diversity impact.

#### **2.3.6 Other impact**

N/A

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

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

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

This paper was considered by EDG on 17 February 2022.

## **2.4 Recommendation**

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

## **3 List of appendices**

N/A

### **Report Contact**

Bryan Archibald  
Planning and Performance Manager

NHS Fife

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>8 March 2022</b>
<b>Title:</b>	<b>Testing and Tracing Update</b>
<b>Responsible Executive:</b>	<b>Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Clare Campbell, Public Health Intelligence Manager; Sharon Crabb, Interim Service Manager</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Assurance

**This report relates to a:**

- Emerging issue
- Government policy/directive

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

- Effective

## 2 Report summary

### 2.1 Situation

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

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

### 2.2 Background

Following the policy changes announced by the Scottish Government on the 5<sup>th</sup> January PCR testing is now mainly recommended for individuals with symptoms, and are not

required to confirm a positive LFD result. At present the wider population is encouraged to test regularly using LFD tests and to use LFD tests if fully vaccinated to potentially shorten isolation periods.

Further announcements and updates to national Covid-19 strategic frameworks made on February 21<sup>st</sup> and 22<sup>nd</sup> by the UK and Scottish Governments are likely to have a further impact on the demand for and potentially availability of both PCR and LFD testing. The Scottish Government have advised that they will transition from mass asymptomatic testing to a more targeted system focused on specific priorities including surveillance, rapid detection and response to new variants, effective outbreak management and ensuring access to care and treatment. They will publish a detailed transition plan for Test and Protect in March.

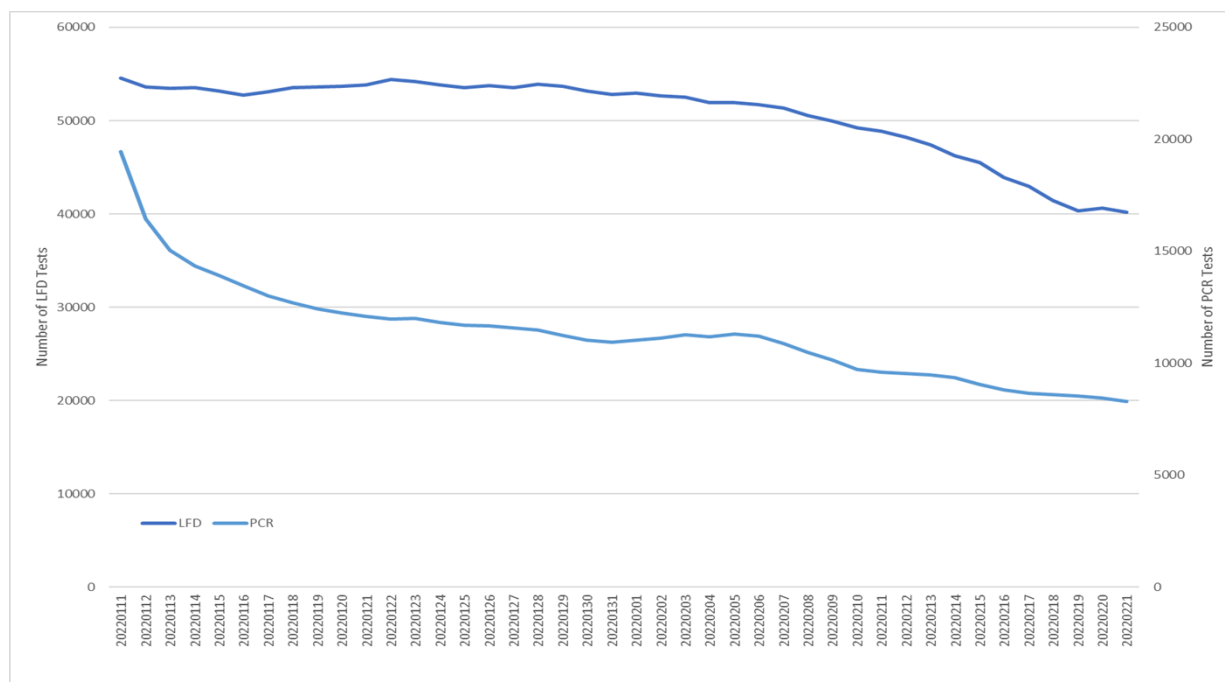
The Covid-19 case definition continues to include any individual who has a first positive PCR or first positive LFD test result.

## 2.3 Assessment

The decline in demand for PCR testing seen in the weeks immediately following the policy change has continued. In the seven days up to and including the 21<sup>st</sup> February a total of 8,225 PCR tests were undertaken by Fife residents compared to the 7-day total of 10,941 on 31<sup>st</sup> January and a total of 19,434 on the 11<sup>th</sup> January (Chart 1).

Reporting of LFD results remained fairly stable throughout January but we have seen a decrease in LFD results in February with a 7-day total of 40,188 results recorded on the 21<sup>st</sup> February compared to 52,960 on the 1<sup>st</sup> February (Chart 1).

Chart 1: Fife Resident PCR and LFD Test Results; 7-day rolling total number 11<sup>th</sup> January to 21<sup>st</sup> February



Source: PHS

In the seven days up to and including the 21<sup>st</sup> February there were 2,722 Fife resident cases compared to 4,045 on the 1<sup>st</sup> February.

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

The continuation of Test & Protect over the coming months will reduce the risk of transmission from COVID 19 in our communities, and protect the most vulnerable groups. This will benefit individuals from avoidance of illness and also have a positive benefit to non-COVID 19 healthcare provisions. Symptomatic PCR testing continues for priority groups, those residing in Care homes through whole home testing and areas of essential workers e.g. Health and Social Care.

Local governance is provided by the Test & Protect Oversight Group, working in alignment with national guidelines and expectations.

### **2.3.2 Workforce**

Scottish Government funding for testing had been extended to June 2022. Recent Ministerial announcements have created challenges within the team, with anxieties due to uncertainty of this operational service. This coupled with existing challenges within this team, recruitment and retention due to short contract length, short contract extensions and uncertainty of service duration. The Community Testing Group are working collaboratively and with the steer from Scottish Government about how we best use our workforce.

Contact Tracing workforce support is provided through Mutual Aid and working agreement with National Contact Centre to support achievement of funded establishment, expected to continue until 30/09/2022.

Discussions are underway at National and local levels following publication of the Scottish Government's Strategic Framework on 22<sup>nd</sup> February.

### **2.3.3 Financial**

Scottish Government has provided funding for Targeted Community Testing capacity over the winter period into the first quarter of 2022/23 at current funding levels.

Contact tracing is also centrally funded.

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

Testing is fully integrated within Public Health Governance and management systems. Scottish Government longer term funding intentions are not known beyond June 2022.

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

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

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

### **2.3.6 Other impact**

N/A



### 2.3.7 Communication, involvement, engagement and consultation

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

### 2.3.8 Route to the Meeting

This is an update paper for committee and contains the most up to date published information on testing at the time of writing. EDG Gold receive additional weekly updates on Test and Protect activity across Fife.

## 2.4 Recommendation

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

## 3 List of appendices

N/A

### Report Contact

Sharon Crabb  
Interim Service Manager  
[sharon.crabb@nhs.scot](mailto:sharon.crabb@nhs.scot)

Clare Campbell  
Public Health Intelligence Officer  
[clare.campbell 2@nhs.scot](mailto:clare.campbell 2@nhs.scot)

<b>Meeting:</b>	<b>Public Health and Wellbeing Committee</b>
<b>Meeting date:</b>	<b>8 March 2022</b>
<b>Title:</b>	<b>Flu Vaccine &amp; Covid Vaccine (FVCV) Programme Update</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director of Health and Social Care</b>
<b>Report Authors:</b>	<b>Lisa Cooper, Immunisation Programme Director Julie McIntosh, Project Support Officer Tolu Oyedepo, Project Support Officer</b>

## 1 Purpose

**This report is presented to Public Health and Wellbeing Committee for:**

- Assurance

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this report is to provide a high-level update of the local delivery position regarding the Flu vaccine and Covid-19 vaccine (FVCV) programme within NHS Fife.

The Public Health and Wellbeing Committee are asked to consider this report for assurance and note the progress and updated information regarding the delivery of the programme.

### 2.2 Background

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

Current national guidance continues to be based on Chief Medical Office (CMO) Letter (3) (appendix 1) and supporting documentation received advising boards to action the following:

- Booster vaccinations for all 16-17 years.
- Booster vaccination of 12-15 years who are in a clinically at-risk group, severely immunocompromised or a household contact of someone who is immunosuppressed.
- Primary vaccination of children aged 5-11 years in a clinical risk group or who are a household contact of someone who is immunosuppressed.
- Third primary doses for children aged 5-11 years who are severely immunosuppressed

Wednesday 16/02/2022 JCVI published guidance confirming the universal vaccination of 5–11 year-olds. Monday 21/02/2022 the JCVI published guidance regarding the Spring vaccination programme to advise that people aged 75+, Older care home residents aged 65+ and those who are aged 12+ with a condition meaning they are severely immunosuppressed will now be offered a further spring booster dose. Further detail is advised below.

The CMO letter to direct delivery for these programmes is awaited.

At time of writing (21/02/2022) 813,683 doses have been administered in Fife with 224,128 individuals having received their full course + booster or 3<sup>rd</sup> dose.

### **2.3 Assessment**

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

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

### **Tranche 1 Delivery**

#### ***16 and 17 year olds***

Second doses for 16–17 year-olds continue to progress with appointments offered via the national booking system and drop-in clinics in alignment to eligibility at a 12-week interval. To date 4,357 2<sup>nd</sup> doses have been administered to this cohort which equates to 56% uptake. Recent guidance from CMO Letter (3) has advised all 16 and 17 year-olds are now eligible for a booster vaccination. Eligible individuals will be encouraged to attend for their booster vaccinations via a drop in or booking via national portal/phoneline. To date, 826 booster doses have been administered.

### **12–15 year olds**

Clinics for the 12-15 age group 2<sup>nd</sup> doses have now taken place over evenings and weekends throughout January. To date 7,223 2<sup>nd</sup> doses have been administered to this cohort. The did not attend (DNA) rate has been high at 50% therefore work is ongoing with programme leads to identify approaches in addressing this.

Recent guidance from CMO Letter (3) has advised 12-15 year olds who are clinically at risk, severely immunosuppressed or household contacts of someone who is severely immunosuppressed are now eligible for a booster vaccination. Eligible individuals are being contacted by NHS Scotland for vaccination appointments to be arranged.

### **5–11 year olds**

CMO Letter (3) states 5-11 year olds who are at risk due to certain health conditions or are severely immunosuppressed should receive a course of two Covid vaccinations. A booster has also been advised only for children aged 5-11 who are severely immunosuppressed. This cohort were appointed through local lettering with appointments scheduled for 29<sup>th</sup> and 30<sup>th</sup> January. A local telephony process has been implemented to facilitate re-scheduling if required. To date 442 1<sup>st</sup> doses have been administered to this cohort. It is important to note that the 5 to 11 eligibility criteria also include an offer for those who are 'household contacts' living with those at risk/immunosuppressed. The exact number of such children eligible is unknown however to date a further 173 individuals have been vaccinated within this cohort.

Guidance on a universal offer for this cohort has now been received with official CMO letter anticipated. The programme has initiated a SLWG to discuss future delivery planning. The model for delivery will be clinic based mainly in evenings, weekends and school holidays to minimise disruption to education.

### **Outreach Work**

A community outreach programme is ongoing to assess areas with low vaccine uptake and promotional activities are in place to encourage drop-ins. Community outreach ties in closely with inclusivity work. Work is currently underway in developing a communications pack of vaccination materials that can benefit multiple external organisations. Data collection and engagement with a number of partners including Fife Council and Fife Voluntary action is ongoing to assess and maximise opportunities.

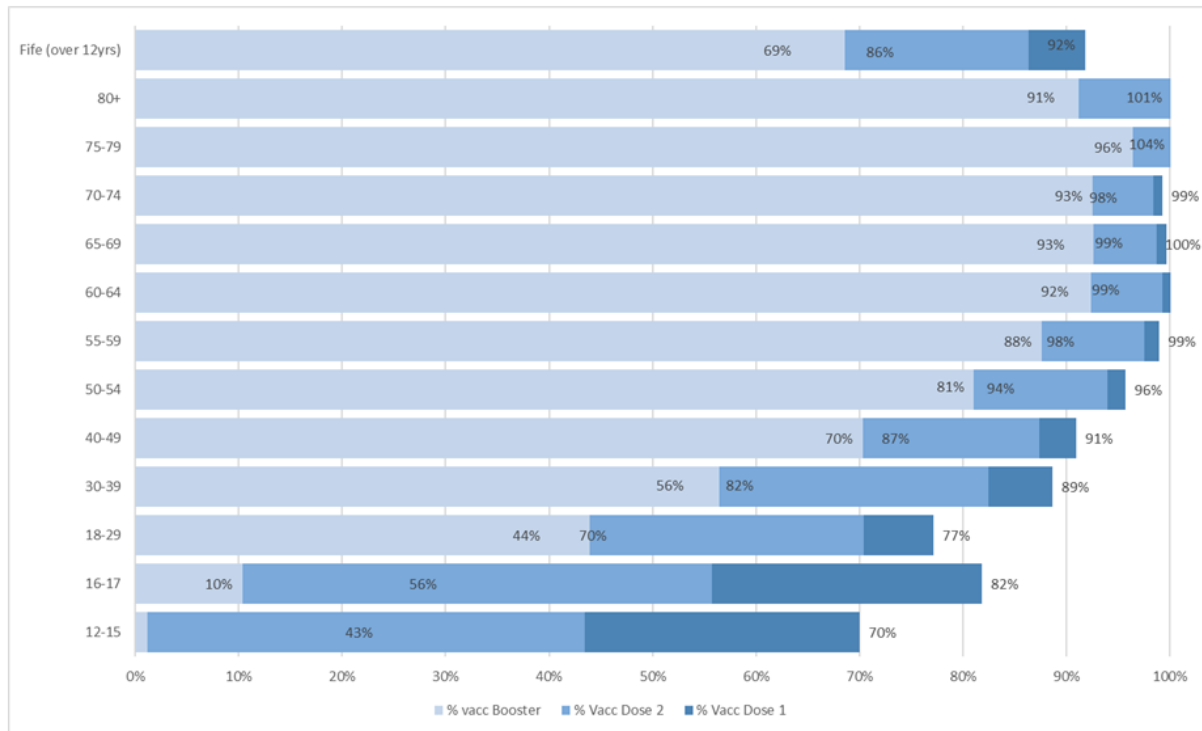
Pop up activity is also continuing across Fife with a daily schedule in place until the end of February. Recent successful pop ups have included attendance to a number of supermarkets, food banks and most notably, Dobbies Garden Centre and Leisure park in Dunfermline where over 200 citizens were vaccinated including a positive amount of 1<sup>st</sup> and 2<sup>nd</sup> doses.

To enhance and support encouragement of Covid Vaccinations, NHS Fife is hosting a webinar session via the Inclusion Group on 1<sup>st</sup> of March to support public and third sector workforce to have confident and positive Covid vaccine conversations with clients, students, patients and service users.

## Tranche 2 Delivery

### Over 18 Public Programme

The summary table below shows progress to date across each of the age group cohorts as off 16/02/2022 by JCVI age group



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

## Spring Vaccination Programme

Most recently on 21/02/2022 JCVI published further guidance to advise the following citizen groups who are at higher risk of severe Covid-19, and with lapse of time their immunity derived from vaccination will wane substantially before Autumn and will therefore be offered a 4<sup>th</sup> dose or 'spring' dose booster vaccination around 6 months after their last vaccination:

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

Eligible persons aged 12 years and over in Fife will be offered booster Pfizer vaccine. New vaccine products, including variant vaccines which are more closely matched to future circulating virus(es), may become licensed and available in 2022. Advice on the vaccine product will be reviewed and updated accordingly by JCVI.

For assurance, a SLWG is progressing planning for delivery of this commencing early to mid March focusing on care home residents then progress to older adults 75+ within a community based clinic setting or within the person's home if housebound.

National planning advises this will be delivered in parallel with the universal 5-11 vaccination programme but JCVI guidance advises that the 5-11 universal offer must not be delivered at detriment to any other childhood or adult programmes.

The CMO letter and related governance documents to support delivery are awaited.

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

The Board has now exceeded 813k total doses of COVID vaccination administered. Drop ins are planned to continue to allow ongoing access for Tranche 1 vaccine delivery e.g., those still to access 1<sup>st</sup> or 2<sup>nd</sup> dose and will be scheduled at times when planning activity allows. Drop ins continue to be advertised via current channels including NHS Fife website with local radio advertising now taking place. An outreach SLWG is ongoing to consider further targeted work.

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

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

### **2.3.2 Workforce**

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

### **2.3.3 Financial**

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

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

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

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

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

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

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

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

Work is also ongoing to target specific groups with tailored comms packages. Groups such as: Youth first, Active Schools, Youth Employment Network and others.

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

## **2.4 Recommendation**

The Public Health and Wellbeing Committee are asked to consider the report for **assurance**, considering the progress achieved and updated information regarding the programme, and developments in the approach.

### **Report Contact**

Nicky Connor  
Director of Health and Social Care  
[nicky.connor@nhs.scot](mailto:nicky.connor@nhs.scot)

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

E: [vaccineoperationaloversight@gov.scot](mailto:vaccineoperationaloversight@gov.scot)

Dear Colleague(s)

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

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

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

**GREEN BOOK ADVICE:**

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

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

**KEY OBJECTIVES**

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

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

Professor Sir Gregor Smith  
Professor Alison Strath

18<sup>th</sup> January 2022

SGHD/CMO/2022 (3)

**Addresses**

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

**For information**

Chairs, NHS Boards  
Infectious Disease Consultants  
Consultant Physicians  
Chief Executive, Public Health  
Scotland  
NHS 24

**Further Enquiries**

Policy Issues  
COVID Vaccination Policy  
[vaccineoperationaloversight@gov.scot](mailto:vaccineoperationaloversight@gov.scot)

Medical Issues  
Dr Syed Ahmed  
[Syed.ahmed@gov.scot](mailto:Syed.ahmed@gov.scot)

Pharmaceutical and Vaccine Supply  
Issues  
NHS NSS National Procurement:  
[NSS.fluvaccineenquiries@nhs.scot](mailto:NSS.fluvaccineenquiries@nhs.scot)



[JCVI statement on COVID-19 vaccination of children and young people: 22 December 2021 - GOV.UK \(www.gov.uk\)](#)

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

## **BACKGROUND**

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

## **BOOSTER VACCINATION OF 16 TO 17 YEAR OLDS – UNIVERSAL OFFER**

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

## **BOOSTER VACCINATION OF 12 TO 15 YEAR OLDS**

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

[www.gov.scot](http://www.gov.scot)



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

#### PRIMARY VACCINATION OF AT RISK FIVE TO 11 YEAR OLDS

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

#### INFORMED CONSENT

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

have been updated to enable them to provide information in a child-appropriate manner during vaccination visits.

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

#### **INTERVAL BETWEEN DOSES AND GAP PERIOD POST INFECTION**

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

#### **OPERATIONAL DEPLOYMENT**

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

#### **COMMUNICATIONS**

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



## ACTION

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

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

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

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

Yours sincerely

*Gregor Smith*

*Alison Strath*

Professor Sir Gregor Smith  
Chief Medical Officer

Professor Alison Strath  
Chief Pharmaceutical Officer

# ANNEX A

## SUMMARY OF JANUARY TO MARCH (inclusive) COVID-19 & FLU PROGRAMME (& RECAP for Under 16 eligibility)

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

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

MASTER V0.5.15<sup>th</sup> January 2022



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

<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>8 March 2022</b>
<b>Title:</b>	<b>CAMHS Performance &amp; Recruitment Update</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director &amp; Chief Office of Fife Health &amp; Social Care Partnership</b>
<b>Report Author:</b>	<b>Rona Laskowski, Head of Complex and Critical Care Services</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Assurance

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper provides an update on the Child & Adolescent Mental Health Service (CAMHS) progress against achieving the Scottish Government CAMHS 18 week Referral to Treatment Target (RTT) and implementation of the National CAMHS Service Specifications.

### 2.2 Background

The National Mental Health Quality Indicators require NHS Fife to ensure that 90% of young people who commence treatment by specialist CAMHS services do so within 18 weeks of referral.

The subsequent Scottish Government Mental Health Recovery and Renewal Programme added to the original ambition, requiring services to develop an

improvement plan. Funding to achieve these improvements has been in two phases as outlined in Table 1 below:

Table 1:

Source	Reason	Revenue £
R&R Phase 1	Implementing National Service Specification	£1,013,619
R&R Phase 1	Increase availability up to age 25 for targeted groups	£578,940
R&R Phase 1	Clearance of backlog, and creation of Clinical Director position	£289,470
R&R Phase 2	Development of Intensive Home Treatment Teams:	£204,000
R&R Phase 2	Expanding the provision of Unscheduled Care:	£136,000
R&R Phase 2	Provision of CAMHS Liaison:	£204,000
<b>Total</b>		<b>£2,426,029</b>

This report provides an update on the current position of CAMHS in relation to the above.

## 2.3 Assessment

### Recruitment:

Recruitment activity has been underway since April 2021 to increase clinical capacity within CAMHS to directly address the waiting list backlog, to meet the ongoing demand aligned to the RTT and achieve the goals set by the Recovery & Renewal plan.

The recruitment to date is outlined in Table 2 below.

Table 2:

Post	Band	Priority	Status
<b>8.0 wte Senior nurse Therapists/ CAMHS Clinician</b>	<b>Band 6</b>	National Service Spec 1.6 RTT	7 posts recruited and in position as of Feb 2022. Remaining position out to advert
<b>2.0 wte CAAP (Longest Waits)</b>	<b>Band 7</b>	National Service Spec 1.6 RTT	Achieved
<b>0.5 x wte Clinical Psychologist</b>	<b>Band 8b</b>	National Service Spec 1.6 RTT	Achieved
<b>3.0 x wte Clinical Psychologists:</b>	<b>Band 8a</b>	National Service Spec 1.6 RTT	Partly achieved. Remaining posts out to advert. Posts also added to the National Psychology recruitment campaign led by NES
<b>1.0 x wte Systemic Psychotherapist</b>	<b>Band 8a</b>	National Service Spec 1.6 RTT	Achieved.
<b>0.8 wte Consultant Psychiatrist</b>	<b>Cons</b>	CAMHS Clinical Director	Achieved



<b>2.0 wte Senior Nurse</b>	<b>Band 6</b>	National Service Spec 3.7: MH Support for Learning Disability	In recruitment
<b>1.0 wte Nurse</b>	<b>Band 5</b>	National Service Spec 3.7: MH Support for Learning Disability	In recruitment
<b>1.0 wte Transition co-ordinator</b>	<b>Band 7</b>	National Service Spec 5.1: Increase service to 25yrs	In recruitment
<b>0.5 wte Consultant Psychiatrist:</b>	<b>Cons</b>	PHASE 2: Liaison (LD) National Service Spec 3.4	In recruitment
<b>2.0 wte Senior Nurse Therapist:</b>	<b>Band 6</b>	PHASE 2: ITS National Service Spec 4.4	Achieved
<b>1.0 wte Senior Nurse Therapist</b>	<b>Band 6</b>	PHASE 2: Urgent Care National Service Spec 3.5	Achieved
<b>0.8 wte Consultant Psychiatrist:</b>	<b>Cons</b>	PHASE 2: ITS & Liaison National Service Spec 4.4	Achieved

A further 19 posts aligned to the Recovery & Renewal objectives have been approved by HSCP Senior Leadership Team and the Executive Directors Group on 20<sup>th</sup> January 2022. These additional roles will support delivery of the National Service Specification and will specifically enhance provision for children and young people who:

- Are Care Experienced
- In Kinship Care
- Have co-morbid Mental Health and Learning Disabilities
- Require Urgent Interventions/Assessment including Out-of Hours provision
- Require specialist CAMHS Psychiatric assessment/consultation whilst in Paediatric healthcare settings

#### Recruitment Challenges:

Recruitment has proved extremely challenging. Since the funding was initially approved in April 2021, multiple recruitment and interview cycles have been required to deliver the success reflected in Table 2 above.

In addition to the recruitment challenges, natural staff turnover has resulted in the loss of 7 experienced CAMHS staff. This has minimised the positive impact that was anticipated from new starts and the predicted increase in staffing capacity.

The unintended competition from other NHS Boards, who have also received additional investment for the same purposes, has created a vacuum of experienced CAMHS clinicians and resulted in all of the new nursing recruits being drawn from Fife Adult Mental Health services. This has an obvious impact on the staffing compliment across adult services and whilst these staff bring transferable skills, specialist assessment and intervention competencies have required a led in time before practitioners can assume responsibility for individual clinical caseloads and begin to deliver the projected activity.

### Impact on RTT Trajectory & Waiting times:

Fife CAMHS, in collaboration with the Public Health Scotland (PHS) embedded analyst projected that the eradication of the waiting list (over 18 weeks) would be achieved by October 2022 and an RTT of 90% would be achieved and sustained by December 2022. (Table 3). These projections were based on successful recruitment of the increased staffing capacity by November 2021 and the retention of the existing workforce.

The Scottish Government target for the removal of all waiting lists over 18 weeks is March 2023.

Whilst the required recruitment has not been achieved, actual performance has tracked the projected performance and exceeded the target prior to Dec 2021.

Table 3:

RTT & Waiting list Trajectory based on Planned Recruitment by November 2021

Quarter ending	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22
<b>Projected Performance (RTT%)</b>	70%	70%	70%	70%	77%	70%	75%	75%	85%	90%
<b>Achieved RTT</b>	70.4%	85.8%	73.0%	79.5%	82.1%	68.2%	-	-	-	-
<b>Predicted: Waiting 36+ weeks (backlog)</b>	76	104	134	164	144	112	62	32	2	-28
<b>Achieved: Waiting 36+ weeks</b>	76	112	63	38	73	66	-	-	-	-

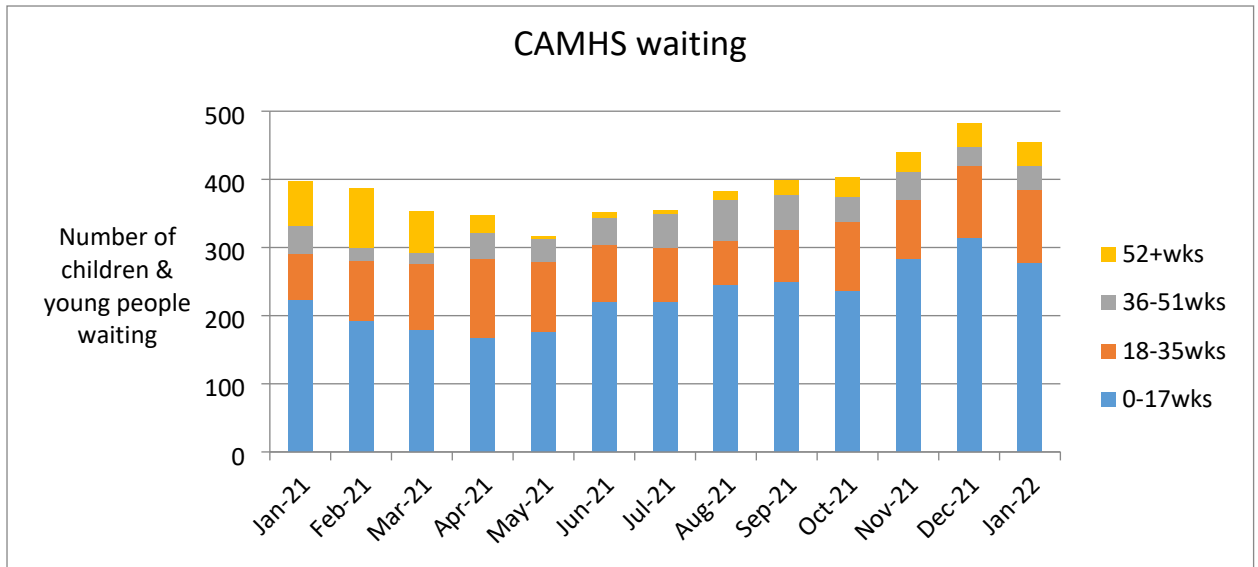
### Situation as at 31<sup>st</sup> January 2022:

Overall, waiting times have demonstrated a slight improvement in January 2022.

January 2022: Average waiting time for treatment is 13 weeks, with a median of 7 weeks and 90% of treatments starting within 28 weeks

- Total of 455 children waiting:
  - 277 waiting less than 18 weeks
  - 178 waiting more than 18 weeks.
  - 35 children waiting over 52 weeks, with 4 appointed

**Table 4: Fife CAMHS Waiting Times**

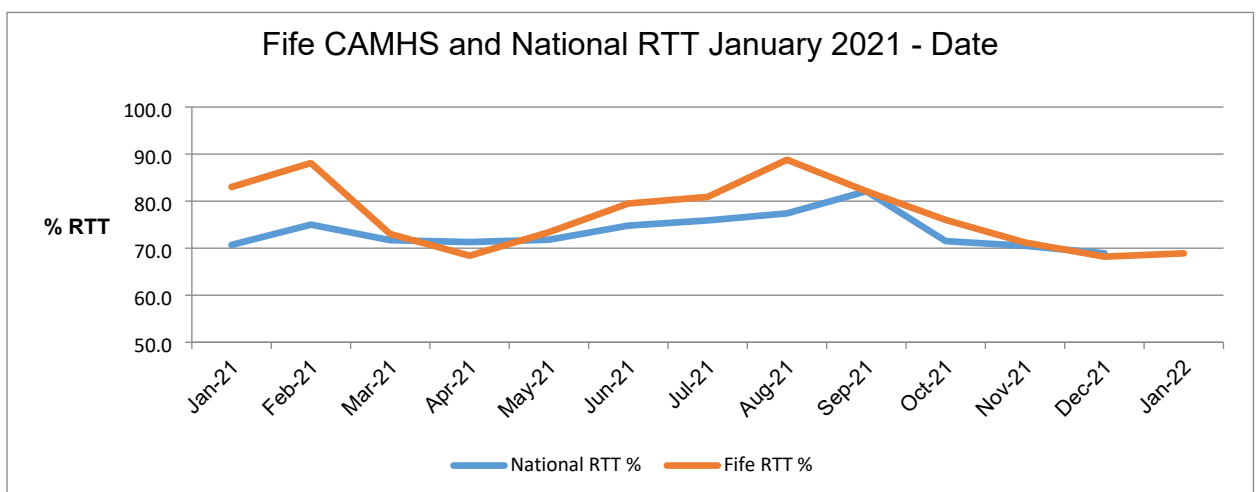


The delay in new staff being recruited, the loss of experienced clinicians, up-skilling staff who have joined for non-CAMHS services and significant reduction in staffing resource due to Covid-19 contributed to the increase in numbers waiting in November and December 2021. As with other services, Fife CAMHS experienced high levels of absence due to Covid-19 throughout December particularly which translated into approximately 480 lost appointments.

However despite this, Fife CAMHS performance continues to match the national average (Table 5). National Average: 73.5%, Fife Average: 77.7%.

As activity increases due to additional staffing resource, there is potential for the RTT performance to drop slightly as activity on the longest waits, whilst addressing the back log, will have an adverse effect on capacity to meet the demand at the front of the queue (those seen within 18 weeks). This does not represent a reduction in over all activity.

**Table 5: National RTT Activity vs Fife RTT Activity: Jan 2021 – Jan 2022:**



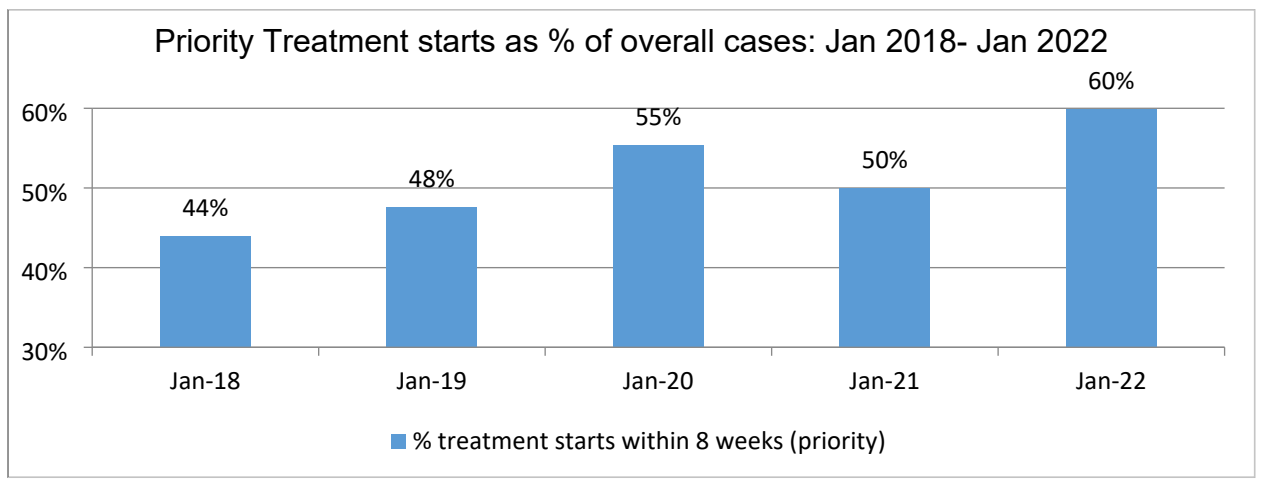
### Acuity of Presentation:

A key factor in how the service organises and allocates resources is the level of acuity with which children and young people present and the amount of staff that are required to respond to urgent and priority presentations. This has a direct correlation on capacity to support activity against the middle or longest waits.

Table 6 shows the incremental increase in the percentage of children and young people who require priority treatment as a comparison of all activity across CAMHS.

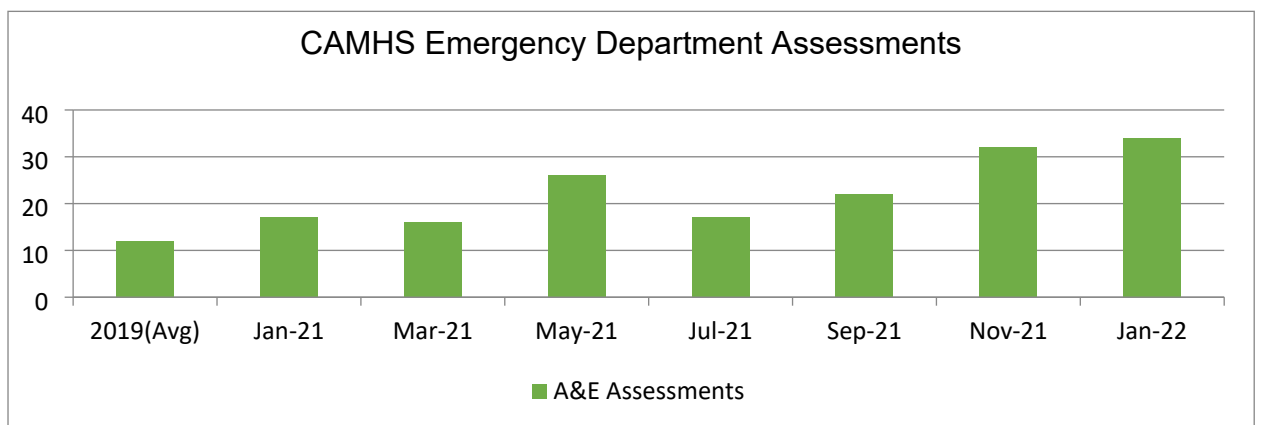
The increased figure during the pandemic period has resulted in staff being redeployed from core services into specialist CAMHS teams including Intensive Therapy Service, CAMHS Urgent Response Team and staff being allocated to newly established Risk Assessment Clinics which are designed to provide rapid assessment of need for those not presenting through Emergency Department or the Paediatric Inpatient unit

Table 6:



In addition, 21% of referrals to CAMHS have required urgent interventions with rises in the numbers of young people presenting through Emergency Department following self harm/suicidal behaviours from an average of 12 per month in 2019 to 34 in January 2022 (Table 7).

Table 7:



## **Fife CAMHS Improvement Plan:**

The Fife CAMHS submitted an updated Improvement plan to the Scottish Government on 12<sup>th</sup> January 2022 detailing plans to deliver the National Service Specification following a gap analysis.

Recruitment is now underway with Phase 2 funding of the Recovery and Renewal Plan now approved.

The service will continue to review the allocation of resources to ensure that delivery of care is safe and prioritised based on need.

In order to achieve the regional aspects of the Scottish Government Recovery and Renewal Plan, the South East CAMHS Consortium has been repurposed as the East Region CAMHS Planning Group and will report to the East Region Programme Board. The purpose of this group is to:

- Collaboratively plan and deliver safe, effective and resilient regional CAMHS services funded by Phase 2 of the Scottish Government's Mental Health Recovery & Renewal Fund.
- Identify other regional opportunities to work collaboratively to improve the delivery of safe, effective and resilient CAMHS services in the East region.

The priorities for this group will be:

- The development of a CAMHS Intensive Psychiatric Care Facility
- Out of Hours provision
- Intensive Therapy Service pathways & effective use of Inpatient units
- Pathways for Learning Disability, Forensic and Secure Inpatient settings.

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

The improvement in the reduction of waiting times, and delivery of the national specification will continue to improve patient care.

### **2.3.2 Workforce**

Increased capacity within the CAMHS workforce will lead to improved stability and retention of skills, plus enhanced career pathways within the specialty.

### **2.3.3 Financial**

There are no additional financial implications arising from this report .

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

There is significant reputational risk if performance is not improved.

There is a risk of workforce migration from Adult Mental Health services to CAMHS.

Future funding allocations through the Scottish Governments Recovery and Renewal fund may be at risk if the organisation fails to fully utilise the current award.

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

N/A

### **2.3.6 Other impact**

N/A

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

Initial proposals were developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement team and previous approval from the NHS Fife Executive Directors Group.

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

- Public Health & Wellbeing Committee: 15<sup>th</sup> November 2021

## **2.4 Recommendation**

- **Assurance** – members of the Public Health and Wellbeing Committee are invited to take assurance from the continued improvement in the delivery of CAMHS services within 18 weeks, and the ongoing activity to deliver the National Service Specification.

## **3 List of appendices – N/A**

### **Report Contact**

Rona Laskowski

Head of Complex and Critical Care Services

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<b>Meeting:</b>	<b>Public Health &amp; Wellbeing Committee</b>
<b>Meeting date:</b>	<b>8 March 2022</b>
<b>Title:</b>	<b>LDP Standard for Psychological Therapies: Update at February 2021</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director &amp; Chief Officer of Fife Health &amp; Social Care Partnership</b>
<b>Report Author:</b>	<b>Dr Frances Baty, Director, Psychology Service</b>

## 1 Purpose

**This is presented to the Public Health & Wellbeing Committee for:**

- Assurance

**This report relates to a:**

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

**This aligns to the following NHS Scotland quality ambitions:**

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The report - *Psychological Therapies: Position at October 2021* was considered by the Public Health and Wellbeing Committee on 15 November 2021 with a further report received by the Committee in December 2021. The current report provides, as requested, an update on numbers waiting, the waiting list trajectory and a summary of improvement actions. For completeness, the current position on the referral to treatment waiting times target is also included.

### 2.2 Background

The LDP standard for psychological therapies (PTs) has 2 objectives: to reduce waiting times for PTs and increase the numbers of children, young people, adults and older adults who have access to PTs.

The waiting times component of the standard states: *At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies.* There is clear guidance from Scottish Government regarding the PTs that can be counted towards this.

Reducing the waiting list for PTs is necessary in order for Fife to meet the waiting times component of the standard and meeting the needs of the longest waiting people remains a priority. A proportion of the funds allocated to Boards by the Scottish Government in 2021 was specifically directed toward reducing the backlog of people waiting, recognising that this would take some two years.

The deadline for the delivery of the target is March 2023.

A current challenge for services across Scotland is recruitment of staff with the necessary degree of psychological expertise to be able to meet the needs of people with complex presentations. Such patients require highly specialist psychological therapy or interventions from a clinical/counselling psychologist over a period of several months. The backlog of longest waiting patients in Fife comprises people with complex presentations.

## 2.3 Assessment

### Current position on waiting times target

Performance at December 2021 was 81% (includes CAMHS data), with the Q3 average being 80.7%. The target measures monthly performance by comparing the number of people who had been waiting under/over 18 weeks before beginning therapy in that month. Therefore, as services recruit to new posts and so increase their capacity to tackle the backlog on the therapy waiting list, it is anticipated that performance against the target will reduce.

### Current position on longest waits

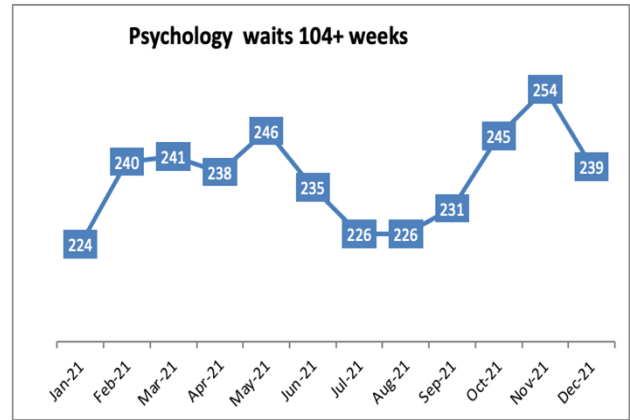
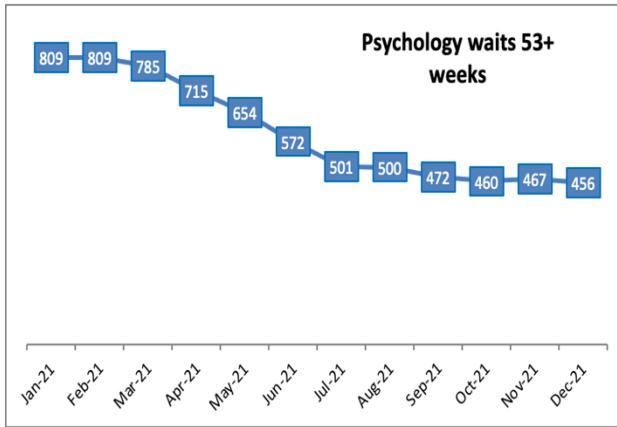
Figure 1 below shows that while the numbers waiting over 53 weeks continue to reduce, the rate of this reduction has slowed. This reflects the fact that as a direct result of an increase in rate of referrals during 2021 (average increase of 82 referrals per month July-December cf January-June) the psychology service does not currently have capacity to meet demand.

Figure 1a shows a reduction over Q3 in the number of people waiting over 104 weeks but an increase across the year. Clinicians see patients in order (unless they are expedited on clinical grounds). As reported previously, the number waiting over 104+weeks is not reducing because the tier of service where the demand-capacity gap is greatest is for people requiring highly specialist therapy from a clinical or counselling psychologist. Numbers fluctuate month to month as clinicians take new people onto their caseload. It is however important to note this is not a static group.

Figure 1

Figure 1a

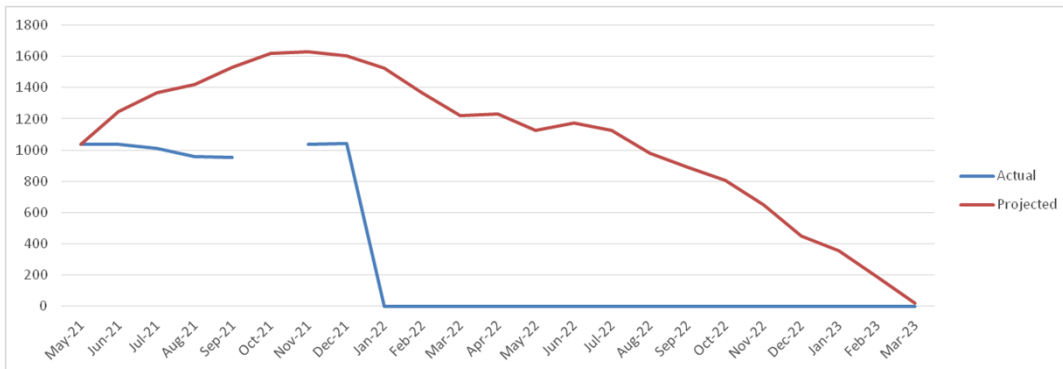




### Trajectory modelling for longest waits

The date set by the Scottish Government for achievement of the 18 week PTs referral to treatment target is 31 March 2023. Understanding the resource required to meet this target (and so inform our recruitment plans) has been the focus of the demand-capacity modelling to date. Figure 2 shows the trajectory for the overall waiting list.

Figure 2. Waiting list trajectory for highly specialised psychological therapy (October date missing due to IT problem which affected date retrieval from the electronic patient information system)



Performance on the trajectory remains better than projected. However, the increase in referral rate seen during the latter half of 2021 and the on-going problems with workforce availability may impact trajectory performance during 2022.

### Improvement actions

The improvement actions for PTs are monitored via the HSCP's Psychological Therapies Steering Group.

Timely access is a key element of quality improvement and drives the actions undertaken. Improving access for PTs involves both increasing the opportunities for people to access PTs and reducing the waiting times in services where these are unacceptably high. Given the wide range in the nature of the demand for PTs and the fact that referral rates often increase once waiting times reduce, the service has also taken actions to build sustainability.

The actions can be described broadly as:

- those aimed at better managing demand across the system of health and social care service provision

- those to increase capacity within the Psychology Service, the wider Mental Health Service, Primary Care services and the 3<sup>rd</sup> sector; and
- those to support the sustainability of service improvements.

### Areas of significant challenge

The areas of service which are facing the most significant challenges are adult mental health services (specifically services for patients with the most complex difficulties) and the clinical health psychology service (specifically within the general medical service). Improved performance in the latter requires further work on relatively discrete and circumscribed clinical pathways, whereas issues impacting performance in the former are more complex and require a much wider range of targeted actions across tiers of service provision. The rationale which has driven change and developments in the Adult Mental Health systems in recent years is:

- Increase access and flow to PTs that require a low intensity of staffing - improves efficiency within system; increase capacity for high intensity work; positive impact on GP capacity
- Development of group-based service delivery models - increase capacity and harness the evidence-based benefits of group processes in facilitating change
- Partnership working with 3<sup>rd</sup> sector – improve access, more efficient use of resources, build capacity for on-going support to sustain clinical change
- Development of CMHTs to increase access to psychologically informed shared care, and psychological intervention when appropriate, for patients with more complex and severe difficulties
- Development of care pathways to improve clinical decision-making, patient experience and flow through system
- Identify blocks within current system and better understand demand-capacity ratios within tiers of the service

Table 1 below summarises the improvement actions taken in recent years. These build upon earlier actions such as reviewing and promoting referral criteria to different tiers of the service.

Table 1.

Challenge / Area for improvement	Improvement Action	Impact of improvement Action to date	Next Steps
<b>Increased access and reduced waiting times for patients with less complex difficulties</b>	Improved capacity via new PT group programmes, with streamlined referral process, since 2018	Increase in numbers of patients accessing PTs/month; reduction in wait times for PTs	Development of further group programmes in response to clinical need
<b>Increased access and reduced waiting times for patients with less complex difficulties</b>	Launch of <i>Access Therapies Fife</i> website, enabling self-referral to some PTs, November 2018	Increased access; more efficient use of staff resource; released capacity for more highly specialist work <u>Referrals for online PT</u> 2018 - 912 2019 - 1004 2020 - 1370 2021 - 1056 <u>Self referrals for group PTs</u> Nov-Dec 2018 – 113 2019 – 2099 2020 – 817 2021 - 1724	Expand offer of PTs available via website/self referral in line with development of new online and/or group PTs
<b>Reduce waiting times for people with complex needs</b>	Development of Community Mental Health Teams across Fife, 2018	Multidisciplinary approach to care for patients with complex issues – MDT approach now in place across all	On-going developments of clinical pathways and expansion of capacity

		CMHTs supporting targeting of PTs to people most likely to benefit.	within CMHT for delivery of psychological interventions
<b>Improve access to PTs for people with complex needs</b>	Development of Complex Trauma/Personality Disorder pathway in 2018  Supports integrated working with 3 <sup>rd</sup> sector including the <i>Better than Well</i> service developed via partnership between Link Living and Psychology Service, as an improvement action in 2016	Care pathway facilitates access to PTs for people most able to benefit; to provide alternative pathway and psychological interventions.  Phase-based approach to treatment implemented across all CMHTs; people most able to benefit from formal PTs can access these more quickly; with 'Phase 1 psychological interventions' available for people less able to benefit from PT	On-going developments to support pathway (e.g. introduction of structured clinical management MDT approach for more complex/high risk patients)
<b>Increase capacity for delivery of psychological interventions and use of psychological strategies within Adult Mental Health Service</b>	Psychology training programme for staff in mental health services initiated in 2018  - in <i>The Decider Skills</i> to manage emotional regulation; - in running <i>Safe and Able to Cope</i> group (developed by psychology to meet identified need amongst patients referred to mental health services)	Joint delivery (psychology and nursing) of <i>The Decider Skills</i> group programme; delivery by CMHNS of <i>Safe and Able to Cope</i> with psychology provision of coaching & clinical supervision. These now available across all CMHTs.	Ongoing programme of Decider Skills and Safe and Able to Cope training.  Ongoing supervision and coaching in Safe and Able to Cope.  Resumption of F2F Decider Groups once Covid restrictions allow
<b>Increase capacity within wider mental health system for delivery of psychological interventions (PIs)</b>	Introduction of enhanced PT/PI Training Strategy across all mental health services in 2018	Supporting delivery and implementation of training within wider mental health workforce to ensure sustainability of provision; improved governance structures; oversight via Psychological Therapies Steering group	2021/22 refresh in progress to support implementation of psychologically informed care across wider mental health system
<b>Improve access to PTs for people who present to mental health service in crisis</b>	In 2019, a Clinical Associate in Applied Psychology joined the Unscheduled Care Team; provision of brief psychological therapy as part of care pathway	Secondary preventative role; improved multidisciplinary working; improved access to PTs; impact on waiting times target	Increase psychology resource (1.0wte) to Unscheduled Care Team during 2022 (0.4wte secondment agreed)
<b>Improve access to mental health services and better manage demand for PTs</b>	Establishment of mental health triage nurse service in selected GP Cluster areas in 2019	Positive impact meeting demand; improved access to PTs via sign-posting to Access Therapies Fife; no unintended consequences of increased referrals for highly specialist PTs within the psychology service.	2022 Scottish Government supporting 5 year programme of work to improve Primary Care Mental Health and Wellbeing. Being taken forward in Fife via multidisciplinary group chaired by HSCP's Head of Complex and Critical Care Services
<b>Maintain efficient delivery of PTs in light of restrictions imposed by COVID-19 pandemic</b>	2020 development of digital versions of group PTs as appropriate and modification other group PTs for 1:1 digital delivery; expansion of online therapy options accessible via <i>Access Therapies Fife</i> website	Maintained efficiencies associated with delivery of group PTs for people with less complex needs; improved access to online PTs with an additional 1131 people self referring for online PTs in 2020/21. Both of these have a positive impact on waiting times.	Digital delivery will be continue for PT groups where this is clinically appropriate (as it will for 1:1 psychological therapy)
<b>Address backlog on PT waiting list and reduce waiting times for people with complex needs</b>	Development and trial of two group programmes for people with complex needs who require	Online Schema therapy group had good participant retention rate and clinical outcomes. All patients on AMH psychology WL now been reviewed	On-going schema therapy groups as part of core service provision.

	highly specialist PT provision, 2020/21	and if appropriate assessed and offered Schema therapy group.	Pilot of Compassion-focused therapy group starting April 2022
<b>Improve access to and reduce waiting times for PTs for previously underserved populations</b>	<p>Scottish Government funding supported establishment of new services within psychology</p> <ul style="list-style-type: none"> <li>- MACH (Mental Health After Covid hospitalisation)</li> <li>- Major Physical Trauma Psychology Service</li> <li>- Maternity and Neonatal Psychological Interventions Service &amp;</li> <li>- Perinatal Psychology Service</li> </ul>	Improved access to highly specialist PTs, enhanced MDT working and supported provision of, and training in, psychologically informed care to populations with specific needs. Evaluations	Monitoring and evaluating impact of new services
<b>Improve access and reduce waiting times for people with less complex problems; facilitate self management</b>	2021, expansion of Guided Self help Service (tier within Adult Mental Health Psychology Service to provide structured PTs for mild problems) across Fife via change in skill mix and new funding.	Has impacted positively on waiting times. Anticipate that development will impact positively on demand elsewhere within AMH psychology due to needs being met before difficulties become more entrenched; TOC underway in Levenmouth to assess impact of direct referral to the Psychology GSH service from Local area co-ordinators	Further expansion during 2022 via participation in Scottish Government funded programme to increase psychology workforce through creation of new post of Enhanced Psychological Practitioners; evaluation of TOC
<b>Reduce waiting times and back log within Clinical Health Psychology Service (Pain Management Service)</b>	2021, expansion of skill mix model to increase delivery of low intensity interventions and the introduction of a tiered service model of 1:1 PTs in the Pain Management Clinical Health psychology service	Positive clinical outcomes; reduction in waiting times and backlog (WL reduced from 170 to 101 during 2021)	On-going evaluation of impact
<b>Reduce waiting times and back log within Clinical Health Psychology Service (General Medical Service)</b>	2022, increase in resource supporting work to clear the backlog on the assessment waiting list	Will inform next steps in development of clinical pathways and support development of new elements of service. Will build on learning from 2021 improvement actions within pain management service. Anticipate impact on backlog and sustainability	Implement service redesign based on learning from this improvement action
<b>Increase capacity for work with more complex patients within Adult Mental Health Psychology service</b>	<ul style="list-style-type: none"> <li>- 2021/22 programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology (CAAPs) in the provision of PTs for people with less complex eating disorders and also delivery of interpersonal psychological therapy (IPT)</li> <li>- 2021/22 Training to support staff to conceptualise therapy with most complex patients as 'episodes of care'</li> </ul>	<p>Enhancing the skills of CAAPs will increase capacity amongst other psychology clinicians who are able to work with more complex presentations.</p> <p>Provision of episodes of care should improve flow, reduce staff burnout and address backlog.</p>	Training programme is on-going; impact to be assessed
<b>Meet Scottish Government deadline for 18 week referral to</b>	Recruit new staff as per Psychological Therapies Recovery Plan. Recruitment is	Increased capacity for provision of specialist and highly specialist PTs is required to meet the needs of the	Recruitment on-going; service continues to identify any opportunities to

<b>treatment target, March 2023</b>	<p>on-going for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions).</p> <p>The national issue with workforce availability has impacted anticipated timelines around recruitment. The psychology service has therefore progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations.</p>	<p>longest waiting patients (those with the most complex difficulties) and to support services to meet the waiting times target in a sustainable fashion.</p>	<p>increase capacity for provision of highly specialist PTs via skill mix changes</p>
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The completed actions above have had a positive impact on performance and we shall continue to review service provision to identify further potential areas for improvement. However, while key elements of services are unable to meet demand, future actions are likely to have only a relatively small impact.

The on-going improvement actions that will have the most impact are

- recruitment to new posts and
- increasing capacity to deliver psychological interventions in wider the mental health system and 3<sup>rd</sup> sector partners.

The Psychology Service is continuing to recruit, utilising funding from both Fife Health and Social Care Partnership and the Scottish Government, and are participating in the newly established national recruitment process being led by NHS Education for Scotland.

However, the national issue of workforce availability for clinical and counselling psychologists is likely to make successful recruitment to all of the posts that we require to fill a considerable challenge.

### 2.3.1 Quality/ Customer Care

Reducing waiting times and increasing access will improve service quality and the experience of people accessing psychological therapy services.

### 2.3.2 Workforce

There is a potential for increased staff stress in the short term due to demands of working through the backlog while at the same time working in new ways in redesigned services and training other staff in PTs. The psychology service is working to mitigate this.

There is acknowledgement from Scottish Government that the circumstances where all NHS Boards are recruiting at the same time, from the same potential workforce has brought challenges. Fife Psychology and HR Services are participating in the national recruitment programme for psychologists (February-March 2022) which is a new approach to recruitment being run by NHS Education for Scotland.

Longer term staff will benefit from working in services that are able to meet demand allowing them to focus more on early intervention and other aspects of service improvement in line with Government's transforming mental health agenda.

### **2.3.3 Financial**

There are no additional financial implications arising from this report.

### **2.3.4 Risk/Legal/Management**

Ongoing delay in maximising availability of PTs impacts the wider adult mental health services through increased demand and reduced efficiencies in the provision of multidisciplinary care.

There is a reputational risk to NHS Fife should continued challenges with recruitment delay delivery of the target.

### **2.3.5 Equality and Diversity, including Health Inequalities**

Timely access to psychological therapies, and delivery of the longer term ambition to increase the psychologically informed nature of integrated care throughout Fife, will contribute to the mitigation of experienced health inequalities.

### **2.3.6 Other Impact**

N/A

### **2.3.7 Communication, Involvement, Engagement and Consultation**

There has been regular consultation with colleagues in the Scottish Government's Mental Health Division Performance and Improvement Team.

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

- This report was produced in response to the request by the Public Health and Wellbeing Committee, for additional information and an update relating to a previous report tabled for 13 December 2021.

## **2.4 Recommendation**

This report is for:

- **Assurance**

Members of the Public Health and Wellbeing Committee are asked to take assurance from the range of improvement actions delivered to date, and those underway, with demonstrable and continuing progress towards delivery of the LDP target for psychological therapies.

## **3 List of Appendices –**

N/A

**Report Contact:**

Dr Frances Baty

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**NOTE OF THE PUBLIC HEALTH ASSURANCE COMMITTEE MEETING (PHAC) HELD ON TUESDAY, 14 DECEMBER 2021 AT 10AM VIA MST**

**Present:**

Joy Tomlinson (JT)	Director of Public Health (Chair)
Olukemi Adeyemi (OA)	Consultant in Public Health
Fiona Bellamy (FB)	Senior Health Protection Nurse Specialist
Hazel Close (HC)	Lead Pharmacist Public Health
Sharon Crabb (SC)	Interim Service Manager
Esther Curnock (EC)	Deputy Director of Public Health
Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
Sarah Nealon (SN)	Project Support Officer
Emma O'Keefe (EOK)	Consultant in Dental Public Health

In attendance: Shona Lumsden (SL), Medical Secretary, NHS Fife

**ACTION**

**1. WELCOME AND APOLOGIES**

JT welcomed everyone to the meeting. Apologies were noted from Lynn Barker and George Brown.

**2. MINUTE OF MEETING HELD ON 20 OCTOBER 2021**

Subject to the following amendments the minute of the meeting was accepted as an accurate record:

Page 1 Add Lynn Barker who was present at the meeting

Page 2 Para 5 should read 'many staff contracts'

Page 3 Item 6 Terms of Reference; insert omitted action; 'EOK to speak to consultants in paed/ICU in GDC'

Page 4 typo change to Oncall

Page 5 for governance purposes each risk should have a sentence added to say the risk update has been agreed.

**3. MATTERS ARISING (see Action Log)**

See separate Action Log.

**4. TESTING REPORTS**

DFW reported the community testing sites continue to operate as planned with 4 fixed sites, 5 mobile sites and an outreach van. Testing sites are sufficiently resourced, but winter weather may cause some disruptions.

There is a push from Scottish Government to increase the distribution of LFD tests to the general populations such as supermarkets and sports grounds. We recently distributed 700 boxes at local shopping centres. There appears to be a good appetite from the public for this and efforts are being made to link with homeless shelters, foodbanks and supermarkets. Hopefully this will increase the availability of asymptomatic testing to the general public. There is some difficulty around delivery of LFD kits from Test and Protect centrally which may limit the amount of distribution we can do.

Testing numbers are at a relatively stable rate for PCR tests.



## UNCONFIRMED

Nationally there has been a 20% increase in testing. There has been a large increase in the number of LFD kits being requested and reported on. Uptake is increasing with case numbers are also rising.

A copy of the paper submitted to PHWC was circulated previously for information. DFW noted he is content with the report in terms of providing assurance to the committee however, he noted the main risk to the programme is staff retention. There is no funding available beyond March 2022 and staff are beginning to look elsewhere for work. Discussion ensued around changes from a regional lab and NHS lab point of view and if these changes need to be captured in the risk update. DFW explained he hasn't been approached with a request for support however there is a change to how they test for Covid and how this will be reported. The intention is that it will be quicker to get results around omicron and to increase capacity. Lighthouse capacity at present is 50,000 tests a day. We are probably approaching around 50/60% capacity at the moment. DFW will escalate if this becomes an issue

### 5. **UPDATE NO CERVIX EXCLUSION INCIDENT (Verbal update)**

OA provided the following verbal update:

- Total number of patient records investigated – 191
- No further action required – 107 (correctly excluded/completed cervical screening cycle)
- Total number invited to GP/Gynaecology clinic - 40
- Deceased - 44

#### Attendance Outcomes (40)

- 22 attended GP/Gynaecology Clinic
- 18 either opted out/Cancelled /DNA/Unknown

#### Clinical Outcome (22)

- All 22 have received either a Negative Hr- HPV or have been correctly excluded.

Further discussions are ongoing regarding the wider cohort that require to be investigated. Fife have around 19,500 patient records to investigate. The method of review is still to be agreed within the national programme.

### 6. **PHAC TERMS OF REFERENCE**

It was agreed at the last meeting to review the Terms of Reference of this group. The review will take into account the new Public Health & Wellbeing Committee (PHWC) and consider broadening out the remit of this group slightly. We will continue to escalate our concerns to the Clinical & Care Governance Committee (CCGC) where relevant. The minutes of this meeting will go to PHWC as a standing item on their agenda.

JT suggested that we also aim to broaden the role and remit of this group to align with elements of the work plan which may benefit from additional support. EC expressed concern around this as PHMT and Department meetings have responsibility for the work plan.

JT explained that as PHWC meet monthly it may be a requirement of PHAC to review papers by email in between meetings if necessary to ensure they have sight of submissions to PHWC.

## UNCONFIRMED

### **Actions agreed:**

- A small group to look at each workstream within the work plan to identify any areas that require some additional support and to feed back to the committee. **EOK/EC/SC**
- Incorporate feedback from Paeds colleagues. **EOK**

### 6.1 PHWC ToR

A copy of the document was shared for information. It was noted that PHWC sits alongside the Care & Clinical Governance Committee.

## **7. IDENTIFIED NEAR MISSES, CRITICAL INCIDENTS & LEARNING**

### **7.1 Testing Samples Collected by Member of the Public**

DFW reported the team leads have discussed this with site leads at individual testing sites to check their understanding of what is required from the process is in place to ensure PCR samples are appropriately delivered to the lab every time. One of the main changes implemented are handover sheets. A log is used including an ID challenge for the person collecting the samples. All sites are using these logs and they are being completed. Work is underway to identify a process of setting up a way to store the records on a shared drive so there is a permanent record which will be potentially auditable. We also have clear processes in place should the blood bikes be unable to collect the samples which does happen relatively frequently. Should this occur, the site lead that day has the responsibility of taking the samples to the lab. To date, this system is working well.

We are looking at alternative ways to delivery samples from site to lab to create a more dependable way to back up this delivery so that it doesn't land on the team leads. We now have an additional site lead who is floating between sites as a 'mystery shopper'. This lead will visit sites on rotation to observe and go through the processes that are taking place on site. This will capture anything not working. DFW confirmed there have been no further incidents of samples going the wrong way.

### **Actions agreed:**

- consider a programme of auditable information.
- Look for assurance around the cycle of audit and when this will commence. Update at the next meeting.

**DFW**

### **7.2 Screening Incidents yearly overview**

SN reported incidents that come through on Datix. We have received 16 incidents

AAA – 0. Jointly with Tayside we don't get notified of anything through our Datix.

Bowel – 1

Breast – 1

Cervical screening – 9

DS –

Pregnancy and newborn – 4.

Last year 25 incidents in total. This year 16 to date. This will be amended at the end of the year if we receive any other incidents.

**8. NEW PROSPECTIVE RISKS**8.1. Consideration of new risk: to produce an overarching risk for the restart of the screening programme

Overarching risk for re-start of the screening programmes. OA requested this be deferred to the next meeting

**Action agreed:** agenda item for next meeting

OA

8.2 Emerging infections

It was noted that Scottish Government policy lead has been assigned and has been tasked with forming a pandemic preparedness group. No further update has been received.

**Actions agreed:**

- It was agreed to re-name this risk to 'Responding to Scottish Government policy on Emerging Pandemic Preparedness requirements'
- Carry forward to next meeting

SN

8.3 Drug Related Deaths

There has been recognition that NHS Fife should have an overarching corporate risk around reducing drug related deaths. Further discussions at next meeting around how we can contribute towards the surveillance and identification of any clusters. Once corporate risk is in place it will be a useful time for us to look at specific elements for public health

**Action agreed:** agenda item at next meeting

JT

**9. REVIEW OF CURRENT RISKS ON PUBLIC HEALTH REGISTER**9.1 518 Resilience

The Resilience Team capacity is constrained due to a combination of sick leave and vacancies. Recruitment to this specialist team is underway. Training and planning capacity is being prioritised. Support is being provided by the Manager in the HSCP working with DPH and local public health team and mutual aid from NHS Lothian for key areas. With winter setting in and Covid19 still posing ongoing challenges there is a continuing risk to the Resilience function of the Board.

We have appointed a preferred candidate with an anticipated start date of 7 March 2022.

No change to risk level. Risk update agreed.  
Review date: March 2022

9.2 528 Pandemic Flu PlanningProposed Update to Risk Management Actions

A 'Capability Assessment Form' for NHS Fife was submitted to the East of Scotland Resilience Partnership 6/12/21. It is proposed the wording of the NHS Fife risk 528 is amended to reflect the risk description in the EoS (as below)

## UNCONFIRMED

The NHS Fife & Fife HSCP Influenza Pandemic Planning Group has not yet been reconvened.

Actions for consideration over the next 6 to 12 months for this group:

- Update policy documents - the current NHS Fife pandemic framework was based on national planning assumptions for Influenza. The local document requires updating in light of learning from COVID. Given learning from COVID, it is not clear the Reasonable Worst Case Scenario assumptions outlined in the national documentation remain helpful for Influenza planning, and they may instead be detrimental. The focus on these numbers, without taking into account the response measures that will modify them, leads to poorly directed priorities and unhelpful planning assumptions. For example, focusing on mortuary capacity as per RWCS deaths, when it is clear from COVID that societal appetite to take measures to avert deaths is much greater than anticipated. Therefore, review of priorities required, e.g. should the focus be those that who are most vulnerable in the community (e.g. preventative actions in care homes to prevent transmission, community testing facilities, and financial isolation support in the community)
- Workforce planning - many of the additional COVID pandemic workforce are on fixed term contracts; there is a need for plans to enable retention / recall of experienced staff in the event of future pandemics
- Consider need for training / exercise on an influenza pandemic as last NHS Fife training exercise was May 2018
- Review of pandemic equipment & supply arrangements - whilst the PPE supply chains and cold chain storage from COVID could likely be transferred to serve the needs of an Influenza pandemic or an emerging infection, it is not clear what laboratory capacity there is for rapid shift to a new infection (whether new strain of flu or another emerging infection with pandemic potential)
- Review of infrastructure for mass population vaccination and anti-viral distribution - most vaccination venues and testing sites for COVID have been secured on a temporary lease. The mix of local and UK-gov run testing sites may not be the ideal model to transfer into a new emerging infection pandemic. As anti-virals haven't been a feature of COVID, there is a risk that we would be under-prepared for a Pandemic where the roll-out of anti-viral was an important part of protecting people's health.

Risk Level - it remains the same at major =4 (rather than extreme). The likelihood remains the same at possible (3), so overall rating still at 12.

### Proposed Update to Risk Description:

A pandemic is likely to occur in one or more waves, possibly weeks and months apart. Each wave may last between 12-15 weeks. Up to half the population could be affected. Up to 4% of symptomatic patients could require hospital care if the virus results in severe illness, 25% of whom require level 3 critical care. Up to 2.5% of those with symptoms could die as a result of the pandemic. Absence rates for illness reaching 15-20% in the peak weeks. This scenario does not take into account the response measures we put in place but is the

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advised reasonable worst case for guiding planning for influenza pandemic. Possible linked and compound risks include the growth and spread of antimicrobial resistance, as well as concurrent adverse weather events.

**Action:** Risk description to be simplified. It was agreed this is more of a general risk to our organisation from a pandemic rather than it being NHS Fife not being ready because it hasn't prepared.

EC

Risk update agreed.

Review date: March 2022

### 9.3 1729 Suspicion of Malignancy

Monitoring going back to January 2019 has identified 5 cases where an urgent referral was not made. In one case (May 2021), the sample taker asked a GP to see the patient. The GP examined her and their clinical assessment was that a referral was not necessary. The test result was hr-HPV negative, recall in 5 years. In the other four cases:

2<sup>nd</sup> case: Jan 2019 – appointment has been arranged with GP, investigation by practice in progress. The sample result (Jan 2019) was negative, recall in 3 years.

3<sup>rd</sup> case: Jan 2019 – attempts are being made by Sexual Health service to contact the patient. GP practice aware. The sample result (Jan 2019) was negative, recall in 12 months.

4<sup>th</sup> & 5<sup>th</sup> cases: Aug 2021 and Sep 2021 – investigation by the practice is in progress. The test results in both cases were hr-HPV negative, recall in 5 years.

**Action:** amend numbering of cases

COMPLETE

No Change to Risk Level. Risk update agreed.

Review date: June 2022

### 9.4 1873 Pregnancy and Newborn Screening

Risk update due February 2022.

### 9.5 1904 Coronavirus Disease 2019 (Covid-19)

A new variant of concern, omicron (B.1.1.529) was identified in South Africa on 22nd November. Enhanced public health actions were rapidly put in place across Scotland and it was quickly ascertained that there was evidence of community transmission. Emerging epidemiological information suggests this variant is significantly more transmissible. Vaccine effectiveness against symptomatic infection is reduced. As a consequence, it is likely there will be increased pressures on health and care services over coming weeks. Timing of the peak pressures is difficult to predict. The risk level is therefore increased to 'Extreme' due to the combination of increased transmissibility and reduction in vaccine effectiveness. **Risk to Increase 5 x 5**

Risk update agreed.

Review date: January 2022

### 9.6 1905 Contact Tracing including TTIS Programme

Funding for extension of current contact tracing provision has been extended six months to end of September 2022, supporting workforce

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retention and recruitment. Increasing cases expected over winter and particularly over the festive period. Emergence of Omicron variant in late November, which is likely to be substantially more transmissible, will increase contact tracing workload and may increase staff absence rates. National and local consideration is being given to how TTIS can respond most effectively to increased pressures - including amendments to digital tools and scripts, prioritisation of highest risk cases and contacts; there are ongoing mutual aid arrangements with other boards and the National Contact Tracing Centre. Staffing pressures in other clinical services may emerge from increased case rates and potential changes to isolation requirements. Risk unchanged 4x4.

Risk update agreed.

Review date: March 2022

9.7     1906 Testing including HCW (risk next due for discussion 9 March 2022)

Risk update due February 2022.

9.8     1907 Public Health Oversight of Covid-19 in Care Homes

Risk of infection in the wider community remains high, this, alongside new emerging variants of the virus care home residents remain a vulnerable population group and as such the risk rating increase - consequence 3 and likelihood 5.

We are not yet in a position to fully understand the impact of the 3rd dose of vaccination for residents and care home staff against new and emerging strains of the virus.

An increase in visiting in care homes as well as trips out of the care home for residents continue which given the rising prevalence may have an impact on cases/outbreaks in care home settings.

This risk will remain under regular review.

JT/FB to review and assess in January.

Risk description will be deferred to January.

**JT/FB**

Risk update agreed.

9.9     1908 Handling of Excess Deaths during the Global Covid-19 Pandemic

In light of the current positive impact that Covid19 vaccination has had on Covid19 death rates the risk of mortuary capacity being insufficient remains low. It was agreed that this is no longer relevant for the organisation and we will continue to monitor and plan for with pandemic preparedness.

**Action:** No longer relevant as a risk to the organisation so can be closed as mortuary capacity is part of pandemic preparedness.

**SN**

Risk update agreed.

Review date: CLOSED

9.10    2132 Test & Protect

Testing programme funding remains uncertain; some extension beyond March 2022 is expected. Ongoing workforce retention

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concerns. Testing sites are sufficiently resourced, but winter weather may disrupt. Increase in testing demand following Omicron: now running at c.50% of national PCR capacity. Testing route diversification includes promotion of home LFD and PCR testing with expansion of LFD Collect sites into communities and shops.

In terms of national capacity, this could become overwhelmed however we are not looking at this in the medium term but continue to bear this in mind that if there is a large increase in PCR demand there may need to be some form of triage around this.

Risk increase: 4(Likely) x 3(Moderate)

Risk update agreed.

Review date: March 2022

### 9.11 2222 No cervix exclusion – cervical screening incident

- Total number of patient records investigated – 191
- No further action required – 107 (correctly excluded/completed cervical screening cycle)
- Total number invited to GP/Gynaecology clinic - 40
- Deceased – 44

#### Attendance Outcomes (40)

- 22 attended GP/Gynaecology Clinic
- 18 either opted out/Cancelled /DNA/Unknown

#### Clinical Outcome (22)

- All 22 have received either a Negative Hr- HPV or have been correctly excluded.

Further discussions are ongoing regarding the wider cohort that require to be investigated. Fife have around 19,500 patient records to investigate.

No change to Risk Level

Risk update agreed.

Review date: March 2022

### 10. **Any issues to escalate to Clinical Governance Committee or Public Health & Wellbeing Committee**

Lessons learned from the No Cervix exclusion to go to CGC. This will be submitted as part of the multi disciplinary team.

### 11. **Any Other Competent Business**

There was no other competent business.

### 12. **Meetings 2022**

TBC