


Acting Chair - Alistair Morris

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

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

10:10 - 10:10 **3. APOLOGIES FOR ABSENCE**
0 min
AM

10:10 - 10:10 **4. MINUTE OF PREVIOUS MEETING HELD ON 28 MARCH 2023**
0 min
(enclosed) AM
 Item 04 - Mins 20230328.pdf (12 pages)

10:10 - 10:10 **5. MATTERS ARISING / ACTION LIST**
0 min
(enclosed) AM
 Item 05 - Action List.pdf (1 pages)

10:10 - 10:30 **6. CHIEF EXECUTIVE'S REPORT**
20 min
6.1. Chief Executive Up-date
(verbal) CP
6.2. Patient Story
(Presentation) CP

10:30 - 10:40 **7. CHAIRPERSON'S REPORT**
10 min
7.1. Chairperson's Update
(verbal) AM

7.2. Committee Membership

(enclosed) AM

- 📄 Item 07.2 - SBAR Chairpersons Report - Committee Membership.pdf (2 pages)
- 📄 Item 07.2 - Appendix Board Standing Committees - May 2023.pdf (1 pages)

7.3. Board Development Session - 25 April 2023

(enclosed) AM

- 📄 Item 07.3 - Board Development Session Note 20230425.pdf (1 pages)
-

10:40 - 10:55 8. PERFORMANCE 15 min

8.1. Integrated Performance & Quality Report (April)

(enclosed) CP

- 📄 Item 08.1 - SBAR IPQR Board May 2023.pdf (4 pages)
- 📄 Item 08.1 - Appendix 1 IPQR April 2023 v1.1.pdf (47 pages)

8.2. Integrated Unscheduled Care Programme Update

(enclosed) CM

- 📄 Item 08.2 - SBAR Integrated Unscheduled Care.pdf (14 pages)
-

10:55 - 11:30 9. GOVERNANCE 35 min

9.1. Governance Committee Chairs' Reports

(verbal) AM

9.2. Annual Review of the Code of Corporate Governance

(enclosed) GM

- 📄 Item 09.2 - SBAR Annual Review of Code of Corporate Governance.pdf (3 pages)
- 📄 Item 09.2 - Appendix 1 Revised Code of Corporate Governance, May 2023.pdf (125 pages)

9.3. NHS Fife Corporate Objectives 2023/24

(enclosed) CP

- 📄 Item 09.3 - SBAR NHS Fife Corporate Objectives 2023-24.pdf (4 pages)

9.4. Corporate Risk Register Update

(enclosed) MM

- 📄 Item 09.4 - SBAR & Appendix 1 Corporate Risk Register to Fife NHS Board.pdf (8 pages)
 - 📄 Item 09.4 - Appendix 2 NHS Fife Corporate Risk Register.pdf (11 pages)
 - 📄 Item 09.4 - Appendix 3 Assurance Principles.pdf (1 pages)
-

11:30 - 11:40 10. STRATEGY 10 min

10.1. NHS Fife Greenspace Strategy

(enclosed) NM

- Item 10.1 - SBAR Greenspace Strategy.pdf (4 pages)
- Item 10.1 - Appendix 1 NHS Fife Greenspace Strategy.pdf (28 pages)

11:40 - 11:50 11. UPDATE ON PALLIATIVE & END OF LIFE CARE

10 min

(enclosed) NC

- Item 11 - Palliative Care NHS Board 270523.pdf (7 pages)

11:50 - 12:00 12. WHISTLEBLOWING QUARTER 4 REPORT 2022/23

10 min

(enclosed) DM

- Item 12 - NHS Fife Board Whistleblowing Quarter 4 Report - 30.5.23.pdf (9 pages)

12:00 - 12:05 13. STATUTORY AND OTHER COMMITTEE MINUTES

5 min

13.1. Clinical Governance Committee dated 5 May 2023 (unconfirmed)

(enclosed)

- Item 13.1 - Minute Cover Paper.pdf (1 pages)
- Item 13.1 - Clinical Governance Committee Minutes (unconfirmed) 20230505.pdf (11 pages)

13.2. Finance, Performance & Resources Committee dated 9 May 2023 (unconfirmed)

(enclosed)

- Item 13.2 - Minute Cover Paper.pdf (1 pages)
- Item 13.2 - Finance, Performance & Resources Committee Minutes (unconfirmed) 20230509.pdf (6 pages)

13.3. Public Health & Wellbeing Committee dated 15 May 2023 (unconfirmed)

(enclosed)

- Item 13.3 - Minute Cover Paper.pdf (1 pages)
- Item 13.3 - Public Health & Wellbeing Committee (unconfirmed) 20230515.pdf (9 pages)

13.4. Staff Governance Committee dated 11 May 2023 (unconfirmed)

(enclosed)

- Item 13.4 - Minute Cover Paper.pdf (1 pages)
- Item 13.4 - Staff Governance Committee Minutes (unconfirmed) 20230511.pdf (7 pages)

13.5. Communities & Wellbeing Partnership dated 5 April 2023 (unconfirmed)

(enclosed)

- Item 13.5 - Minute Cover Paper.pdf (1 pages)
- Item 13.5 - Communities & Wellbeing Partnership Minutes (unconfirmed) 20230405.pdf (3 pages)

13.6. Fife Health & Social Care Integration Joint Board dated 27 January 2023


(enclosed)

- Item 13.6 - Minute Cover Paper Fife Health Social Care Integration Joint Board.pdf (1 pages)
- Item 13.6 - Fife Health & Social Care Integration Joint Board Minutes (unconfirmed) 20230127.pdf (7 pages)

13.7. Fife Partnership Board dated 2 May 2023 (unconfirmed)

(enclosed)

 Item 13.7 - Minute Cover Paper.pdf (1 pages)

 Item 13.7 - Fife Partnership Board Minutes (unconfirmed) 20230502.pdf (2 pages)

13.8. Clinical Governance Committee dated 3 March 2023

(enclosed)

 Item 13.8 - Clinical Governance Committee Minutes (confirmed) 20230303.pdf (12 pages)

13.9. Finance, Performance & Resources Committee dated 14 March 2023

(enclosed)

 Item 13.9 - Finance, Performance & Resources Committee (confirmed) 20230314.pdf (5 pages)

13.10. Public Health & Wellbeing Committee dated 1 March 2023

(enclosed)

 Item 13.10 - Public Health & Wellbeing Committee Minutes (confirmed) 20230301.pdf (8 pages)

13.11. Staff Governance Committee dated 9 March 2023

(enclosed)

 Item 13.11 - Staff Governance Committee Minutes (confirmed) 20230309.pdf (10 pages)

12:05 - 12:10
5 min

14. FOR ASSURANCE:

14.1. Integrated Performance & Quality Report - March 2023

(enclosed) MM

 Item 14.1 - IPQR - March 2023.pdf (50 pages)

12:10 - 12:10
0 min

15. ANY OTHER BUSINESS

12:10 - 12:10
0 min

16. DATE OF NEXT MEETINGS: Tuesday 27 June 2023 at 9.30 am in the Boardroom, Staff Club, Victoria Hospital (Annual Accounts) and Tuesday 25 July 2023 at 10 am in the Boardroom, Staff Club, Victoria Hospital

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 28 MARCH 2023 AT 10:00 AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL

TRICIA MARWICK

Chair

Present:

T Marwick (**Chairperson**)

C Potter, Chief Executive

S Braiden, Non-Executive Director

W Brown, Employee Director

C Grieve, Non-Executive Director

A Haston, Non-Executive Director

J Keenan, Director of Nursing

J Kemp, Non-Executive Director

K MacDonald, Non-Executive Director
Whistleblowing Champion

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

A Morris, Non-Executive Director

J Tomlinson, Director of Public Health

A Wood, Non-Executive Director

In Attendance:

N Connor, Director of Health & Social Care

C Dobson, Director of Acute Services

B Hannan, Director of Pharmacy & Medicines

K MacGregor, Associate Director of Communications

G MacIntosh, Head of Corporate Governance & Board Secretary

N McCormick, Director of Property & Asset Management

D Miller, Director of Workforce

P King, Corporate Governance Support Officer (Minute)

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

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular Dr S McCormack, Consultant Dermatologist and Associate Medical Director, who is in attendance at the Board meeting today as part of her participation in the Developing Senior Systems Leadership course, and to S Fraser, Associate Director of Planning & Performance, T McCarthy, Portfolio Manager, and R Maini, Consultant in Public Health, who have been integral in developing the new Population Health & Wellbeing Strategy that Members have discussed previously and is on the agenda today for formal approval.

A reminder was given that the notes are being recorded with the Echo Pen to aid production of the minute.

The Chair began her opening remarks by confirming that this will be her last Board meeting as Chair of NHS Fife. She was delighted that A Morris, Vice Chair, will provide interim leadership as Acting Chair whilst the Scottish Government process for appointing a permanent Chair continues.

The Chair once again conveyed thanks, on behalf of the Board, to the staff and volunteers for their continued dedication and commitment as health care services continued to be under pressure.

Finally, the Chair welcomed the opening of the new National Treatment Centre Fife Orthopaedics, a state-of-the-art facility which has surpassed expectation, and she praised everyone involved in its construction and design.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from Non-Executive Directors Cllr D Graham, A Grant, A Lawrie and M Mahmood.

4. Minute of Previous Meeting Held on 31 January 2023

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

5. Matters Arising / Action List

There were no matters arising.

The Board **noted** the updates provided in the action list.

6. CHIEF EXECUTIVE'S REPORT

6.1 Chief Executive Update

The Chief Executive was pleased to be meeting in person as Fife NHS Board for the first time in three years. She provided an update on the following:

The First Minister, the Right Honourable Nicola Sturgeon MSP, officially opened the new National Treatment Centre Fife Orthopaedics on 24 March 2023, her final public engagement as Scotland's First Minister. The occasion was particularly poignant given that her final act as Health Minister was performing the official opening of the Phase 3 building at Victoria Hospital in 2012. It was noted that her final sentences as First Minister were messages of thanks to the NHS in general and to all its staff who work within it.

NHS Fife has moved to “green status” by the British Liver Trust for having a full pathway in place for the early detection and management of liver disease. NHS Fife has implemented the innovative practice of ILFTS (intelligent-liver-function-testing), which will improve liver health outcomes across NHS Fife

Guidance has been received from Scottish Government regarding the Annual Delivery Plan, due to be submitted in early summer. Updates will be brought through the relevant Board committees over the next few months.

The Population Health & Wellbeing Strategy is an important milestone for NHS Fife and sets out the ambition and intention for the coming years, recognising the need to address health inequalities, recover from the Covid pandemic, and support improvement in both the physical and mental health and wellbeing of our citizens and staff. A presentation will be given under item 8.1 on the agenda.

On behalf of the Board, the Chief Executive congratulated:

Lisa Jones, Specialist Bladder and Bowel Nurse, who has become a Bladder and Bowel Link Nurse for the Royal College of Nursing. Lisa has a wealth of knowledge in this area and is dedicated to improving bladder and bowel dysfunction for all.

Kerys Russell, Upper GI Cancer Clinical Nurse Specialist, who works in community locations across Fife, and Leanne Patrick, Gender Based Violence Nurse Specialist, who works at Whyteman’s Brae and Queen Margaret Hospitals, who have been selected to take part in an unique professional development programme that will earn them the right to use the coveted title of Queen’s Nurse. The Queen’s Nurse Programme brings together community nurses to develop their professional skills and deliver outstanding patient care in the community. Queen’s Nurses are committed to learning, leadership and excellence in patient care.

Finally, the Chief Executive recorded her personal thanks to the team across NHS Fife for everything they do each and every day, showing their unwavering commitment to do the right thing by those who need our care.

6.2 Integrated Performance & Quality Report (IPQR)

The Chief Executive confirmed that the February 2023 IPQR had been scrutinised through the Governance Committees. Executive Leads made comment on the key issues emerging from those discussions:

Clinical Governance

The Director of Nursing provided an update on the key issues from a clinical governance perspective, which were related to Inpatient Falls, Pressure Ulcers and Healthcare Acquired Infections (HAI) including the staphylococcus aureus bacteraemia (SAB) and e-coli bacteraemia rate, which were below the Scottish average and would achieve target by March 2023. Given the low c.difficile infection rate, it was challenging to reduce further but teams are working hard to do that, also working with pharmacy colleagues around antimicrobial prescribing. It was noted that an improvement was being made around complaints management to increase the rate of response and catch up on any backlog.

A Wood, Chair of the Clinical Governance Committee, advised that the Committee was assured by the ongoing work underway across all indicators associated with clinical governance and confirmed there were no specific issues to escalate.

Finance, Performance & Resources

The Director of Acute Services provided an update on acute performance. It was noted that the 4-hour Emergency Access target improved from the December 2022 position, with performance above the improvement trajectory agreed with Scottish Government. However, bed waits contributed to the majority of breaches and long waits, which was reflective of a full hospital and busy site. Unplanned attendances to the Emergency Department remained higher than anticipated. The Rapid Triage Unit was beginning to embed, which was helping to reduce pressure at the front door. Attention was drawn to the trajectory page of the report that showed delivery above that projected for planned care, with just a slight shortfall around Patient Treatment Time Guarantee (TTG) for January 2023. It was noted that NHS Fife remains one of the highest performing Boards in Scotland in relation to the TTG. However, with increased demand in unscheduled care the programme remains challenging but continues to focus on urgent referrals and urgent suspicion of cancer. Whilst individuals who present with these conditions are prioritised, this does impact on patients waiting for more routine procedures and all available capacity is being maximised including use of Queen Margaret Hospital to perform day case surgery. Performance related to New Outpatients showed NHS Fife in the mid-range of mainland Health Boards. Revised trajectories had been submitted to Scottish Government showing that the two-year target will be sustained by March 2023 in most specialties. Monthly performance fell sharply in relation to the Diagnostic functions, with performance unable to be sustained due to funding and staffing challenges. The Cancer 62-day Referral to Treatment Target remained challenging, mainly within the urology specialty. Demand remained high and treatment pathways overall within cancer were more complex as efforts are made to optimise the treatment offered.

In response to questions, the Director of Acute Services stated that work was underway to agree trajectories for 2023/24, looking at projections and funding from Scottish Government. Demand remained high and the position looked challenging at this time, but capacity would continue to be maximised for all new out-patients and day case inpatients. The new National Treatment Centre for Fife Orthopaedics would support NHS Fife to sustain its current position, continuing to use two theatres (the same as when the service was operational from its previous site). The third theatre is allocated for national work. Further information would be provided through the Finance & Performance Committee and the Board going forward.

The Director of Acute Services referred to the new National Treatment Centre for Fife Orthopaedics and recorded thanks to A Ballantyne, Orthopaedic Consultant, for his leadership around successful delivery of the programme and F Cameron, Service Manager, and M Cross, General Manager, Planned Care, from an operational perspective. She acknowledged the work of J Keenan, Director of Nursing and Senior Responsible Office for the project, and N McCormick, Director of Property & Asset Management, particularly citing the support provided by B Johnson, Head of Capital Planning & Project Director, and his team.

The Director of Health & Social Care updated members on performance in relation to Delayed Discharges, noting that the percentage of bed days lost to 'standard' delays in January 2023 was the lowest for two years and close to the national target. NHS Fife was in the top-performing quartile of mainland Health Boards for bed days lost for 'standard' delays and remained in the mid-range for 'all' delays. This is a positive continuation of work over the previous 12 months. Further work is being undertaken to look at more complex delays. The range of actions was set out in the report and had been the subject of detailed discussion at the Board Development Session in December 2022.

The Director of Finance & Strategy confirmed that NHS Fife is reporting a challenging financial position, as reported throughout the financial year. The Board's reported financial position at the end of December 2022 was an overspend of £22.1m and work continued internally and with Scottish Government to try and reduce the overspend to circa £16m, noting that brokerage support will be required from Scottish Government. The report was detailed and followed the trajectory of the position throughout the year.

The Chair of the Finance, Performance & Resources Committee confirmed there were no other issues to escalate to the Board.

Staff Governance

The Director of Workforce provided an update on sickness absence and Performance Development Plan & Review (PDPR) compliance, noting that performance was not on target and improvement plans would be submitted to various groups for governance purposes.

The Chair of the Staff Governance Committee confirmed there were no other issues to escalate to the Board.

Public Health & Wellbeing

The Director of Public Health provided an overview of performance related to childhood immunisation around the 6-in-1 and MMR2, both of which had narrowly missed the target for the quarter ending September 2022. Work was underway to try and improve uptake.

It was noted that there had been a reduction in monthly performance in relation to Child and Adolescent Mental Health Services (CAMHS), but the Director of Health & Social Care gave assurance that the position will be improved upon. There were no children or adolescents waiting over 35 weeks for initial treatment and 93% had waited less than 18 weeks, with the overall waiting list at the lowest ever reported.

Psychological Therapies performance had decreased in December 2022 due to the challenge of focusing on those waiting the longest and balancing individuals who require to access treatment. NHS Fife remained in the mid-range of Health Boards, noting that the overall waiting list had reduced by 5% since December 2021, with the number of patients waiting more than 52 weeks having reduced by 17%.

The positive position related to Covid vaccination and Seasonal Flu vaccination was set out, noting that performance had exceeded the annual target.

The Chair of the Public Health & Wellbeing Committee confirmed there were no other issues to escalate to the Board.

The Board took **assurance** on reported performance and achieved remobilisation activity to date.

7. CHAIRPERSON'S REPORT

The Chair advised that she continues to meet on a regular basis with NHS Scotland Health Board Chairs and with Chief Executives and Scottish Government Ministers and officials to ensure issues that are important to Fife are raised at these discussions. A Morris attended the most recent meeting with the Chair and will continue to attend henceforth in his capacity as Acting Chair.

7.1 Board Development Session – 28 February 2023

The Board **noted** the report on the recent Development Session. The Chair added that she found the Board Development Sessions hugely beneficial in ensuring that Board Members receive the information they require to enable full discussion and understanding on important matters for the Board.

8 STRATEGIC PLANNING

8.1 POPULATION HEALTH AND WELLBEING STRATEGY

The Chief Executive was delighted to introduce the Population Health and Wellbeing Strategy, which was being submitted to the Board for approval following a wide range of engagement with many stakeholders and following detailed discussion at the Board Development Session in February 2023. The Chief Executive began the presentation by setting out the process undertaken over the past two years, including the initial reflection on how NHS Fife could positively and proactively create conditions to support the reduction in health inequalities across Fife. This includes fostering a true focus on improving population health and wellbeing, engaging with staff, communities, partners and regional and national colleagues to produce the Strategy document, which sets out the ambition, vision and statement of intent for NHS Fife to drive forward improvements for population health and wellbeing for the future. She emphasised the commitment to the Strategy, noting that as other plans were brought forward, these would be linked back to the commitments set out in the Strategy.

The Director of Finance & Strategy took members through the local and national planning context and drivers for change. These detailed the need to deliver excellence in health and care services, whilst improving focus on prevention - moving away from a system focused on diagnosing and treating illness towards one that is based on promoting wellbeing and preventing ill health. She reminded members of the approach taken over the past two years and the key themes that had emerged following consultation and engagement with people from across Fife. The Director of Finance & Strategy had been inspired by the engagement, commitment and compassion of everyone involved in developing the Strategy, noting in particular the contribution of S Fraser, Associate Director of Planning & Performance, T McCarthy, Portfolio Manager,

R Maini, Consultant in Public Health, K MacGregor, Associate Director of Communications, and the communications team overall.

The Chair thanked everyone for the presentation and recognised the efforts of staff in developing the NHS Fife Population Health and Wellbeing Strategy. The Chair commended the wide engagement and consultation that had taken place through the various governance processes, giving the opportunity for people to ask questions and input to the Strategy, ensuring the necessary background information has been gone through before considering the Strategy at the Board for approval.

The Board formally **approved** the NHS Fife Population Health and Wellbeing Strategy.

8.2. Cancer Framework and Delivery Plan 2022/23

The Medical Director was pleased to present the Cancer Framework and Delivery Plan 2022/23 for assurance to the Board. The Cancer Framework, which will sit within and support the Population Health and Wellbeing Strategy, has been developed to ensure that we can make a difference to how cancer services and cancer care are delivered in Fife, with a particular focus on inequalities and ensuring equity of access to services. A range of consultation had taken place with the population of Fife, including with people with lived experience of cancer, and the Delivery Plan 2022/23 gives evidence of work being undertaken to live up to the expectations of the Cancer Framework. It was noted that this is the first time NHS Fife has had a Cancer Framework.

The Medical Director recorded thanks to the team for their considerable efforts in delivering the Cancer Framework and Delivery Plan 2022/23.

The Chair understood that Scottish Government was set to publish a national Cancer Strategy for the next 10 years, with a 3-year action plan to be published early 2023, and that this will be reviewed against the NHS Fife Cancer Framework to ensure our priorities remain relevant and in line with national strategic direction. If the strategic direction changed, the Medical Director confirmed that the detail and commitment within the NHS Fife Cancer Framework and Delivery Plan is strong, and NHS Fife is leading the way on a lot of the work so Scottish Government is taking our lead on how to deliver services (such as the Rapid Cancer Diagnosis Service, which has received considerable positive feedback from patients receiving care through that pathway).

For awareness, the Chief Executive noted that C McKenna chairs the Regional Cancer Planning Group, with other Directors also involved in discussions on a regional basis, so she assured the Board that there is a direct voice into regional conversations, which will thence flow into national discussions.

A Wood commented that the Clinical Governance Committee welcomed the comprehensive Cancer Framework and was pleased to see the inclusion of specific cancer-related health inequalities. The Committee looked forward to seeing the Delivery Plan 2023/24. She added that it would be helpful going forward to consider how to capture the gap between health inequalities as work is progressed.

The Board took **assurance** from the Cancer Framework and Delivery Plan 2022/23.

9. ANNUAL CLIMATE EMERGENCY AND SUSTAINABILITY REPORT 2021/22

The Director of Property & Asset Management advised that this is the first Annual Report for Climate Emergency and Sustainability and is part of a suite of documents required by NHS Scotland's new focus on climate emergency. This report will be used to measure performance and demonstrate how NHS Fife is progressing on the journey towards addressing the climate emergency and net zero targets. The Director of Property & Asset Management thanked Non-Executive Board Members who took the time to read the report and sent questions in advance of today's meeting, and the Communications Team for their work in making the document fit for publication on the website.

Reference was made to several other reports that would be submitted to the Board in due course, namely the Public Bodies Climate Change Report, Property & Asset Management Report and Greenspace Strategy. There is also a requirement for a section in relation to Climate Change and Sustainability for inclusion in the Annual Delivery Plan.

The Board **approved** the report and **agreed** to publication on the Board's website.

10. GOVERNANCE

10.1. Blueprint for Good Governance for NHS Scotland (Second Edition)

The Board Secretary reported that the second edition of the NHS Scotland Blueprint for Good Governance was released via a Directors' Letter in late December 2022, and the main changes from the previous iteration were set out in the paper under section 2.3. Both the previous iteration and this edition outlines how good governance is to be delivered in the NHS. NHS Fife fully implemented the previous iteration and compliance against that was independently assessed by Internal Audit.

It was advised that the information on what is required by Boards to implement the new Blueprint will be described at a national event on 26 April 2023 to which all Non-Executive and Executive Directors have been invited, and thanks were given to those that have already registered their attendance. Training modules, via the NES Board Development website, will also soon be available to Board Members to complete.

NHS Highland is presently trialling a Board level-survey, which will be rolled out across all Boards. The results of this questionnaire will be used as a benchmark for each Board to measure their arrangements against the best practice described in the Blueprint, with an action plan subsequently to be developed in response.

The Board Secretary confirmed that regular reports on the implementation of the Blueprint for Good Governance within NHS Fife will be submitted via the Audit & Risk Committee and onward to the Board.

The Chair recommended the Blueprint to all Non-Executive and Executive Directors for their attention.

The Board **noted, for assurance**, the information provided in this paper on the issuing of the second edition of the NHS Scotland Blueprint of Good Governance and the further detail still to be received on its implementation timeline.

10.2. Clinical Governance Strategic Framework

The Medical Director presented the Clinical Governance Strategic Framework and Clinical Governance Strategic Framework Delivery Plan 2022/23 for assurance. The Framework is fundamental in setting out our aim of delivering safe, effective, patient-centred care as an organisation which listens, learns and improves. The Strategic Framework has been aligned to support the Population Health and Wellbeing Strategy and the four strategic priorities within.

It was noted that the Framework has been scrutinised through the relevant committees.

The Board took **assurance** from the Clinical Governance Strategic Framework.

10.3. Draft Fife NHS Board Workplan 2023/24

The Board Secretary introduced the draft Fife NHS Board Workplan 2023/24, which outlines the draft schedule of items for the Board for the financial year, as required under the Code of Corporate Governance.

The Board **approved** the draft Fife NHS Board workplan for 2023/24, as presented.

11. INTERIM PROGRESS REPORT ON EQUALITY OUTCOMES AND MAINSTREAMING PLAN 2021-25

The Director of Nursing referred to the report, which provided information and detail of the work undertaken over the past two years to progress the agreed set of equality outcomes for the period 2021-2023. The report also contained details of NHS Fife mainstreaming activity and how it is intended to continue to make progress against these actions for the next two years.

The report had been submitted via the relevant governance committees.

It was noted that while the Plan for 2021 to 2025 was produced in 2021, it has been continually refreshed to achieve the four outcomes and work has already started to look at what can be done for the next Plan covering the period 2025 to 2029.

The Board took **assurance** from the report, which details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years; **considered** the content of the report; and **agreed** to publish the Interim Report by 31 March 2023.

12. ANNUAL DUTY OF CANDOUR REPORT 2021/22

The Medical Director advised that the report is presented to the Board on an annual basis and is thereafter required to be published. It was noted the report being published

is for 2021/22, due to the timings of collating the data required. He explained that only when the adverse event review process is completed can a decision be made by the Medical Director about whether to activate the Duty of Candour process. As a result of the pandemic, there was still delay in getting all the investigations completed and decisions made on the classification of individual cases.

Table 2 set out the events where Duty of Candour applied in 2018/19, 2019/20, 2020/21 and 2021/22. This additional information is being included for completeness, as Duty of Candour was applicable to events that concluded review after respective annual reports were previously finalised and published.

It was highlighted that between 1 April 2021 and 31 March 2022 there were 36 adverse events reported where Duty of Candour processes applied. The details of the outcomes reported across NHS Fife are in the report, together with our compliance, the learning from the event and how that was shared across the organisation.

The Board **reviewed** the substance and content of the report for assurance and **noted** that any incidents that conclude after submission of the 2021/2022 report will then be included in next year's 2022/2023 report.

13. **WHISTLEBLOWING QUARTER 3 REPORT 2022/23**

The Director of Workforce drew the Board's attention to the update on whistleblowing, anonymous concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 October to 31 December 2022. He confirmed there had been one whistleblowing concern lodged within Quarter 3, which is detailed within Appendix 1 of the paper.

The Director of Workforce drew attention to several actions that were underway, notably the campaign for confidential contacts was being refreshed to run again and he thanked the Whistleblowing Champion and Associate Director of Communications for their assistance. An internal audit had been undertaken and the findings look positive, although there is still work to do. The next iMatter survey will include two whistleblowing questions for staff asking if they are confident they can raise concerns and that their concerns will be followed up and responded to.

K Macdonald, Whistleblowing Champion, advised that each year she is asked by the Cabinet Secretary to comment on the culture of the organisation and any action taken to impact that. She confirmed that she was assured at Board level that when concerns are raised, she has seen examples that issues are dealt with correctly and swiftly. She was pleased that there would be an opportunity to have that staff voice captured through iMatter about how staff feel raising concerns and suggested this be included in future reporting. She also noted it would be useful to report on concerns received to date, to share any learning and reflect any changes to processes.

The Board took **assurance** from the report, noting there was one whistleblowing concern received in the reporting period; no anonymous concerns were received; no whistleblowing articles were published in the local newspapers; and took assurance of awareness and the whistleblowing training undertaken during Quarter 3.

14. STATUTORY AND OTHER COMMITTEE MINUTES

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

- 14.1. Audit & Risk Committee dated 15 March 2023 (unconfirmed)
- 14.2. Clinical Governance Committee dated 3 March 2023 (unconfirmed)
- 14.3. Finance, Performance & Resources Committee dated 14 March 2023 (unconfirmed)
- 14.4. Public Health & Wellbeing Committee dated 1 March 2023 (unconfirmed)
- 14.5. Staff Governance Committee dated 9 March 2023 (unconfirmed)
- 14.6. East Region Programme Board dated 10 February 2023 (unconfirmed)
- 14.7. Fife Health & Social Care Integration Joint Board dated 25 November 2022
- 14.8. Fife Partnership Board dated 28 February 2023 (unconfirmed)

Approved Minutes

- 14.9. Audit & Risk Committee dated 5 December 2022
- 14.10. Clinical Governance Committee dated 13 January 2023
- 14.11. Finance, Performance & Resources Committee dated 17 January 2023
- 14.12. Public Health & Wellbeing Committee dated 11 January 2023
- 14.13. Staff Governance Committee dated 12 January 2023

15. FOR ASSURANCE

The Board **noted** the item below:

- 15.1 Integrated Performance & Quality Report – January 2023

16. ANY OTHER BUSINESS

16.1. Chair's Final Remarks

The Chair recorded her thanks to all staff for their commitment to NHS Fife and for the many achievements realised under her tenure as Chair over the past six years, specifically acknowledging the tremendous challenges of working through the unprecedented times of the Covid-19 pandemic. She was extremely proud of the organisation and its staff. She stated that the Board has worked hard to set the direction and strategy needed to make NHS Fife the best it can be. The Board has given support to staff and the people of Fife who have needed healthcare. She recognised that there have been, and will continue to be, challenges ahead but she is confident the Health Service in Fife is in the best possible hands. The Chair had been honoured and privileged to be working at NHS Fife and she wished the organisation well for the future.

The Chief Executive acknowledged the Chair's long-standing commitment to public service and people of Fife and remarked that it was the end of an era as she stepped down from a career dedicated to public service. The Chair had been instrumental in the development and advancement of NHS Fife's governance processes, bringing rigour and discipline to this hugely important aspect of our responsibility as a Board, and assuring the appropriate balance between holding the executive to account and offering support and advice. Through her input at a national level, there was also

recognition of the substantial progress in increasing the diversity of membership on health boards and in promoting the voice of women in public service.

The Chief Executive noted that almost half of her tenure as Board Chair had been providing leadership within the context of a global pandemic and, despite these most difficult of circumstances and some real challenges along the way, under her direction NHS Fife delivered some incredible achievements, including:

- We successfully designed and delivered a robust Covid vaccination programme;
- We rolled out a huge range of initiatives to support staff health and wellbeing;
- We retained our 'best in class' position in relation to elective capacity across Scotland;
- We embraced new technologies, including with the introduction of robotic assisted surgery;
- We planned, secured funding, built and opened a state-of-the-art elective orthopaedic facility at Victoria Hospital; and
- We transformed our endowment fund into the Fife Health Charity, committing over £7million for different projects and initiatives to enhance both staff and patient experience.

Board members and attendees joined with the Chief Executive in warmly thanking the Chair for her service to and leadership of NHS Fife during her tenure.

17. DATE OF NEXT MEETING

Tuesday 30 May 2023 at 10:00 am

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

FIFE NHS BOARD – ACTION LIST
Meeting Date: Tuesday 30 May 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	28/03/23	Whistleblowing Quarter 3 Report 2022/23	Consider including information about how staff feel raising concerns in future reporting (staff voice to be captured through iMatter). Also, useful to report on concerns received to date, to share any learning and reflect any changes to processes.	DM	September 2023	An action plan has been created showing specific areas where improvement can be achieved and this plan will be presented to the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and the NHS Fife Board from the next reporting cycle. Enhancements will be made to both quarterly reporting and in the Annual Report for 2022/23 and these will include action plan monitoring.	Deadline not reached
2.	31/05/22	Corporate Objectives 2022/23	Consider timescales of when specific objectives should be progressed when presenting updates through committees over the year.	CP	May 2023	Individual committee workplans ensure appropriate coverage of NHS Fife strategic priorities, to which individual objectives are aligned. Assessment on the delivery of each Committee's 2022/23 workplan has been made in each Committee's annual assurance statement, presented to the May cycle of meetings. Updated Corporate Objectives for 2023/24 are presented for approval to the Board on today's agenda.	Closed

Meeting: NHS Fife Board
Meeting date: 30 May 2023
Title: Chairpersons Report: Committee Membership
Report Author: Gillian MacIntosh, Head of Corporate Governance & Board Secretary

1 Purpose

This report is presented for:

- Endorsement

This report relates to:

- Local policy

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

- Effective

2 Report summary

2.1 Situation / Background

This paper outlines the recent Board Committee Membership appointment changes, for formal Board endorsement.

2.2 Assessment

Following the retirement of the previous Chair and appointment of the Acting Chair from 1 April, a number of consequential changes have been made to Board Committee appointments. To inform the placement of members on new committees, the completed Skills Matrix for the Board membership overall has been consulted. Details of the current Committee appointments, reflecting recent moves effective 1 May, are attached as Appendix 1.

There remains a number of vacancies for various 'Champion' roles and Board members interested in potentially taking on these positions are invited to note their interest with the Acting Chair.

2.2.1 Quality / Patient Care

Ensuring Board scrutiny in this area is a significant aspect of the Board's responsibilities, undertaken through Non-Executive membership of committees such as Clinical Governance and Public Health & Wellbeing.

2.2.2 Workforce

N/A

2.2.3 Financial

N/A

2.2.4 Risk Assessment / Management

This paper is not related to any active risks on the Corporate Risk Register.

2.2.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

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.

2.2.6 Climate Emergency & Sustainability Impact

N/A

2.2.7 Communication, involvement, engagement and consultation

The appointments have been informed by discussions with Committee Chairs and Non-Executive Members, led by the Acting Chair.

2.2.7 Route to the Meeting

The revised Committee membership chart has previously been circulated to members and induction arrangements are already underway to support new placements.

2.3 Recommendation

This paper is provided for:

- **Endorsement** – For the Board to formally approve the new Committee membership arrangements.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 - Committee Membership Chart, May 2023

Report Contact

Gillian MacIntosh

Head of Corporate Governance & Board Secretary

Email gillian.macintosh@nhs.scot

BOARD STANDING COMMITTEES – May 2023

Committees

Changes since last issue: A Wood removed from IJB FP&S; A Morris removed from IJB; C Cooper removed; T Marwick removed; D Miller added as DoW; C Grieve added as Member IJB; J Kemp added as Member Remuneration; B Hannan added as in Attendance PHW

	Audit & Risk (3 NEDs)	Clinical Governance (3 NEDs)	Finance, Performance & Resources (3 NEDs)	Public Health & Wellbeing (3 inc 2 NEDs)	Remuneration (3 inc 2 NEDs)	Staff Governance (3 NEDs)	Fife Health Charity Sub	IJB (Chair until 2024)	IJB Audit & Assurance	IJB Finance, Perf. & Scrutiny	IJB Quality & Communities	Pharm Practices Cttee	Communities & Wellbeing Partnership	Fife Partnership Board	Discret Points Yearly	Dental Appeals
Executive Team																
C Potter*	A	M	M	M	A	M										
N Connor		A	A	A		A		A					M	M		
C Dobson		A	A			A							M	M		
B Hannan		A	A	A				A								
J Keenan*		M	M	M		M		M								
N McCormick			A													
M McGurk*	A	A	M	M		A										
Dr C McKenna*		M	M	M				M								
D Miller					A	A										
J Tomlinson *		M	M	M				A					M	M		
Non Exec																
S Braiden*		M				Ch		M	M		Ch		M			
W Brown*			M	M	M	M+		M								
D Graham*	M		M													
A Grant*	Ch		M		M			M		Ch	M	Ch				
C Grieve*		M				M		M		M						
A Haston*	M	M														
J Kemp*			M		M			M	M	M						
A Lawrie*	M	M+	M													
K MacDonald*	M	M				M										
M Mahmood*				M		M										
A Morris*			Ch	Ch	Ch	M								Ch	Ch	
A Wood*		Ch		M				Ch								
Vacancies				V												V

All Board Members* are Trustees of the Board of Trustees, Fife Health Charity

Counter Fraud Services Champion – Alastair Grant

Digital Champion – **Vacancy**

Equality & Diversity – **Vacancy**

Safety & Cleanliness Champion – Sinead Braiden

Whistleblowing Champion – Kirstie Macdonald (Scottish Government appointment)

M = Member Ch = Chair VCh= Vice-Chair A = In Attendance M+ = Member in own right V = Vacancy

	<u>COMMITTEE</u>	<u>EXEC LEAD</u>	<u>CONTACT EMAIL</u>
1.	Audit & Risk Committee	Director of Finance & Strategy Margo McGurk	hazel.thomson4@nhs.scot
2.	Board of Trustees / Fife Health Charity Sub Committee	Director of Finance & Strategy Margo McGurk	elaine.dodds@nhs.scot
3.	Clinical Governance Committee	Medical Director Chris McKenna	hazel.thomson4@nhs.scot
4.	Communities & Wellbeing Partnership	Director of Public Health Joy Tomlinson	brenda.ward@nhs.scot
5.	Discretionary Points	Medical Director Chris McKenna	alison.gracey@nhs.scot
6.	Finance, Performance & Resources Committee	Director of Finance & Strategy Margo McGurk	kerrie.donald@nhs.scot
7.	Public Health & Wellbeing Committee	Director of Public Health Joy Tomlinson	hazel.thomson4@nhs.scot
8.	Remuneration Committee	Director of Workforce David Miller	lakshmi.anderson@nhs.scot / paula.king3@nhs.scot
9.	Staff Governance Committee	Director of Workforce David Miller	lakshmi.anderson@nhs.scot / hazel.thomson4@nhs.scot



Report to the Board on 30 May 2023

BOARD DEVELOPMENT SESSION – 25 April 2023

Background

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

April Development Session

4. The most recent Board Development Session took place in the Staff Club, Victoria Hospital, Kirkcaldy on Tuesday 25 April 2023. There were two main topics for discussion: Board Members' Code of Conduct and Culture, Values and the Role of the NHS Board.

Recommendation

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

ALISTAIR MORRIS

Acting Board Chairperson

27 April 2023

Meeting: NHS Fife Board
Meeting date: 30 May 2023
Title: Integrated Performance & Quality Report
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the EDG 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 generally up to the end of February 2023. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland. These are:

- | | |
|--------------------------------|-----------------|
| • HSMR | Lag of 3 months |
| • Detect Cancer Early | Lag of 9 months |
| • Antenatal Access | Lag of 3 months |
| • Drug & Alcohol Waiting Times | Lag of 2 months |
| • Child Immunisation | Lag of 3 months |

In the spirit of providing local data as soon as possible, the following measures have data up to the end of March 2023:

- 4-Hour Emergency Access
- Delayed Discharges (Bed Days Lost)
- FoI
- PDPR
- COVID & Flu Vaccination

The RAG status of the 'deliverables' in the drill-downs is as at the end of March 2023 and are sourced from Annual Delivery Plan.

In FY 2022/23, activity is continuing to be monitored for the Acute Services Waiting Times measures – New Outpatients, Patient TTG and Diagnostics. Actual and Projected figures are shown in the table on Page 4.

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

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities. Risk level has been incorporated into the Assessment section.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

2.3 Assessment

Section d (Assessment) of the IPQR provides a full description of the performance, achievements and challenges relating to the key measures in the report.

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific section of the IPQR.

2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- **Executive Directors Group** 20 April 2023
- **Clinical Governance Committee** 05 May 2023
- **Finance, Performance and Resource Committee** 09 May 2023
- **Staff Governance Committee** 11 May 2023
- **Public Health and Wellbeing Committee** 15 May 2023

2.3.9 Issues for Escalation to the NHS Fife Board

There were no issues for escalation from the Clinical Governance; Finance, Performance & Resources; Staff Governance; or Public Health & Wellbeing Committees.

2.4 Recommendation

The NHS Fife Board is requested to:

- **Take Assurance** on reported performance and achieved remobilisation activity to date

3 List of appendices

None

Report Contact

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Produced in April 2023

Introduction

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

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.
- d. Assessment**
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
20 April 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	14	4	0	0		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key	
▲	Improved - Risk Decreased
◀▶	No Change
▼	Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Feb-23	45	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Feb-23	55.6%	●	▲	▲	●
	HSMR	N/A	Year Ending	Sep-22	0.98	●	—	—	●
	Inpatient Falls	6.91	Month	Feb-23	8.54	○	▼	▼	●
	Inpatient Falls with Harm	1.65	Month	Feb-23	2.15	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Feb-23	1.17	○	▲	▲	●
	SAB - HAI/HCAI	18.8	Month	Feb-23	14.4	○	▲	▲	● QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Feb-23	14.4	○	▲	▼	● QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Feb-23	36.0	○	▼	▼	● QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Feb-23	48.8%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Feb-23	8.6%	○	▲	▼	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Feb-23	12.9%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-22	100.0%	●	↔	↔	●
	4-Hour Emergency Access	95%	Month	Mar-23	69.7%	○	▼	▼	● Feb-23
	Patient TTG % <= 12 Weeks	100%	Month	Feb-23	44.9%	●	▼	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Feb-23	46.6%	●	▲	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Feb-23	59.9%	●	▲	▼	● Dec-22
	Cancer 31-Day DTT	95%	Month	Feb-23	90.1%	○	▼	▼	● QE Dec-22
	Cancer 62-Day RTT	95%	Month	Feb-23	67.5%	○	↔	▼	● QE Dec-22
	Detect Cancer Early	29%	Year Ending	Jun-22	25.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Mar-23	77.1%	●	▼	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Mar-23	9.0%	●	▲	▲	● QE Sep-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Mar-23	4.6%	○	▲	▲	● QE Sep-22
Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022	
Finance	Revenue Resource Limit Performance	(£16.0m)	Month	Feb-23	(£20.0m)	●	—	—	●
	Capital Resource Limit Performance	£30.7m	Month	Feb-23	£24.7m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Feb-23	6.95%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Mar-23	37.9%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Nov-22	218	●	—	—	● YT Jun-22
	CAMHS Waiting Times	90%	Month	Feb-23	83.2%	○	▲	▲	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Feb-23	69.6%	○	▼	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Jan-23	96.7%	●	▼	▲	● QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1%	○	▲	▲	● QE Dec-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3%	○	▼	▼	● QE Dec-22	

Performance Key

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

SPC Key

○	Within control limits
○	Special cause variation, out with control limits
●	No SPC applied

Change Key

▲	"Better" than comparator period
↔	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment
 (NOTE: Better/Worse may be higher or lower, depending on context)

		Quarter End	Quarter End	Quarter End	Month End			Quarter End
		Jun-22	Sep-22	Dec-22	Jan-23	Feb-23	Mar-23	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	3,087	1,029	1,029	1,029	3,087
	Actual	2,880	2,994	3,145	1,029	1,091	1,189	3,309
	Variance	-156	-59	58	0	62	160	222
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	19,156	6,376	6,395	6,395	19,166
	Actual	20,962	21,455	21,810	7,415	7,736	8,667	23,818
	Variance	2,395	2,649	2,654	1,039	1,341	2,272	4,652
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	1,491	497	497	497	1,491
	Actual	1,550	1,609	1,678	560	498	555	1,613
	Variance	59	118	187	63	1	58	122
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	11,988	3,996	3,996	3,996	11,988
	Actual	13,471	12,936	11,875	4,238	3,930		8,168
	Variance	1,483	948	-113	242	-66		

d. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
Major & Extreme Adverse Events	<i>70% of Action from Major and Extreme Adverse Events to be closed within time</i>	70%	55.6%
<p>There were 45 major/extreme adverse events reported in February of a total of 1,352 incidents. Over the past 12 months, Pressure Ulcer developing on ward has been the most common major/extreme incident reported.</p> <p>There were 15 actions relating to LAER/SAER in February, from total of 27 closed, 55.6%. There was a total of 380 actions open at the beginning of February, with 72 (18%) being within time.</p> <p>Poor compliance with closure of actions from Major and Extreme Adverse Events is recognised and escalated through the Clinical Governance Oversight Group. There will be a significant focus on all aspects of actions management in the ongoing adverse events improvement plan in 2023 which will include collaboration with the Organisation Learning Group.</p>			
HSMR		1.00	0.97
<p>Data for 2021 and 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending December 2022 showing a ratio below the Scottish average.</p>			
Inpatient Falls	<i>Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22</i>	6.91	8.58
<p>The number of inpatient falls fell slightly in in February, with an increase in Acute Services being more than offset by a fall across the Partnership. However, with it only being a 28-day month, the OBD figure was also reduced, and the actual falls rate therefore increased. It was the highest recorded since February 2021.</p> <p>The overall rate remained higher than target for March 2023 and above the rate in February 2022 (7.33). The rate in FY 2022/23 to date is 7.52; for the same period of FY 2021/22, it was 7.75. The reduction is attributable to improvement within the Partnership.</p> <p>The majority of falls in the last 3 months (95%) were classified as 'Minor Harm' or 'No Harm' but the actual number resulting in Major/Extreme Harm remained high.</p> <p>The updated Falls Toolkit was delayed and will now be launched in May 2023. The Link Practitioner framework has been agreed with testing in Acute & HSCP underway.</p>			
Pressure Ulcers	<i>Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22</i>	0.89	1.17
<p>The rate of pressure ulcers reduced in February, to around the 2-year average (1.15). This was mainly a result of only recording two incidents across the Partnership; the rate in Acute Services remained high.</p> <p>The cumulative rate in the first 11 months of FY 2022/23 was slightly less than for the same period in FY 2021/22 (1.13 against 1.19) but remains above the target for FY 2022/23. On the positive side, the Acute Services rate is also lower when comparing the two periods.</p> <p>Early intervention by Acute Services Tissue Viability teams has not yet had an impact but this will be monitored. HSCP has completed a pressure ulcer audit which identified some learning to take forward for inpatient settings. Community nursing have identified a checklist which is showing effectiveness using QI methodology, this is now being used in other areas and impact will continue to be monitored. HON from both the HSCP and ASD have been identified as leads for commencing an Operational Group, the first meeting will be planned when HON meet this week, TOR and membership still to be established. Tissue viability teams are developing an SBAR to consider future of tissue viability across NHS Fife.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	18.8	14.4

The SAB infection rate varies from month to month and has been below the March 2023 target in 9 of the last 12 months. Of the 51 HAI/HCAI reported in last 12 months (infection rate of 12.3), 13 have been categorised as VAD with 12 'Skin and Soft Tissue, while 12 have been categorised as either 'Other' or 'Not Known'.

Fife has been below the Scottish average for 8 successive quarters. This has been achieved by enhanced surveillance of SAB, standardising vascular access devices (VAD) care, the implementation of ePVC insertion and maintenance bundles and targeted QI work.

The IPCT performs the following actions:

- Enhanced surveillance and analysis of SAB data to understand the magnitude of the risks to patients in Fife
- Timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs
- Examination of the impact of interventions targeted at reducing SABs
- Uses results locally for prioritising resources
- Uses data such as the weekly ePVC compliance report to inform clinical practice improvements
- Continues to liaise and support Drug Addiction Services with people who inject drugs (PWID) and SABs
Note: 2022 has seen a marked increase in PWIDs cohort SAB infections (n=11), when compared to 2021 (n=4)

In order to maintain such low rates and to further reduce SABs, the local and national intelligence highlights the following areas for focus; medical devices (including VADs) and non-vascular access medical devices, skin & soft tissue infections (including PWIDs).

C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	6.5	14.4
---------------	---	------------	-------------

The C Diff infection rate varies from month to month but has been above the March 2023 target for much of FY 2022/23. There have been 13 infections reported over the past 3 months, highest quarterly total since November 2019, with a rate of 14.5. A key improvement aim is the reduction of 'recurrent' infections, and this continues to be a challenge, with 8 of the 41 HAI/HCAI and Community infections in the past year being identified under this category.

Fife has been below the Scottish average for each of the last 14 quarters. This has been achieved with strong antimicrobial stewardship, Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance and analysis of risk factors.

The challenge is to further reduce the noted low rates of CDI. Work focuses on recurrent CDI (2022 equalled the previous year with the number of recurrent infections); each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high-risk patients. Bezlotoxumab has been used in cases where other modalities have failed.

ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	33.0	36.0
------------	---	-------------	-------------

The total number of HCAI ECB cases in 2022 was slightly lower than the previous 2 years (2022 n=123, 2021 n=127 and 2020 n=137) However, Q3 2022 National Report, Fife was slightly above the Scottish rate for HCAI. In both hospital-acquired and non-hospital-acquired infections, the renal tract is the major source of infection (with cystitis/lower UTI the major entry point) along with hepato-biliary infections.

To achieve the reduction target, NHS Fife continues to focus on enhanced surveillance, to gain learning, evaluate preventative measures and improve practices. One current initiative within the HSCP includes the Infection Control Surveillance team alerting the patient's care team Manager by Datix when an ECB is a urinary catheter associated infection and exploring the case via a Complex Care Review (CCR). The aim of the process is to provide further learning from all ECB CAUTIs.

Ongoing work to support best practice in urinary catheter care continues with NHS Fife's Urinary Catheter Improvement Group (UCIG) targeting quality improvement work. This group aims to minimize urinary catheters, thus helping to prevent catheter associated healthcare infections and trauma and, furthermore, to establish catheter improvement work in Fife.

CAUTI insertion and maintenance bundles were developed and installed onto Patientrack in February 2022 and this has been piloted, currently the tool is being reviewed prior to roll out across the board. This bundle should ensure that the correct processes for the insertion and maintenance of all urinary catheters are adhered to within NHS Fife inpatient wards.

A QI project led by the IPC Care Home Senior IPCN for NHS Fife has introduced CAUTI maintenance bundles within 4 care homes in Fife. The staff are supported with an education package and the aim is to eventually roll it out

	Target	Current
across all Fife care homes, thus optimising urinary catheter maintenance and reducing the risk of CAUTIS and ECBs.		

Complaints – Stage 2	<i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i>	50%	8.6%
-----------------------------	---	------------	-------------

There were 25 stage 2 complaints received in February, all acknowledged within timescales, with 35 closed. Of those closed, 3 (8.6%) were within timescales with 21 greater than 40 days after deadline. 31 complaints were due in the month with of 4 (12.9%) closed.

Nearly two thirds of open complaints have been open for more than 40 days with a third more than 80 days.

The Patient Experience Team (PET) Lead is focusing on quality checking response letters, ensuring all complaint points have been answered, readability of response along with spelling and grammar.

The complaint “complexity scoring” tool to triage complaints and categorise them as low, moderate, or high complexity continues to be tested. The complexity categorisation score will provide insight into the volume of complex complaints that NHS Fife receives and handles.

A "complaints escalation" standard operating procedure (SOP) is being drafted. This will highlight and support with processing complaints within the agreed national timescales, in line with the model handling complaint procedure.

A new process has been implemented to ensure compliance with acknowledgement timeframes for complaints. This has seen an improvement in compliance for February with 100% of acknowledgement letters being sent within the timeframe (3 working days).

The digital & information team has created a preliminary summary page for the PET Dashboard. This will be reviewed over the next month to agree on data metrics and reporting priorities. A further request has been submitted and will be passed to a business analyst to review the current processes and recommend a suitable system to support documentation systems within the complaint-handling process.

Due to vacancies arising within the Patient Experience Team, 2 Band 6 PET Officers post (1.8 WTE) and a Band 4 Support Officer will be advertised. The Band 4 PET Administrator post, which will focus on the administration and the navigation of complaints, has been advertised and shortlisted.

We continue to work with services, review new ways of working, and understand challenges. Clinical pressures continue to impact performance with obtaining statements and approval of final responses. An MS Forms questionnaire has been created to gather information and to try to understand the barriers staff are experiencing with providing statements. This will be tested before widespread dissemination.

At the end of February 2023, 84% of all live complaints were awaiting statements or final approval by the divisions. The number of live complaints has reduced from 145 to 141 since the start of Quarter 4 (January 2023) despite 53 new complaints being submitted during that period.

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	69.7%
<p>March performance has fallen below 70% to 69.7% from 72.6% month prior. On average there was 230 unplanned attendances per day in March compared to 200 in January and 216 in February. The number of 8-hour breaches had increased to 740 with 12-hour breaches 220, over twice the number in month previous.</p> <p>Performance in Victoria Hospital decreased to 60.7% with recovery trajectory not being achieved in all but one week in March.</p> <p>The 'push' model continues to be used based on OPEL triggers and further review of OPEL scoring undertaken in March. Work continues on used of electronic bed requesting to improve efficiency with flow from front door. Capacity and Flow workshops continue to support change and improvement plans with an MDT approach with a view to reducing bed waits within ED.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i>	100%	44.9%
<p>Monthly performance fell again in February and is almost 8% lower than a year ago. NHS Fife continues to be top quartile of Mainland Health Boards, as at the most recent publication in February (for the period up to the end of December 2022), where performance was 50.6% against the Scottish average of 31.0%.</p> <p>Actual activity in the first 11 months of the FY is slightly less than forecast, and the Waiting List continues to rise, now being over 50% higher than a year ago.</p> <p>There has been limited ability in the first 3 quarters of this year to undertake additional activity to reduce the backlog and deliver the long waiting targets given the reduced level of funding received. The continued pressures in unscheduled care, staff absence and vacancies has also impacted on the ability to deliver core capacity leading to a greater gap in capacity to meet demand with a resultant increase in waiting list size. As waiting times increase, there continues to be proportionally more patients being assessed as urgent in some specialities which is leading to increasing waits for routine patients. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH. Unscheduled care pressures.</p> <p>Non-recurring funding made available from SG in Q4 has enabled additional activity in some specialities and this has been prioritised for urgent and long waiting routine patients enabling some specialities to reduce their backlog. It is projected that performance against projections for the long waiting targets will improve by the end of March. However, the target of no one waiting over 2 years will not be sustained for General Surgery, Orthopaedics and Gynaecology, that progress against the 18 months target will deteriorate and concerningly that there will be increasing numbers of patients waiting over a year for Orthopaedics, Urology and General Surgery. Efforts continue to maximise the use of capacity, particularly for day case activity at QMH, and to validate the waiting lists.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	46.6%
<p>Monthly performance improved slightly in February but is 2.2% lower than it was a year ago. NHS Fife is in the mid-range of Mainland Health Boards, as at the most recent publication in February (for the period up to the end of December 2022), where performance was 45.8% against the Scottish average of 44.1%.</p> <p>Actual activity in the first 11 months of the FY (including DNAs) is 15% higher than forecast but the Waiting List is 20% higher than it was a year ago although at its lowest level since August at the end of February.</p> <p>There has been limited ability in the first 3 quarters of this year to undertake additional activity to reduce the backlog and deliver the long waiting targets given the reduced level of funding received and the continued pressures in unscheduled care, staff absence and vacancies. As waiting times increase, there continues to be proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients. Whilst activity delivered has been greater than projected this is not enough to meet the demand and therefore the waiting list size continues to rise.</p> <p>Non-recurring funding made available from SG in Q4 has enabled additional activity in some specialities and this has been prioritised for urgent and long waiting routine patients enabling some specialities to reduce their backlog. It is projected that the target of no one waiting over 2 years will be sustained by March for all specialities and that the numbers waiting over 18-months and 1-year will be reduced. The 18-month target will be met by most specialities apart from Cardiology, Gastroenterology, Neurology, General Surgery and Vascular Surgery. The 1-year target will not be met in 11 specialities with Cardiology, Endocrinology, Gastroenterology, Neurology, Vascular, General</p>			

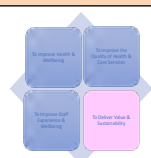
		Target	Current
Surgery and Gynaecology having the most challenges. Efforts continue to maximise the use of capacity and to validate the waiting lists.			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	59.9%
<p>Monthly performance improved by almost 5% in February. In comparison to other Mainland Health Boards, NHS Fife remains in the mid-section as at the most recent publication in February (for the period up to the end of December 2022), where performance was 53.5% against the Scottish average of 45.8%.</p> <p>Despite achieving 6% greater activity than planned in the first 11 months of FY 2022/23 (this figure including DNAs), the combined Waiting List for Endoscopy and Radiology continues to grow and is 20% higher than it was a year ago. Endoscopy has reduced by 8% but this has been more than offset by a 25% increase in Radiology.</p> <p>In endoscopy there has been a steady reduction in patients waiting over 26 weeks since July 2022. There continue to be challenges in maintaining core activity due to vacancies and unscheduled care pressures, however, the number waiting over 6 weeks remains stable.</p> <p>In Radiology due to the reduced level of funding received in Q3 and Q4, the increase in the proportion of urgent referrals and the continued increase in demand for inpatient scans the numbers waiting over 6 weeks and the waiting list size continues to rise for all modalities. There are no patients waiting over 26 weeks for imaging. The majority of patients waiting over 6 weeks continue to be in ultrasound where there are particular challenges in capacity due to vacancies and staff absence however numbers are now rising in all modalities.</p> <p>There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care.</p>			
Cancer 31-Day DTT	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	95%	90.1%
<p>Monthly performance has decreased to 90.1%, out with control limits, has not been as low since April 2019. Of the 13 breaches in February 11 are for Prostate, with 85% of all breaches in QE February 2023 attributed to Urology. The average number of patients starting treatment in QE February 2023 was 116 per month compared to 87 QE February 2022 but performance has decreased to 92.6% when 100% year earlier.</p> <p>Prostate remains our most challenged pathway with delays to both surgery and Oncology. All breaches related to capacity issues within theatres or the chemotherapy unit. The range of breaches were 5 to 138 days (average 46 days, previous month average 8 days). Focused efforts on reducing the urology surgical backlog have impacted on the standard for this month.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	67.5%
<p>Monthly performance has remained below 70% for the third consecutive month, 17 of the 27 breaches were for Prostate with the rest covering 7 different sites. In the last quarter, 47 (60%) of all breaches related to Prostate. The average number of patients starting treatment in QE February 2023 was 79 per month compared to 63 QE February 2022 but performance is 10% lower.</p> <p>Referrals continue to exceed pre-pandemic numbers; however, we aim to appoint within 14 days of referral. Prostate remains our most challenged pathway with delays across all steps except for MRI. Breaches for Breast, H&N, HPB and OG were attributed to delays with additional testing, staging and investigations. Breaches for Lung, Ovarian, Prostate and Cervical were due to theatre capacity issues and lack of resources. The range of breaches were 4 to 253days (average 47 days, previous month average 19 days). Increasing complexity of pathways to ensure optimum targeted treatments is resulting in breaches and this is expected to be seen across most tumour groups.</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5.0%	4.6%
<p>The % of bed lost to 'standard' delays in March has decreased to 4.6% from 5.8% month prior, achieving target for first time since January 2021. March 2023 is 2% lower than corresponding month year prior which equates to over 500 bed days less in delay.</p> <p>The number in delay at census point was 35 patients with the average across the month 45.6.</p> <p>The number of bed days lost to 'Code 9' delays is 147 more than month prior but daily average only slightly higher at 43.2 compared to 42.6. There were 41 'Code 9' delays at census point, 25 within Community setting and 16 within Mental Health.</p> <p>Aligning named patient flow coordinators to acute wards was implemented December 2022. This is now fully embedded and having a positive impact the data below highlights the improvement in Hub performance from December 2022 to March 2023 when this initiative was commenced. Planned day of Discharge (PDD) is now completely rolled in all community hospitals, standard delays across community and acute hospitals have significantly improved in meeting target of standard delay at 48 during these months. A robust verification process</p>			

remains in place to effectively manage timely discharges, with the highest number of weekly discharges (107) occurring during week ending 18th of March 2023.

The Front Door model remains aligned with AU1, AU2 and ward 9, despite in its infancy there has been significant improvement in average length of stay within ward 9 where it has fallen from 12 days to 4 from January to March 2023.

Ongoing challenges with Care Home and Acute hospital ward closures due to Covid outbreaks continue to have an impact on flow between hospital to community and community to Care Home.

FINANCE



To deliver value and sustainability

6



Moderate

Revenue Expenditure *Work within the revenue resource limits set by the SG Health & Social Care Directorates* **(£16.0m)** **(£20.0m)**

The Health Board retained position at the end of February is an overspend of £20m. This overspend comprises:

- £5.652m core overspend (includes £4.212m overspend relating to acute set aside services)
- £9.541m of the financial gap identified in the board's approved financial plan
- £4.843m unfunded Covid surge and associated costs

The core overspend reflects the significant and ongoing service pressures across acute unscheduled care services, a reduction in planned care funding and an increasing cost pressure within external care commissioning. The forecast year-end position is beyond the approved financial plan and there is a high level of risk in relation to the delivery of our full savings target programme for the year.

Health Delegated Services report an underspend at the end of February of £6.944m including fully funded Covid costs of £9.997m.

Capital Expenditure *Work within the capital resource limits set by the SG Health & Social Care Directorate* **£30.7m** **£24.7m**

The overall anticipated capital budget for 2022/23 is £30.677m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to February records spend of £24.734m. Therefore, 81% of the anticipated total capital allocation has been spent to month 11.

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

	Target	Current
--	--------	---------

Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

6.95%

The sickness absence rate fell in February 2023 by 0.11% compared to January 2023 but was still over 1% higher than a year ago. February 2023 was the first month in 4 with a sickness absence rate below 7%. COVID-19 related absence, except for the infection control period, is now included within the sickness absence figures.

Reductions were reported across all main Divisions and Directorates except for Corporate and Complex & Critical Care Services.

The national picture (from monthly management information) shows that NHS Fife (6.03%) had the 4th highest absence rate of all Mainland Health Boards for the 12 months ending January 2023. The Scottish average was 6.09%.

The Attendance Management Operational Group continues to meet monthly to work on preventative approaches to attendance management.

The revised NHS Fife local Attendance Management training is now being delivered to groups of managers and a Turas LEARN Attendance module is available for managers to access at a time that suits them. Discussions are underway on how best to refresh of Promoting Attendance Review and Improvement panels to ensure these remain fit for purpose and to provide an opportunity for attendance cases to be managed as early as possible and to enhance learning opportunities for managers.

Sickness absence trends remain elevated with mental health as one of the main reasons for OH referral. A range of services are available to staff including confidential, independent counselling, OH Mental Health Nurse support, Psychology and self-guided resources and toolkits, supplemented by a range of wellbeing activities throughout the organisation and these continue to be promoted to managers and staff.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

37.9%

There has been a 3% increase during March 2023 thus maintaining the upward trajectory shown last month following the gradual decline over the 3 months previous. Directorate / Divisional level changes ranging from a decrease of 0.7% in Corporate to a 15.2% increase in Complex and Critical Services.

The number of reviews held in the last period (533) shows a significant increase compared to the previous month (279). This increased level of activity needs to continue into the next review period commencing on 1st April 2023 in order to maintain momentum and ensure that the target compliance percentage of 80% is achieved by 31st March 2024. The increase in engagement during February and March means that we will move into the 2023/2024 performance year in a more positive position with building momentum. PDPR compliance will remain a priority for the board with the agreed performance improvement plan enhancing this work whilst supporting a staged approach to achieving the desired compliance percentage by March 2024.

The continuing increase in the compliance figure is a positive indication that services are beginning to direct their focus to PDPR activity, acknowledging the continued service pressures. Service communication cascade has resulted in increases to enquiries and requests for support. To further enhance this work, and support increased engagement, all managers will receive updated PDPR status reports for their team(s) from 3rd April 2024 with Directorate reports available for Executive Directors or Senior Managers on request.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	315	205
<p>There was an additional 24 successful quits in November, taking to total for 2022/23 (to November) to 205, this less than two previous months. Achievement against trajectory to November is 65.1%. The first national figures for FY 2022/23 were published recently, and these showed that the NHS Fife quit rate against trajectory at the end of Q1 was higher than the Scottish average.</p> <p>For all quit attempts, the quit success rate in specialist services is significantly higher than other services. The number in pharmacies is much higher but where there are difficulties with following up on results.</p> <p>Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August.</p> <p>Currently 13 GP and 5 community clinics have returned to face-to-face delivery, with a further 2 newly established community clinics opened in March. The mobile unit does outreach on Tuesdays, Thursdays and Saturdays into our most vulnerable communities and are receiving clients. The stop smoking service attended Dunfermline Athletic Football Club on match day, Saturday the 4th of March, with the aim of raising awareness of the stop smoking service availability and accessibility. No Smoking Day campaign saw a range of activity to raise awareness of the stop smoking service, such as promotional messaging and resources available across all clinics. Attendance at Fife College Student Wellbeing festival in 3 campuses between the 7th and 9th of March. The service participated in the Workplace conference, providing available information and resources for workplaces and to highlight service referral pathways. Delegates had the opportunity to visit the service mobile unit to discuss smoking, undertake a carbon monoxide test and enrol in the service. 2 new advisors have come into post in March leaving only 2 more vacancies outstanding for the specialist and maternity service (currently 2 advisors are on maternity leave which reduces service capacity). A Community Pharmacy (CP) learning event was well attended on 22nd Feb. It provided an opportunity for new members of staff to learn about the service and NRT products as well as for established professionals to express contractor's needs, wants and barriers. CO monitors were calibrated as part of the event and supportive planning will continue throughout the next financial year based on CPs input. A pharmacy champion has been aligned to support the service.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	83.2%
<p>Monthly performance improved again in February and recorded the highest figure since August 2021. The Waiting List shows a sustained picture of no children or adolescents waiting over 35 weeks for initial treatment with 89% having waited less than 18 weeks (a slight fall from last month). The list has, however, increased in the last 3 months, with new referrals in February being the highest monthly figure since May 2022. That said, it remains less than half its size a year ago.</p> <p>NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in March (for the quarter ending December 2022 and was just below the Scottish average (69.1% compared to 70.1%).</p> <p>Clinical activity continues to prioritise children and young people who present with an Urgent or Priority need whilst working to sustain the progress made towards reducing the waiting list and achieving the Referral to Treatment Target (RTT). The service continues to function at maximum capacity as it addresses the impact of reduced staffing due to vacancies and staff departures with the introduction of additional evening clinics and active, ongoing recruitment.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	69.6%
<p>Numbers treated remain high (599) with a higher than usual number of patients (62) who had waited over 52 weeks being taken on for treatment this month. Overall treatment starts for highly specialist PTs were 35% higher than February 2022. While positive from a service perspective, starting treatment with a higher % of patients who have waited over 18 weeks, negatively impacts performance on the RTT target and this fell below 70% this month. Performance was also impacted by there being fewer referrals for cCBT (therapy starts within a few days) this month compared to last month (22.5% reduction) and compared to February 2022 (17% reduction).</p> <p>The overall waiting list has increased to 2500 but with a reduction in the number waiting over 18 weeks (42.6% compared to February 2022 (50.1%). The number of patients over 52 weeks has decreased below 300 from over 500 at the end of February 2022. From latest PHS publication (7 March), NHS Fife was in the lower quartile compared to other NHS Boards in December, lowest percentage of mid-range Boards for QE December.</p>			

Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by making adjustments to skill mix within services. Maternity leave is currently posing a challenge as it is difficult to recruit staff to provide backfill cover. The nature of PT delivery means that the impact of any vacancy is felt for several weeks prior to the leave date, as the staff member is winding down their caseload and unable to take on new treatment starts.

The workforce pressures which are affecting the wider mental system have reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PTs. Plans for alternative delivery options, e.g. via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.

We continue to investigate options to provide clinic accommodation, both the introduction of evening working and liaising with colleagues from Estates to source more clinic space. We continue to mitigate the impact of lack of accommodation on PT performance (e.g. by staff working from home using digital delivery) but this mitigation is not appropriate/feasible for all and it risks staff wellbeing.

The Guided Self-Help Service has been rolled out across Fife for Adult Mental Health Psychology Service. The service offer has also been enhanced as a result of staff, training on the enhanced psychological practitioner course, now also being able to offer up to 6 sessions of evidence-based PTs such as behavioural activation.

NES funding allowed the training of more staff in a specific evidence-based PT - Interpersonal Therapy. We now have staff in all of the AMH geographical teams able to deliver this PT, meaning that it now forms part of our mainstream service offer across Fife.

Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	95.1%
-----------------------------	--	------------	--------------

The latest published data (for quarter ending December) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 95.1%, above target, however this hasn't been achieved in consecutive quarters since between June 2019 and September 2020. PCV uptake also exceeded 95% with MenB slightly below, Rotavirus uptake was lowest at 12 months of age at 92.7%.

Uptake at 12 months for 6-in-1 in NHS Fife was slightly lower than national average and ranked 7th out of 11 mainland NHS Boards.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	86.3%
---------------------------	---	------------	--------------

The latest published data (for quarter ending December) shows that NHS Fife uptake for MMR2 at 5 years of age had decreased to 86.3%, was 88.4% quarter previous. Lowest uptake achieved since March 2019 with peak uptake of 91.1% in September 2021. MMR1 and Hib/MenC uptake exceeded 95% with 4-in-1 uptake similar to MMR2.

Uptake at 5 years for MMR2 in NHS Fife was lowest of all mainland NHS Boards, one of three achieving less than 90%, highest uptake was 95.5%. A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions, with the aim of improving infant and pre-school uptake. A driver diagram has been developed and project plan developed. The group will continue to meet to oversee implementation.

e. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	15
HSMR	16
Inpatient Falls (With Harm)	17
Pressure Ulcers	18
SAB (HAI/HCAI)	19
C Diff (HAI/HCAI)	20
ECB (HAI/HCAI)	21
Complaints (Stage 2)	22

Finance, Performance & Resources: Operational Performance

4-Hour Emergency Access	23
Patient Treatment Time Guarantee (TTG)	24
New Outpatients	25
Diagnostics	26
Cancer 62-day Referral to Treatment	27
Delayed Discharges	28

Finance, Performance & Resources: Finance

Revenue & Capital Expenditure	30
-------------------------------	----

Staff Governance

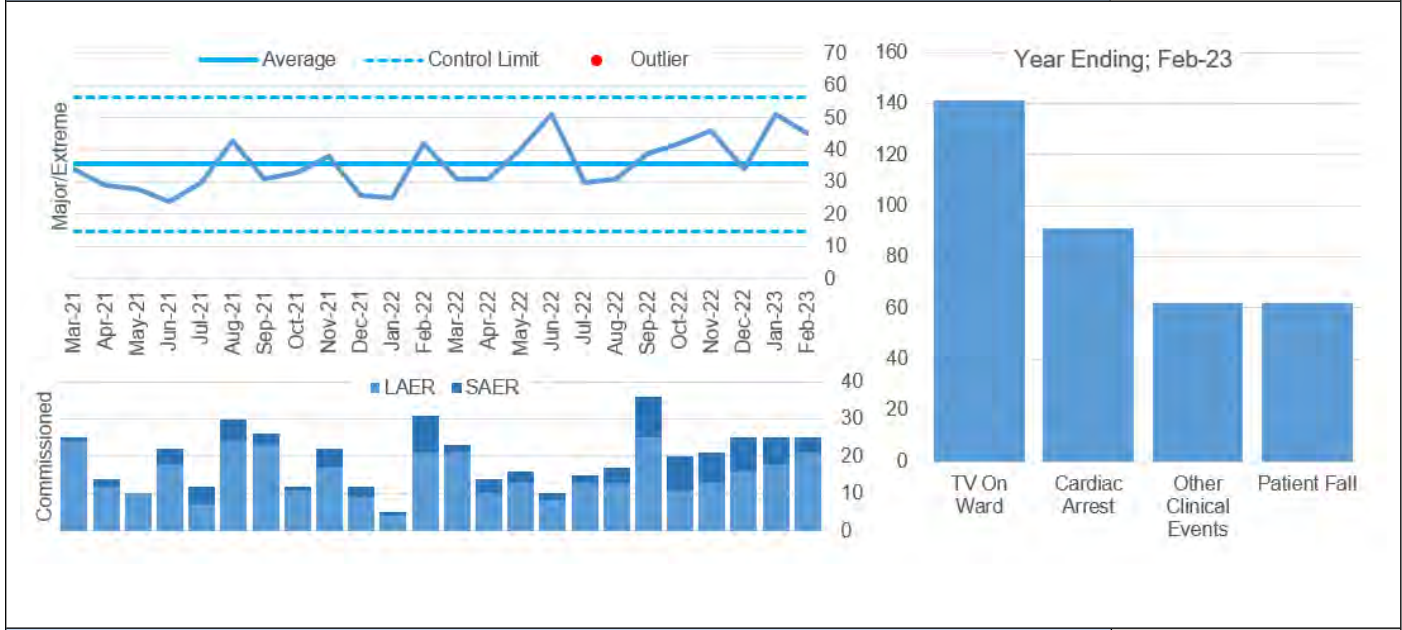
Sickness Absence	41
PDPR Compliance	42

Public Health & Wellbeing

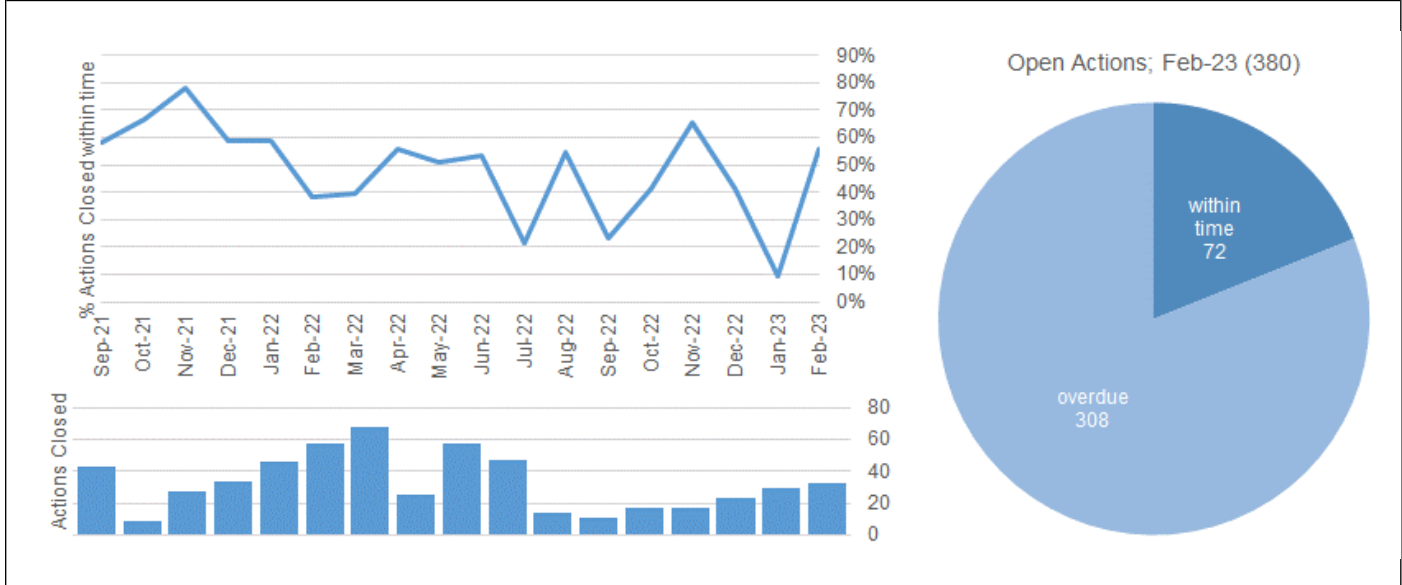
Smoking Cessation	43
CAMHS 18 Weeks Referral to Treatment	44
Psychological Therapies 18 Weeks Referral to Treatment	45
COVID and Flu Vaccination	46
Child Immunisation: 6-in-1, MMR2	47

CLINICAL GOVERNANCE

Adverse Events	Number 45
-----------------------	----------------------



Actions from Significant and Local Adverse Event Reviews	Closure Rate 55.6%
---	-------------------------------



Key Deliverable		End Date
Adverse Event Process and Policy		Mar-23 Complete
Key Milestones	Review of Policy	Dec-22 Complete
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 Complete
	Training and Education	Mar-23 Complete

HSMR

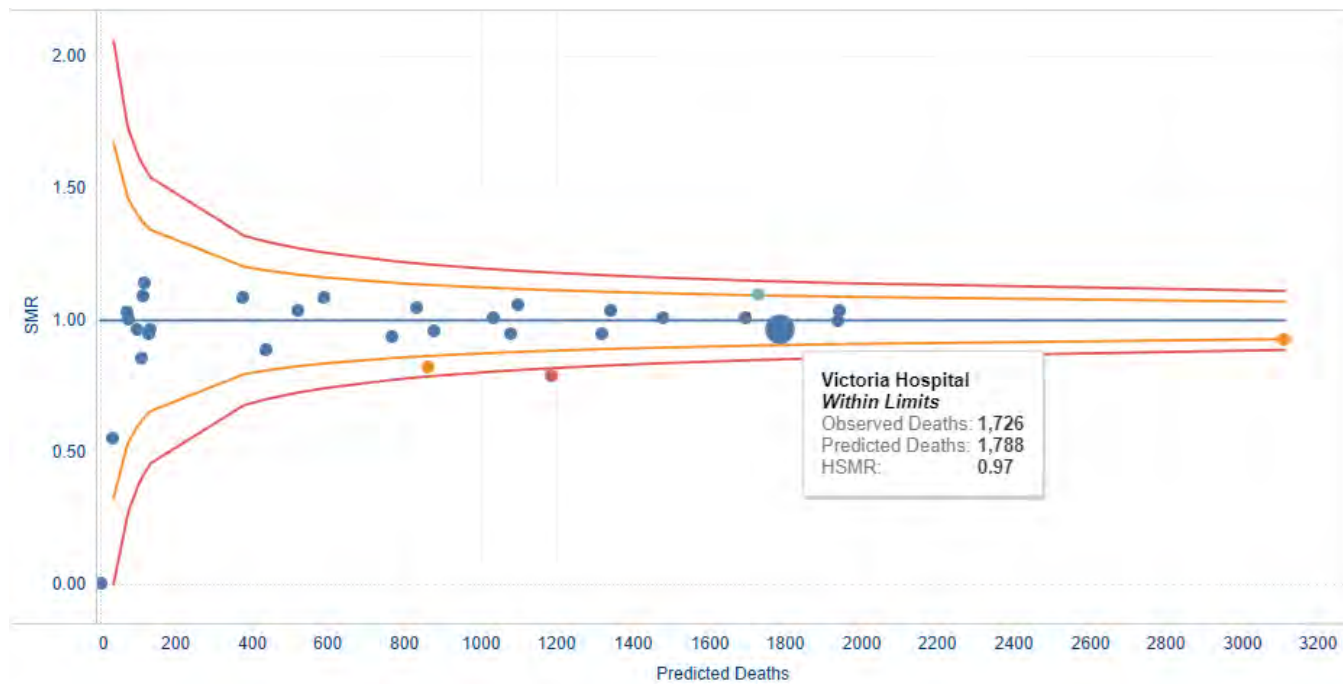
Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

Performance
0.98

Reporting Period; October 2021 to September 2022^P

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rate for Victoria Hospital is shown within the Funnel Plot.



Commentary

Data for 2021 and Q1-3 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending September 2022 showing a ratio below the Scottish average.

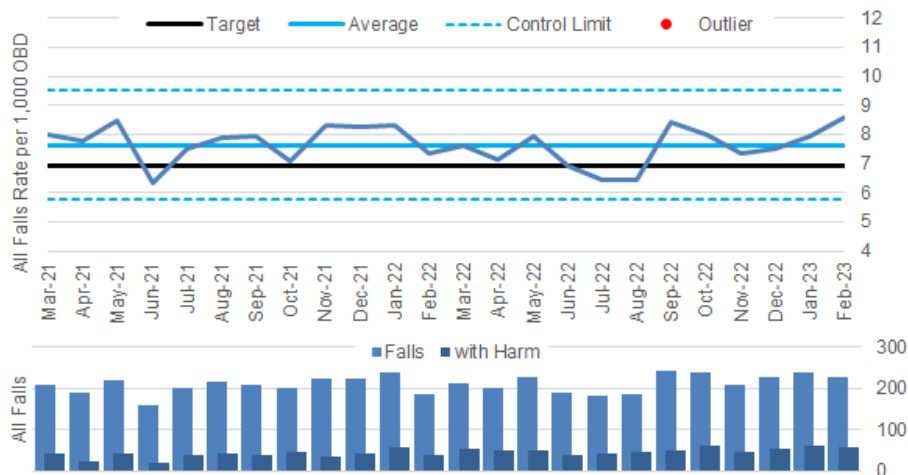
CLINICAL GOVERNANCE

Inpatient Falls

Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)
Target Rate (by end March 2023) = 6.91 per 1,000 OBD

Performance
8.58

Local Performance



Performance by Service Area

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	7.33	7.62	7.13	7.94	6.91	6.44	6.45	8.44	8.00	7.37	7.54	7.91	8.58
Acute	7.55	7.10	8.25	8.18	7.83	8.06	6.67	9.56	7.81	8.29	7.41	8.29	10.23
HSCP	7.16	8.08	6.14	7.72	6.08	4.97	6.25	7.47	8.18	6.58	7.65	7.58	7.21

Key Deliverable		End Date
Reduction in number of Patient Falls in order to achieve specified reduction target in this FY		Mar-24 At risk
Key Milestones	Refresh Falls Champions Register and Network	Sep-23 On Track
	Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans	Sep-23 At risk
	Develop an Audit programme for 2022/23	Jun-22 Complete
	Review and refresh Falls Toolkit	Apr-23 Complete
	Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Apr-23 On track
	Review LEARN summaries to support shared learning	May-23 On track
	Explore feasibility of implementation of Falls module on Patient Trak	Apr-23 Suspended
	Explore QI resource to support clinical staff and enhance local improvement work	Apr-23 Complete

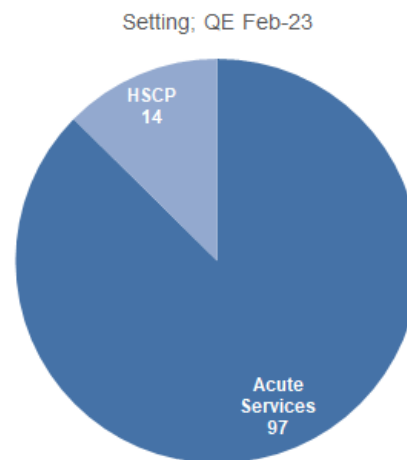
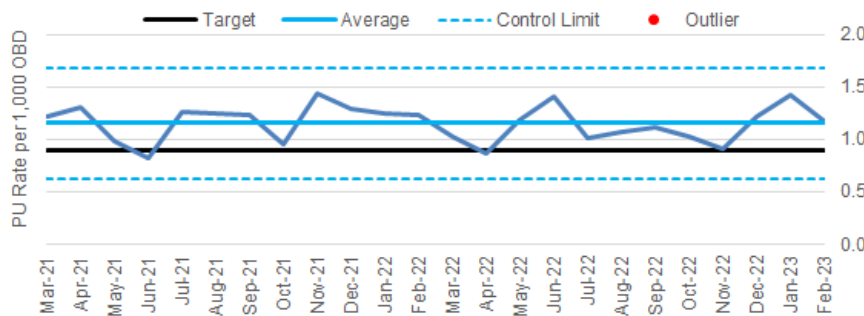
CLINICAL GOVERNANCE

Pressure Ulcers

*Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2023) = 0.89 per 1,000 OBD*

**Performance
1.17**

Local Performance



Performance by Service Area

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	1.23	1.03	0.87	1.18	1.40	1.02	1.07	1.11	1.03	0.91	1.22	1.42	1.17
Acute	1.84	1.76	1.37	1.77	2.05	1.48	1.69	2.02	1.90	1.28	2.20	2.53	2.41
HSCP	0.72	0.40	0.41	0.66	0.82	0.60	0.52	0.32	0.25	0.59	0.32	0.44	0.14

Key Deliverable		End Date
Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY		Jun-23 Off track
Key Milestones	Refresh PU Link Practitioner Register and Network	Oct-22 Complete
	Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Mar-23 Complete
	PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
	PU Documentation Audit to support compliance	Mar-23 On track
	Review LEARN summaries to support shared learning	Mar-23 On track
	Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 Suspended
	Establish an operational TV group	Mar-23 Complete
	Embed the revised HIS Pressure Ulcer Standards (October 2020)	Oct-23 Suspended
	Develop and test electronic PURA and SSKIN bundle on Patienttrack	Oct-22 Complete
	Embed the use of the CAIR resource	Jun-23 Off Track
	Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 Complete
	Develop a training and education plan	Oct-22 Complete

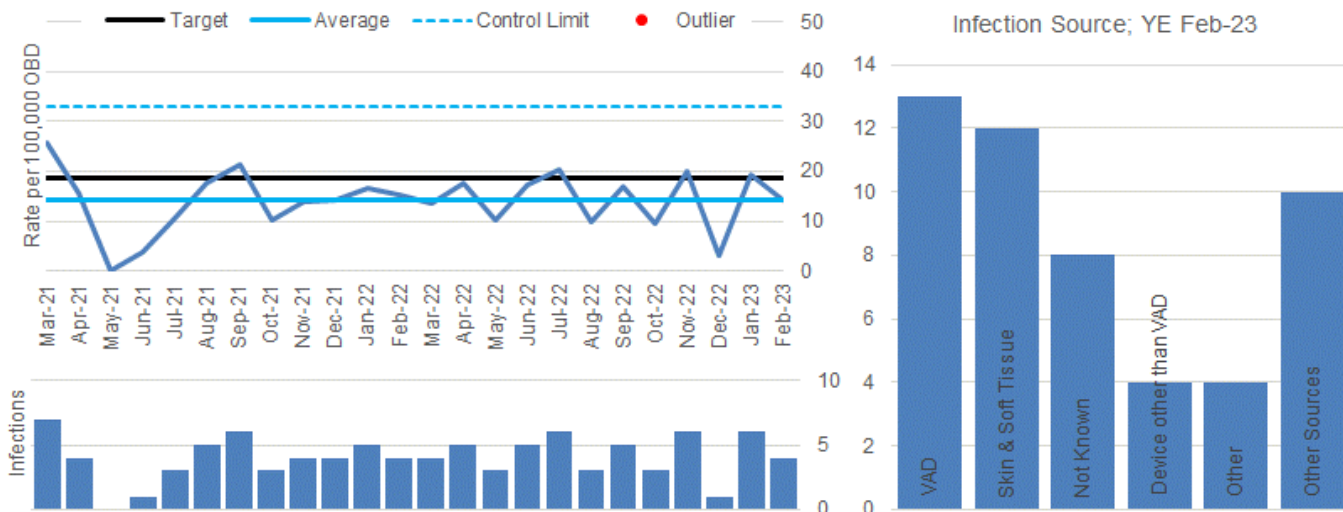
CLINICAL GOVERNANCE

SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
14.4**

Local Performance



National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23		
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	

Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-24 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Jul-23 On track
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-24 On track

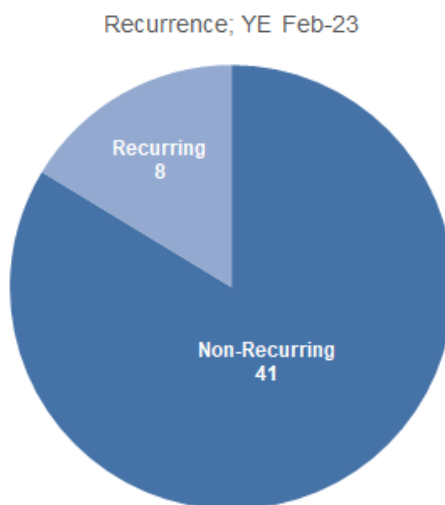
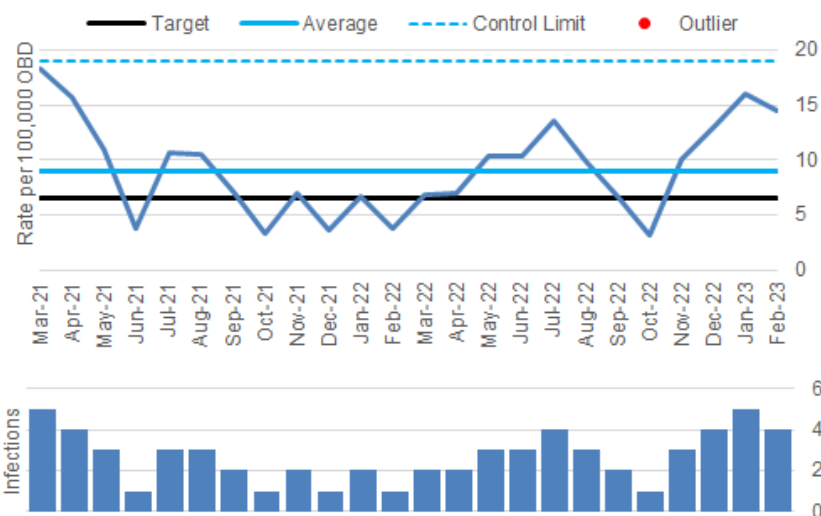
CLINICAL GOVERNANCE

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
14.4**

Local Performance



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	

Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 On track
	Reduce overall prescribing of antibiotics	Mar-24 On track
	Reducing recurrence of CDI	Mar-24 At risk
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Jul-23 On track
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-24 On track

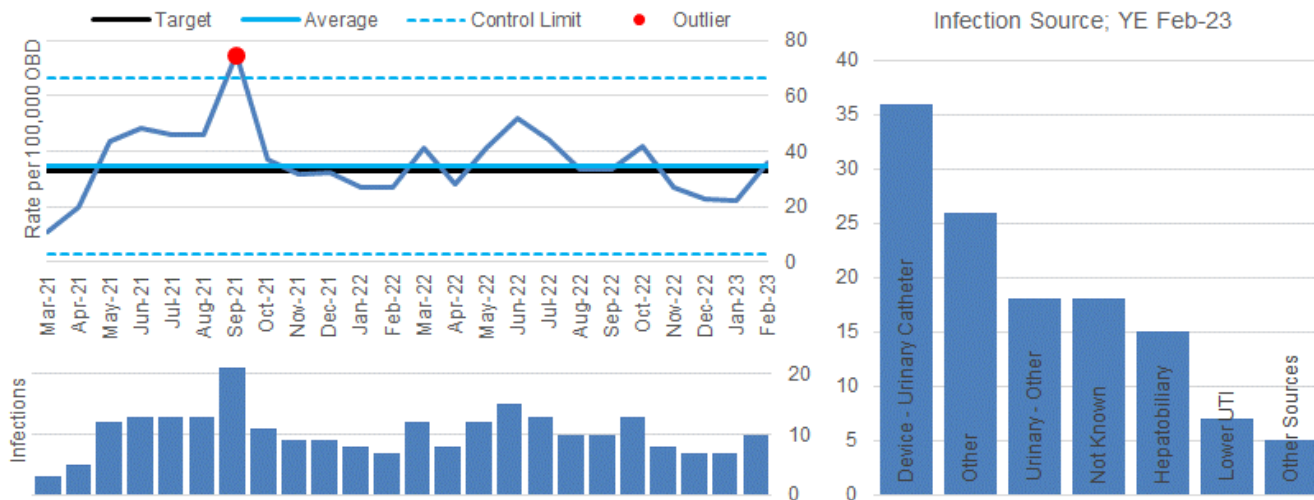
CLINICAL GOVERNANCE

ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
36.0**

Local Performance



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9	
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2	

Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 On track
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patienttrack- further rollout	Oct-23 At risk
	Enhanced surveillance - led by Consultant Microbiologist	Mar-24 At risk
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Jul-23 On track
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-24 On track

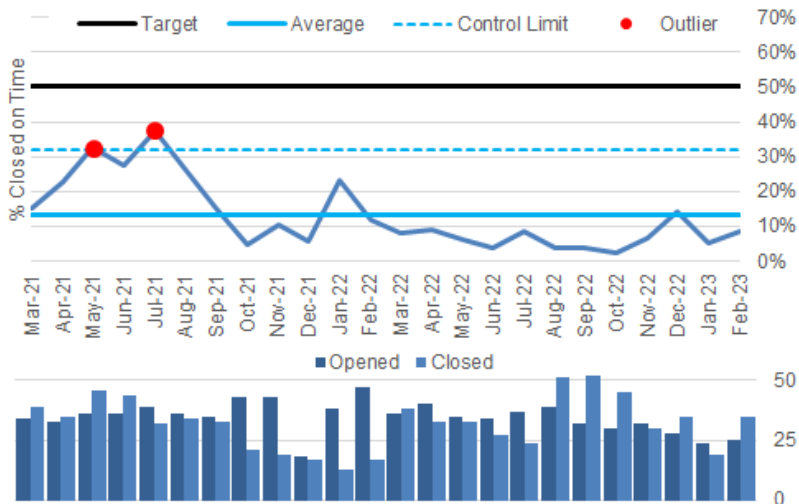
CLINICAL GOVERNANCE

Complaints | Stage 2

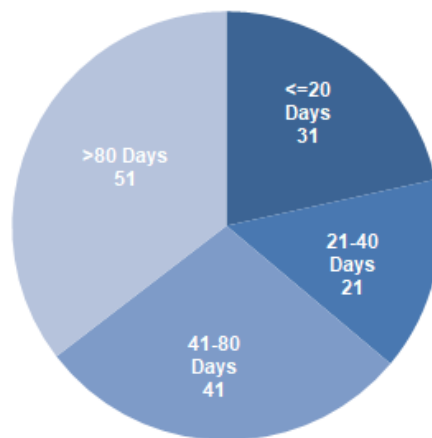
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Performance
8.6%

Local Performance



Open Complaints; Feb-23



Performance by Service Area

		Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	Opened in Month	36	40	35	34	37	39	32	30	32	28	24	25
	% Acknowledged on time	94.4%	92.5%	71.4%	76.5%	81.1%	87.2%	90.6%	96.7%	93.8%	100.0%	100.0%	100.0%
	Due in Month	44	37	49	32	30	47	37	21	30	27	32	31
	% Closed on time	6.8%	5.4%	4.1%	6.3%	3.3%	6.4%	5.4%	4.8%	3.3%	14.8%	6.3%	12.9%
	Closed in Month	38	33	33	27	24	51	52	45	30	35	19	35
Acute	% Closed on time	7.9%	9.1%	6.1%	3.7%	8.3%	3.9%	3.8%	2.2%	6.7%	14.3%	5.3%	8.6%
	Closed in Month	28	25	22	20	14	43	34	29	22	26	17	24
HSCP	% Closed on time	3.6%	12.0%	4.5%	5.0%	14.3%	2.3%	0.0%	0.0%	9.1%	19.2%	5.9%	12.5%
	Closed in Month	7	7	11	7	10	6	16	16	7	9	2	10
		14.3%	0.0%	9.1%	0.0%	0.0%	0.0%	6.3%	6.3%	0.0%	0.0%	0.0%	0.0%

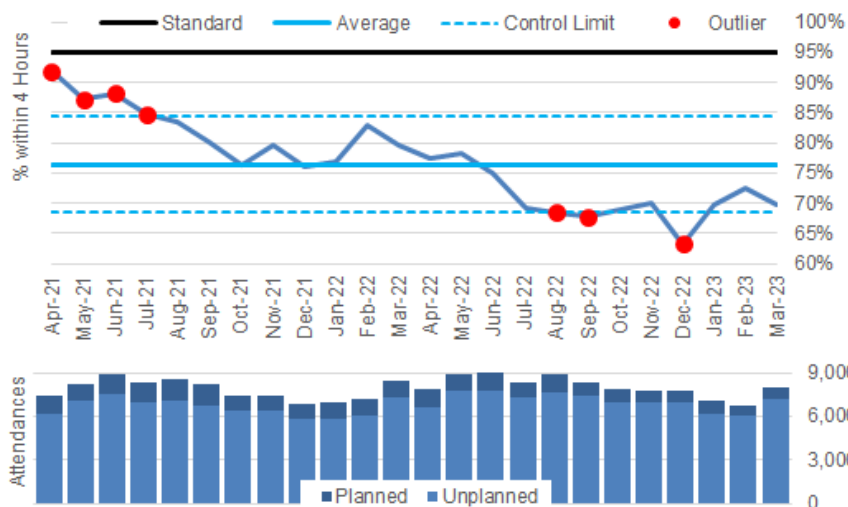
Key Deliverable	End Date
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Mar-24 Off track
Adherence to NHS Fife's Participation and Engagement Framework	Mar-23 Complete
Rebrand Patient Relations to Patient Experience Team	Dec-22 Complete

4-Hour Emergency Access

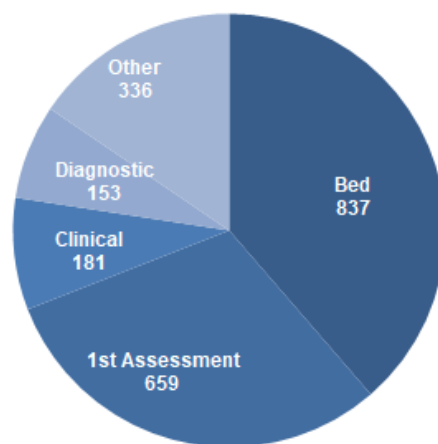
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance
69.7%

Local Performance



Breach Reason; Mar-23



National Benchmarking

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	79.6%	77.5%	78.2%	74.9%	69.3%	68.4%	67.7%	68.9%	70.1%	63.2%	69.6%	72.6%	69.7%
Scotland	71.6%	72.1%	73.0%	71.3%	70.0%	69.6%	69.0%	67.6%	67.5%	62.1%	68.7%	69.7%	

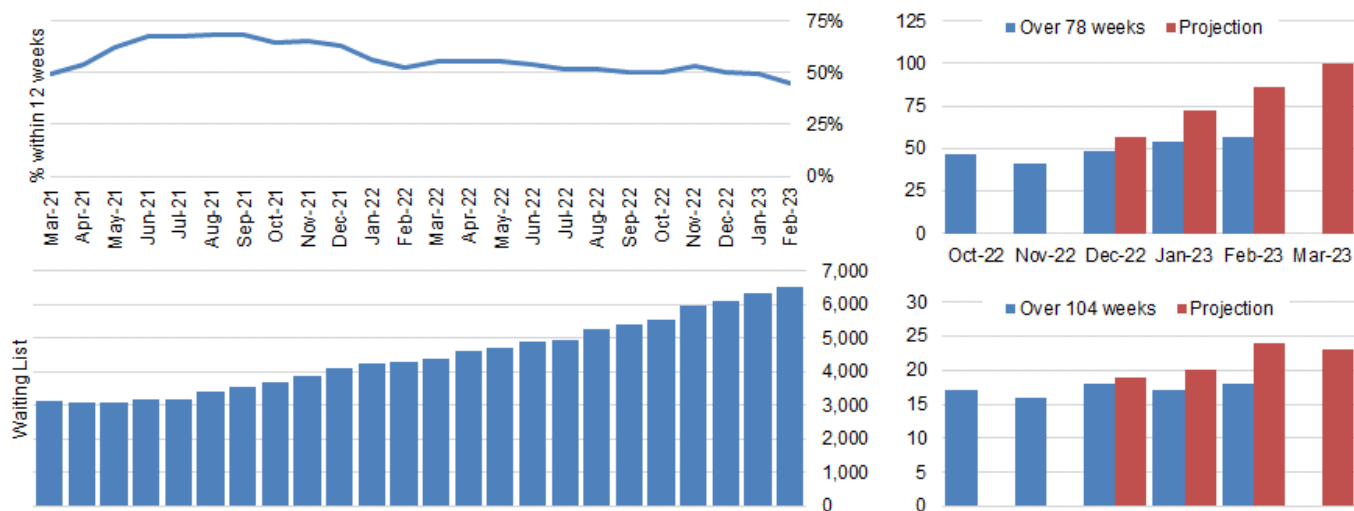
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Key Milestone	Review Au1 assessment area	May-23 On track
	Enhance pathways into ECAS	Apr-23 On track
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 Complete
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Sep-23 Off track
	Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23 At risk
	Rapid Triage Unit - test GP triage unit to improve quality and efficiency of GP assessment process whilst improving admission avoidance rates	Apr-23 On track
	Call Before You Convey - support clinical decision making with SAS to increase redirections from VHK	Apr-23 On track
Implement an enhanced triage model within QMH to support scheduling of FNC/ED flow		Mar-23 Complete
Redesign of Urgent Care in close working with partners		Apr-23 On track

Patient TTG

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

Performance
44.9%

Local Performance



National Benchmarking

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%	50.3%	49.4%	44.9%
Scotland	32.5%	34.0%	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%	33.0%	33.5%	31.0%		

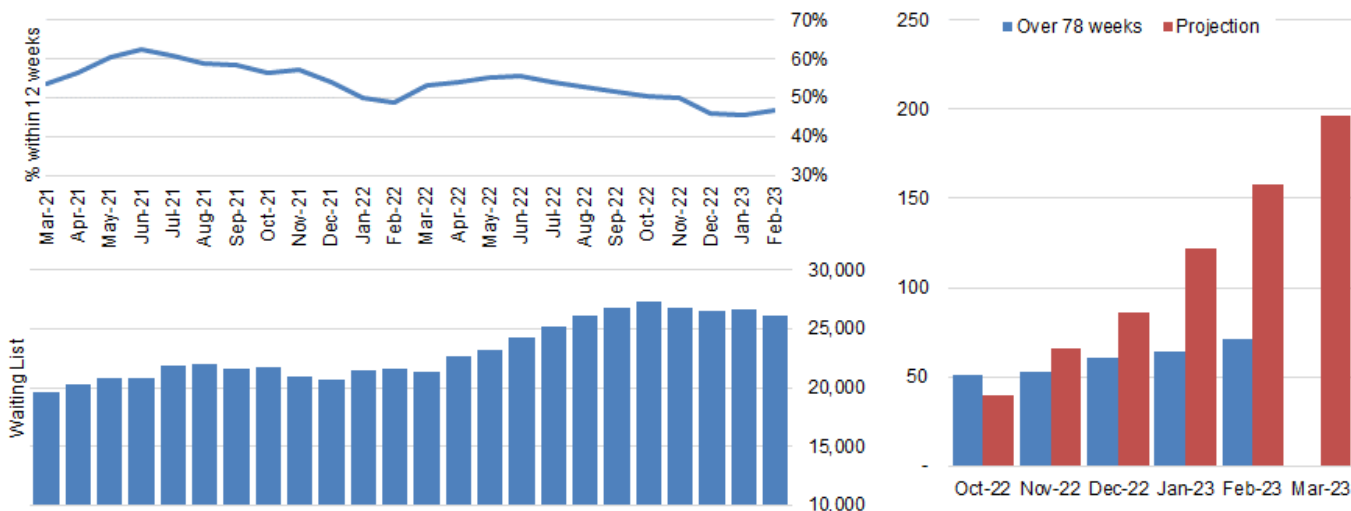
Key Deliverable	End Date
Reducing long waits; TTG	Mar-24 At risk
Preassessment	Mar-23 Complete
Elective Orthopaedic Centre	Mar-23 Complete
Maximise utilisation of QMH Theatres	Jul-23 On track
Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 Complete

New Outpatients

Performance
46.6%

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

Local Performance



National Benchmarking

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%	45.8%	45.6%	46.6%
Scotland	45.9%	49.6%	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%	47.0%	47.0%	44.1%		

Key Deliverable

Reducing long waits; Outpatients

End Date

Mar-24
At risk

Key Milestones

ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services

Mar-24
At risk

Three step validation process of waiting lists will be implemented

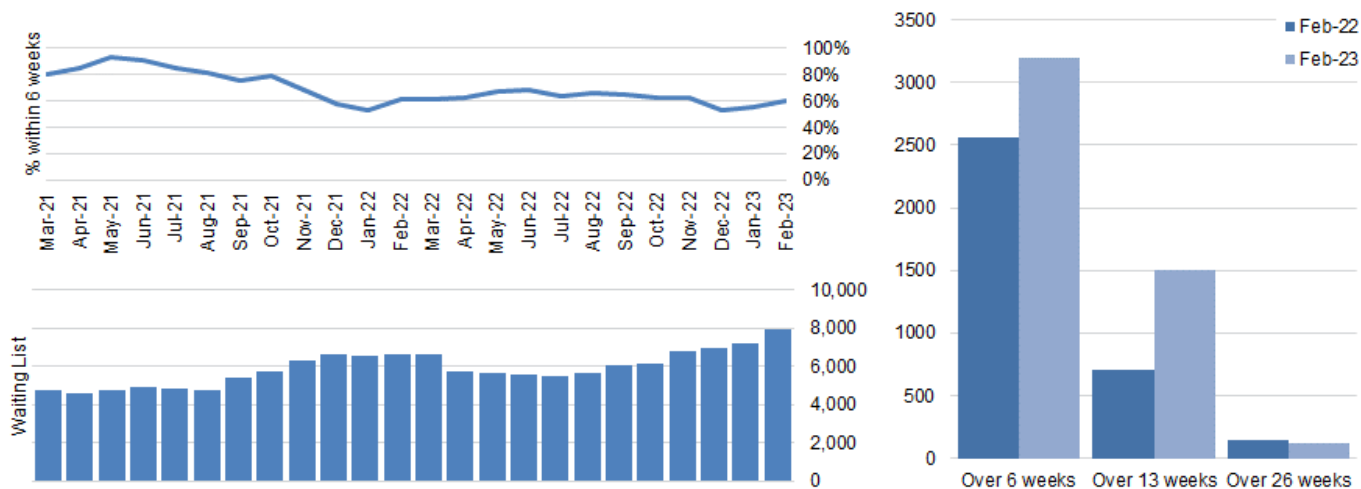
Mar-24
Off track

Diagnostics Waiting Times

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

Performance
59.9%

Local Performance



National Benchmarking

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%	64.6%	62.5%	62.8%	53.3%	55.3%	59.9%
Scotland	50.8%	49.6%	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%	47.6%	50.6%	45.8%		

Key Deliverable

Reducing long waits; Diagnostics

End Date

Mar-24
At risk

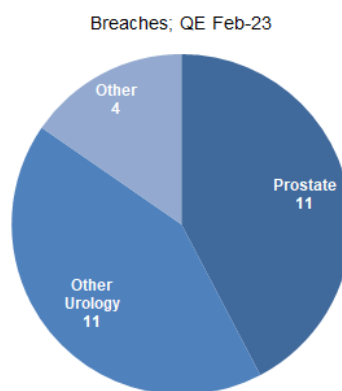
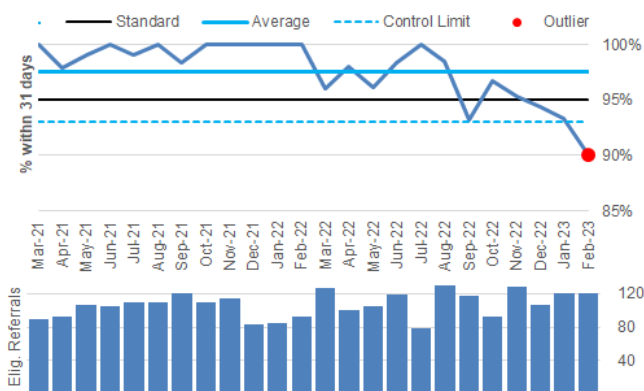
Radiology -7 day working

Mar-24
Off track

Cancer 31-Day Diagnosis to Treatment

95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

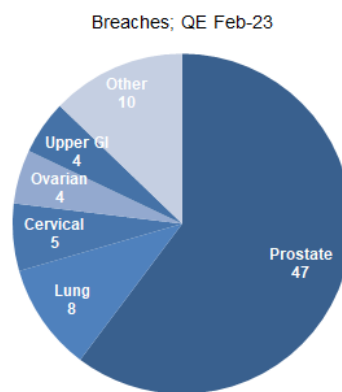
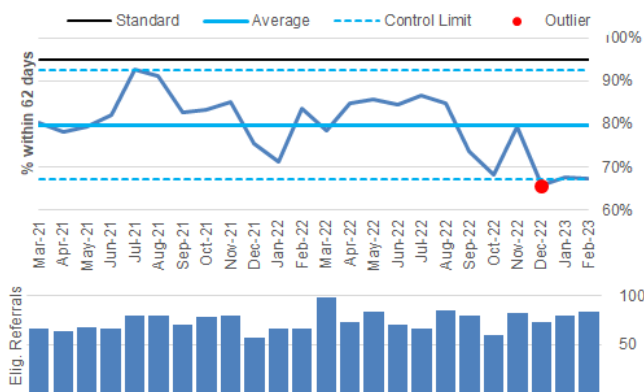
Performance
90.1%



Cancer 62-Day Referral to Treatment

95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

Performance
67.5%



Key Deliverable

End Date

Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services

Mar-24
On track

Key Milestones	ECDC development/expansion	Jun-23 Off track
	Development of single point of contact hub (SPOCH)	Sep-22 Complete
	Review of cancer workforce	Mar-23 Complete
	Environmental needs of cancer services	Mar-23 Complete
	Continued public and patient engagement	Mar-23 Complete
	Increased access to trials linking with R, I & K	Mar-23 Complete
	Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-24 Off track

Delivery of Cancer Waiting Times

Mar-24
Off track

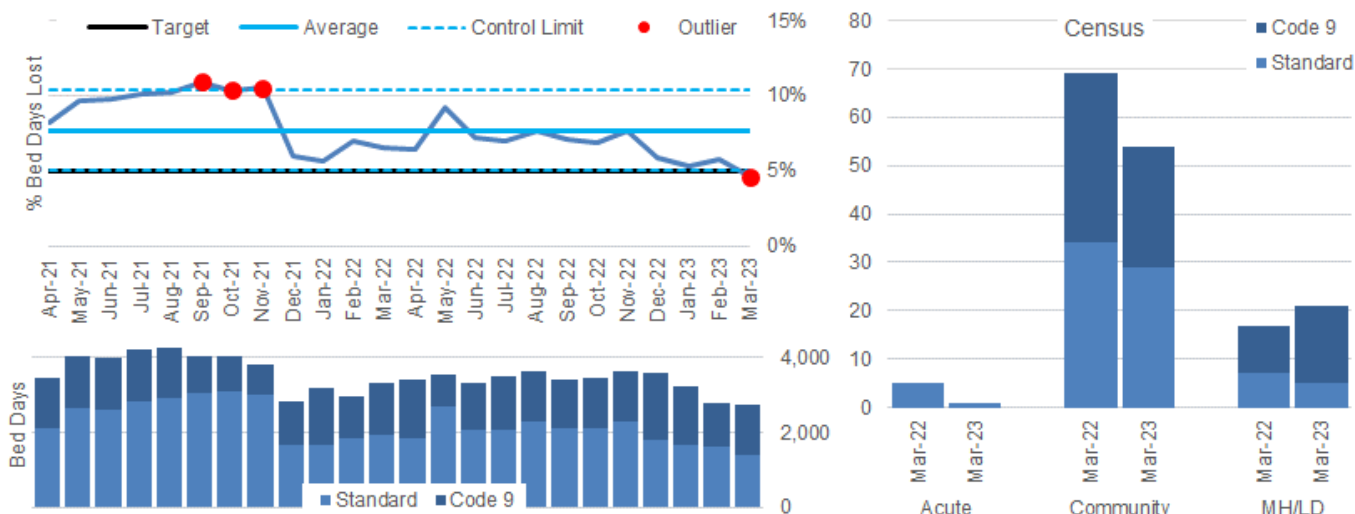
Key Milestones	Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance.	Mar-24 Proposal
	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-24 Off track

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

Performance
4.6%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending								
		2020/21			2021/22			2022/23		
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%	10.8%

Key Deliverable

Deliver Home First and enable Prevention and Early Intervention

End Date

		Dec-23 On track
Key Milestones	Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.	Jun-23 On track
	Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach	Jun-23 On track
	Support citizens to have greater control and choice of care preferences in event of a future deterioration or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.	Jul-23 On track
	Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation	Dec-22 Suspended
	Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time	Mar-23 Complete
	Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy.	Jul-23 At risk
	Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge	Mar-23 Complete
	Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future	Oct-22 Complete
Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay		Mar-23 Complete

Continue to reduce delayed discharge		Dec-23 On track
Key Milestones	Reduce hand offs in discharge processes	Feb-23 Complete
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 Complete
	Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care	Apr-23 On track
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 On track
	Planned Date of Discharge Project	Mar-23 Complete
	Front Door Model	Mar-23 Complete
	Electronic referrals	Dec-23 On track

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Finance

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

**Revenue
(£20.0m)**

**Capital
£24.7m**

1. Executive Summary

1.1 The Health Board retained position at the end of February 2023 is an overspend of £20.036m.

1.2 This overspend comprises:

- £5.652m core overspend (includes £4.212m overspend relating to acute set aside services).
- 9.541m of the financial gap identified in the board's approved financial plan.
- £4.843m unfunded Covid surge and associated costs.

Health Delegated Services report an underspend at the end of February 2023 of £6.944m along with fully funded Covid costs of £9.997m.

Revenue Financial Position as at February 2023

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	260,684	238,244	250,128	-11,884
IJB Non-Delegated	10,028	9,178	8,989	189
Non-Fife & Other Healthcare Providers	95,706	87,736	92,733	-4,997
<u>Non Clinical Services</u>				
Estates & Facilities	82,397	75,436	75,598	-162
Board Admin & Other Services	74,815	66,790	66,402	388
<u>Other</u>				
Financial Flexibility & Allocations	28,528	11,140		11,140
Income	-25,155	-20,808	-20,967	159
Grip and Control	-3,374	-3,093	-2,608	-485
Sub-total Core position	523,629	464,623	470,275	-5,652
Financial Gap	-10,408	-9,541		-9,541
HB Retained Surge Capacity			3,139	-3,139
HB retained Covid 19	10,560	9,934	11,638	-1,704
SUB TOTAL	523,781	465,016	485,052	-20,036
<u>Health & Social Care Partnership</u>				
Fife H & SCP	355,768	329,697	322,753	6,944
Health delegated Covid 19	9,997	9,997	9,997	0
SUB TOTAL	365,765	339,694	332,750	6,944
TOTAL	889,546	804,710	817,802	-13,092

- 1.3 The financial plan approved in March identified cost improvement plans of £11.7m and a capital to revenue funding transfer of £2m, leaving a financial gap of £10.4m against an original £24.1m financial gap position. The financial plan assumptions included full funding of additional Covid 19 costs however a £7.5m funding cap was later confirmed by SG, with £1.704m overspend beyond the cap reported at the end of February.
- 1.4 Details of our funding allocations are attached at Appendix 1.
- 1.5 At the end of February, we are £2m short of the level of savings we planned to deliver, which is built into our forecast overspend position. Pipeline schemes continue to be identified and explored for presentation at the FIS Programme Board for approval however it is unlikely we will be able to deliver newly identified schemes this financial year.
- 1.6 It is clear as we approach the financial year end that we will not deliver our financial plan position of £10.4m overspend. The revised forecast overspend is projected to be c£16m, which includes the system wide approach to surge capacity costs agreed with the HSCP.
- 1.7 The overall anticipated capital budget for 2022/23 at February is £30.677m (net of a capital to revenue transfer value of £2.6m). This reflects: the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government; allocations to support several ongoing projects; and additional funding received from successful bids submitted to SG over the year. The capital position for the period to February is spend of £24.734m, 80.63% of the net allocation and is anticipated to deliver in full at the end of the financial year.

2. Health Board Retained Services

Clinical Services financial performance at 28 February 2023 excluding Covid-19 costs

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services (HB Retained)	214,597	196,818	204,490	-7,672
Acute Services (Acute Set Aside)	46,087	41,426	45,638	-4,212
Subtotal Acute Services Division	260,684	238,244	250,128	-11,884
IJB Non Delegated	10,028	9,178	8,989	189
Non-Fife & Other Healthcare Providers	95,706	87,736	92,733	-4,997
Income	-25,155	-20,808	-20,967	159
SUB TOTAL	341,263	314,350	330,883	-16,533

- 2.1 Acute Services reports a core **overspend of £11.884m**. This position reflects The financial consequences of the significant and ongoing service pressure across unscheduled care with increased demand and higher acuity than pre-pandemic levels, together with increased lengths of stay, delayed discharges and high levels of staff vacancy, has driven the need for supplementary staffing for both nursing and medical workforces. Additionally the pressures on medical staffing has resulted in non-compliance of medical rotas across both EC and WCCS at a cost of £0.956m to date. Despite confirming our planned care allocation requirement early in the year and agreeing with the policy team the expected activity levels, the allocation received was lower than the expenditure incurred to deliver the activity agreed and has resulted in a £1m overspend included in the acute position.

There is significant cost pressure within non pay expenditure due to medicines cost increase, particularly within haematology services and Ophthalmology. Continued growth and replacement of diabetic pumps, increased cost of consumables and equipment for robotic procedures and theatres supplies are adding further cost pressure to the ASD available budget.

Included in the core Acute Services position is an overspend on core set aside services of £4.212m which is being funded on a **non-recurring** basis by the board.

2.2 The IJB Non-Delegated budget reports an **underspend of £0.189m**. This relates primarily to nursing vacancies across the Acute Services within the Northeast Five Hospitals and the Forensic unit (Daleview) at Lynebank.

2.3 The budget for healthcare services provided out with NHS Fife is **overspent by £4.997m** (detail per Appendix 2) - this is after a £3m budget increase as part of this year's financial planning process. The overspend is due to increased activity in patients requiring mental health, and substance misuse support, coupled with the costs of 2 high-cost patients who in-year no longer meet the criteria for NSD funding, but onward pathways are not yet in place. Discussions continue nationally on an additional inflationary uplift to SLAs re increased energy costs and the implications of the AfC pay award. In parallel, discussions continue with the HSCP in relation to the alignment of both budget and spend for SLAs relating to Mental Health services for which there is a forecast overspend of £2.7m at February.

2.4 Corporate Functions and Other Financial performance at 28 February 2023

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	82,397	75,436	75,598	-162
Board Admin & Other Services	74,815	66,790	66,402	388
<u>Other</u>				
Financial Flexibility & Allocations	28,528	11,140	0	11,140
SUB TOTAL	185,740	153,366	142,000	11,366

2.5 The Estates and Facilities budgets report an **overspend of £0.162m**. Whilst pays are underspent this is being offset as previously reported by energy and clinical waste pressures.

2.6 Within the Board's corporate services there is an **underspend of £0.388m**. Whilst there are a range of underspends across corporate service areas, there are offsetting areas of overspend within our Workforce Department which reflects cost pressures associated with the Regional Recruitment consortium and legal costs.

2.7 Financial Flexibility

Financial flexibility at the end of February includes allocations received and anticipated in the final month of the financial year. A summary of funding held in **financial flexibility** and the release of **£11.140m** to month 11 is shown at Appendix 3.

2.8 Financial Gap

The **financial plan gap** reflects the pro-rata share of the planned £10.4m deficit (**£9.541m** to month 11).

2.9 Approved Cost Improvement Plans

The year-to-date target at month 11 is £10.405m with £8.339m achieved, resulting in a current year shortfall of £2.066m. Recurring savings achieved are £3.108m, equivalent to 27% of the full year target. The non-recurring element of the in-year target has been factored into our financial planning for the coming year and is an additional pressure.

Approved Cost Improvement Plans - Position at 28 February 2023

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute Services	5,752	5,217	3,658	-1,559
Estates & Facilities	1,652	1,240	1,227	-13
Corporate	4,296	3,948	3,454	-494
Total	11,700	10,405	8,339	-2,066

By the end of month 11 Acute Services delivered £3.658m, a year-to-date shortfall of £1.559m. To date Acute Services has identified £1.819m on a recurring basis. Further detail is included in Appendix 4 to this report.

3. Health Board Covid-19 spend

3.1 Covid-19 spend to February is £14.777m reflected in the table below. This includes fully funded Test and Protect costs of £3.060m. The remaining additional Covid 19 costs total £11.717m against a budget of £6.874m (pro rata share of £7.5m funding envelope). The resulting overspend of £4.843m comprises: £3.139m unfunded Covid surge costs across the hospital; and £1.704m remaining overspend. Positive discussions have concluded with the HSCP where the Integration Joint Board has supported a system wide approach to support the cost of surge activity for the full financial year.

HB & Acute set aside Covid-19 spend	Year to Date Budget £'000	YTD Spend HB Retained £'000	YTD Spend Set Aside £'000	YTD Spend Total £'000	YTD Variance £'000
Acute Services	2,644	2,905	3,863	6,768	-4,124
HB Retained Surge Capacity			3,139	3,139	-3,139
Estate & Facilities	83	83	551	634	-551
Corporate	1,053	1,052	124	1,176	-123
Funding Envelope	3,094	0		0	3,094
Subtotal	6,874	4,040	7,677	11,717	-4,843
Test & Protect	3,060	3,060	0	3,060	0
Total	9,934	7,100	7,677	14,777	-4,843

4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £6.944m**. This position is after the £2.4m budget realignment to Social Care in October 2022. The in-year underspend within the services predominantly relates to vacancies with attempts to recruit ongoing by services. In common with HB retained services, there are high usage/costs associated with medical locums and nurse bank/agency to cover vacancies, sickness and increased patient supervision requirements.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	355,768	329,697	322,753	6,944
SUB TOTAL	355,768	329,697	322,753	6,944

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding budgets in respect of large hospital services, also referred to

FINANCE, PERFORMANCE & RESOURCES: FINANCE

as Set Aside. The financial pressure related to set aside services is currently held within the NHS Fife financial position. Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £8.839m to month 10, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	3,850	3,850	0
Complex and Critical Services	116	116	0
Primary Care and Prevention Services	108	108	0
Professional/Business Enabling	113	113	0
Covid-19 Vaccination Costs	5,810	5,810	0
Total	9,997	9,997	0

5. Forecast Outturn

5.1 As the financial year end fast approaches, our forecast outturn for Health retained services at the end of March 2023 remains at an overspend of c£16m. This position assumes HSCP funding to support the cost of surge activity; and builds in additional new medicines funding announced nationally in the last quarter. Given discussions remain ongoing with HSCP on the non-Fife and other Healthcare providers it is now unlikely the overspend relating to Primary Care and Mental Health of £2.7m will materialise in-year, and therefore this assumption has been removed.

6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £30.677m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to February records spend of £24.734m. Therefore, 80.63% of the anticipated total capital allocation has been spent to month 11.

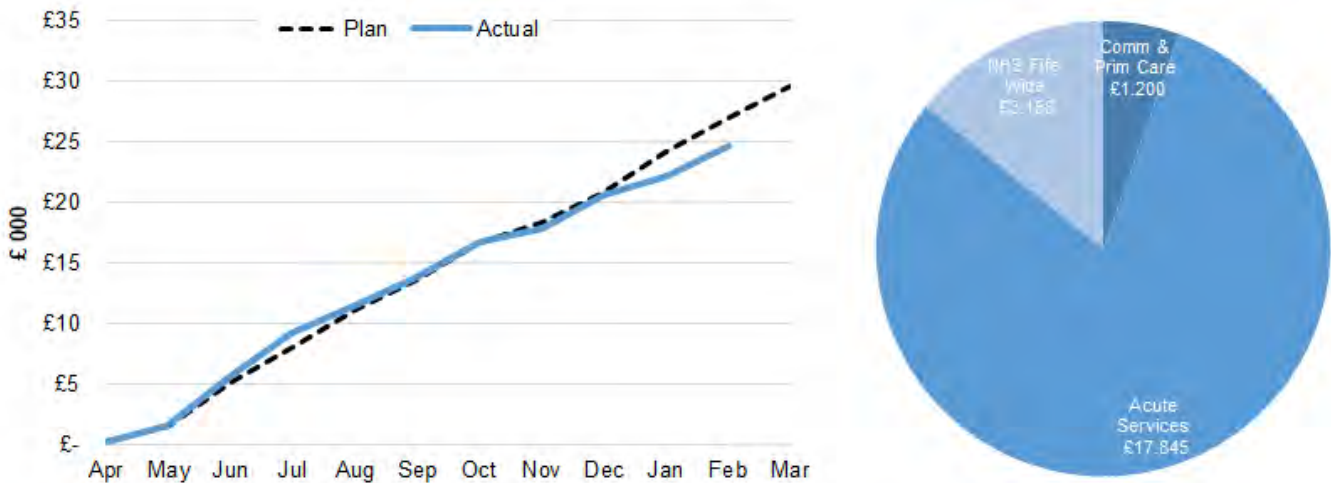
6.2 The capital programme is detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	417
Lochgelly Health Centre	556
National Equipping - Traunch 1	1,506
QMH Theatres PH2	1,500
Mental Health	100
HEPMA	900
Ferno Trollies	50
Estates NIB Bid	2,720
D&I NIB Bid	1,928
NIB Equipment	914
LIMS	20
Energy Pods	50
Phase 2 Endoscopy	973
Equipment Funding	250
Total Before Capital to Revenue Transfer	33,277
Capital to Revenue Transfer	- 2,600
Total	30,677

NHS Fife has received £1.191m in charitable funding to support both the modernisation works associated with the VHK Hospice of £0.350m and £0.841m for the Audio-Visual Theatre and Artwork for the new National Treatment Centre.

6.3 Expenditure / Major Scheme Progress

The summary expenditure position across all projects is set out in the dashboard summary below. The expenditure to date amounts to £24.734m, this equates to 80.63% of the total anticipated capital allocation, as illustrated in the spend profile graph below



The main areas of spend to date include:

- Statutory Compliance £4.389m
- Equipment £2.785m
- Digital £3.656m
- Elective Orthopaedic Centre £12.779m
- Health Centres £0.901m

6.4 With weeks to go to the financial year end, the capital programme is expected to deliver in full, with significant activity in the final weeks of the year working towards a balanced capital position. Further detail on capital expenditure is detailed in Appendices 6 and 7.

7. Recommendation

7.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the month 11 position reported and are asked to:

- **Discuss** the reported core YTD overspend of £20.036m
- **Note** the Health delegated core YTD underspend position of £5.652m
- **Discuss** the forecast outturn position of £16m
- **Note** the capital expenditure spend of £24.734m

Appendix 1: Revenue Resource Limit

	Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000
June letter	748,855		125	748,980
July Letter			101	101
August Letter		8,828	4,765	13,593
September Letter		1,408	4,363	5,771
October Letter	600	5,132	1,966	7,698
November Letter		8,701	2,910	11,611
December Letter		61,772	149	61,921
January Letter		11,379	-19,871	-8,492
Neurodevelopment pathway pilots			150	150
Childhood- obesity			9	9
Staffing costs for REACH Transplant		2		2
Recruitment of NMAHPS			361	361
NSD Logistic service charge		-846		-846
Community Pharmacy Practitioner Champions			20	20
Hearing Aids			52	52
Various Dementia Programmes			12	12
National Boards Out of hours Tranche 2			103	103
Shortened Midwifery Course			10	10
Dementia Post Diagnostic Support funds to IJBs			181	181
ADP tranche 2			437	437
Cardiac Physiology			24	24
New Medicine Fund			3,429	3,429
Mental Health Outcomes Framework		201		201
Foundation Training Year funding for NES		-231		-231
CSO support for NRS Infrastructure			15	15
Pay Awards 22-23			27,400	27,400
Pre-Registration Pharmacy Technician Scheme			161	161
PCIF tranche 2		1,195		1,195
Total Core RRL Allocations	749,455	97,541	26,872	873,868
Mental Health Bundle		1,363		1,363
Community Pharmacy Pre-Reg Training		-165		-165
Golden Jubilee SLA		-25		-25
PCIF		0		0
ADP		550		550
Primary care development funding		30		30
CAMHS		704		704
Mental health & Wellbeing primary care services		105		105
Capital to Revenue			2,600	2,600
NSD etc		-1,535		-1,535
Depreciation			1,420	1,420
NTC			1,971	1,971
MND Nurse			19	19
	0	1,027	6,010	7,037
	749,455	98,568	32,882	880,905
IFRS			8,516	8,516
Donated Asset Depreciation			137	137
Impairment			749	749
AME Provisions			500	500
Donated Assets Additions			-1,261	-1,261
Total Anticipated Non-Core RRL Allocations	0	0	8,641	8,641
Grand Total	749,455	98,568	41,523	889,546

Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	101	93	91	2
Borders	47	43	54	-11
Dumfries & Galloway	26	23	54	-31
Forth Valley	3,311	3,035	3,474	-439
Grampian	374	343	261	82
Greater Glasgow & Clyde	1,724	1,581	1,585	-4
Highland	141	129	193	-64
Lanarkshire	120	110	204	-94
Lothian	32,822	30,088	32,259	-2,171
Scottish Ambulance Service	105	97	44	53
Tayside	41,113	37,689	39,987	-2,298
	79,884	73,231	78,206	-4,975
UNPACS				
Health Boards	14,214	13,030	12,038	992
Private Sector	799	732	1,870	-1,138
	15,013	13,762	13,908	-146
OATS	740	678	552	126
Grants	65	65	67	-2
Total	95,702	87,736	92,733	-4,997

Appendix 3: Financial Flexibility

		Flexibility Released to Feb-23
	£'000	£'000
Drugs :NMF	6,972	6382
Junior Doctor Travel	22	12
Consultant increments	251	230
Discretionary Points	37	35
AME impairments	0	
AME Provisions	821	
Prior Years Approved Developments, National Initiatives	588	588
Health Retained 22-23 Uplifts	12,224	
Cost pressures 22-23	2,551	1304
Allocations to be distributed	5,062	2589
Total	28,528	11,140

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target	Year to Date Target	Year to Date Achieved	Year to Date Variance
		£'000	£'000	£'000	£'000
PCD	Instruments & Sundries	1,000	897	379	-518
PCD	Investment in Theatres Procurement / Cost Reduction	500	444	126	-318
PCD	Repatriation of Radical Prostatectomy	205	205	0	-205
WCCS	Travel & Printing	60	67	66	-1
WCCS	Managed Service Contract for Labs	425	390	390	0
WCCS	Skill Mix Review	50	36	45	9
ECD	Pirfenidone / Nintedanib	40	37	37	0
ECD	Patent Expiry / Homecare	160	144	0	-144
WCCS	Community Paediatric Drugs	20	18	18	0
Acute	Reduction in Non Core Staffing	2,000	1,778	1,019	-759
WCCS	Vacancy Release	210	183	183	0
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	668	1,045	377
P&I	Major Contract Review	250	0	0	0
P&I	Property Maintenance Minor Works Team	100	75	0	-75
P&I	Energy Savings - NDEE Project	150	75	0	-75
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	188	322	134
P&I	Terminate Lease for Evans Business Park	80	80	80	0
P&I	Grip and Control	402	402	402	0
All	Vacancy Factor	1,183	1,086	1,078	-8
All	Financial Grip & Control	3,415	3,132	2,646	-486
	Total	11,700	10,405	8,339	-2,066

Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000
Covid-19 earmarked reserve	33,522	620	327	379	364	281	524	305	303	589	487
Vaccine	2,472	1,053	472	330	372	453	753	749	459	505	672
SG Correspondence re Covid										21487	
ADP (from Core)	1,700										
Primary Care Improvement Fund	6,585		145	18	167	240	328	244	219	160	3320
Care homes	817		41	15	599	15	15	15			
Urgent Care Redesign	950	139	110	105	87	76				-70	
Action 15	1,791								167		1425
District Nurses	213										
Fluenz	18								18		
Mental Health Recovery & Renewal	3,932	100	122		63		1217		1666	124	11
Workforce Wellbeing	196										
Budival	213										110
Child Healthy Weight	23								23		
Acceleration of 22/23 MDT recruitment	300										41
Multi Disciplinary Teams	1,384										
GP Premises	430										270
Afghan Refugees	47										
Dental Ventilation	669		72		1	236	80				
Interface care	170			30							34
School Nursing	146										
Remobilisation of dental services	313										
Psychological Therapies	264								264		43
Uncommitted Reserves											
RT Funding	1,500										
Core general reserve	3,402		127	98	524	15	-56				98
Core underspend	3,550										
TOTAL	64,607	1,912	1,416	975	2,177	1,316	2,861	1,313	3,119	22,795	6,511

Appendix 6: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	64	64	64
Statutory Compliance	357	226	357
Capital Equipment	229	221	229
Condemned Equipment	7	0	7
Total Community & Primary Care	658	512	658
ACUTE SERVICES DIVISION			
Statutory Compliance	1,982	1,851	1,982
Capital Equipment	1,168	646	1,168
Clinical Prioritisation	124	122	124
Condemned Equipment	103	40	103
QMH Theatre	734	601	734
Energy Pods	50	45	50
Total Acute Services Division	4,160	3,305	4,160
NHS FIFE WIDE SCHEMES			
Equipment Balance	0	0	0
Digital & Information	877	877	877
Clinical Prioritisation	62	0	62
Statutory Compliance	57	0	57
Condemned Equipment	0	0	0
Fire Safety	0	0	0
Scheme Development	0	0	0
Vehicles	0	0	0
Capital to Revenue Transfer	2,000	0	2,000
Total NHS Fife Wide Schemes	2,996	877	2,996
TOTAL CAPITAL ALLOCATION FOR 2022/23			
	7,814	4,693	7,814
ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	417	378	417
Lochgelly Health Centre	556	512	556
Mental Health Review	100	33	100
Elective Orthopaedic Centre	13,629	12,796	13,629
National Equipping Tranche 1	1,506	1,353	1,506
HEPMA	900	954	900
Ferno Trolleys	50	50	50
Estates NIB Bid	2,720	1,711	2,720
D&I NIB Bid	1,928	1,824	1,928
National Equipping Tranche 2	914	430	914
LIMS	20	0	20
Phase 2 Endoscopy	973	0	973
Equipment Funding	250	0	250
Anticipated Allocations for 2022/23	25,463	20,041	25,463
Total Anticipated Allocation for 2022/23			
	33,277	24,734	33,277

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to January	February Adjustment	Total February
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	229	0	229
Condemned Equipment	0	0	7	7
Clinical Prioritisation	0	64	0	64
Statutory Compliance	0	354	0	354
Total Community & Primary Care	0	647	7	654
Acute Services Division				
Capital Equipment	0	1,175	-7	1,168
Condemned Equipment	0	103	0	103
Clinical Prioritisation	0	124	0	124
Statutory Compliance	0	1,985	0	1,985
QMH Theatre	734	734	0	734
Energy Pods	50	0	50	50
	784	4,121	43	4,163
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,339	0	57
Fife Wide Equipment	1,407	-1,407	0	0
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-188	0	62
Condemned Equipment	100	-100	0	0
Capital to Revenue Transfer	2,000	0	0	2,000
Fife Wide Fire Safety	0	0	0	0
Fife Wide Vehicles	0	0	0	0
Total Fife Wide	7,030	-4,034	0	2,996
Total Capital Resource 2022/23	7,814	734	50	7,814
ANTICIPATED ALLOCATIONS 2022/23				
QMH Theatres PH2	1,500	0	0	1,500
Kincardine Health Centre	417	0	0	417
Lochgelly Health Centre	556	0	0	556
Mental Health Review	100	0	0	100
Elective Orthopaedic Centre	13,629	0	0	13,629
National Equipping Tranche 1	1,506	0	0	1,506
HEPMA	900	0	0	900
Ferno Trolleys	50	0	0	50
Estates NIB Bid	2,720	0	0	2,720
D&I NIB Bid	1,928	0	0	1,928
National Equipping Tranche 2	914	0	0	914
LIMS	20	0	0	20
Phase 2 Endoscopy	973	0	0	973
Equipment Funding	250	0	0	250
Anticipated Allocations for 2022/23	25,463	0	0	25,463
Total Planned Expenditure for 2022/23	33,277	734	50	33,277

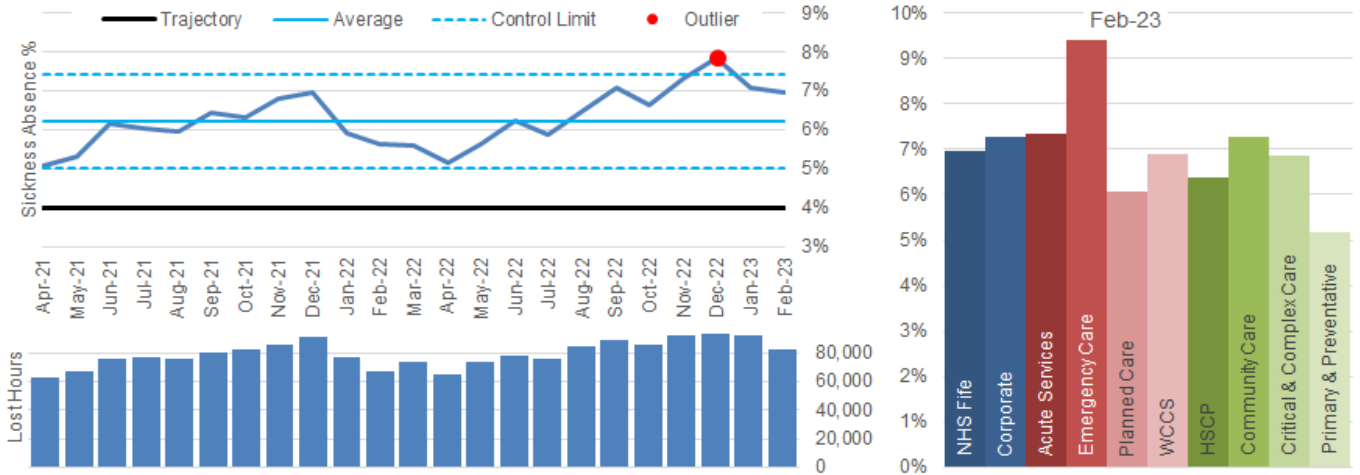
Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance

6.95%

Local Performance



National Benchmarking

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%	7.31%	7.85%	7.06%	6.95%
Scotland	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	6.75%	7.35%	6.87%	

Key Deliverable

Support the Health and Wellbeing of our Staff

End Date

Jun-23
At risk

**Key
Milestones**

Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions

Mar-23
Complete

Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence

Jun-23
At risk

STAFF GOVERNANCE

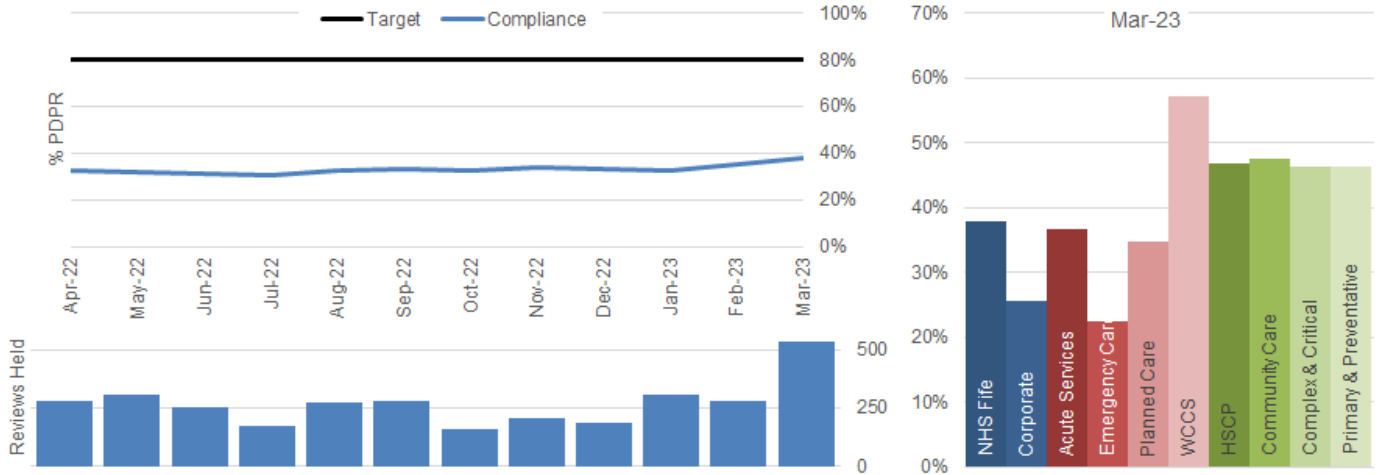
PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance

37.9%

Local Performance



Key Deliverable

Work towards improvement in PDPR engagement and achieving an 80% compliance rate

End Date

Mar-24
At risk

Key Milestones

- Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed
- Provide RAG status reports to all Managers during September 2022
- Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis
- Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDPR activity

Mar-23
Complete

Sep-22
Complete

Dec-22
Complete

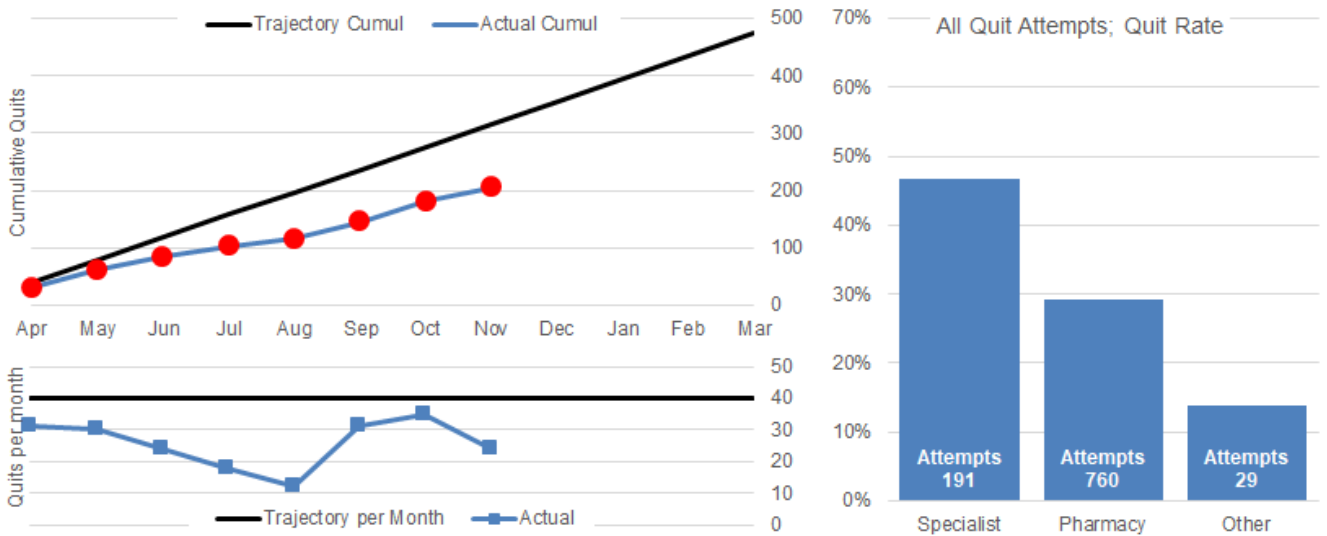
Dec-22
Complete

Smoking Cessation

In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

**Performance
205**

Local Performance (lag due to 12-week follow-up from quit date)



National Benchmarking

		2022/23											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	31	30	24	18	12	31	35	24				
	Actual Cumul	31	61	85	103	115	146	181	205				
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	77.5%	77.2%	72.0%	65.2%	58.4%	61.9%	65.6%	65.1%				
Scotland	Achieved			62.9%									

Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Apr-23 At risk
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 Complete
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 Complete
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Sep-22 Complete
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-23 On track
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Sep-22 Complete

POPULATION HEALTH AND WELLBEING

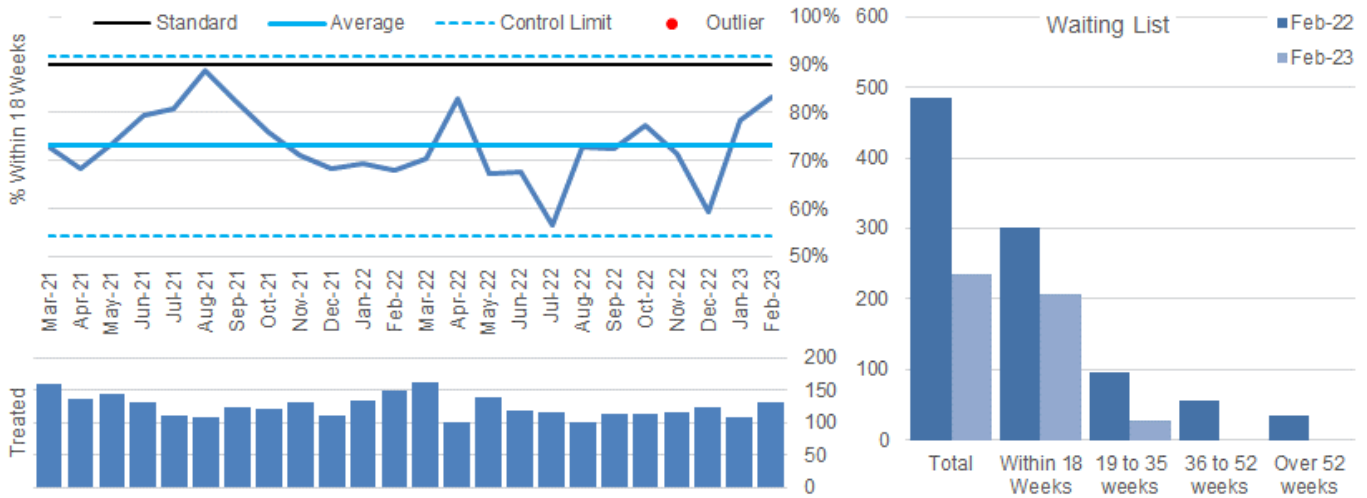
CAMHS 18 weeks RTT

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

Performance

83.2%

Local Performance



National Benchmarking

Month	2021/22				2022/23							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%
Scotland	73.8%	71.1%	66.7%	67.4%	67.4%	66.4%	69.3%	69.0%	67.4%	75.6%		

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Aug-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 Complete
	Recruitment of Additional Workforce	Aug-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Aug-23 On track

POPULATION HEALTH AND WELLBEING

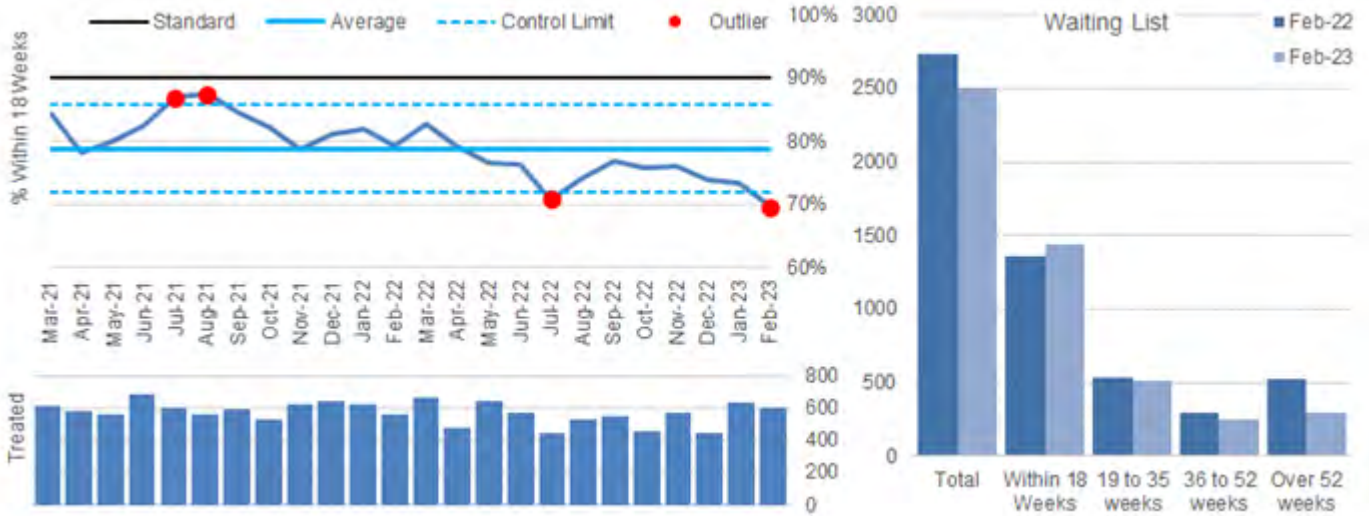
Psychological Therapies 18 weeks RTT

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

Performance

69.6%

Local Performance



National Benchmarking

Month	2021/22					2022/23						
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	82.7%	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%
Scotland	84.5%	81.2%	80.9%	82.3%	79.2%	81.6%	81.2%	80.8%	80.5%	82.3%		

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-24 Off track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 Complete
	Recruit new staff as per Psychological Therapies Recovery Plan	Oct-23 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 Complete
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-24 At risk
	Support and develop the NHS Fife response to Long COVID	Dec-22 Completed

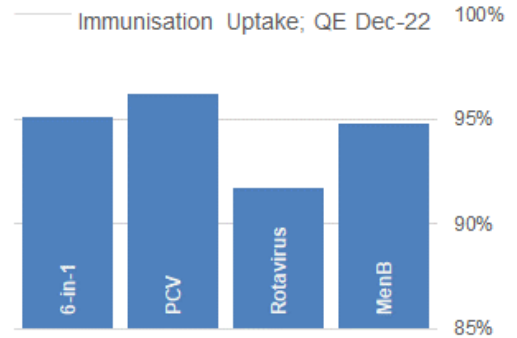
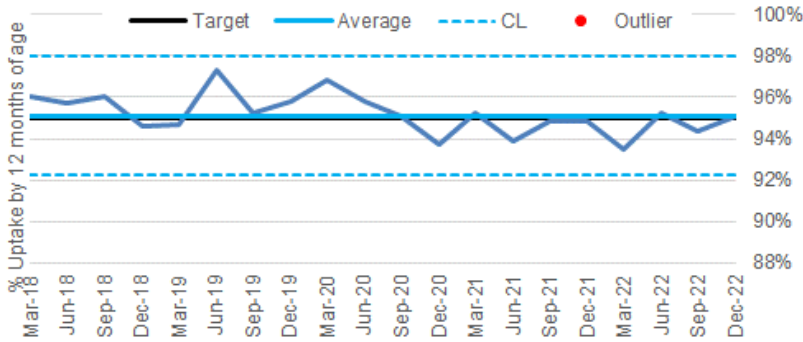
POPULATION HEALTH AND WELLBEING

Child Immunisation: 6-in-1

At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Performance
95.1%

Local Performance



National Benchmarking

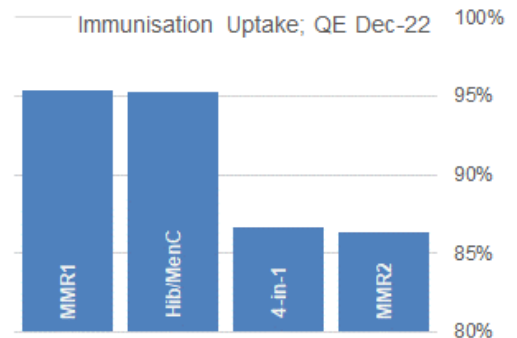
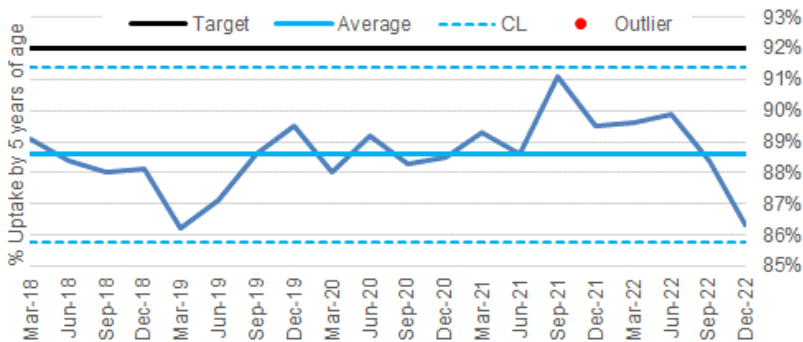
Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Performance
86.3%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%

Key Deliverable		End Date
Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population		Apr-23 On track
Key Milestones	6-in-1 primary vaccination uptake at age 12 months for Fife population	Apr-23 At risk
	MMR2 uptake at age 5 years for Fife population	Apr-23 At risk

Meeting: NHS Fife Board

Meeting date: 30 May 2023

Title: Integrated Unscheduled Care Programme Update

Responsible Executive: Dr Chris McKenna, Executive Medical Director
Claire Dobson, Director of Acute Services
Nicky Connor, Director of Health & Social Care

Report Authors: Belinda Morgan, General Manager, Emergency Care
Lisa Cooper, Head of Primary & Preventative Care Services
Miriam Watts, General Manager, Emergency Care
Lynne Garvey, Head of Community Care Services

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides the Board with an update on progress in relation to the Unscheduled Care Programme and describes the work undertaken since the launch of the Urgent & Unscheduled Care Collaborative in June 2022.

It provides assurance that there is commitment and coordination across NHS Fife and Fife Health & Social Care Partnership (HSCP) to continue progress and delivery of the programme in line with both local and national strategic objectives. As we transition out of the pandemic into 'business as usual', this programme of work is a key element of operational service delivery for the Acute Services Division and HSCP and will be taken

forward through their Senior Leadership Teams, with regular reports to EDG and Board Committees for assurance.

2.2 Background

The Scottish Government relaunched the Urgent & Unscheduled Care National Collaborative on the 1 June 2022. As a result of this, Fife were required to undertake a self-assessment to identify the highest impact changes for improvement. This process was undertaken collaboratively between NHS Fife and Fife Health & Social Care Partnership colleagues and identified the following areas for focus:

- Care Closer to Home
- Redesign of Urgent Care
- New Models of Acute Care
- Discharge without Delay

Since July 2022 work has been underway within each high impact area to identify improvement work that meets the aims of the national programme 'Right Care, Right Place, Every Time'.

2.3 Assessment

The winter of 2022/2023 was one of the most challenging yet placing a great deal of pressure on the whole health and care system.

As part of reporting to Scottish Government, a trajectory was set against the 4 hour access target from November 2022 to end March 2023. Winter performance was highly variable and performance remains significantly below the 95% standard. Chart 1 below details performance against the projected improvement of 67% agreed with Scottish Government. Chart 2 details all attendances – planned and unplanned together with our new 2023/24 trajectory which requires a further improvement of 17% by April 2024 (85%). Of noting that whilst attendance levels remained consistent throughout the winter period, in part due to redirections, the patients admitted to hospital are generally showing very high levels of frailty, co-morbidity and higher acuity.

Chart 1: ED Performance

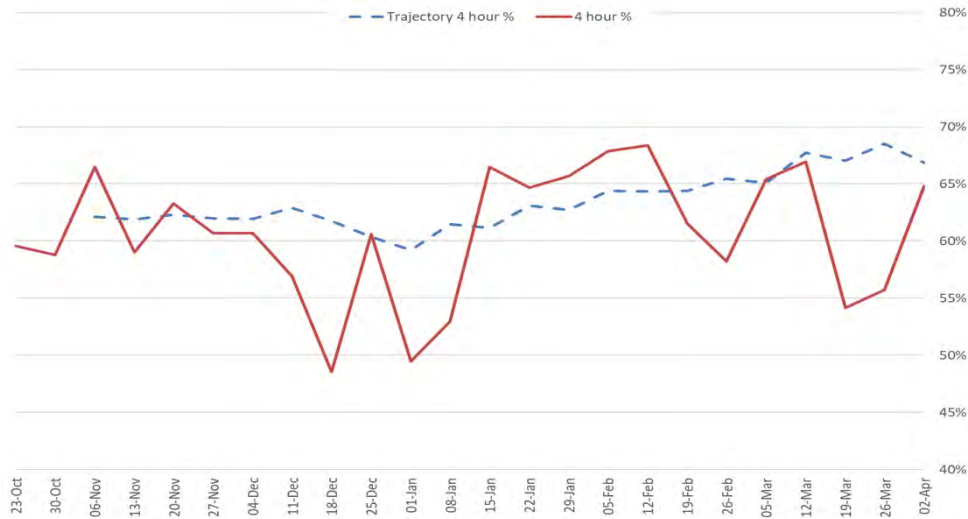
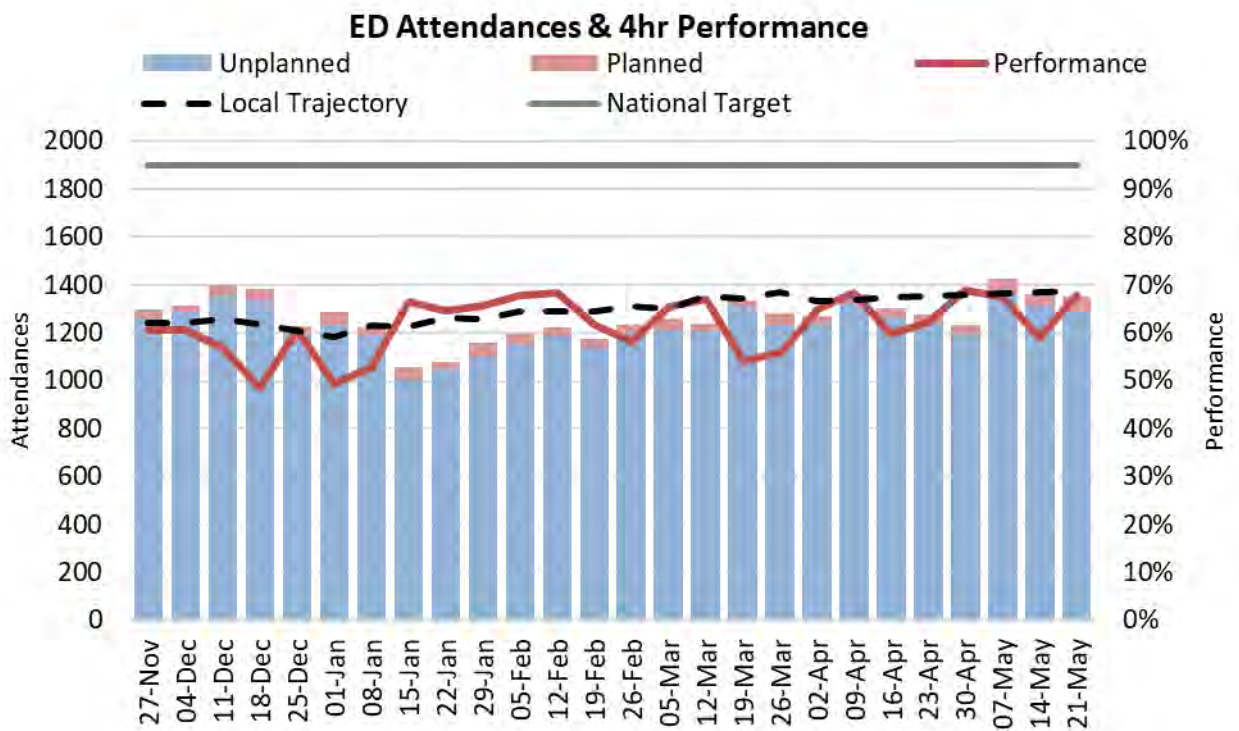


Chart 2: ED Attendances



A number of improvement projects have been underway to help support an improvement in the 4 hour access target. For the purposes of this paper they are noted under the heading of the high impact change areas:

1. Care Closer to Home (CCH)

This High Impact Change area primarily focuses on Primary Care, with the key aims for this work being:

- Highly capable and accessible Multi Disciplinary Teams (MDTs) built around the needs of communities and people
- Safe, resilient and sustainable Out of Hours primary care services

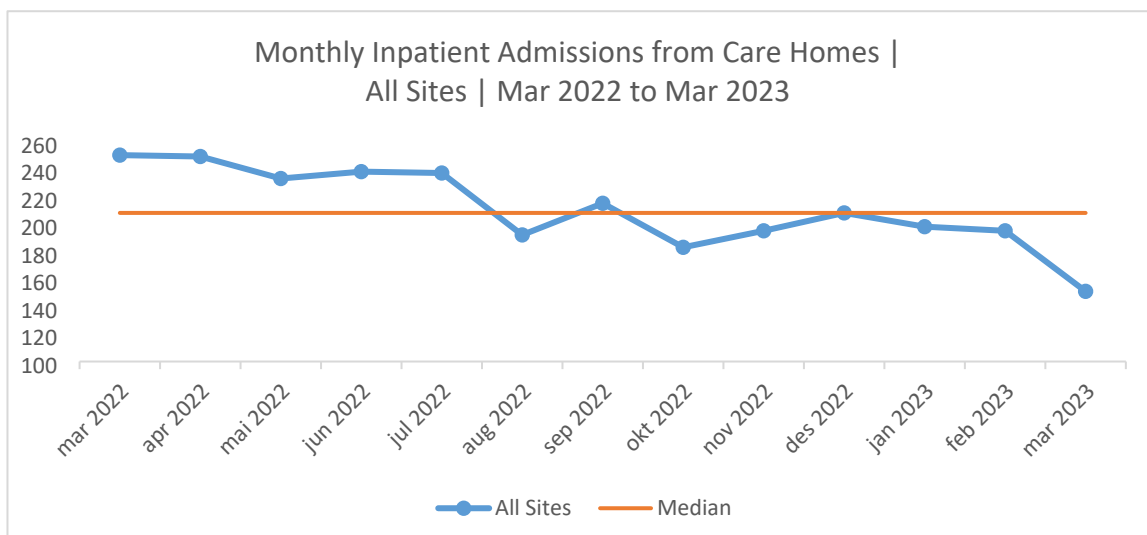
- Further develop the digitally enabled gateway to the NHS in Scotland
- Improve the interface before and after urgent care to provide a seamless service to the patient

A key area of focus for CCH has been on improving access to Urgent Care for Care Home residents across Fife. This work saw 3 key test areas, detailed below:

- Direct access to Urgent Care Services Fife (UCSF) via Prof to Prof line for Fife Care Homes
- Care Home ANPs delivering scheduled MDT reviews, ward rounds and direct support to care homes across all 7 locality clusters, supported via the recruitment of 5 additional ANPs
- Testing SAS delivering direct unscheduled care within Care Homes within one locality

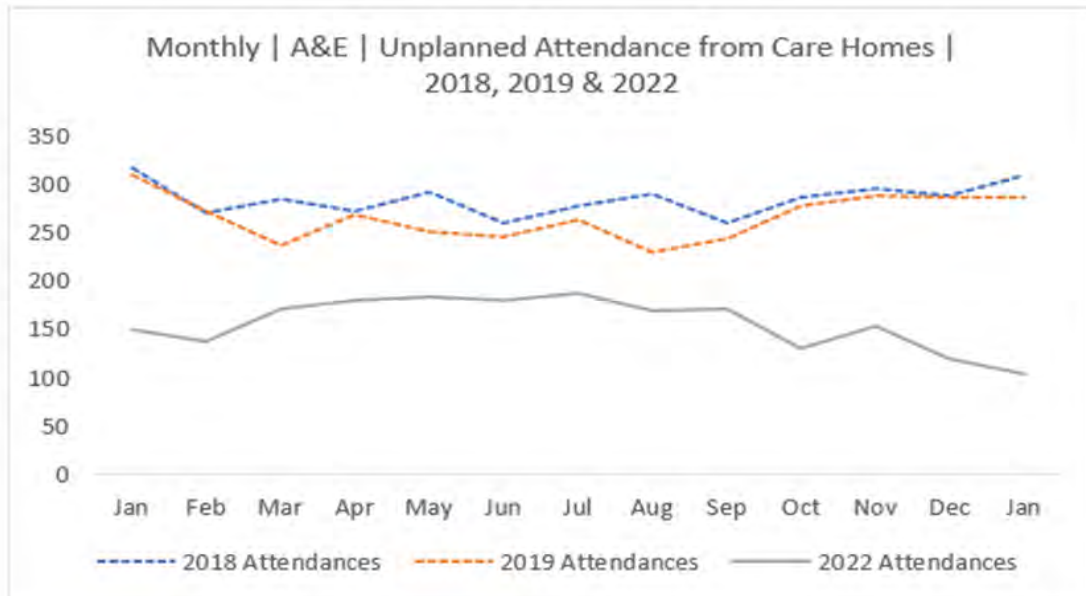
As a result of these tests there has been a reduction in the number of unplanned Acute attendances from Care Homes, since September 2022. Chart 3 shows all unplanned admissions to all locations within VHK. The highest monthly unplanned attendances per month were in March 2022 and the lowest monthly attendances were in March 2023.

Chart 3: Monthly Care Home All Site Attendances



The number of unplanned attendances from Care Homes at A&E in previous years is detailed in chart 4. There has been a decrease in attendances from December to January 2018 to December to January 2022 of 1459 attendances.

Chart 4: Monthly Care Home A&E Attendances (Annual comparison)



2. Redesign of Urgent Care

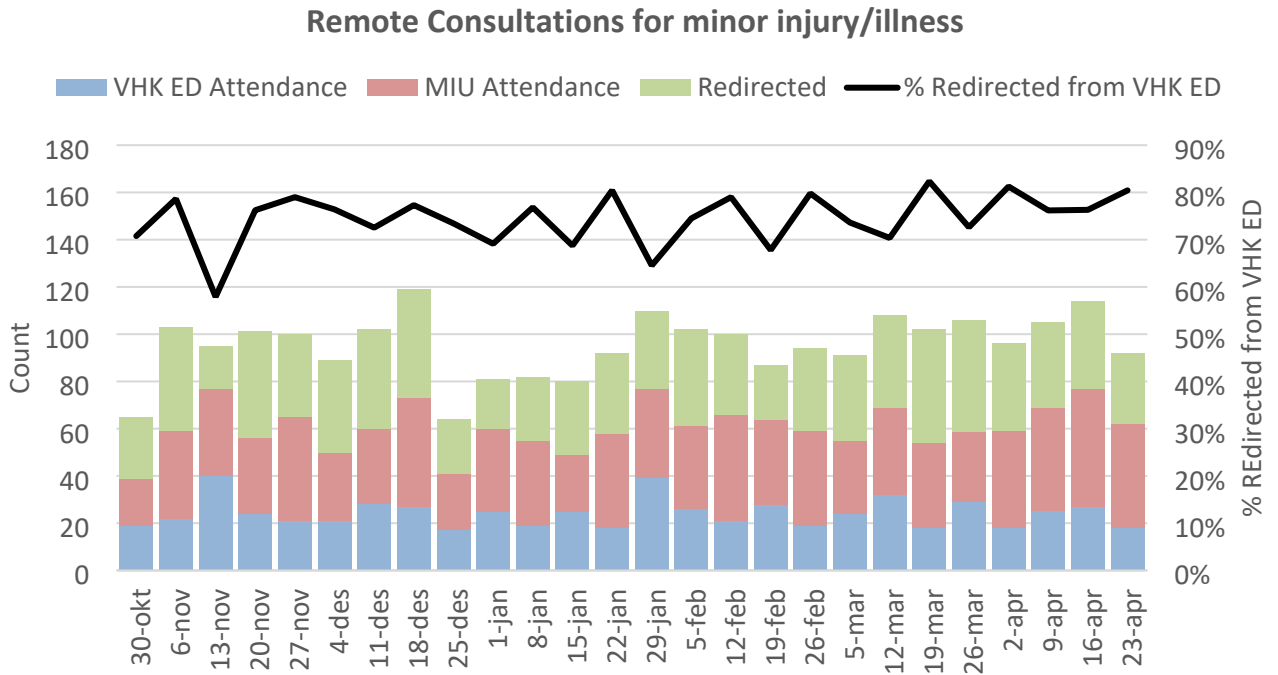
The main area of focus has been:

- Scheduling of minor injury patients to Queen Margaret Hospital
- Call before you Convey
- Review of Flow Navigation

2.1 Scheduling of minor's patients to Queen Margaret

A test of change was undertaken commencing in July with an aim to increase the scheduling of minor patients to Queen Margaret hospital instead of an attendance at VHK. Graph 5 below details the improvement. The workforce model to support this has been achieved through remodelling hours and shifts from ED for Emergency Nurse Practitioners ENPs to increase the numbers and times available within QMH. Consultants within ED support Senior Clinical decision making. The redirection rate from ED VHK has improved from 66% at commencement to 80%, an improvement of 21%. This model will now be mainstreamed as part of ED core work.

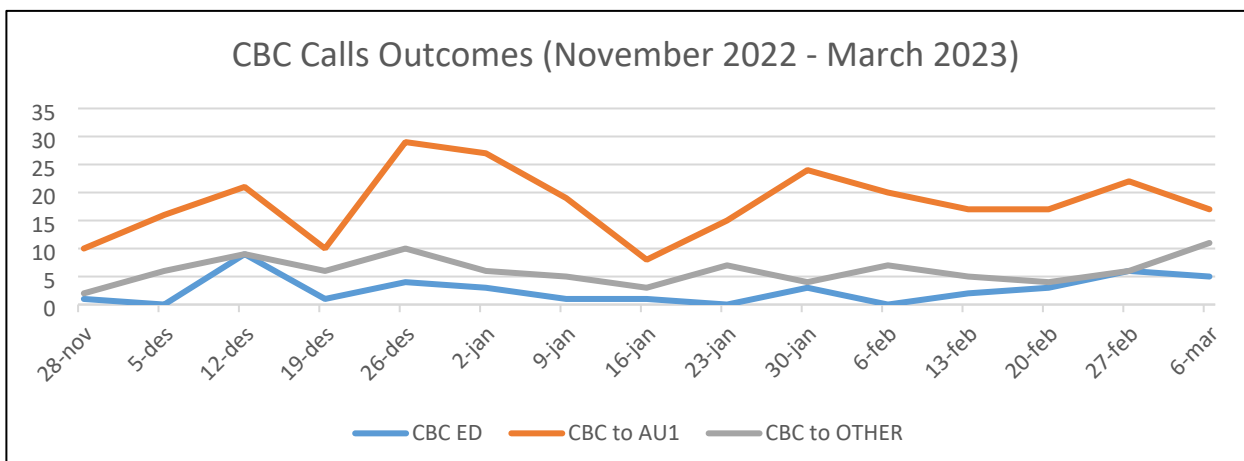
Graph 5: MIU Remote consultations



2.2 Call before you Convey

Call Before you Convey has been an ongoing piece of work where Scottish Ambulance Service crews have been calling the Flow Navigation Centre for patients who meet a certain criterion to discuss whether the patient needs to be brought to hospital and if they do where they need to be brought. The purpose is to ensure patients receive treatment at the right place. The test of change has had limited success, with the highest number of outcomes for patients being conveyed to AU1. Graph 6 below shows the call outcomes by ED, AU1 and Other. Graph 7 highlights the outcomes classified under 'Other'.

Chart 6: CBC Outcomes



Despite this initiative, conveyancing rates from ambulances in Fife remained consistently above the National average. Therefore, further work has been undertaken to look at additional support for the model, which will see paramedics being given direct access to an ED Consultant for a clinical discussion. The test of change commenced 26/4/23 for two weeks to enable workforce and financial decisions to be made against any patient and

system benefits that may be achieved. Data requires further analysis, however, staff are reporting an immediate and noticeable improvement in ED performance and ambulance waiting times.

2.3 Review of Flow Navigation

Fife established the Flow Navigation Centre (FNC) in December 2020. The Flow Navigation Centre guiding principle aims to ensure that when urgent care is needed the public have to access the right care, at the right time, first time. A workshop was held in February 2023 to review the progress to date of the FNC. One of the main drivers for this discussion is to ensure that the current model represents value for money as in its current guise the FNC exceeds the annual funding allocation given to NHS Fife to support urgent and unscheduled care. The following charts show current performance of the FNC from October 2022:

Chart 8: FNC Pathways & Redirections

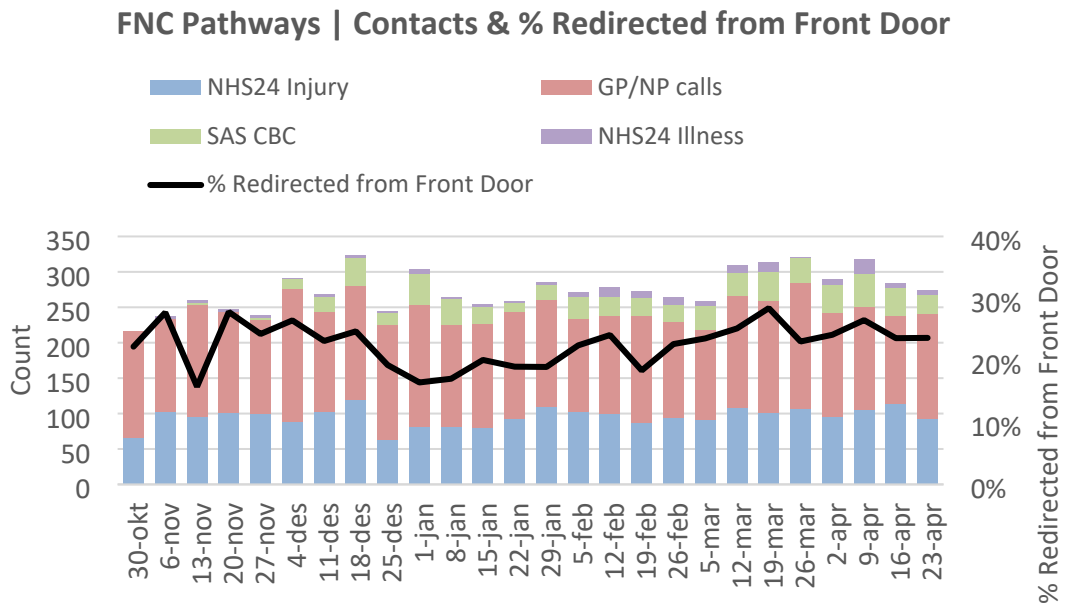
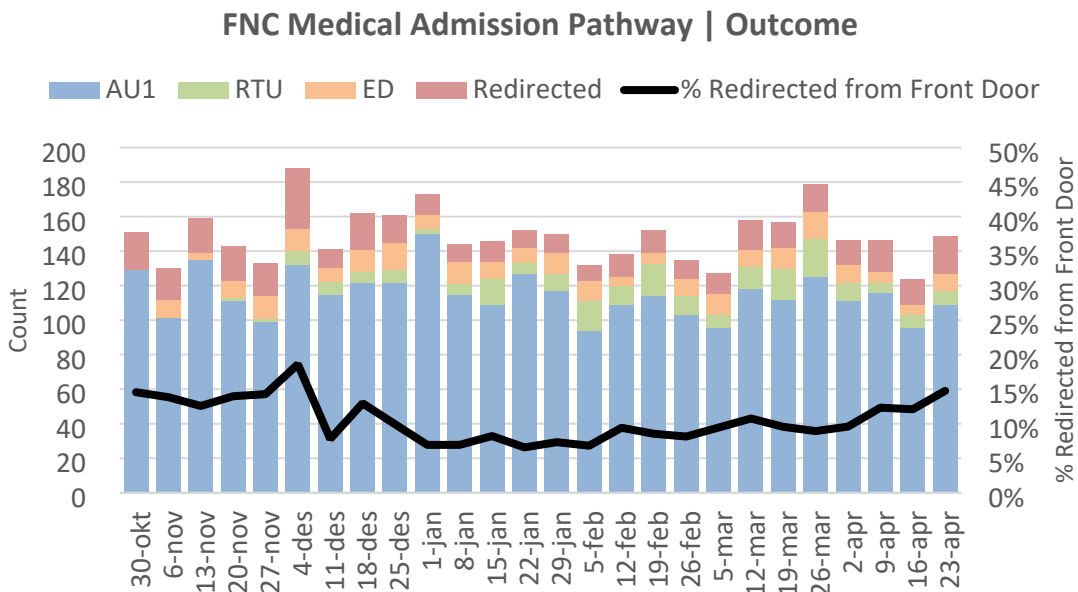


Chart 9: Medical Admission Pathway



An improvement project is being established at pace with the objectives of:

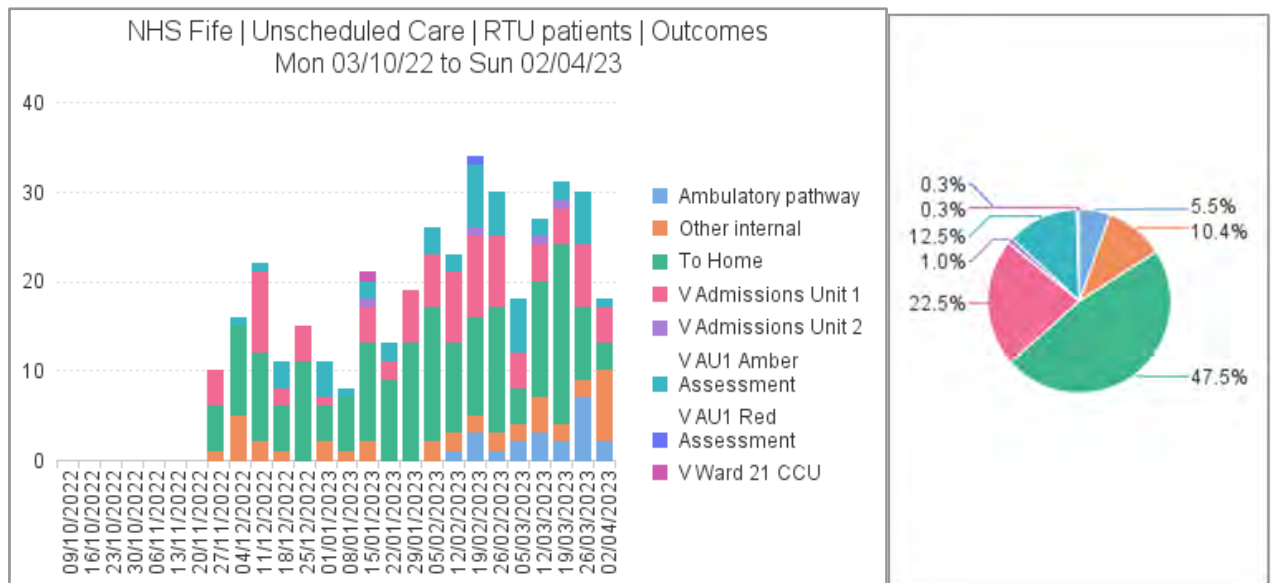
- Develop a workforce and delivery model that is financially sustainable.
- Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time.
- Develop and report data metrics and KPIs that provide rigour and assurance of the FNC.
- Develop communication and engagement plans to ensure people access care in the right place, at the right time.

3. New Models of Acute Care

3.1 Rapid Triage Unit

The Rapid Triage Unit (RTU) is an assessment model established in October 2022 to streamline the assessment process of GP patients, reduce the demand for assessment beds, and optimise ambulatory pathways. All patients are initially triaged via FNC and then seen within the RTU. From commencement until 2nd April 2023 a total of 388 patients have been assessed in the RTU. The below chart shows that 47.5% of patients went directly home after assessment, indicating further redirections from FNC could be achieved.

Chart 10: RTU Patients Outcomes



A short life working group is reviewing the progress made within the 4 months since commencement to revise the inclusion criteria and increase the number of patients being supported through the unit. Patient and family feedback has been very positive, and we continue to collect this patient experience data as the model is established as business as usual.

A deep dive through a weekly verification process has also been established to review all GP patients attending to maximise alternative community-based pathways and support streaming further of acute ambulatory pathways.

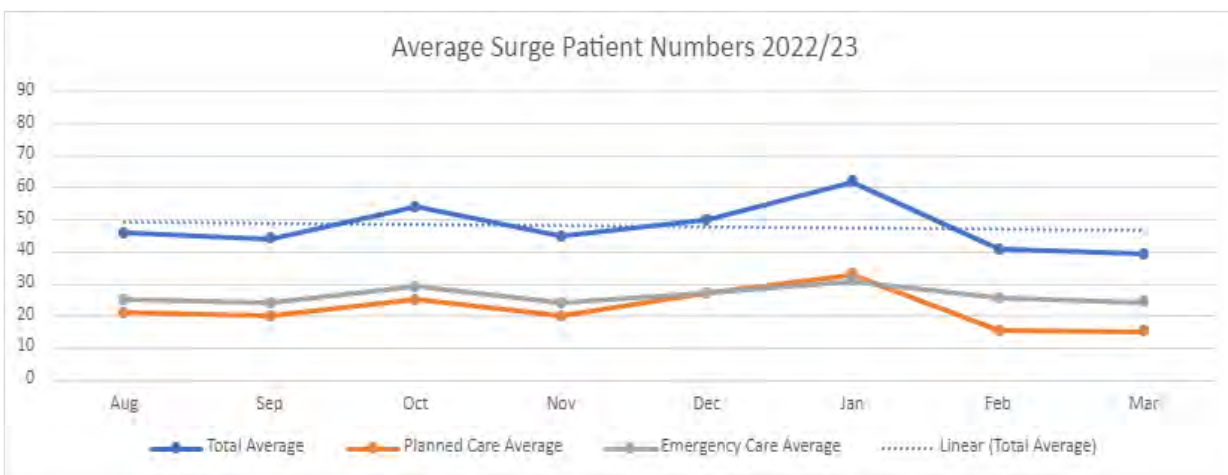
As part of the wider plans to re shaping our front door, phase 2 has seen a single admission pathway into our medical admission unit with the removal of the C-19 respiratory and non-

respiratory pathways. At risk patients will be identified as per guidance in line with other respiratory and communicable diseases. This will also allow a re-design of the nursing and medical model to prioritise assessment and triage functions and support flow throughout the unit. The current LOS within Au1 is 20 hrs with a stretch aim to achieve 15 hrs by July 2023.

3.2 Virtual Board Round

A 'Virtual Board Round' was established in August 2022, the purpose to discuss unplanned care patients boarding in planned care beds. The round has offered a more joined up approach to managing boarded patients. The surge/boarding situation has had highs and lows, which has been due to performance. There are a number of risks when patients are having to be boarded out with speciality wards.

Chart 11: Average Surge Numbers



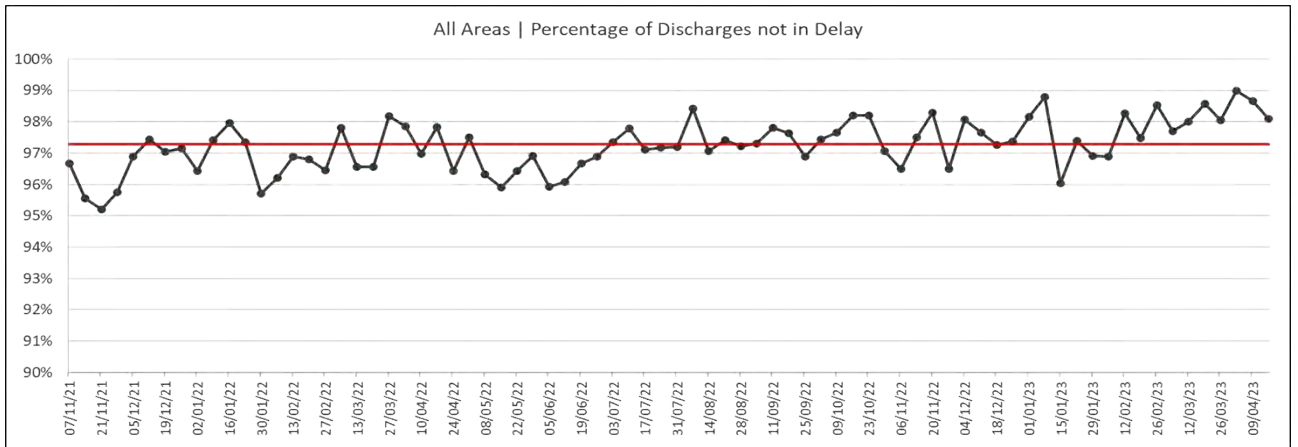
4. Discharge without Delay (Planned Discharge Date)

The Discharge without Delay (DWD) project has been managed as a joint piece of work with NHS Fife and Fife Health & Social Care Partnership. The project has supported staff to start planning patient's discharge from the point of admission. This is to ensure that all aspects which need to be in place for the patient leaving hospital are organised in a timely manner and delays are minimised. The need for planned discharges is greater than ever with the increased frailty of patients leading to an increased period until they are deemed fit to leave hospital which is creating a decrease in overall bed availability.

The introduction of Planned Discharge Dates (PDDs) for patients, set by the multidisciplinary teams on the ward helps to focus discussions and plan for discharge at an early stage.

The improvement to the percentage of patients not in delay is detailed in the below chart with the percentage not in delay, around 98%, being above the red median line since the middle of January 2023.

Chart 13: Discharges not in delay



DWD was funded by SG until March 2023 which enabled the project to be initiated and embedded. The project will continue in 2023 - 2024 as business as usual and maintain the improvements, which have been established.

4.1 Community PDD / Delays

Fife Health & Social Care Partnership have multidisciplinary 'verification' meetings which take place regularly each week to ensure continuous review of patients clinically fit for next stage of care with confirmed pathways of care in place and identified Planned Dates of Discharge. Daily and Weekly verification meetings feed into the weekly Whole System verification meeting where assurance at a senior level (Head of Service chairs) is provided covering patients in all aspects of delay.

Chart 15: Discharge Hub Performance:

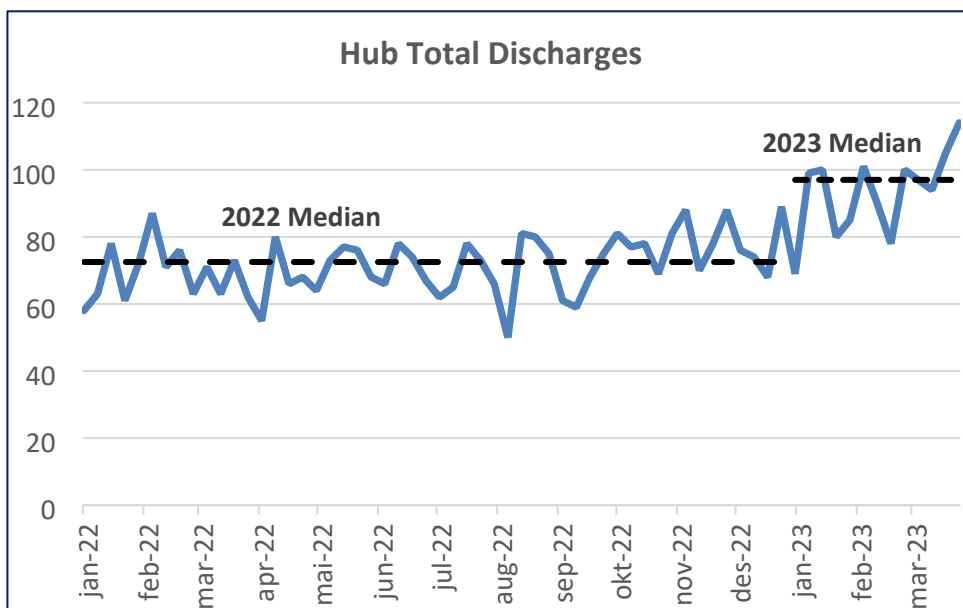
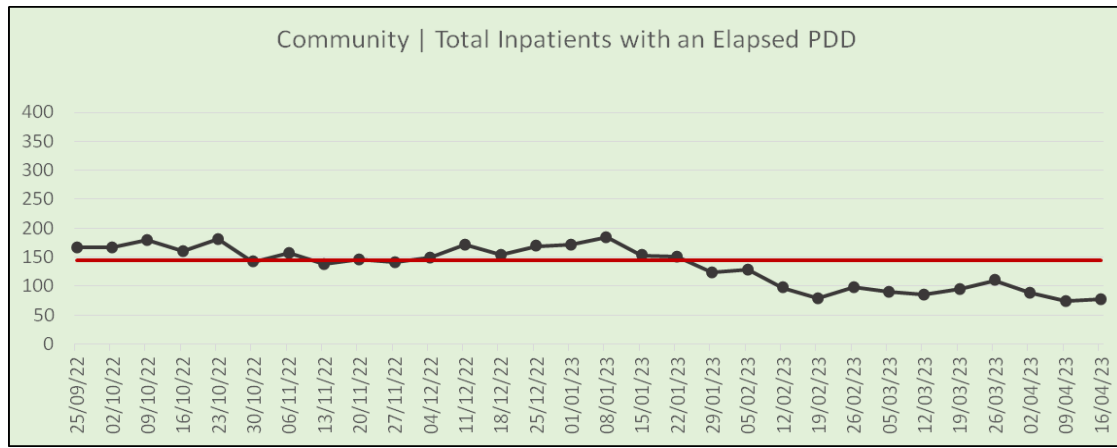
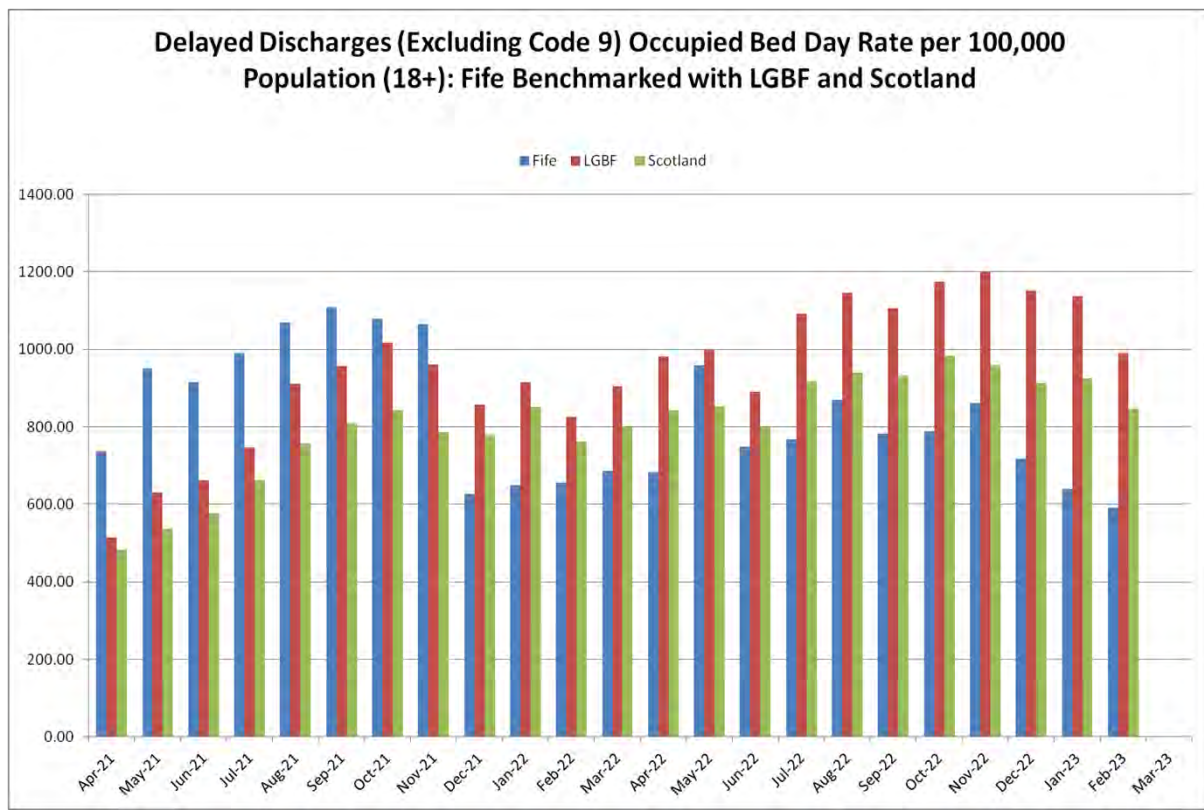


Chart 17: Community PDD



Performance against standard delays compared to Scottish average and Local Government Benchmarking Family

Chart 18: Performance against Scottish Average



Front Door Assessment Team

The Front Door Assessment Team (FDAT) was implemented September 2022. The FDAT has operated a 7 day service since November 2022. It is available for patients presenting to Accident & Emergency Department, Acute Medical Unit and the Rapid Assessment Discharge Ward 9 (RAD) at the Victoria Hospital Kirkcaldy. This model is to enable early intervention and assessment resulting in discharge planning commencing as soon as the individual presents to hospital.

A process map was developed to inform appropriate patients to be assessed by the FDAT, this was carried out in collaboration with the Integrated Assessment Team (IAT). The process map also informed the current measurement plan, which has the patient's assessment, intervention and discharge to be completed within 72 hours.

The team attend the Multidisciplinary Team Meeting in RAD ward 9 daily as well as the frailty huddle in AU1. Average length of stay (LOS) in the RAD fell significantly during February and March and has continued on downward.

Chart 19: RAD Unit LOS

22/01/23	12.01
29/01/23	7.67
05/02/23	3.10
12/02/23	3.25
19/02/23	3.62
26/02/23	3.45
05/03/23	4.87
12/03/23	3.54
19/03/23	3.17
26/03/23	4.64
02/04/23	4.27

Prevention of Admission

The Respiratory team is currently working closely with the Acute Respiratory Nurse Team, Managed Clinical Network (MCN) and Scottish Ambulance Service (SAS) with test of change projects to reduce 20% of respiratory hospital admissions and facilitate a 20% increase of respiratory discharges from hospital into the community. The SAS pilot has recently been expanded from one post code to include Fife wide referrals originating from the SAS dispatcher to Fife community respiratory team.

Hospital at Home (H@H)

InReach Hospital at Home test of change facilitates the implementation of in-reach band 6 NPs (starting Monday-Friday move to 7 days once staffing secured) to commence Hospital at Home step down assessments within the acute setting. This will be crucial for FNH to have direct access to the in reach ANP to redirect before patients reach the front door. By testing this model of care, the Service aims to:

Commencing H@H assessments for step down patients in the acute environment and supporting the front door team will positively impact admission, assessment and documentation time required in the community and this would result in increased capacity and resilience across H@H.

2.3.1 Quality / Patient Care

It is anticipated that the services associated with unscheduled care and the Patient Care experience will be improved through the revised programme of work. This work will enhance care delivery in the right place, by the right person, first time

2.3.2 Workforce

This programme is being delivered in the main within the existing staff profile of both organisations with the following posts recruited to directly to aid delivery within the Flow Navigation Centre:

Staff role	Contribution	Number of Staff
Dispatchers	The Dispatching team are key navigators within the FNC, following clear protocols to make sure patients follow the correct pathways and facilitating the scheduling element of the pathways.	6.9 WTE
Senior Dispatchers	This role will oversee and provide leadership and development to the dispatch team and play a crucial role in maintaining governance over current and future processes and protocols	1.6 WTE
ENP	This role support's the QMH triage model for direct NHS 24 calls delivering clinical assessment of 4-hour minor injury / illness pathway patients	3.2 WTE
ANPs	This role will support the local clinical assessment of 4-hour minor injury pathway patients and medical admission pathway patients.	6 WTE
Senior Decision Maker	This role, along with programme lead for the FNC workstream, will provide live time SCDM support to the ANP team	1 WTE
GPSI	This role will support the ED team in releasing ED Consultant time to allow them to support the SCDM role for all 4-hour patients	1.5 WTE

2.3.3 Financial

The Integrated Unscheduled Care Programme Board are reviewing and monitoring the financial implications of the Programme. The costs to deliver the current Flow Navigation Centre model are being reviewed as they are not sustainable. Based on the current model the FNC is forecast to cost £1.4M in 2023 – 2024. Assurance is given that a programme of work will be completed to ensure services are financially viable within the funding available.

2.3.4 Risk Assessment / Management

Risks for this work are identified and managed as part of the governance arrangements and are recorded on Datix.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

The Unscheduled Care Programme and its component projects seeks to reduce inequalities. Equality Impact Assessments were previously completed for Phase 2 of the Programme. The current Equality Impact Assessment is in the process of being refreshed to reflect the current phase of the Programme.

2.3.6 Climate Emergency & Sustainability Impact

Not used

2.3.7 Communication, involvement, engagement and consultation

As part of this work there is ongoing stakeholder mapping and engagement activities underway. A local Winter Communications plan was delivered which actively engaged with the people of Fife through various methods in support of 'Right Care, Right Place, Every time'. This also reinforced the national messages which Scottish Government delivered.

2.3.8 Route to the Meeting

A version of the paper has been considered at EDG and Clinical Governance Committee.

2.4 Recommendation

This report is submitted for discussion and assurance and to provide an update on the work underway as part of the Unscheduled Care Programme.

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

3 List of appendices

The following appendices are included with this report: None

Report Contact

Fiona McLaren

Head of Corporate PMO

Email fiona.mclaren2@nhs.scot

Meeting:	NHS Fife Board
Meeting date:	30 May 2023
Title:	Annual Review of the Code of Corporate Governance
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Gillian MacIntosh, Head of Corporate Governance & Board Secretary

1. Purpose

This is presented for:

- Approval

This report relates to a:

- Local policy

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

- Effective

2. Report Summary

2.1 Situation

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

2.2 Background

An annual review of the Code of Corporate Governance is normally undertaken each spring, with this completed as scheduled in 2022. An in-year update during 2022/23 was also considered by the Audit & Risk Committee in December 2022, to reflect an amendment within the Standing Financial Instructions to Procurement thresholds. This version of the Code subsequently received Board approval in January 2023.

2.3 Assessment

The new version of the Code attached reflects the following:

- the replacement of the Strategic Framework document (p.3), to mirror the new iteration published in the Board's approved Population Health & Wellbeing Strategy;
- minor tracked changes to each Standing Committee's remit, as discussed and agreed by each Committee following their annual Terms of Reference review at their March cycle of meetings; and
- the addition of the newly revised Standards of Business Conduct policy for staff (p.114) as Appendix 6. This has been entirely re-written and formally approved by EDG in December 2022. Incorporation of this within the Code of Corporate Governance increases the visibility of this guidance, makes it easier for staff to find and allows for its regular review through the Code's annual refresh cycle. Supporting webpages and guidance (at <https://www.nhsfife.org/about-us/nhs-fife-board/standards-of-business-conduct/>) also gives additional information to staff on registering interests and acceptance of gifts and hospitality.

There have been no changes made to the Board's Standing Orders, Standing Financial Instructions, Scheme of Delegation or Code of Conduct for Board Members. Both the Standing Orders and Code of Conduct follow standard text approved for Boards on a 'Once for Scotland' national basis.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in Board Committees providing appropriate assurance to the NHS Board. The Board Committee Terms of Reference contained within the Code outline the delegated responsibilities in this area from the Board to its key standing committees.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

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 Climate Emergency & Sustainability Impact

No direct impact via this annual updating exercise.

2.3.7 Communication, involvement, engagement and consultation

The newly added Standards of Business Conduct for Staff has received widespread review, from colleagues in the Counter Fraud Service, Pharmacy, Finance, Fife Health Charity and Internal Audit, culminating in the policy's approval by EDG in December 2022.

2.3.8 Route to the Meeting

This paper reflects comments received from colleagues within the Finance Directorate. Each of the Committees' Terms of Reference have been reviewed at their meetings held in March 2023. The Board received a detailed presentation on the Members' Code of Conduct at their April 2023 Board Development Session.

In consequence of the cancellation of the Audit & Risk Committee meeting of 18 May, this paper has been considered by Audit & Risk members via email circulation. No comments or queries on its content have been received.

2.4 Recommendation

The paper is provided for:

- **decision** – for formal Board approval of the updated Code of Corporate Governance as per its annual review cycle.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Revised Code of Corporate Governance, May 2023

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot



CODE OF CORPORATE GOVERNANCE

FIFE NHS BOARD

Reviewed by: Head of Corporate Governance & Board Secretary
Date of Board Approval: 30 May 2023 (TBC)
Next Review Date: May 2024

Issue no. 20 – Master

CONTENTS

NHS Fife Strategic Framework 3

Standing Orders for Fife NHS Board 4

Appendix 1 - Board Committee Structure 15

Appendix 2 - Board Committee Terms of Reference

Annex 2.1 - Audit and Risk	17
Annex 2.2 - Clinical Governance	25
Annex 2.3 - Finance, Performance and Resources	29
Annex 2.4 - Public Health & Wellbeing	33
Annex 2.5 - Remuneration	36
Annex 2.6 - Staff Governance	39

Appendix 3 - Standing Financial Instructions 43

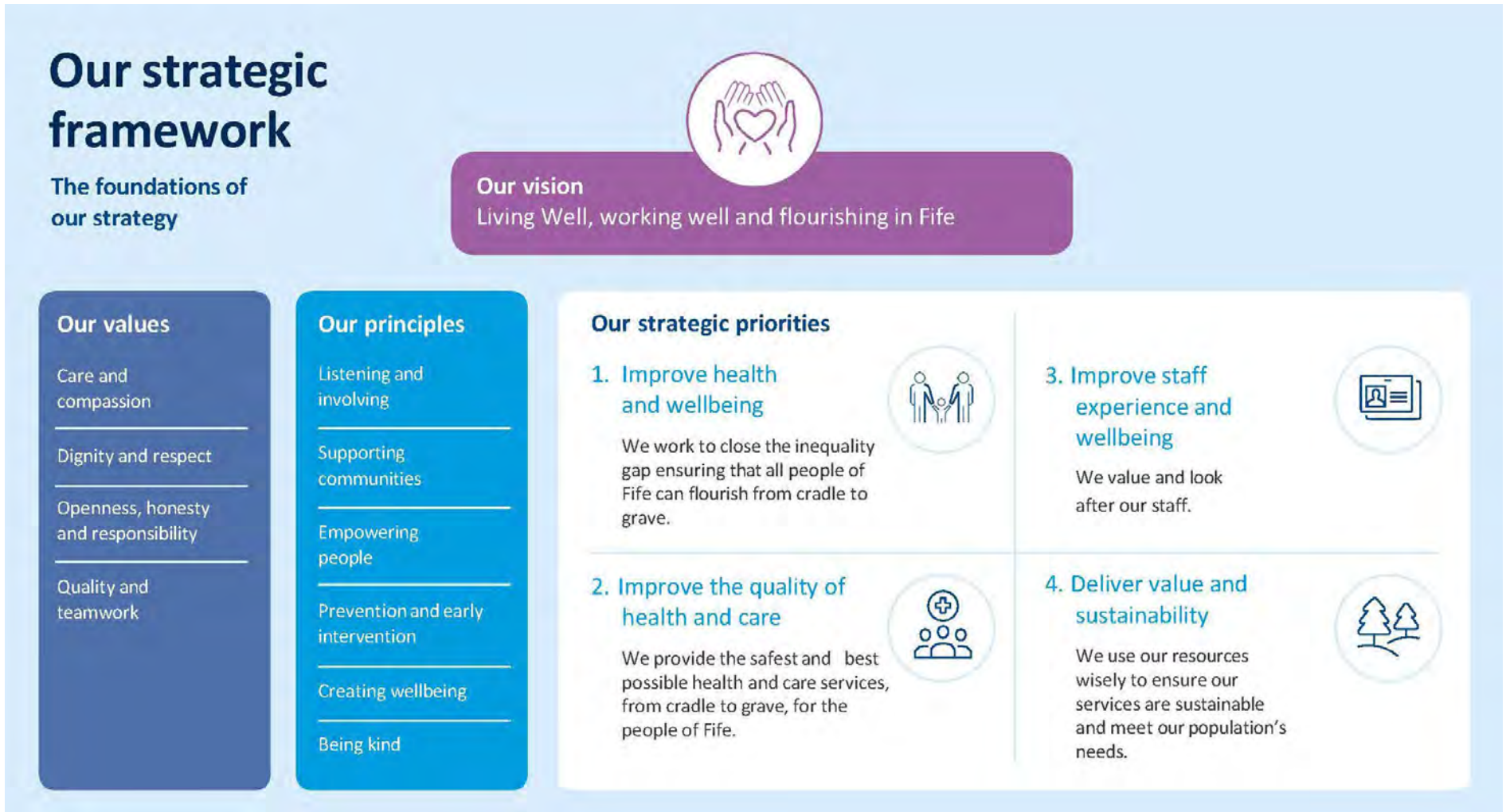
Appendix 4 - Scheme of Delegation 73

Appendix 5 - Code of Conduct for Members of Fife NHS Board 96

Appendix 6 - Standards of Business Conduct for Staff 114

NHS FIFE STRATEGIC FRAMEWORK

The Strategic Framework underpins all that NHS Fife as an organisation does. It highlights NHS Fife's vision for the population of Fife and the Board's key values and principles, providing a basis for our strategic priorities to be delivered in our Population Health & Wellbeing Strategy.



STANDING ORDERS FOR THE PROCEEDINGS AND BUSINESS OF FIFE NHS BOARD

1 General

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

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

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

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

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

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

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

Board Members – Ethical Conduct

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

2 Chair

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

3 Vice-Chair

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

4 Calling and Notice of Board Meetings

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

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

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

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

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

5 Conduct of Meetings

Authority of the Person Presiding at a Board Meeting

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

Quorum

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

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

Adjournment

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

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

Business of the Meeting

The Agenda

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

Decision-Making

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

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

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

Board Meeting in Private Session

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

Minutes

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

6 Matters Reserved for the Board

Introduction

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

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

7 Delegation of Authority by the Board

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

8 Execution of Documents

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

9 Committees

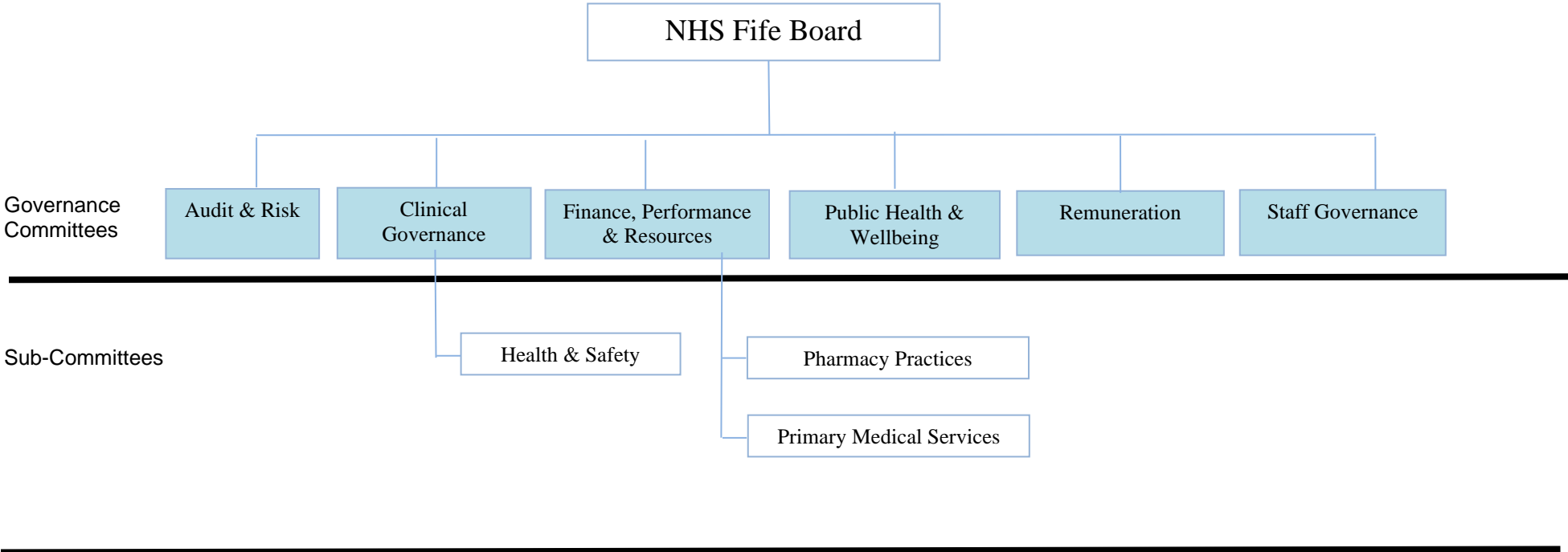
- 9.1 Subject to any direction issued by Scottish Ministers, the Board shall appoint such committees (and sub-committees) as it thinks fit. NHS Scotland Board

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

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



NHS FIFE BOARD COMMITTEE STRUCTURE



TERMS OF REFERENCE FOR BOARD COMMITTEES

Governance Committees	Page
2.1 Audit & Risk Committee (A&R)	17
2.2 Clinical Governance Committee (CG)	25
2.3 Finance, Performance & Resources Committee (FP&R)	29
2.4 Public Health & Wellbeing Committee (PH&W)	33
2.5 Remuneration Committee (RC)	33
2.6 Staff Governance Committee (SG)	39
Sub-Committees	
Health and Safety (CG, with parallel assurance reporting to SG)	
Pharmacy Practices (FP&R)	
Primary Medical Services (FP&R)	
Partnerships and other Committees (minutes routinely reporting into Governance Committees)	
Acute Services Division & Corporate Directorate Local Partnership Forum (SG)	
Area Clinical Forum (CG)	
Area Drug & Therapeutics Committee (CG)	
Area Partnership Forum (SG)	
Area Medical Committee (CG)	
Cancer Strategy & Governance Group (CG)	
Area Radiation Protection Committee (CG)	
Clinical Governance Oversight Group (CG)	
East Region Programme Board (Board)	
Digital & Information Board (CG)	
Fife Partnership Board (PH&W)	
Fife Research, Innovation & Knowledge Oversight Group (CG)	
Health & Social Care Partnership Local Partnership Forum (SG)	
Infection Control Committee (CG)	
Information Governance & Security Steering Group (CG)	
Integration Joint Board Quality & Communities Committee (CG)	
Medical Devices Group (CG)	
Public Health Assurance Committee (PH&W)	
Resilience Forum (CG)	

AUDIT AND RISK COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022~~ 30 May 2023

1. PURPOSE

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

2. COMPOSITION

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

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

3. QUORUM

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

4. MEETINGS

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

5. REMIT

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

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

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

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

Internal Control and Corporate Governance

5.3 To evaluate the framework of internal control and corporate governance comprising the following components, as recommended by the Turnbull Report:

- control environment;
- risk management;
- information and communication;
- control procedures;
- monitoring and corrective action.

5.4 To review the system of internal financial control, which includes:

- the safeguarding of assets against unauthorised use and disposition;
- the maintenance of proper accounting records and the reliability of financial information used within the organisation or for publication.

5.5 To ensure that the activities of Fife NHS Board are within the law and regulations governing the NHS.

5.6 To monitor performance and best value by reviewing the economy, efficiency and effectiveness of operations.

5.7 To review the disclosures included in the Governance Statement on behalf of the Board. In considering the disclosures, the Committee will review as necessary and seek confirmation on the information provided to the Chief Executive in support of the Governance Statement including the following:

- Annual Statements of Assurance from the main Governance Committees and the conclusions of the other sub-Committees, confirming whether they have fulfilled their remit and that there are adequate and effective internal controls operating within their particular area of operation;

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

5.8 To present an annual statement of assurance on the above to the Board, to support the NHS Fife Chief Executive's Governance Statement.

Internal Audit

5.9 To review and approve the Internal Audit Strategic and Annual Plans having assessed the appropriateness to give reasonable assurance on the whole of risk control and governance.

5.10 To monitor audit progress and review audit reports.

5.11 To monitor the management action taken in response to the audit recommendations through an appropriate follow-up mechanism.

5.12 To consider the Chief Internal Auditor's annual report and assurance statement.

5.13 To approve the Fife Integration Joint Board Internal Audit Output Sharing Protocol.

5.14 To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures.

5.15 To ensure that there is direct contact between the Audit and Risk Committee and Internal Audit and that the opportunity is given for discussions with the Chief Internal Auditor at least once per year (scheduled within the timetable of business) and, as required, without the presence of the Executive Directors.

5.16 To review the terms of reference and appointment of the Internal Auditors and to examine any reason for the resignation of the Auditors or early termination of contract/service level agreement.

External Audit

- 5.16 To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for the NHS Fife Annual Accounts and the NHS Fife Patients' Funds Accounts.
- 5.17 To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme.
- 5.18 To consider all statutory audit material, in particular:
- Audit Reports;
 - Annual Reports;
 - Management Letters
- relating to the certification of Fife NHS Board's Annual Accounts and Annual Patients' Funds Accounts.
- 5.19 To monitor management action taken in response to all External Audit recommendations, including Best Value and Performance Audit Reports.
- 5.20 To hold meetings with the Statutory Auditor at least once per year and as required, without the presence of the Executive Directors.
- 5.21 To review the extent of co-operation between External and Internal Audit.
- 5.22 To appraise annually the performance of the Statutory and External Auditors and to examine any reason for the resignation or dismissal of the External Auditors.

Risk Management

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

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

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

Standing Orders and Standing Financial Instructions

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

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

Annual Accounts

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

5.28 To review the draft Annual Report and Performance Review of Fife NHS Board within the Annual Accounts.

5.29 To review annually (and recommend Board approval of any changes in) the accounting policies of Fife NHS Board.

- 5.30 To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval.

Other Matters

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

6. AUTHORITY

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

7. REPORTING ARRANGEMENTS

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

CLINICAL GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022~~ 30 May 2023

1. PURPOSE

- 1.1 To oversee clinical governance mechanisms in NHS Fife.
- 1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.
- 1.3 To oversee the clinical governance and risk management activities in relation to the delivery of the existing Clinical Strategy.
- 1.4 To evaluate agreed actions relevant to clinical governance in the implementation of the developing Population Health & Wellbeing Strategy, including assessing the quality and safety aspects of new and innovative ways of working.
- 1.5 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities.

4.51.6 To oversee patient experience and feedback mechanisms and associated activity and seek assurance that learning and ongoing improvements are responsive to complaints feedback and in line with national standards and Ombudsman guidance.

4.61.7 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.

4.71.8 To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

2. COMPOSITION

- 2.1 The membership of the Clinical Governance Committee will be:
 - Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
 - Chief Executive
 - Medical Director
 - Nurse Director
 - Director of Public Health
 - One Staff Side representative of NHS Fife Area Partnership Forum
 - One Representative from Area Clinical Forum

- ~~One Patient Representative~~

2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

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

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

3. QUORUM

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

4. MEETINGS

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

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

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

5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the quality and safety performance indicators set by the Board.

- provide oversight of the implementation of the Clinical Population Health & Wellbeing Strategy and review its impact, in line with the NHS Fife Strategic Framework and the ~~Care and~~ Clinical and Care Governance Framework.
- ensure appropriate alignment and clinical governance oversight with the emerging Programmes reporting through ~~the Portfolio Board~~ EDG (i.e. Integrated Planned Care Programme; Integrated Unscheduled Care Programme; High-Risk Pain Medicine Programme);
- receive the minutes and assurance reports from the meetings of:
 - ~~Acute Services Division Clinical Governance Committee~~
 - Area Clinical Forum
 - Area Drug & Therapeutics Committee
 - Area Radiation Protection Committee
 - Cancer Strategy & Governance Group
 - Clinical Governance Oversight Group
 - Digital & Information Board
 - Health & Safety Sub Committee
 - ~~H&SCP Clinical & Care Governance Committee~~
 - Infection Control Committee
 - Information Governance & Security Steering Group
 - Integration Joint Board Quality & Communities Committee
 - ~~Fife Research, Information & Knowledge Oversight Group~~ Committee
 - Resilience Forum
- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
- Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies, such as the Scottish Public Services Ombudsman (SPSO), Scottish Patient Safety Programme (SPSP and which may include Healthcare Improvement Scotland (HIS) reviews and visits.
- Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.
- To provide assurance to Fife NHS Board about the quality of services within NHS Fife, including that effective adverse event management and organisational learning arrangements are in place and are compliant with Duty of Candour legislation.
- To undertake an annual self-assessment of the Committee's work and effectiveness.

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

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

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

6. AUTHORITY

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

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

7. REPORTING ARRANGEMENTS

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

7.2 Each Committee of the Board will scrutinise ~~relevant risks on~~ the Corporate Risks ~~aligned to that Committee Register~~ on a bi-monthly basis.

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

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022~~ 30 May 2023

1. PURPOSE

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

2. COMPOSITION

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

3. QUORUM

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

4. MEETINGS

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

5. REMIT

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

Arrangements for Securing Value for Money

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

Allocation and Use of Resources

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

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

7. REPORTING ARRANGEMENTS

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

PUBLIC HEALTH & WELLBEING COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022~~ 30 May 2023

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
 - Director of Pharmacy & Medicines
 - 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 as necessary to fulfil its remit but not less than six times per year.

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

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

5. REMIT

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

- To agree key areas of focus within the public health priorities that will be taken forward every year, oversee the agreed population health activities, ensure equity in provision and access to services, and provide assurance thereon to Fife NHS Board.
- To ensure that a strategic plan is formulated that reflects public health and wellbeing needs and priorities for the population serviced by NHS Fife in line with the priorities of the national care and wellbeing programmes.
- To monitor strategy implementation through regular progress reports and review of intermediate measures and long-term outcomes.
- To receive assurance that the risks relating to primary care and community services are addressed in line with the directions set and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national standards or targets.
- To support the work of the Anchor Institute Programme Board and 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 Risks aligned to that Committee Register on a bi-monthly basis.

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

REMUNERATION COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022~~ 30 May 2023

1. PURPOSE

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

2. COMPOSITION

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

3. QUORUM

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

4 MEETINGS

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

5 REMIT

5.1 The remit of the Remuneration Committee is to consider:

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

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

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

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

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

6. AUTHORITY

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

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

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

7. REPORTING ARRANGEMENTS

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

STAFF GOVERNANCE COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ~~26 July 2022~~ 30 May 2023

1. PURPOSE

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

2. COMPOSITION

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

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

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

3. QUORUM

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

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

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

4. MEETINGS

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

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

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

5. REMIT

5.1 The remit of the Staff Governance Committee is to:

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

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

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

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

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

6. AUTHORITY

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

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

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

7. REPORTING ARRANGEMENTS

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

STANDING FINANCIAL INSTRUCTIONS

INDEX

		Page No.
1.	<u>Introduction</u>	44
2.	<u>Key Responsibilities for Financial Governance</u>	45
3.	<u>Audit</u>	49
4.	<u>Financial Management</u>	52
5.	<u>Annual Accounts and Reports</u>	57
6.	<u>Banking and Cash Handling</u>	57
7.	<u>Security of Assets</u>	57
8.	<u>Pay</u>	58
9.	<u>Non Pay</u>	59
10.	<u>Primary Care Contractors</u>	65
11.	<u>Income and Scottish Government Allocations</u>	67
12.	<u>Financial Management System</u>	67
13.	<u>Condemnations, Losses and Special Payments</u>	68
14.	<u>Risk Management</u>	68
15.	<u>Retention of Documents</u>	70
16.	<u>Patient's Property and Funds</u>	70
17.	<u>Stores</u>	70
18.	<u>Authorisation Limits</u>	71
19.	<u>Endowment Funds</u>	71

1. INTRODUCTION

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

1.2 Terminology

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

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

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

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

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

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

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

2. KEY RESPONSIBILITIES FOR FINANCIAL GOVERNANCE

The Board and Audit and Risk Committee

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

The Chief Executive (Accountable officer)

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

The Director of Finance

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

All Directors and Employees

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

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

2.16 All budget holders shall ensure that:-

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

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

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

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

Conduct

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

Accountability

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

Openness

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

2.20 All employees shall:-

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

2.21 Furthermore all employees shall not:-

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

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

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

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

3. AUDIT

Audit and Risk Committee

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

Director of Finance

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

The report should include:

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

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

Internal Audit

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

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

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

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

External Audit

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

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

4. FINANCIAL MANAGEMENT

This section applies to both revenue and capital budgets.

Planning

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

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

Budgetary Control

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

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

Monitoring

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

5. ANNUAL ACCOUNTS AND REPORTS

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

6. BANKING AND CASH HANDLING

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

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

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

7. SECURITY OF ASSETS

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

- 7.10 Any damage to the Board's premises, vehicles and equipment, or any loss of equipment or supplies shall be reported by staff in accordance with the procedure for reporting losses.

8. PAY

Remuneration Committee

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

Processes

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

- 8.7 Under no circumstance should officers authorise/approve their own payroll input or expenses.
- 8.8 All employees shall be paid by bank credit transfer unless otherwise agreed by the Director of Finance.
- 8.9 The Board shall delegate responsibility to the Director of Workforce for ensuring that all employees are issued with a contract of employment in a form approved by the Board and which complies with employment legislation and any extant NHS policies.

9. NON PAY

Tendering, Contracting and Purchasing Procedures

- 9.1 The Director of Finance shall prepare detailed procedural instructions on the obtaining of goods, services and works, incorporating thresholds set by the Board. The current Authorisation Limits are set out in Scheme of Delegation and the Financial Operating Procedures.
- 9.2 The Chief Executive shall designate a senior officer as the lead senior officer for procurement, and this person shall oversee the procurement of goods and services, to ensure there is an adequate approval of suppliers and their supplies based on cost and quality.
- 9.3 NSS National Procurement shall undertake procurement activity on a national basis on behalf of boards (including NHS Fife), and the Board shall implement these nationally negotiated contracts where possible.
- 9.4 The Board shall operate within the processes established for the procurement of publicly funded construction work.
- 9.5 The Board shall comply with Public Contracts (Scotland) Regulations 2012 (and any subsequent relevant legislation) for any procurement it undertakes directly.
- 9.6 The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.
- 9.7 All other aspects of procurement activity must follow the requirements of the Standing Orders and SFIs. Any decision to depart from the requirements of this section must have the approval of NHS Fife Board.
- 9.8 The Director of Finance shall:-
- Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained in accordance with the Public Contracts (Scotland) Regulations, as issued annually through Scottish Statutory Instrument.

- Ensure the preparation of comprehensive procedures for all aspects of procurement activity.

9.9 The following basic principles shall be generally applied:-

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

9.10 Limits of Authorisation of Orders

(a) Up to £100,000

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

(b) £100,000 to £1,000,000

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

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

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

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

- 9.11 For all orders raised between £5,000 and £15,000 there is a requirement for the ordering officer to obtain at least one written quotation. Orders over £15,000 and up to £49,000 should ensure 3 written quotes are received. Any orders above £50,000 are subject to the Board's tendering procedures.

In the following exceptional circumstances, except in cases where Public Sector Procurement Regulations must be adhered to, the Director of Finance and Chief Executive, as specified in the Scheme of Delegation, can approve the waiving of the above requirements. Where goods and services are supplied on this basis and the value exceeds £50,000, a "Waiver of Competitive Tender" may be granted by completing a Waiver of Competitive Tender Form for approval by the appropriate director and the Head of Procurement. This form shall be endorsed by the Director of Finance and Chief Executive and submitted to the Audit and Risk Committee.

At least one of the following conditions must be outlined in the Waiver of Competitive Tender Form:

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

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

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

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

When goods or services are being procured for which quotations or tenders are not required and for which no contract exists, it will be necessary to demonstrate that value for money is being obtained. Written notes/documentation to support

the case, signed by the responsible Budget Holder, must be retained for audit inspection.

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

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

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

Commissioning of Patient Services

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

terms and national guidance and shall ensure that adequate financial systems are in place to monitor and control these.

Payment of Accounts and Expense Claims

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

Additional Matters for Capital Expenditure

Overall Arrangements for the Approval of the Capital Plan

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

Implementing the Capital Programme

- 9.24 For every major capital expenditure proposal the Chief Executive shall ensure:-
- that a business case as required by the Scottish Capital Investment Manual (SCIM) is produced setting out:-

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

Public Private Partnerships and other Non-Exchequer Funding

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

Disposals of Assets

- 9.29 The Director of Finance shall issue procedures for the disposal of assets including condemnations. All disposals shall be in accordance with MEL(1996)7: Sale of surplus and obsolete goods and equipment.
- 9.30 There is a requirement to achieve Best Value for money when disposing of assets belonging to the Health Board. A competitive process should normally be undertaken.
- 9.31 When it is decided to dispose of a Health Board asset, the head of department or authorised deputy will determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.
- 9.32 All unserviceable articles shall be:-
- Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance.
 - Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

Capital Accounting

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

10. PRIMARY CARE CONTRACTORS

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

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

11. INCOME AND SCOTTISH GOVERNMENT ALLOCATIONS

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

12. FINANCIAL MANAGEMENT SYSTEM

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

13. CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

- 13.1 Any employee or agent discovering or suspecting a loss of any kind shall forthwith inform their head of department, who shall immediately inform the Chief Executive and the Director of Finance. Where a criminal offence is suspected, the Director of Finance shall follow the Anti-Theft, Fraud, and Corruption Policy, as set out in the Financial Operating Procedures.
- 13.2 The Director of Finance shall notify the Audit and Risk Committee and Counter Fraud Services of all actual or suspected frauds. See 13.10 below.
- 13.3 In all instances where there is any suspicion of fraud then the guidance contained within NHS Circular, HDL (2005) 5: "Tackling Fraud in Scotland – Joint Action Programme. Financial Control : Procedures where criminal offences are suspected" must be followed. The Board's Fraud Liaison Officer (FLO) must be notified immediately of all cases of fraud or suspected fraud.
- 13.4 The Director of Finance shall issue procedures on the recording of and accounting for Losses and special payments to meet the requirements of the

Scottish Public Finance Manual. These procedures shall include the steps to be taken where the loss may have been caused by a criminal act.

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

14. RISK MANAGEMENT

- 14.1 The Chief Executive shall ensure that the Board has a programme of risk management, which will be approved and monitored by the Board and which complies with the Standards issued by NHS Health Improvement Scotland.
- 14.2 The programme of risk management shall include:
 - a. A process for identifying and quantifying risks and potential liabilities, including the establishment and maintenance of a Risk Register;

- b. Engendering among all levels of staff a positive attitude towards the control of risk;
- c. Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover and decisions on the acceptable level of retained risk;
- d. Contingency plans to offset the impact of adverse events;
- e. Audit arrangements including internal audit, clinical audit and health and safety review;
- f. Arrangements to review the risk management programme.
- g. A review by each Governance Committee of relevant risks pertaining to their business.

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

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

15. RETENTION OF DOCUMENTS

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

16. PATIENTS' PROPERTY AND FUNDS

- 16.1 The Board has a responsibility to provide safe custody, for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of unconscious or confused patients, or found in the possession of patients dying in hospital or dead on arrival.
- 16.2 The Chief Executive shall be responsible for ensuring that patients or their guardians, as appropriate, are informed before, or at their admission, by:
 - Notices and information booklets
 - Hospitals' admission documentation and property records, and
 - The oral advice of administrative and nursing staff responsible for admissions, that the Board will not accept responsibility or liability for

patients' monies and personal property brought into Board premises unless it is handed in for safe custody and a copy of an official patient property record is obtained as a receipt.

- 16.3 The Director of Finance shall provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property (including instructions on the disposal of the property of deceased patients and patients transferred to other premises), for all staff whose duty it is to administer, in any way, the property of the patients.
- 16.4 Bank accounts for patients' monies shall be operated under arrangements agreed by the Director of Finance.
- 16.5 A patients' property record, in a form determined by the Director of Finance, shall be completed.
- 16.6 The Director of Finance is responsible for providing detailed instructions on the Board's responsibility as per the Adults with Incapacity (Scotland) Act 2000 and the updated Part 5 in CEL11(2008) Code of Practice. These instructions are contained within the Financial Operating Procedures.
- 16.7 The Director of Finance shall prepare an abstract of receipts and payments of patients private funds in the form laid down by Scottish Government.

17. STORES

- 17.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use), should be:-
 - Kept to a minimum;
 - Subject to annual stocktake; and
 - Valued at the lower of cost and net realisable value.
- 17.2 Subject to the responsibility of the Director of Finance for the systems of control, the control of stores throughout the organisation shall be the responsibility of the relevant managers. The day-to-day management may be delegated to departmental officers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance.
- 17.3 The responsibility for security arrangements, and the custody of keys for all stores locations, shall be clearly defined in writing by the manager responsible for the stores and agreed with the Director of Finance. Wherever practicable, stock items, which do not belong to the Board, shall be clearly identified.
- 17.4 All stores records shall be in such form and shall comply with such system of control and procedures as the Director of Finance shall approve.
- 17.5 Stocktaking arrangements shall be agreed with the Director of Finance and there shall be a physical check covering all items in store at least once a year.

The physical check shall involve at least one officer other than the Storekeeper, and the Director of Finance and Internal & External Audit shall be notified and may attend, or be represented, at their discretion. The stocktaking records shall be numerically controlled and signed by the officers undertaking the check. Any surplus or deficiency revealed on stocktaking shall be reported immediately to the Director of Finance, and he may investigate as necessary. Known losses of stock items not on stores control shall be reported to the Assistant Director of Finance.

- 17.6 Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Director of Finance.
- 17.7 Instructions for stock take and the basis for valuation will be issued by the Director of Finance if required.

18. AUTHORISATION LIMITS

- 18.1 The purpose of Standing Financial Instructions is to ensure adequate controls exist for the committing and payment of funds on behalf of NHS Fife. The main principles applied in determining authorisation limits are those of devolved accountability and responsibility. The rules for financial delegation to all levels of management within the Board's established policies and priorities are set out in the Scheme of Delegation and Financial Operating Procedures
- 18.2 Areas covered by the Scheme of Delegation include:
- Limitation and Authority to vire budgets between one budget heading and another.
 - Limitation of level of Authority for the placing of orders or committing resources
 - Limitation as to the level of authority to approve receipt of orders, expenses, travel claims, payment of invoices, write off of losses.

19. ENDOWMENT FUNDS

- 19.1 The Standing Financial Instructions deal with matters related to exchequer income and expenditure for NHS Fife. Whilst Endowment Funds fall outwith the scope of core exchequer funds, it is important that all relevant employees and agents are aware of the arrangements for the financial responsibility and authority for such funds.
- 19.2 Endowment Funds and are those held in trust for purposes relating to the National Health Service, either by the Board or Special Trustees appointed by the Scottish Ministers or by other persons.
- 19.3 Members of the Fife Health Board become Trustees of the Board's Endowment Funds (Fife Health Charity). The responsibilities as Trustees are discharged separately from the responsibilities as members of the Board.
- 19.4 The Director of Finance shall prepare detailed procedural instructions covering the receiving, recording, investment and accounting for Endowment Funds.

- 19.5 Through the Board's Scheme of Delegation, authority will be given by the Trustees to allow for the day to day management of the funds within specified limits.
- 19.6 The Authorisation Limits are set out in the Scheme of Delegation and the Financial Operating Procedures.
- 19.7 The Director of Finance shall prepare annual accounts for the funds held in trust, to be audited independently and presented annually to the Board of Trustees.

FIFE NHS BOARD SCHEME OF DELEGATION

1. Introduction

Board's Responsibility

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

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

The following appendix sets out:

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

2. Committees' Delegated Responsibility on behalf of the Board

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

	<p>Internal Audit</p> <ul style="list-style-type: none"> • To review and approve the Internal Audit Strategic and Annual Plans. • To monitor audit progress and review audit reports. • To monitor the management action taken in response to the audit recommendations through an appropriate follow-up mechanism. • To consider the Chief Internal Auditor's annual report and assurance statement. • To review the operational effectiveness of Internal Audit by considering the audit standards, resources, staffing, technical competency and performance measures. <p>External Audit</p> <ul style="list-style-type: none"> • To note the appointment of the Statutory Auditor and to approve the appointment and remuneration of the External Auditors for Patients' Funds. • To review the Audit Strategy and Plan, including the Best Value and Performance Audits programme. • To consider all statutory audit material, in particular:- <ul style="list-style-type: none"> • Audit Reports; • Annual Reports; • Management Letters <p>relating to the certification of Fife NHS Boards Annual Accounts, Annual Patients' Private Funds Accounts.</p> <p>Risk Management</p> <p>The Committee shall seek assurance that:</p> <ul style="list-style-type: none"> • There is a comprehensive risk management system in place to identify, assess, manage and monitor risks at all levels of the organisation. • There is appropriate ownership of risk in the organisation, and that there is an effective culture of risk management • The Board has clearly defined its risk appetite (i.e. the level of risk that the Board is prepared to accept, tolerate, or be exposed to at any time), and that the executive's approach to risk management is consistent with that appetite.
--	--

	<ul style="list-style-type: none"> • The Committee will also receive and review a report summarising any significant changes to the Board's Board Assurance Framework, and what plans are in place to manage them. The Committee may also elect to occasionally request information on significant risks held on any risk registers held in the organisation. • Assess whether the Board Assurance Framework is an appropriate reflection of the key risks to the Board, so as to advise the Board. • Receive an annual report on risk management, confirming whether or not there have been adequate and effective risk management arrangements throughout the year, and highlighting any material areas of risk. <p>Standing Orders and Standing Financial Instructions</p> <ul style="list-style-type: none"> • To review the model Standing Orders for Boards as issued by NHS Scotland, and associated appendices of Fife NHS Board, and advise the Board of any amendments required. • To examine the circumstances associated with any occasion when Standing Orders of Fife NHS Board have been waived or suspended. <p>Annual Accounts</p> <ul style="list-style-type: none"> • To review and recommend approval of draft Fife NHS Board Annual Accounts to the Board. • To review the draft Annual Report and Financial Review of Fife NHS Board as found within the Directors Report incorporated within the Annual Accounts. • To review annually (and approve any changes in) the accounting policies of Fife NHS Board. • To review schedules of losses and compensation payments where the amounts exceed the delegated authority of the Board prior to being referred to the Scottish Government for approval. <p>Other Matters</p> <ul style="list-style-type: none"> • The Committee shall review the arrangements for employees raising concerns, in confidence, about possible wrongdoing in financial reporting or other matters. The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow-up action.
--	--

	<ul style="list-style-type: none">• The Committee shall review regular reports on Fraud and potential Frauds and have oversight of the Board's compliance towards the Counter Fraud Standards.• 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".• The Committee shall seek assurance that the Board has systems of control to ensure that it discharges its responsibilities under the Freedom of Information (Scotland) Act 2002.• The Committee shall review the Board's arrangements to prevent bribery and corruption within its activities. This includes the systems to support Board members' compliance with the NHS Fife Board Code of Conduct (Ethical Standards in Public Life Act 2000), the systems to promote the required standards of business conduct for all employees and the Boards procedure to prevent Bribery (Bribery Act 2000).
--	---

2.2 Clinical Governance Committee	
Responsible Director for this Section	Medical Director
Sub-Committees	<ul style="list-style-type: none"> • Health & Safety
Role and Remit	<ul style="list-style-type: none"> • To monitor progress on the health status targets set by the Board. • The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit & Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June. • To capture and record all issues and risks on an operational risk register to be monitored through the Committee, and where appropriate these should be escalated to the Board for consideration in addition to the corporate risk register until mitigated to a tolerable level. • To receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits. • To provide assurance to Fife NHS Board about the quality of services within NHS Fife. • The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility. • To undertake an annual self-assessment of the Committee's work and effectiveness. • 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".

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

	<ul style="list-style-type: none"> • reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon; and • monitoring the use of all resources available to the Board. • Specifically, the Committee is charged with recommending to the Board annual revenue and capital budgets and financial plans consistent with its statutory financial responsibilities. It shall also have responsibility for the oversight of the Board's Capital Programme (including individual Business Cases for Capital Investment) and the review of the Property Strategy (including the acquisition and disposal of property), and for making recommendations to the Board as appropriate on any issue within its terms of reference; • The Committee will produce an Annual Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Statement will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June; and • 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".
--	---

2.4 Public Health & Wellbeing Committee	
Responsible Director for this Section	Director of Public Health
Role and Remit	<p>The remit of the Public Health & Wellbeing Committee is:</p> <ul style="list-style-type: none"> • To agree key areas of focus within the public health priorities that will be taken forward every year, oversee the agreed population health activities, ensure equity in provision and access to services, and provide assurance thereon to Fife NHS Board. • To ensure that a strategic plan is formulated that reflects public health and wellbeing needs and priorities for the population serviced by NHS Fife in line with the priorities of the national care and wellbeing programmes. • To monitor strategy implementation through regular progress reports and review of intermediate measures and long-term outcomes. • To receive assurance that the risks relating to primary care and community services are addressed in line with the directions set and that robust mitigating actions are in place to address any areas of concern or where performance is not in line with national standards or targets. • To support the work of the Anchor Institute Programme Board and Population Health and Wellbeing Portfolio Board and receive updates on progress and outcomes. • To support the 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.

	<ul style="list-style-type: none">• To undertake an annual self-assessment of the Committee's work and effectiveness.• The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit & Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the Committee by the end of May each year for presentation to the Audit & Risk Committee in June.• 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".
--	--

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

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

	<p>will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.</p> <ul style="list-style-type: none">• 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".
--	---

3. Matters Delegated to Individuals

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

	<p>The Chief Executive shall report to the Finance, Performance and Resources Committee those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest.</p> <p>The Chief Executive may, acting together with the Director of Finance, and having taken all reasonable action to pursue recovery, approve the writing-off of losses, subject to the financial limits and categorisation of losses laid down from time to time by the Scottish Government Health and Social Care Directorates.</p> <p>Legal Matters</p> <p>The Chief Executive is authorised to institute, defend or appear in any legal proceedings or any inquiry, including proceedings before any statutory tribunal, board or authority, and following consideration of the advice of the Central Legal Office of the National Services Scotland (NSS), to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.</p> <p>In circumstances where a claim against the Board is settled by a decision of a Court, and the decision is not subject to appeal, the Chief Executive shall implement the decision of the relevant Court on behalf of the Board.</p> <p>In circumstances where the advice of the Central Legal Office is to reach an out-of-court settlement, the Chief Executive may, acting together with the Director of Finance, settle claims against the Board, subject to a report thereafter being submitted to the Finance, Performance and Resources Committee.</p> <p>The Chief Executive, acting together with the Director of Finance, may make <u>ex gratia</u> payments subject to the limits laid down from time to time by the Scottish Government Health & Social Care Directorates.</p> <p>The arrangements for signing of documents in respect of matters covered by the Property Transactions Manual shall be in accordance with the direction of Scottish Ministers. The Chief Executive and the Director of Finance are currently authorised to sign such documentation on behalf of the Board and Scottish Ministers.</p> <p>The Chief Executive shall have responsibility for the safe keeping of the Board's Seal, and together with the Chairperson or other nominated Non-Executive Member of the Board, shall have responsibility for the application of the Seal on behalf of the Board.</p>
--	---

Procurement of Supplies and Services

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

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

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

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

Human Resources

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

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

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

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

	<ul style="list-style-type: none"> • attendance is relevant to the duties or professional development of such member of staff; and • appropriate allowance has been made within approved budgets; or • external reimbursement of costs is to be made to the Board. • Under the terms of the public sector reform act the Chief Executive is required to keep a register of all such approvals. <p>The Chief Executive may, in accordance with the Board's agreed Employee Conduct Policy, take disciplinary action, in respect of members of staff, including dismissal where appropriate.</p> <p>The Chief Executive shall have overall responsibility for ensuring that the Board complies with Health and Safety legislation, and for ensuring the effective implementation of the Board's policies in this regard.</p> <p>The Chief Executive may, following consultation and agreement with the Director of Workforce and the Director of Finance approve payment of honoraria to any employee.</p> <p>The Chief Executive may, in consultation with the Director of Workforce and Director of Finance, approve applications to leave the employment of the Board on grounds of early retirement by any employee provided the terms and conditions relating to the early retirement are in accordance with the relevant Board policy. All such applications and outcomes will be reported to the Remuneration Committee.</p> <p>Patients' Property</p> <p>The Chief Executive shall have overall responsibility for ensuring that the Board complies with legislation in respect of patients' property. The term 'property' shall mean all assets other than land and building. (e.g. furniture, pictures, jewellery, bank accounts, shares, cash.)</p>
--	---

3.2 Matters Delegated to the Director of Finance

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

Accountable Officer

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

Financial Statements

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

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

Corporate Governance and Management

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

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

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

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

	<ul style="list-style-type: none"> • Developing and implementing systems of internal control, including systems of financial, operational and compliance controls and risk management; • Developing and implementing strategies for the prevention and detection of fraud and irregularity; • Internal Audit. <p>Performance Management</p> <p>The Director of Finance is authorised to assist the Chief Executive to ensure that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of resources and that they are working effectively. These arrangements include procedures:</p> <ul style="list-style-type: none"> • for planning, appraisal, authorisation and control, accountability and evaluation of the use of resources; • to ensure that performance targets and required outcomes are met and achieved. <p>Banking</p> <p>The Director of Finance is authorised to oversee the Board's arrangements in respect of accounts held in the name of the Board with the appointed Government Banking Services and the commercial bankers duly appointed by the Board.</p> <p>The Director of Finance will be responsible for ensuring that the appointed Government Banking Services and the commercial bankers are advised in writing of amendments to the panel of nominated authorised signatories.</p> <p>Tax</p> <p>The Director of Finance shall have delegated authority as lead officer for Tax matters, in relation to the management of taxes as they affect NHS Fife's financial affairs. This includes but is not limited to final determination in cases of off payroll working, application of the Construction Industry Scheme regulations, VAT etc.</p> <p>Patients' Property</p> <p>The Director of Finance shall have delegated authority to ensure that detailed operating procedures in relation to the management of the property of patients (including the opening of bank accounts where appropriate) are compiled for use by staff involved in the management of patients' property and financial affairs, in line with the terms of the Adults with Incapacity (Scotland) Act 2000.</p>
--	---

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

	<p>of Acute Services and Director of Health and Social Care acting together with the Deputy Director of Finance have delegated authority to approve the transfer of funds between budget heads, up to a maximum of £500,000 in any one instance. Those instances where this authority is exercised and/or the change in use of the funds relates to matters of public interest shall be notified to the Finance, Performance and Resources Committee.</p> <p>Legal Matters</p> <p>The Director of Acute Services and Director of Health and Social Care are authorised to institute, defend or appear in any legal proceedings or any inquiry, (including proceedings before any statutory tribunal, board or authority) in respect of their service areas, and following consideration of the advice of the Central Legal Office of the National Services Scotland and in consultation with the Chief Executive, to appoint or consult with Counsel where it is considered expedient to do so, for the promotion or protection of the Board's interests.</p> <p>Procurement of Supplies and Services</p> <p>The Director of Acute Services and Director of Health and Social Care shall have responsibility for nominating officers or agents to act on behalf of the Board, for specifying, and issuing documentation associated with invitations to tender, and for receiving and opening of tenders.</p> <p>The Director of Acute Services and Director of Health and Social Care shall work with the Deputy Director of Finance and the Director of Finance to produce a listing, including specimen signatures, of those officers or agents to whom he has given delegated authority to sign official orders on behalf of the Board within their areas of responsibility.</p> <p>Human Resources</p> <p>The Director of Acute Services and Director of Health and Social Care may, after consultation and agreement with Human Resources, amend staffing establishments in respect of the number and grading of posts. In so doing, the Deputy Director of Finance, must have been consulted, and have confirmed that the cost of the amended establishment can be contained within the relevant limit approved for the current and subsequent financial years. Any amendment must also be in accordance with the policies and arrangements relating to workforce planning, approved by the Board or the Staff Governance Committee.</p> <p>The Director of Acute Services and Director of Health and Social Care may, in accordance with the Board's agreed Employee</p>
--	--

	<p>Conduct Policy, take disciplinary action in respect of members of staff, including dismissal where appropriate.</p> <p>Patients' Property</p> <p>The Director of Acute Services and Director of Health and Social Care shall have overall responsibility for ensuring compliance with legislation in respect of patient's property and that effective and efficient management arrangements are in place.</p>
	<p>3.4 Champion Roles</p> <p>The following roles are filled by Non-Executive Board members.</p> <ul style="list-style-type: none"> • Counter Fraud Services Champion • Digital Champion • Equality & Diversity Champion • Safety & Cleanliness Champion • Whistleblowing Champion (appointed nationally)

Code of Conduct for Members of Fife NHS Board

CONTENTS

Section 1: Introduction to the Code of Conduct

My Responsibilities
Enforcement

Section 2: Key Principles of the Code of Conduct

Section 3: General Conduct

Respect and Courtesy
Remuneration, Allowances and Expenses
Gifts and Hospitality
Confidentiality
Use of Public Body Resources
Dealing with my Public Body and Preferential Treatment
Appointments to Outside Organisations

Section 4: Registration of Interests

Category One: Remuneration
Category Two: Other Roles
Category Three: Contracts
Category Four: Election Expenses
Category Five: Houses, Land and Buildings
Category Six: Interest in Shares and Securities
Category Seven: Gifts and Hospitality
Category Eight: Non-Financial Interests
Category Nine: Close Family Members

Section 5: Declaration of Interests

Stage 1: Connection
Stage 2: Interest
Stage 3: Participation

Section 6: Lobbying and Access

ANNEXES

Annex A Breaches of the Code
Annex B Definitions

SECTION 1: INTRODUCTION TO THE CODE OF CONDUCT

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

My Responsibilities

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

Enforcement

- 1.10 [Part 2 of the Act](#) sets out the provisions for dealing with alleged breaches of the Code, including the sanctions that can be applied if the Standards Commission finds that there has been a breach of the Code. More information

on how complaints are dealt with and the sanctions available can be found at [Annex A](#).

SECTION 2: KEY PRINCIPLES OF THE CODE OF CONDUCT

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

The key principles are:

Duty

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

Selflessness

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

Integrity

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

Objectivity

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

Accountability and Stewardship

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

Openness

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

Honesty

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

Leadership

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

Respect

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

SECTION 3: GENERAL CONDUCT

Respect and Courtesy

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

appropriate.

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

Remuneration, Allowances and Expenses

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

Gifts and Hospitality

- 3.13 I understand that I may be offered gifts (including money raised via crowdfunding or sponsorship), hospitality, material benefits or services (“gift or hospitality”) that may be reasonably regarded by a member of the public with knowledge of the relevant facts as placing me under an improper obligation or being capable of influencing my judgement.
- 3.14 I will never **ask for** or **seek** any gift or hospitality.
- 3.15 I will refuse any gift or hospitality, unless it is:
- a) a minor item or token of modest intrinsic value offered on an infrequent basis;
 - b) a gift being offered to my public body;
 - c) hospitality which would reasonably be associated with my duties as a board member; or
 - d) hospitality which has been approved in advance by my public body.
- 3.16 I will consider whether there could be a reasonable perception that any gift or hospitality received by a person or body connected to me could or would influence my judgement.
- 3.17 I will not allow the promise of money or other financial advantage to induce me to act improperly in my role as a board member. I accept that the money or advantage (including any gift or hospitality) does not have to be given to me directly. The offer of monies or advantages to others, including community groups, may amount to bribery, if the intention is to induce me to improperly perform a function.

- 3.18 I will never accept any gift or hospitality from any individual or applicant who is awaiting a decision from, or seeking to do business with, my public body.
- 3.19 If I consider that declining an offer of a gift would cause offence, I will accept it and hand it over to my public body at the earliest possible opportunity and ask for it to be registered.
- 3.20 I will promptly advise my public body's Standards Officer if I am offered (but refuse) any gift or hospitality of any significant value and / or if I am offered any gift or hospitality from the same source on a repeated basis, so that my public body can monitor this.
- 3.21 I will familiarise myself with the terms of the [Bribery Act 2010](#), which provides for offences of bribing another person and offences relating to being bribed.

Confidentiality

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

Use of Public Body Resources

- 3.26 I will only use my public body's resources, including employee assistance, facilities, stationery and IT equipment, for carrying out duties on behalf of the public body, in accordance with its relevant policies.
- 3.27 I will not use, or in any way enable others to use, my public body's resources:
- a) imprudently (without thinking about the implications or consequences);
 - b) unlawfully;
 - c) for any political activities or matters relating to these; or
 - d) improperly.

Dealing with my Public Body and Preferential Treatment

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

Appointments to Outside Organisations

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

SECTION 4: REGISTRATION OF INTERESTS

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

Category One: Remuneration

- 4.4 I will register any work for which I receive, or expect to receive, payment. I have a registrable interest where I receive remuneration by virtue of being:
- a) employed;
 - b) self-employed;
 - c) the holder of an office;
 - d) a director of an undertaking;
 - e) a partner in a firm;

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

Category Two: Other Roles

- 4.13 I will register any unremunerated directorships where the body in question is a subsidiary or parent company of an undertaking in which I hold a remunerated directorship.
- 4.14 I will register the registered name and registered number of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which I am a director and from which I receive remuneration.

Category Three: Contracts

- 4.15 I have a registerable interest where I (or a firm in which I am a partner, or an undertaking in which I am a director or in which I have shares of a value as

described in paragraph 4.20 below) have made a contract with my public body:

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

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

Category Four: Election Expenses

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

Category Five: Houses, Land and Buildings

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

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

Category Six: Interest in Shares and Securities

4.20 I have a registerable interest where:

- a) I own or have an interest in more than 1% of the issued share capital of the company or other body; or
- b) Where, at the relevant date, the market value of any shares and securities (in any one specific company or body) that I own or have an interest in is greater than £25,000.

Category Seven: Gifts and Hospitality

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

Category Eight: Non-Financial Interests

4.22 I may also have other interests and I understand it is equally important that relevant interests such as membership or holding office in other public bodies,

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

Category Nine: Close Family Members

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

SECTION 5: DECLARATION OF INTERESTS

Stage 1: Connection

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

Stage 2: Interest

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

Stage 3: Participation

- 5.6 I will declare my interest as early as possible in meetings. I will not remain in the meeting nor participate in any way in those parts of meetings where I have declared an interest.

- 5.7 I will consider whether it is appropriate for transparency reasons to state publicly where I have a connection, which I do not consider amounts to an interest.
- 5.8 I note that I can apply to the Standards Commission and ask it to grant a dispensation to allow me to take part in the discussion and decision-making on a matter where I would otherwise have to declare an interest and withdraw (as a result of having a connection to the matter that would fall within the objective test). I note that such an application must be made in advance of any meetings where the dispensation is sought and that I cannot take part in any discussion or decision-making on the matter in question unless, and until, the application is granted.
- 5.9 I note that public confidence in a public body is damaged by the perception that decisions taken by that body are substantially influenced by factors other than the public interest. I will not accept a role or appointment if doing so means I will have to declare interests frequently at meetings in respect of my role as a board member. Similarly, if any appointment or nomination to another body would give rise to objective concern because of my existing personal involvement or affiliations, I will not accept the appointment or nomination.

SECTION 6: LOBBYING AND ACCESS

- 6.1 I understand that a wide range of people will seek access to me as a board member and will try to lobby me, including individuals, organisations and companies. I must distinguish between:
- a) any role I have in dealing with enquiries from the public;
 - b) any community engagement where I am working with individuals and organisations to encourage their participation and involvement, and;
 - c) lobbying, which is where I am approached by any individual or organisation who is seeking to influence me for financial gain or advantage, particularly those who are seeking to do business with my public body (for example contracts/procurement).
- 6.2 In deciding whether, and if so how, to respond to such lobbying, I will always have regard to the objective test, which is whether a member of the public, with knowledge of the relevant facts, would reasonably regard my conduct as being likely to influence my, or my public body's, decision-making role.
- 6.3 I will not, in relation to contact with any person or organisation that lobbies, do anything which contravenes this Code or any other relevant rule of my public body or any statutory provision.
- 6.4 I will not, in relation to contact with any person or organisation that lobbies, act in any way which could bring discredit upon my public body.
- 6.5 If I have concerns about the approach or methods used by any person or organisation in their contacts with me, I will seek the guidance of the Chair,

Chief Executive or Standards Officer of my public body.

- 6.6 The public must be assured that no person or organisation will gain better access to, or treatment by, me as a result of employing a company or individual to lobby on a fee basis on their behalf. I will not, therefore, offer or accord any preferential access or treatment to those lobbying on a fee basis on behalf of clients compared with that which I accord any other person or organisation who lobbies or approaches me. I will ensure that those lobbying on a fee basis on behalf of clients are not given to understand that preferential access or treatment, compared to that accorded to any other person or organisation, might be forthcoming.
- 6.7 Before taking any action as a result of being lobbied, I will seek to satisfy myself about the identity of the person or organisation that is lobbying and the motive for lobbying. I understand I may choose to act in response to a person or organisation lobbying on a fee basis on behalf of clients but it is important that I understand the basis on which I am being lobbied in order to ensure that any action taken in connection with the lobbyist complies with the standards set out in this Code and the [Lobbying \(Scotland\) Act 2016](#).
- 6.8 I will not accept any paid work:
- a) which would involve me lobbying on behalf of any person or organisation or any clients of a person or organisation.
 - b) to provide services as a strategist, adviser or consultant, for example, advising on how to influence my public body and its members. This does not prohibit me from being remunerated for activity which may arise because of, or relate to, membership of my public body, such as journalism or broadcasting, or involvement in representative or presentational work, such as participation in delegations, conferences or other events.

ANNEX A: BREACHES OF THE CODE

Introduction

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

Investigation of Complaints

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

Hearings

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

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

Sanctions

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

Interim Suspensions

11. Section 21 of the Act provides the Standards Commission with the power to impose an interim suspension on a member on receipt of an interim report from the ESC about an ongoing investigation. In making a decision about whether or not to impose an interim suspension, a Panel comprising of three Members of the Standards Commission will review the interim report and any representations received from the member and will consider whether it is satisfied:
- That the further conduct of the ESC's investigation is likely to be prejudiced if such an action is not taken (for example if there are concerns that the member may try to interfere with evidence or witnesses); or
 - That it is otherwise in the public interest to take such a measure. A policy outlining how the Standards Commission makes any decision under Section 21 and the procedures it will follow in doing so, should any such a report be received from the ESC can be found [here](#).

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

ANNEX B: DEFINITIONS

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

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

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

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

“Confidential Information” includes:

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

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

“Employee” includes individuals employed:

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

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

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

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

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

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

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

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

“Undertaking” means:

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

**NHS FIFE
STANDARDS OF BUSINESS CONDUCT FOR ALL STAFF**

CONTENTS

1. Introduction
2. Key Principles of Business Conduct
3. Responsibilities of Staff
4. Acceptance of Gifts and/or Hospitality
 - Gifts
 - Hospitality
 - Competitions / Prizes
5. Recording Receipt of Gifts and/or Hospitality
6. Provision of Hospitality outwith NHS Facilities
7. Register of Staff Interests
8. Secondary Employment
9. Intellectual Property Rights
10. Commercial Sponsorship
11. Commercially-Sensitive Information
12. Working with the Pharmaceutical Industry

Appendix 1 – Supporting Documents

Appendix 2 – Declaration Form for registering Staff Interests, Gifts and/or Hospitality

STANDARDS OF BUSINESS CONDUCT FOR ALL STAFF

1. INTRODUCTION

- 1.1 All NHS staff who commit NHS resources directly or indirectly must be impartial and honest in their conduct of business and, at all times, all employees must remain beyond suspicion. Under the Bribery Act 2010, it is an offence to request, agree to receive or accept a bribe in return for improperly performing a function or activity.
- 1.2 NHS Circular [MEL \(1994\) 48](#) details the principles for standards of conduct and accountability in situations where there is potential conflict between the private interests of NHS staff and their NHS duties. It also requires the establishment of a local code of conduct (which is this document).
- 1.3 The purpose of this guidance is to ensure that all NHS Fife employees are aware of their duties under the above MEL and to protect them from situations where they may be placed in a real or apparent conflict of interest. These Standards also form part of the Board's contract for the employment of all staff.
- 1.4 Supporting guidance has been prepared for staff on the practical application of the Standards, including further details around the acceptance and declaration of Gifts and Hospitality and Declaration of Interests, is provided as a [separate document](#). Any queries can also be addressed to fife.boardadministration@nhs.scot.

2. KEY PRINCIPLES OF BUSINESS CONDUCT

- 2.1 The core Standards of Business Conduct for NHS staff (NHS Circular [MEL \(1994\) 48](#)) provide instructions to staff in maintaining strict ethical standards in the conduct of NHS business. All members of staff are required to adhere to these Standards.
- 2.2 Public service values must be at the heart of the activities of NHS Fife. High standards of corporate and personal conduct, based on the recognition that patients come first, are always required. Fife NHS Board is a publicly-funded body, accountable to the Scottish Ministers, and through them to the Scottish Parliament, for the services it provides and for the effective and economical use of taxpayers' money.
- 2.3 If staff follow these principles, the Board should be able to demonstrate that it adheres to the three essential public sector values, namely:
- Accountability
Everything done by those who work in NHS Fife must be able to stand the tests of parliamentary and public scrutiny, public judgements on propriety and meet professional codes of conduct.
 - Probity

Absolute honesty and integrity should be exercised in dealing with NHS patients, staff, assets, suppliers and customers.

- Openness
NHS Fife should be sufficiently public and transparent to promote confidence between the organisation and its patients, staff and the public.

3. RESPONSIBILITIES OF STAFF

- 3.1 The guidance within this document reflects the minimum Standards of Business Conduct expected from all NHS Fife staff. Any breaches may lead to potential disciplinary action. Additionally, staff should be aware that any breach of statutory legislation renders them liable to prosecution and may also lead to the loss of their employment and superannuation rights in the NHS.
- 3.2 Employees are expected to:
- ensure that the interest of patients remains paramount at all times;
 - be impartial and honest in the conduct of their official business; and
 - use the public funds entrusted to them to the best advantage of the service, always ensuring value for money.
- 3.3 It is also the responsibility of staff to ensure that they do not:
- abuse their official position for personal gain or to the benefit of their family or friends;
 - undertake outside employment that could compromise their NHS duties; or
 - seek to advantage or further their private business or interest in the course of their official duties.
- 3.4 Staff must always ensure that they do not place themselves in a position which risks, or appears to risk, conflict between their private interests or behaviour and the correct performance of their NHS duties. This primary responsibility applies to all NHS Fife staff.
- 3.5 In addition to these Standards, for all Members of Fife NHS Board there are additional responsibilities as outlined in the [Code of Conduct for Members of Devolved Public Bodies](#), enforced by the [Standards Commission for Scotland](#). Board members must always ensure they update timeously their entry on the Register of Interests and make appropriate declaration of any such interests at meetings they participate in, as might be required.

If any member of staff is in any doubt at all about what is or is not permissible under this policy, they should seek advice from their Line Manager or relevant Executive Director.

4. ACCEPTANCE OF GIFTS AND/OR HOSPITALITY

- 4.1 NHS Circular [MEL \(1994\) 48](#) on the Standards of Business Conduct for NHS Staff includes strict instructions on the acceptance of gifts and hospitality. These Standards are incorporated into the contract of employment of each

member of staff. Some practices which may be accepted in the private sector are not permitted under the Standards. The key points are as follows:

- GIFTS

4.1.1. Anti-Bribery Policy

The Board will uphold all laws relevant to countering bribery and corruption, including the Bribery Act 2010. This commitment applies to every aspect of the Board's activity, including dealings with public and private sector organisations and the delivery of care to patients.

The Bribery Act 2010 recognises a number of offences including the following:

- The offering, promising or giving of a bribe (active bribery);
- The requesting, agreeing to receive or accepting of a bribe (passive bribery).

Any employee who commits active or passive bribery will be subject to disciplinary action. In addition, the matter will be referred to relevant authorities for criminal investigation. The maximum sentence for any individual convicted of bribery is 10 years' imprisonment, an unlimited fine, or both. This includes Directors and Senior Officers who have consented to, or connived in, committing an offence.

The Bribery Act 2010 also recognises a further offence of corporate liability for failing to prevent bribery on behalf of a commercial organisation (for the purposes of the Act, NHS Boards are considered commercial organisations). The Board has put in place a range of measures intended to prevent bribery and these are subject to formal and regular review to ensure they remain fit for purpose.

4.1.2 Staff should therefore be very cautious if faced with the offer of a gift. Casual gifts offered by contractors or others (for example, at the festive season) may not be in any way connected with the performance of duties so as to constitute an offence under the Bribery Act 2010. Such gifts should nevertheless be politely declined. Articles of small intrinsic value, such as branded calendars or diaries, may however be accepted where this would not breach this guidance. If in doubt, staff must contact their line manager before acceptance. Gifts declined must also be declared by staff.

4.1.3 Small gifts from patients or their families, to express their gratitude to members of staff, can be accepted by members of staff without breaching this guidance. The circumstances should allow sensible application of judgement. Refusal could cause offence. Such gifts will be of relatively low value, for example, biscuits, chocolates, flowers etc. These gifts do not need to be registered. On no account, however, should gifts of alcohol be accepted by staff.

4.1.4 Where an unsolicited, inappropriate or high-value gift is received by a member of staff and the individual is unable to return it or the donor refuses to accept its return, they should report the circumstances to their Line Manager or

relevant Executive Director, who will ensure the donor is advised of the course of action.

- 4.1.5 Under no circumstances must staff accept personal gifts of cash (or cash equivalents such as gift vouchers) regardless of the amount. Should a patient or their family wish to make a financial donation in recognition of the care they have received from staff, they should be clearly signposted to the Board's Endowment Fund, [Fife Health Charity](#), who are able to accept direct financial donations in support of the health and wellbeing of patients and staff in NHS Fife.
- 4.1.6 Financial donations to a departmental fund that are to be used for the purposes of the Board e.g. to support training, must always be administered through [Fife Health Charity](#).
- 4.1.7 Gifts of equipment not for individual use may be accepted, provided that:
 - They are in no way related to purchasing decisions and do not commit the Board to any obligations with the supplier;
 - They are entered into the Register of Interests, Gifts & Hospitality;
 - A risk assessment is carried out before acceptance of the Board's potential liabilities of accepting the asset;
 - The budget holder's approval to accepting the gift is sought, particularly if there are any costs (recurrent or non-recurrent) associated with accepting the gift;
 - They are recorded under the procedures for accepting donated assets and details notified to the Board's Capital Accountant (further information available at [Appendix E, Section 6 of the Financial Operating Procedures](#)).

- HOSPITALITY

- 4.2.1 The [Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#) states the following:
 - As a general rule it is usually appropriate to refuse offers.
 - You must not accept repeated hospitality from the same source.
 - You must not accept any hospitality offer...to show favour or disadvantage to any individual.
- 4.2.2 NHS Circular [MEL \(1994\) 48](#) on the Standards of Business Conduct for NHS Staff state that modest hospitality may be acceptable, provided it is normal and reasonable in the circumstances e.g. lunch or dinner provided in the course of a working visit, meeting, conference etc. It is not necessary to report the provision of tea / coffee / biscuits, etc. or to declare basic hospitality received as part of the normal programme of a course or conference. Any hospitality accepted should be similar in scale to that which the NHS as an employer would be likely to offer. All other offers of hospitality should be declined.
- 4.2.3 Hospitality in excess of what the NHS would be likely to provide should not normally be accepted. Such hospitality should be politely but firmly declined.

Should an individual wish to accept hospitality they consider falls into this category, then prior approval of the appropriate Line Manager or relevant Executive Director is required. All hospitality exceeding what the NHS would be likely to provide, whether accepted or declined, must be declared by staff in the Register of Interests, Gifts & Hospitality.

4.2.4 It may not always be clear whether an individual is being invited to an event involving the provision of hospitality (e.g. a formal dinner) in a personal / private capacity or as a consequence of the position which they holds with the Board.

- (i) If the invitation is the result of the individual's position within the Board, only hospitality which is modest and normal and reasonable in the circumstances should be accepted. If the nature of the event dictates a level of hospitality which exceeds this, then the individual should ensure that their Line Manager or relevant Executive Director is fully aware of the circumstances and approves their attendance. An example of such an event might be an awards ceremony involving a formal dinner. If their appropriate Line Manager or relevant Executive Director grants approval to attend, the individual should declare their attendance at the event in the Register of Interests, Gifts & Hospitality.
- (ii) If the individual is invited to an event in a private capacity (e.g. as result of their qualification or membership of a professional body), they are at liberty to accept or decline the invitation without prior reference to their Line Manager or relevant Executive Director. The following matters should however be considered before an invitation to an individual in a private capacity is accepted:
 - a. The individual should not do or say anything at the event that could be construed as representing the views and/or policies of the Board.
 - b. If the body issuing the invitation has (or is likely to have, or is seeking to have) commercial or other financial dealings with the Board, then it could be difficult for an individual to demonstrate that their attendance was in a private and not an official capacity. Attendance could create a perception that the individual's independence had been compromised, especially where the scale of hospitality is lavish. Individuals should therefore exercise caution before accepting invitations from such bodies and must inform their appropriate Line Manager or relevant Executive Director on receipt of any such invitations.
- (iii) Where suppliers of clinical products provide hospitality it should only be accepted in association with scientific meetings, clinical educational meetings or the equivalent, which must be modest, normal and reasonable in the circumstances, in line with what the NHS would normally provide and held in appropriate venues conducive to the main purpose of the event, e.g. the sponsorship is clearly disclosed in any papers relating to the meeting; products discussed should be described in relation to the Scottish Medicines Consortium, Formulary or

equivalent clinical product catalogue; and the active promotion of clinical products is restricted to those in the Board's Formulary and equivalent clinical product catalogues.

- **COMPETITIONS / PRIZES**

4.2.5 Individuals should not enter any externally run competitions, including free draws organised by bodies who have (or are seeking to have) financial dealings with the Board. Potential suppliers may use this as a means of giving money or gifts to individuals within the Board in an effort to influence the outcome of business decisions.

5. RECORDING RECEIPT OF GIFTS AND/OR HOSPITALITY

5.1 The Corporate Governance & Board Administration department compiles the Board's Register of Interests, Gifts & Hospitality, which provides a summary of individual staff returns. An extract of the register is published annually on the [NHS Fife website](#) and made available to the Board's auditors for inspection. It is the responsibility of staff recipients of any gifts or hospitality to report all items received, whether accepted or declined, on the appropriate pro-forma (see Appendix 2).

6. PROVISION OF HOSPITALITY OUTWITH NHS FACILITIES

6.1 Any hospitality provided by NHS Fife in the course of duty should be provided only on NHS premises. Where, in exceptional circumstances, it is necessary to provide hospitality outwith an NHS catering facility, prior authorisation must be sought from the relevant Executive Director (who will seek advice as required from the Procurement Department, to ensure compliance with any procurement regulations and frameworks). Any such hospitality should be on a modest scale and in line with what would be expected to be provided by the NHS catering department. No alcohol or tobacco should be provided as part of any external hospitality.

7. REGISTER OF STAFF INTERESTS

7.1 To avoid conflicts of interest and to maintain openness and accountability, members of staff are required to register all interests that may have any relevance to their core duties or responsibilities. These include any financial interest in a business or any other activity or pursuit that may compete for an NHS contract to supply either goods or services to the NHS or in any other way could be perceived to conflict with the interests of the Board. **The test to be applied when considering appropriateness of registration of an interest is to ask whether a member of the public acting reasonably might consider the interest could potentially affect the individual's responsibilities to the organisation and/or influence their actions.** If in doubt, the individual should register the interest or seek further guidance from their Line Manager or relevant Executive Director.

7.2 Interest that it might be registered by staff include:

- Other employments (note, employment with the NHS Fife Nurse Bank is **not** required to be declared);
- Directorships, including Non-Executive Directorships held in private companies or public limited companies (whether remunerated or not);
- Ownership of, or an interest in, private companies, partnerships, businesses or consultancies that are likely to be relevant to the work of the Board;
- Shareholdings in organisations likely or possibly seeking to do business with the NHS (the value of the shareholdings need not be declared);
- Ownership of, or interest in, land or buildings which may be significant or relevant to the work of the Board;
- Any position of authority held in another public body, trade union, charity or voluntary body;
- Any connection with a voluntary or other body contracting for NHS services; and
- Any involvement in joint working arrangements with Clinical (or other) Suppliers.

7.3 The list above is not exhaustive and should not preclude the registration of other forms of interest where these might give rise to a potential conflict of interests with the work of the Board. Any interests of spouses, partner or civil partner, close relative or associate, or person living with a member of staff as part of a family unit could also require registration if a potential conflict of interest exists.

7.4 The Corporate Governance & Board Administration department compiles the Board's Register of Interests, Gifts & Hospitality, which provides a summary of individual staff returns. An extract of the register is published annually on the [NHS Fife website](#) and made available to the Board's auditors for inspection. The entries in the Register of Staff Interests will be retained in respect of a period of five years after the registration ceases or the member of staff leaves the organisation.

7.5 It is the responsibility of each individual member of staff to ensure that any interests are reported and the relevant pro-forma returned (see Appendix 2). A copy of this pro-forma should be completed at the commencement of employment or on the acquisition of the interest. Any changes to interests should be notified at the earliest opportunity, or within four weeks of the change occurring. A separate Register of Interests for Fife NHS Board Members and Executive Directors is also maintained and [published](#) by the Corporate Governance & Board Administration department.

7.6 It is the responsibility of each individual member of staff to declare any relevant interest to the Chair of any Standing Committee / Professional Advisory Committee / decision-making group that they sit on, so that the Chair is aware of any conflict which may arise. These Declarations of Interest will be recorded in the Minutes of the respective meeting.

8. SECONDARY EMPLOYMENT

- 8.1 Medical or dental staff may undertake private practice in accordance with their respective Terms and Conditions of Service. Staff (other than medical and dental) employed by the Board may wish to follow their NHS employment or profession concurrently with another employer. Before staff (other than medical and dental) take up such other employment, they should obtain the approval of the Board. Approval should be sought by approaching the member of staff's Line Manager or relevant Executive Director in the first instance. Any approval should be in writing and recorded on the individual's personnel file.
- 8.2 The Board will require assurance that the secondary employment:
- will not create a conflict of interest;
 - will not interfere with or have a detrimental effect on the core duties for the Board of the member of staff;
 - will not contravene the European Working Time Regulations that seeks to ensure each employee does not exceed an average of 48 hours of weekly working time; and
 - will not damage the Board's reputation.
- 8.3 All staff should note that it is advisable to declare any secondary employment in the Register of Interests (note, however, secondary employment with the NHS Fife Nurse Bank is **not** required to be declared).

9. INTELLECTUAL PROPERTY RIGHTS

- 9.1 The Board is entitled to receive any royalties, rewards or benefits in respect of work commissioned or carried out by members of staff in the course of their NHS duties. Any member of staff entering into a joint working or sponsorship agreement must ensure that any intellectual property rights arising are properly protected for the benefit of the Board.
- 9.2 Guidance can be found in [NHS MEL \(1998\) 23: Policy Framework for the Management of Intellectual Property within the NHS arising from Research and Development](#) and [NHS HDL \(2004\) 09: Management of Intellectual Property in the NHS](#).

10. COMMERCIAL SPONSORSHIP

- 10.1 Acceptance by staff of commercial sponsorship for attendance at relevant conferences and courses is acceptable but only where the employee seeks permission in advance and their line manager is satisfied that acceptance will not compromise purchasing or procurement decisions in any way. This includes all costs associated with the event if they are provided by the "sponsor". Such sponsorship should be registered as per other forms of hospitality outlined in Section 4 above.
- 10.2 On occasions when it is considered necessary for staff advising on the procurement of equipment to expect to see such equipment in operation in other parts of the country (or exceptionally overseas), NHS Fife will meet the

costs, to avoid putting in jeopardy the integrity of subsequent procurement decisions.

- 10.3 Companies may offer to sponsor a post either wholly or partly. The Board must not enter into such an arrangement unless it is made abundantly clear to the company concerned that sponsorship will have no effect on procurement decisions by NHS Fife. Where the sponsorship is accepted, the Director of Finance or Deputy Director of Finance must be fully involved and will be responsible for the establishment of monitoring arrangements to ensure that procurement decisions are not being influenced by the sponsorship agreement.
- 10.4 Under no circumstances should any employee agree to linked deals where sponsorship is linked to the procurement of a particular product or to obtaining supply from particular sources.
- 10.5 This section should also be read in conjunction with [Section 6G of the Financial Operating Procedures](#).
- 10.6 The Authorising Officer will document all activity, actions or arrangements made under this section and will ensure the Register of Interests, Gifts & Hospitality is amended accordingly.

11. COMMERCIALLY SENSITIVE INFORMATION

- 11.1 Managers are reminded to take care in using or making public internal information of a “Commercially Sensitive” nature, particularly if its disclosure would prejudice the principles of a procurement system based on fair competition. This principle applies whether private competitors or other NHS providers are concerned.

12. WORKING WITH THE PHARMACEUTICAL INDUSTRY

- 12.1 On occasions where staff are considering working with the Pharmaceutical Industry, they must comply with the separate NHS Fife Guidance on [Working with the Pharmaceutical Industry](#).

APPENDIX 1 - SUPPORTING DOCUMENTS

1. [NHS Fife Code of Corporate Governance](#)
2. [NHS Fife Financial Operating Procedures](#)
3. [NHS Fife Guidance on Working with the Pharmaceutical Industry](#)
4. [Staff Conduct Policy](#)
5. [Register of Board Members' and Staff Interests](#)
6. [NHS Circular MEL \(1994\) 48: Standards of Business Conduct for NHS Staff](#)
7. [NHS Circular MEL \(1994\) 80: Corporate Governance Supplementary Guidance](#)
8. [The Bribery Act 2010](#)
9. [The Ethical Standards in Public Life etc. \(Scotland\) Act 2000](#)

APPENDIX 2 - DECLARATION FORM FOR REGISTERING STAFF INTERESTS, GIFTS AND/OR HOSPITALITY

Full Name	
Job Title / Department	
Location	
Email Address	

I wish to declare the following (* - Please delete as appropriate)

Declared Item	Details (please provide all relevant details that will allow assessment of whether or not the declared item could have a bearing on a specific matter)
Interest (e.g. Other employment, Directorships, Ownership of/Interest in a business, Shareholdings, Land/Buildings, Position of Authority, Voluntary organisation, Declaration on behalf of family member, Other)*	
Offer of Gift and/or Hospitality (Details of gift/hospitality and the donor) Date Offered: Estimated Value: £..... I have accepted this offer Y/N* I have notified my Line Manager and been given approval Y/N*	

Line Manager's Signature:	Print Name:
----------------------------------	--------------------

Staff Member's Signature:	Date:
----------------------------------	--------------

RESPONSIBLE EXECUTIVE DIRECTOR SIGN-OFF	
Name	
Signature	
Reason for supporting or declining:	

Please submit completed forms to: fife.boardadministration@nhs.scot

Meeting:	NHS Fife Board
Meeting date:	30 May 2023
Title:	NHS Fife Corporate Objectives 2023/24
Responsible Executive:	Carol Potter, Chief Executive
Report Authors:	Margo McGurk, Director of Finance & Strategy

1 Purpose

This paper sets out the proposed corporate objectives for 2023/24.

This is presented for:

- Approval

This report relates to:

- NHS Fife Population Health and Wellbeing Strategy
- Annual Delivery Plan
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board requires to consider and propose the key corporate objectives for 2023/24, these objectives align the recently approved NHS Fife Population Health and Wellbeing Strategy and SPRA process.

2.3 Assessment

The corporate objectives of any organisation normally reflect the in-year, highest level actions which will create the objectives of the Chief Executive. In that context, this paper proposes a refinement of the SPRA generated objectives to reflect those at that corporate level. The proposed objectives represent our plans to deliver year 1 of the new Population Health and Wellbeing strategy.

The corporate objectives proposed have been mapped to one of the 4 NHS Fife agreed strategic priorities or to the new “Cross Cutting Actions” category and are set out in Annex

1. The Annex also highlights the organisational strategies which will underpin delivery of these corporate level objectives.

2.3.1 Quality/ Patient Care

NHS Fife corporate objectives underpin the delivery of high Quality of Health and Care Services.

2.3.2 Workforce

NHS Fife corporate objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”.

2.3.3 Financial

NHS Fife corporate objectives link directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment/Management

Each corporate objective has an appropriate risk and opportunities assessment as detailed through the SPRA process.

2.3.5 Equality and Diversity, including health inequalities

Each corporate objective either has a completed Impact Assessment or is in the process of completing one.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Circulated to Executive Directors for comment by Chief Executive on 24 April 2023.

2.3.8 Route to the Meeting

EDG 4 May 2023

CGC 5 May 2023

FPR 9 May 2023

SGC 11 May 2023

PHWC 15 May 2023

2.4 Recommendation

The Board is asked to **approve** the corporate objectives.

3 List of appendices

The following appendices are included with this report:

- Annex 1, Draft Corporate Objectives.

Report Contacts

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

NHS Fife – Population Health and Wellbeing Strategy - Corporate Objectives 2023/24



Our vision
Living well, working well and flourishing in Fife

Our values	Our principles
Care and compassion	Listening and involving
Dignity and respect	Supporting communities
Openness, honesty and responsibility	Empowering people
Quality and teamwork	Prevention and early intervention
	Creating wellbeing
	Being kind



Improve health and wellbeing

1. Progress the business case for the mental health services programme
2. Support the ADP in the delivery of MAT standards
3. Develop a prevention and early intervention strategy, and delivery plan, to support health improvement
4. Develop a primary care strategy and supporting delivery plan
5. Develop and deliver a system wide medicines safety programme



Improve quality of health and care services

1. Implement redesign and quality improvement to support mental health services
2. Review and redesign the Front Door model of care to support improvements in performance
3. Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge
4. Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery as part of a wider plan to deliver improvements in elective performance
5. Develop and deliver an improved patient experience response process to support a culture of person centred care



Improve staff health and wellbeing

1. Collaborate with University of St Andrews to develop the ScotCOM medical school
2. Develop and deliver an action plan to support safe staffing legislation
3. Develop and deliver a sustainability plan for the nursing and midwifery workforce
4. Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing
5. Develop and deliver a leadership framework to increase team performance



Deliver value & sustainability

1. Deliver year one actions of the financial improvement and sustainability programme
2. Implement actions to support climate emergency
3. Develop the digital medicines programme



Cross-cutting actions

1. Develop a corporate communication and engagement plan
2. Develop the strategic plan to secure teaching health board status
3. Deliver Anchors ambitions working collaboratively with partners

Delivery of our Corporate Objectives will be supported by delivery of our corporate strategies, including:

- Clinical Governance
- Cancer Framework
- Mental Health (HSCP)
- Pharmacy and Medicines Workforce
- Digital and Information
- Property and Asset Management
- Research, Innovation and Knowledge
- Green Space

Meeting:	Fife NHS Board
Meeting date:	30 May 2023
Title:	Corporate Risk Register Update
Responsible Executive:	Margo McGurk - Director of Finance and Strategy
Report Author:	Pauline Cumming - Risk Manager

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Operational Plan
- Government policy/directive
- Local policy

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 Corporate Risk Register since the last report to the Board on 31 January 2023 and is intended to provide assurance that appropriate measures are in place to effectively manage and monitor the risks. It reflects the latest iteration of the Register following the third and fourth cycles of reporting to the Governance Committees during March and May 2023.

2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The presentation is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including:

- relevance
- proportionality
- reliability

- sufficiency

The Assurance Principles at Appendix 3 are intended to support the scrutiny process.

2.3 Assessment

Members are asked to note the following updates:

STRATEGIC RISK PROFILE

There are currently 18 corporate risks. Since previously reported:

- No risks have been closed.
- No new risks have been identified.
- Risk 7 - Access to outpatient, diagnostic & treatment services - aligned to the Finance, Performance & Resources (F, P&R) Committee - remains a high level risk; current rating Likelihood (L) x Consequence (C) has increased from 16 {likely (4) x major (4)} to 20 {almost certain (5) x major (4)}
- Risk 1 - Population Health & Wellbeing Strategy - aligned to the Public Health & Wellbeing Committee, target rating increased from Moderate 8 to Moderate 12
- Risk 3 - COVID 19 Pandemic - aligned to the Clinical Governance Committee, has reduced its current risk score (rating and level) to achieve its target

The Strategic Risk Profile and Risk Improvement Trajectory are provided at Appendix 1.

KEY UPDATES

The updated Corporate Risk Register is provided at Appendix 2. The overall breakdown by risk level is 13 High and 5 Moderate.

RISK APPETITE

As previously reported, the majority of the risks (11) remain above risk appetite; this reflects the continuing challenges across all areas of service delivery.

RISK DESCRIPTIONS

The Board is asked to note the following changes to risk descriptions:

Risk 7 - Access to outpatient, diagnostic and treatment services amended from:

“There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption and stepping down of some non-urgent services; NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife” to:

“There is a risk that due to demand exceeding capacity, compounded by **unscheduled care pressures**, NHS Fife will see deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife”.

Risk 13 - Delivery of a balanced in-year financial position - at the request of the Chair of the Finance, Performance & Resources Committee on 17 January 2023 amended from:

“There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally” to:

“There is a risk that **due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without brokerage from Scottish Government**”.

Risk 18 - Digital & Information at the request of the Chair of the Clinical Governance Committee, amended from:

“There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social Care” to:

“There is a risk that the organisation **maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support, clinical services, in their treatment and management of patients.**”

CHANGES IN CURRENT AND / OR TARGET RISK SCORES

Increased Current Risk Rating

Risk 7 - Access to outpatient, diagnostic & treatment services

Likelihood (L) x Consequence (C) from 16 {likely (4) x major (4)} to 20 {almost certain (5) x major (4)}

Increased Risk Target

Risk 1 - Population Health & Wellbeing Strategy

Increased its risk target rating from Moderate 8 to Moderate 12

Reduced Risk

Risk 3 - COVID 19 Pandemic

At its review in February 2023, in light of downward population numbers affected, and the strong uptake of vaccination locally, the current risk rating and level decreased from High 16 to Moderate 12, thus achieving its target, and below appetite.

The risk was discussed at the Risks and Opportunities Group (ROG) on 4 April 2023. Members were advised the risk owner had cautioned that despite the improved status, COVID -19 remains a significant threat, with a degree of uncertainty over the coming months. The risk required to be closely monitored as there was potential for it to increase again. It was recommended to EDG on 4 May 2023, that pending guidance from Public Health Scotland Surveillance, and the WHO decision on when the pandemic can be officially considered at an end, the risk should enter a period of monitoring, allowing for a

future removal of the risk from the Corporate Risk Register and associated risk management or monitoring returning to an operational risk. EDG accepted this recommendation.

Deep Dive Reviews

10 of the 18 Corporate Risks have now undergone a deep dive review, with deep dives of other risks of particular significance, commissioned by Committees. The following deep dives were reported during the most recent cycle of reporting to the Committees.

Risk Title	Aligned Committee	Date
Optimal Clinical Outcomes	Clinical Governance (CGC)	05/05/23
Bank & Agency Work (not corporate) requested by SGC	Finance, Performance & Resources (F,P&R)	09/05/23
Bank & Agency work (not corporate) requested by F, P& R	Staff Governance Committee (SGC)	11/05/23
Primary Care Services	Public Health & Wellbeing (PH&WC)	15/05/23

REPORTING TO THE GOVERNANCE COMMITTEES

RISKS AND OPPORTUNITIES GROUP ACTIVITY

Assurance Levels

At the inception of the fresh approach to Corporate Risk reporting, we recognised that the Register and the associated 'assurance framework' would evolve; it was agreed that we should take stock after three to four reporting cycles, allowing time for the approach to gain traction, and to elicit and consider Committee feedback to inform further developments.

Feedback has been positive and is being used to improve the presentation and focus of related papers.

The governance committees requested a specific review on the use of the 3 levels of assurance listed within the Assurance Principles diagram that is routinely provided with the Corporate Risk Register. The ROG was tasked with this action.

Having reviewed several approaches, the Group recommend an alignment of assurance levels with the Internal Audit reporting definition of assurance. This moves to 4 levels of assurance, and by its nature provides further description on adequacy and controls and ensures a choice is made rather the selecting the middle ground in terms of the specific level of assurance that can be provided or taken on the risks presented. There is additional benefit from the consistency and familiarity provided across audit and risk reporting.

EDG supported the recommendation to replace the current model with the use of the Internal Audit definition of assurance. In addition, it is recommended that the assurance level is included into the deep dive format and provided as a recommendation from the Risk Owner to the committee for joint consideration.

In Year Risk Rating Improvement

At the inception of the refreshed Corporate Risk Register, the summary included an in-year target rating. As we approached the end of the financial year, several risks saw a change in this target, this resulted in additional discussion within committees to help understand that decision and the value of the in-year target.

Given the complexity of corporate risks, the time and actions required to reduce both impact and likelihood and the levels of inherent risk associated with them, the ROG recommended to EDG that the in-year target is amended to reflect a realistic expected date of achievement. EDG supported this recommendation.

These changes will be evident in the next cycle of corporate risk reporting. The Risks and Opportunities Group will also consider the frequency of review for corporate risks and deep dive refresh.

In Conclusion

The Corporate Risk Register will continue to be updated between each committee cycle, through consideration of members' feedback, review at the ROG and at the EDG. There will be a continuing focus on ensuring that risk scores, including target realistically reflect the current and foreseeable challenging climate.

An Audit & Risk Committee Development Session is scheduled for 12 October 2023 which will focus on a review of the effectiveness of the new Corporate Risk Register process.

The ROG will continue to develop its role in considering emergent risks and opportunities arising, in particular from the Population Health and Wellbeing Strategy, the Strategic Planning and Resource Allocation process, and the Annual Delivery Plan.

2.3.1 Quality/ Patient Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and improve the quality of health and care services.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priority to improve staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priority to deliver value and sustainability.

2.3.4 Risk Assessment/Management

As outlined in this report.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to the Board. The outcome concluded on Option 1: No further action is required.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

A range of communication to inform this report has taken place as follows:

- Risks & Opportunities Group on 01/02/23 and 04/04/23
- Executive Directors' Group on 16/02/23 and 11/05/23
- Public Health & Wellbeing Committee on 01/03/23 and 15/05/23
- Clinical Governance Committee on 03/03/23 and 05/05/23
- Staff Governance Committee on 09/03/23 and 11/05/23
- Finance, Performance & Resources Committee on 14/03/23 and 09/05/23
- Audit and Risk Committee on 15/03/23 and 18/05/23

2.3.8 Route to the Meeting

Margo McGurk, Director of Finance & Strategy, on 18/05/23

2.4 Recommendation

- **Assurance**

3 List of appendices

Appendix No. 1, Strategic Risk Profile and Risk Improvement Trajectory

Appendix No. 2, NHS Fife Corporate Risk Register at 25/04/23

Appendix No. 3, Assurance Principles

Report Contacts

Pauline Cumming

Risk Manager

Email pauline.cumming@nhs.scot

NHS Fife Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	▼	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25			▲	Improved - Risk Decreased		
Moderate Risk	8 - 12			◀▶	No Change		
Low Risk	4 - 6			▼	Deteriorated - Risk Increased		
Very Low Risk	1 - 3						

NHS Fife Risk Improvement Trajectory

To improve health and wellbeing	Risk Improvement Trajectory				
	Risk Level	High	Mod	Low	Very Low
Risks which have improved	-	1*	-	-	-
Risks which have deteriorated	-	-	-	-	-
Risks which have not moved	2	2	-	-	-
Risks which have reached acceptable level of tolerance	-	1*	-	-	-
Total	2	3	0	0	0

1* risk has reduced from high to moderate level. In doing so, it reached its target.




To improve the quality of health and care services		Risk Improvement Trajectory			
Risk Level	High	Mod	Low	Very Low	
Risks which have improved	-	-	-	-	
Risks which have deteriorated	1*	-	-	-	
Risks which have not moved	4	-	-	-	
Risks which have reached acceptable level of tolerance	-	-	-	-	
Total	5	0	0	0	


1* high level risk has increased its risk rating – likelihood increased from likely to almost certain




To improve staff health and wellbeing		Risk Improvement Trajectory			
Risk Level	High	Mod	Low	Very Low	
Risks which have improved	-	-	-	-	
Risks which have deteriorated	-	-	-	-	
Risks which have not moved	2	-	-	-	
Risks which have reached acceptable level of tolerance	-	-	-	-	
Total	2	0	0	0	



To deliver value and sustainability		Risk Improvement Trajectory			
Risk Level	High	Mod	Low	Very Low	
Risks which have improved	-	-	-	-	
Risks which have deteriorated	-	-	-	-	
Risks which have not moved	4	2	-	-	
Risks which have reached acceptable level of tolerance	-	-	-	-	
Total	4	2	0	0	


Updated NHS Fife Corporate Risk Register as at 25/04/23


No	Strategic Priority	Risk	Mitigation	Risk Appetite High	Current Risk Level/ Rating	Target Risk by 31/03/23	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
1		<p>Population Health and Wellbeing Strategy</p> <p>There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.</p>	<p>The strategy was approved by the NHS Fife Board in March 2023. The focus now will be on developing and delivering against an agreed set of outcomes for 2023/24. This is in the context that the management of this specific risk will span a number of financial years.</p>	Below	Mod 12	Mod 8	Mod12 by 31/03/24	◀▶	Chief Executive	Public Health & Wellbeing (PHWC)
2		<p>Health Inequalities</p> <p>There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.</p>	<p>Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population.</p> <p>The Population Health and Wellbeing Strategy will identify actions which will contribute to reducing health inequalities; these will be set out in the delivery plan for the strategy.</p> <p>Consideration of Health Inequalities within all Board and Committee papers.</p> <p>Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.</p>	Within	High 20	Mod 10	TBC	◀▶	Director of Public Health	Public Health & Wellbeing (PHWC)
3		<p>COVID 19 Pandemic</p> <p>There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through</p>	<p>The spring booster campaign is now underway.</p> <p>Implementation of new treatments for individuals at higher risk of adverse outcomes.</p>	Below	Mod 12	Mod 12	Mod 12 by June 2023	◀▶	Director of Public Health	Clinical Governance (CGC)


		<p>vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease ,including death in a minority of the population.</p>	<p>Monitoring continues of possible new variants at national level.</p> <p>Tailored support continues to be provided to Care Homes with positive staff or resident cases.</p> <p>Public communications programme to raise awareness of infection prevention and control measures across the region and across the population.</p> <p>Deep dive was presented to CGC in March 2023.</p>							
4		<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the ‘Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.’</p>	<p>Robust governance arrangements remain in place including an Executive Lead and Board Champion appointed.</p> <p>Regional working group and representation on the National Board. Active participation in Plan 4 Fife.</p> <p>Develop NHS Fife Climate Emergency Report* and Action Plan* by end of January and June 2023 respectively.</p> <p>The board report* which was required by the end of January 2023, as per policy DL38, has been completed and published on the NHS Fife website, via EDG, and PHWC, and sent to Scottish Government (SG).</p> <p>These* will form part of the Annual Delivery Plan. Mechanics and timescales still to be defined.</p> <p>Resource in the sustainability team has increased by 1 FTE via external funding for 12 months.</p>	Below	Mod 12	Mod 10	TBC	◀▶	Director of Property & Asset Management	Public Health & Wellbeing (PHWC)


5		<p>Optimal Clinical Outcomes</p> <p>There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.</p>	<p>The Board has agreed a suite of local improvement programmes, as detailed in the diagram below to frame and plan our approach to meeting the challenges associated with this risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>  <p>A deep dive will be presented to the CGC in May 2023.</p>	Within	High 15	Mod 10	Mod 10 by 31/03/24	◀▶	Medical Director	Clinical Governance (CGC)
No	Strategic Priority	Risk	Mitigation	Risk Appetite Moderate	Current Risk Level/ Rating	Target Risk by 31/03/23	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
6		<p>Whole System Capacity</p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p>	Above	High 20	Mod 9	Mod 9 by 30/04/24	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)


										
7		<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.</p>	<p>Confirmed funding less than anticipated. Additional funding until the end of March 2023 has been implemented to reduce numbers of long waiting patients.</p> <p>Planning for 2023/24 has been completed in line with planning guidance letter received on 06/02/23.</p> <p>Confirmed funding 20% less than committed staff costs.</p> <p>Revised plan prepared outlining the significant impact of 20% reduction in capacity on waiting times and decision awaited on what action to be taken. Ultimately for SG but currently with EDG for decision.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p>	Above	High 20 (5x 4 from High 16)	Mod 12	Unable to provide currently given the uncertainty around the funding	▼	Director of Acute Services	Finance, Performance & Resources (F,P&RC)




8		<p>Cancer Waiting Times (CWT)</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance, resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.</p>	<p>The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model is being explored with an expected go live date of August 23.</p> <p>Actions to improve steps in the lung pathway have been agreed funding has been supported for implementation of the lung optimal pathway for 2023-24.</p> <p>The Effective Cancer Management Framework has been updated and actions have been identified for 2023-24.</p> <p>Steps are being taken to introduce the Effective Breach Analysis Standard Operating Procedure in to NHS Fife.</p> <p>Work has commenced to take forward the Re-grading Framework which is due to be published.</p> <p>Weekly meetings with Scottish Government (SG) and monthly monitoring of the Effective Cancer Management Framework continue.</p> <p>SG will attend the Acute Cancer Services Delivery Group in May 2023.</p> <p>A 6 month review of the Single Point of Contact Hub will determine if there has been a reduction in DNAs; this will be carried out at end of April 2023. Patient and staff evaluation questionnaire exercise will be done along with an exercise to assess reduction in patient calls to CNS and feedback from staff users of the service.</p> <p>The Cancer Framework and delivery</p>	Above	High 15	Mod 12	Mod 12 by 30/04/24	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)
---	--	--	--	-------	------------	-----------	-----------------------	----	----------------------------------	--




			<p>plan has been signed off by the Clinical Governance Committee and submitted to NHS Fife Board for assurance. The Framework will be launched and priorities agreed for 2023-24 thereafter.</p> <p>A deep dive into urology performance challenges is being undertaken.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>							
9		<p>Quality & Safety</p> <p>There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.</p>	<p>Effective governance is in place and operating through the clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee(CGC).</p> <p>This is further supported by the Organisational Learning Group to ensure that learning is used to optimise patient safety, outcomes and experience, and to enhance staff wellbeing and job satisfaction.</p> <p>There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact.</p>	Above	High 15	Mod 10	Mod 10 by 31/03/24	◀▶	Medical Director	Clinical Governance (CGC)

10		<p>Primary Care Services</p> <p>There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality services to the population of Fife into the medium-term.</p>	<p>A Primary Care Governance and Strategy Oversight Group is in place. The group, co-chaired by the Medical Director and the Director of Health and Social Care, brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of governance. It provides assurance to NHS Fife Board and the Integration Joint Board (IJB) through the appropriate sub committees.</p> <p>This group allows governance and scrutiny of all aspects of primary care delivery and provides a focus for improving patient care for the population of Fife.</p> <p>A Primary Care Strategy is in development and is at final draft stage; it was presented to commissioners for discussion and support in February 2023 and will be taken through committees for approval by July 2023.</p> <p>A Primary Care Improvement Plan (PCIP) is in place; subject to regular monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government. A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP.</p> <p>The refreshed PCIP for 23/24 will be progressed via committees for approval in May 2023. This refreshed PCIP will take into</p>	Above	High 16	Mod 12 by 31/03 23	Mod 12 (3 x4) by 31/03/24	◀▶	Director of Health & Social Care	Public Health & Wellbeing (PHWC)
----	--	---	---	-------	------------	-----------------------------	------------------------------------	----	---	--

			<p>account the further guidance from SG and BMA received in April. The progress with the current programme will continue.</p> <p>A review of models of care incorporating the learning from the pandemic is closed. The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for P&PC will be completed by May 2023.</p> <p>Remodelling and recruitment of workforce action plan resulting from earlier Committee report will be completed as part of the refreshed PCIP</p> <p>Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.</p> <p>A deep dive review is being undertaken for the PHWC meeting in May 2023.</p>							
No	Strategic Priority	Risk	Mitigation	Risk Appetite Moderate	Current Risk Level/ Rating	Target Risk by 31/03/23	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
11		<p>Workforce Planning and Delivery</p> <p>There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.</p>	<p>Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned service based workforce plans.</p> <p>Implementation of the Health & Social Care Workforce Strategy and Plan for</p>	Above	High 16	Mod 12	Mod 8 by 31/03/25	◀▶	Director of Workforce	Staff Governance (SGC)

			<p>2022 to 2025 to support the Health & Social Care Strategic Plan for 2019 to 2022 and the integration agenda.</p> <p>Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an anchor institution.</p> <p>Harvesting and analysis of SPRA data is underway, so that Directorate and Service based workforce plans can be completed by the end of Quarter 2 of 2023/2024. Allowing mapping of Corporate priorities to the SPRA submissions, identifying impacts on the future shape of the staffing complement, and highlight any sustainability pressures.</p>							
12		<p>Staff Health and Wellbeing</p> <p>There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.</p>	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff.</p> <p>The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife’s ambitions, approaches and commitments to staff health and wellbeing, was published in December 2022.</p> <p>Consideration of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other for a, to develop Action Plan.</p>	Above	High 16	Mod 12	Mod 8 by 31/03/25	◀▶	Director of Workforce	Staff Governance (SGC)

No	Strategic Priority	Risk	Mitigation	Risk Appetite Moderate	Current Risk Level/ Rating	Target Risk by 31/03/23	Target Risk level rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
13		<p>Delivery of a balanced in-year financial position</p> <p>There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without brokerage from Scottish Government.</p>	<p>Agreed focus on 3 main areas of cost improvement as part of the medium-term financial plan. FIS Programme focus will be on these areas with regular reporting to the EDG& NHS Fife Board.</p>	Above	High 16	Mod 12	Mod 12 by 31/03/24	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)
14		<p>Delivery of recurring financial balance over the medium-term</p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Strategic Planning and Resource Allocation process will continue to operate and support financial planning.</p> <p>The FIS Programme will focus on medium-term productive opportunities and cash releasing savings.</p> <p>The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium- term.</p>	Above	High 16	Mod 12	Mod 12 by 31/03/24	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)
15		<p>Prioritisation & Management of Capital funding</p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Infrastructure developments prioritised and funded through the NHS Board capital plan.</p> <p>Annual Property and Asset Management Strategy (PAMS) report submitted to F, P&R, NHS Board and Government.</p> <p>Fife Capital Investment Group (FCIG) reviewed 2022/23 position which showed full utilisation of significant capital allocation and agreed initial allocations for 2023/24 with agreement of all stakeholders.</p>	Within	Mod 12	Mod 8	TBC	◀▶	Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)

16		<p>Off-Site Area Sterilisation and Disinfection Unit Service</p> <p>There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.</p>	<p>Monitoring and review through Decontamination Group.</p> <p>Establishment of local SSD for robotics is progressing.</p> <p>Health Facilities Scotland (HFS) have agreed the design and the unit at St Andrews Community Hospital (SACH) should be operational by June 2023.</p>	Within	Mod 12	Low 6	TBC	◀▶	Director of Property & Asset Management	Clinical Governance (CGC)
17		<p>Cyber Resilience</p> <p>There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.</p>	<p>Considerable focus continues in 2023 with heightened threat level to improve our resilience to attack and ability to recover quickly.</p> <p>The primary mechanism for prioritising items is the response to the Network Information Systems Directive (NISD) review report May 2022. Next audit due July 2023.</p>	Above	High 16	Mod 12	Mod12 (4x3) by Sept 2024	◀▶	Medical Director	Clinical Governance (CGC)
18		<p>Digital & Information</p> <p>There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.</p>	<p>Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy.</p> <p>Digital & Information Board Governance established and supporting prioritisation with ongoing review.</p>	Above	High 15	High 15	Mod 8 (4x2) by April 2025	◀▶	Medical Director	Clinical Governance (CGC)

Risk Movement Key

- ▲ Improved - Risk Decreased
- ◀▶ No Change
- ▼ Deteriorated - Risk Increased

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board

Committee Agenda

- Agenda items should relate to risk (where relevant)

Seek Assurance on Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chair's Assurance Report

- Consider issues for disclosure
- Emergent risks or
 - Escalation
 - Recording
- Scrutiny of risk delegated to Committee

Year End Report

- Highlight change in movement of risks aligned to the committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns

GENERAL QUESTIONS:

• Does the risk description fully explain the nature and impact of the risk?
• Do the current controls match the stated risk?
• How weak or strong are the controls? Are they both well-designed and effective i.e. implemented properly
• Will further actions bring the risk down to the planned / target level?
• Does the assurance you receive tell you how controls are performing?
• Are we investing in areas of high risk instead of those that are already well-controlled?
• Do Committee papers identify risk clearly and explicitly link to the strategic priorities and objectives / corporate risk?

SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:

• History of the risk (when was risk opened); has it moved towards target at any point?
• Is there a valid reason given for the current score?
• Is the target score: <ul style="list-style-type: none"> ○ In line with the organisation's defined risk appetite? ○ Realistic/achievable or does the risk require to be tolerated at a higher level? ○ Sensible/worthwhile?
• Is there an appropriate split between: <ul style="list-style-type: none"> ○ Controls – processes already in place which take the score down from its initial/inherent position to where it is now? ○ Actions – planned initiatives which should take it from its current to target? ○ Assurances - which monitor the application of controls/actions?
• Assessing Controls <ul style="list-style-type: none"> ○ Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)? ○ Overall, do the controls look as if they are applying the level of risk mitigation stated? ○ Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
• Assessing Actions – as controls but accepting that there is necessarily more uncertainty : <ul style="list-style-type: none"> ○ Are they are on track to be delivered? ○ Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk? ○ Are they likely to be sufficient to bring the risk down to the target score?
• Assess Assurances: <ul style="list-style-type: none"> ○ Do they actually relate to the listed controls and actions (surprisingly often they don't)? ○ Do they provide relevant, reliable and sufficient evidence either individually or in composite? ○ Do the assurance sources listed actually provide a conclusion on whether: <ul style="list-style-type: none"> ▪ the control is working ▪ action is being implemented ▪ the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level ○ What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk): <ul style="list-style-type: none"> ▪ 1st line – management / performance / data trends? ▪ 2nd line – oversight / compliance / audits? ▪ 3rd line – internal audit and/or external audit reports / external assessments?

LEVEL OF ASSURANCE		
Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

Meeting: NHS Fife Board
Meeting date: 30 May 2023
Title: NHS Fife Greenspace Strategy
Responsible Executive: Neil McCormick, Director of Property & Asset Management
Report Author: Jimmy Ramsay, Estates Compliance Manager

1 Purpose

This report is presented for:

- Approval

This report relates to:

- NHS Scotland Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As part of the [NHS Scotland Climate Emergency and Sustainability Strategy](#), the sustainable development of the NHS estate requires the quantity and quality of greenspace to be maximised to provide opportunities for patients, staff and visitors.

This is in line with our work around Anchor Institution and we have widened the scope of the Greenspace Strategy development to include skills development, training, and the desire to identify opportunities for the production of energy within local communities.

The document is referenced in and is fully compatible with the Population Health & Wellbeing Strategy approved by the NHS Fife Board in March 2023.

2.2 Background

To deliver a sustainable development strategy of our greenspace we have engaged with a consultant - Alan Caldwell of Alan Caldwell Associates and various other external third-party organisations to enable a progressive approach in our 2030 Greenspace Strategy which we would like to be a national exemplar.

2.3 Assessment

The 'NHS Fife Greenspace Strategy is attached in Appendix 1.

NHS Fife Board members are asked to:

- Approve the strategy and support ongoing consultation with staff and community groups following publication.

The Greenspace Strategy provides a framework which will support partnership working on joint greenspace initiatives. One example of this is the proposed Leven Green Health Partnership, based on the NatureScot 'Our Natural Health Service model'. Funding has been obtained from the National Lottery Heritage Fund for a one-year development phase, which will enable scoping of specific objectives for the proposed Green Health Partnership.

NHS Fife has agreed to be a test site for the use of land and assets for community benefit as part of the National Place and Wellbeing Programme and to demonstrate on-going commitment to strengthening our Anchor ambitions.

2.3.1 Quality / Patient Care

There will be an emphasis on the wellbeing of staff and patients within the Strategy.

2.3.2 Workforce

We will be continuing to consult with staff over the coming months for feedback on the themes in the Strategy following final publication.

2.3.3 Financial

To implement greenspace improvements, investment will be required, however, we have had initial discussions with Fife Health Charity, and they have already invested in a number of initiatives in this area. There are various other external routes available to us to obtain funding which will also be explored. There are also funding opportunities available within NHS Scotland.

2.3.4 Risk Assessment / Management

Effective management of our greenspace will potentially reduce the impacts of Climate Change on our estate over the coming years.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An EQIA Impact Assessment has not yet been carried out. This Strategy is very much in line with the NHS Fife Board's Anchor Institution work.

2.3.6 Climate Emergency & Sustainability Impact

This proposal addresses one of the objectives of the NHS Scotland Climate Emergency & Sustainability Strategy.

2.3.7 Communication, involvement, engagement and consultation

At the beginning of the Strategy development, we engaged with staff across multiple directorates and external third-party organisations including Fife Council. A further consultation period will follow in the coming months following publication of the Strategy.

2.3.8 Route to the Meeting

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

- Portfolio Board, 9 February 2023
- EDG, 4 May 2023
- Public Health & Wellbeing Committee, 15 May 2023
- NHS Board, 30 May 2023

2.4 Recommendation

NHS Fife Board members are asked to:

- Approve the strategy and support ongoing consultation with staff and community groups following publication.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife Green Space Strategy document (Draft 1)

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot



NHS FIFE

2030 Greenspace Strategy

DRAFT 1: MARCH 2023

Contents

How this document works

Our introduction

Our vision

Our current situation

Our principles

Our role

Our key themes

Our projects

Our partners

Our funding

Our delivery

Our learning and sharing

Our next steps



How this document works

This is a live document. It is designed to both explain our strategy and encourage you to dig deeper into key issues and ideas. It will develop and grow as more and more people and organisations engage with our work and join us in making the NHS Fife Greenspace Strategy happen.

Throughout the document you will see text highlighted in orange which will allow you to move around the document with a single click. Where you see text highlighted in green, you can click this to go to a specific website. Where you see a bubble with INSPIRE a click will take you to an interesting document, organisation, webpage or recording. Just try it out and you will soon see how it works.

At the bottom of each page are all the sections of the report. One click will take you to any section you want to explore.

We hope this helps to bring our strategy to life and helps to build a deeper understanding of our ideas, our work and the challenges we face together.

Remember this is a live document. It will be constantly updated and renewed as our work progresses.

We need your input!

How to contribute

We want everyone's comments to constantly help us to develop and improve this strategy.

Please send comments and suggestions to Jimmy Ramsay at Jimmy.Ramsay@nhs.scot



Our introduction

We have the opportunity to deliver a groundbreaking approach to our greenspace estate through our 2030 Greenspace Strategy.

Moving well beyond the health promoting potential of our outdoor estate, we believe we can deliver the commitments around greenspace outlined in the [NHS Scotland Climate Emergency and Sustainability Strategy 2022-26](#). We can also deliver and surpass the health benefits set out in [NatureScot's](#) and [Forest Scotland's](#) NHS Greenspace best practice by taking a more holistic approach to our greenspace.

By bringing together our six key themes of Wellbeing, Nature, Food, Skills, Energy and Climate the NHS Fife 2030 Greenspace Strategy 2030 will be the most comprehensive yet produced in Scotland. While our focus will always be the health and wellbeing of our patients, staff and the people of Fife, we want to contribute to positive change by increasing biodiversity, promoting local food, developing local skills, generating renewable energy and adapting to our changing climate.

Each parcel of our outdoor estate will be matched with these key themes attracting external investment, partnership resources, local community involvement and long term management solutions to deliver our 2030 Greenspace Strategy. Acknowledging the collective challenges we all face we will make links to other publicly owned land to create additional benefits, green corridors and greater impact at scale across Fife. At every turn this will be achieved with the active participation of NHS staff, patients and our local communities to maximise benefits for all.

This Greenspace Strategy is one of the enablers identified as a supporting document in the Population Health and Wellbeing Strategy recently published by the board. NHS Fife are committed to its role as an [Anchor Institution](#) and as a large organisation connected to our local area and community, we recognise we can make a positive contribution in this area. As an anchor institution, we can influence the health and wellbeing of people in Fife simply by being there. But by investing in and working with others locally and responsibly, we can have an even greater impact on the wider factors that make us healthy.

By taking this ambitious approach, we can make a positive contribution to the interlinked challenges of the climate, nature and health emergencies.

Carol Potter

NHS Fife Chief Executive



We rely too much on medical interventions as a way of increasing life expectancy. People need the opportunity, the possibility, to take control, of their lives - but the conditions need to be right to allow them to do that.

Sir Michael Marmot, WHO

Our vision

By 2030 we will see every parcel of our greenspace estate delivering on one or more of our key themes below for the benefit of our patients, staff and local communities. We will:

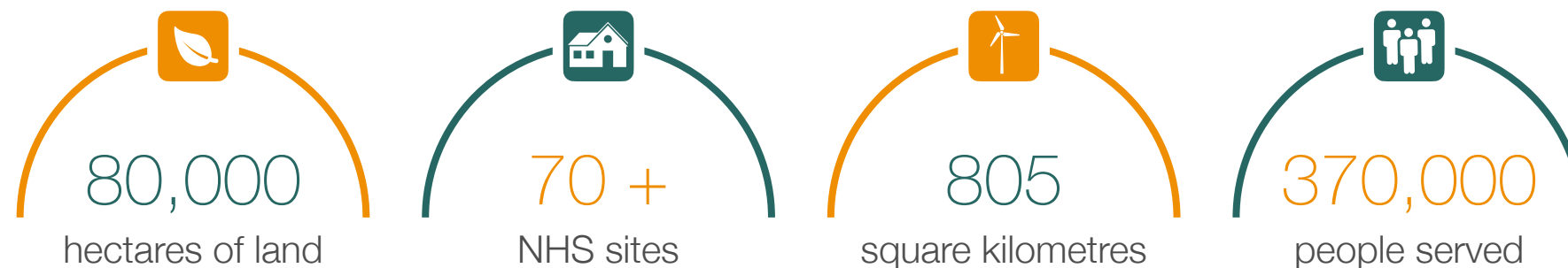
- Retain our focus on the **health and wellbeing** benefits of our greenspace.
- Protect and enhance **nature and biodiversity** across our estate.
- Promote **local food** growing and help to create a sustainable food culture for Fife.
- Develop rural and traditional **skills** through our greenspace projects.
- Generate **renewable energy** to reduce our energy costs, support greenspace projects and build our energy resilience.
- Reduce greenhouse gases, raise awareness and adapt to our **changing climate**.

Our 2030 Greenspace Strategy will be inspirational and ambitious and will show leadership for other areas in Scotland and beyond communities.

INSPIRE



Our green estate can make a big impact



Our current situation

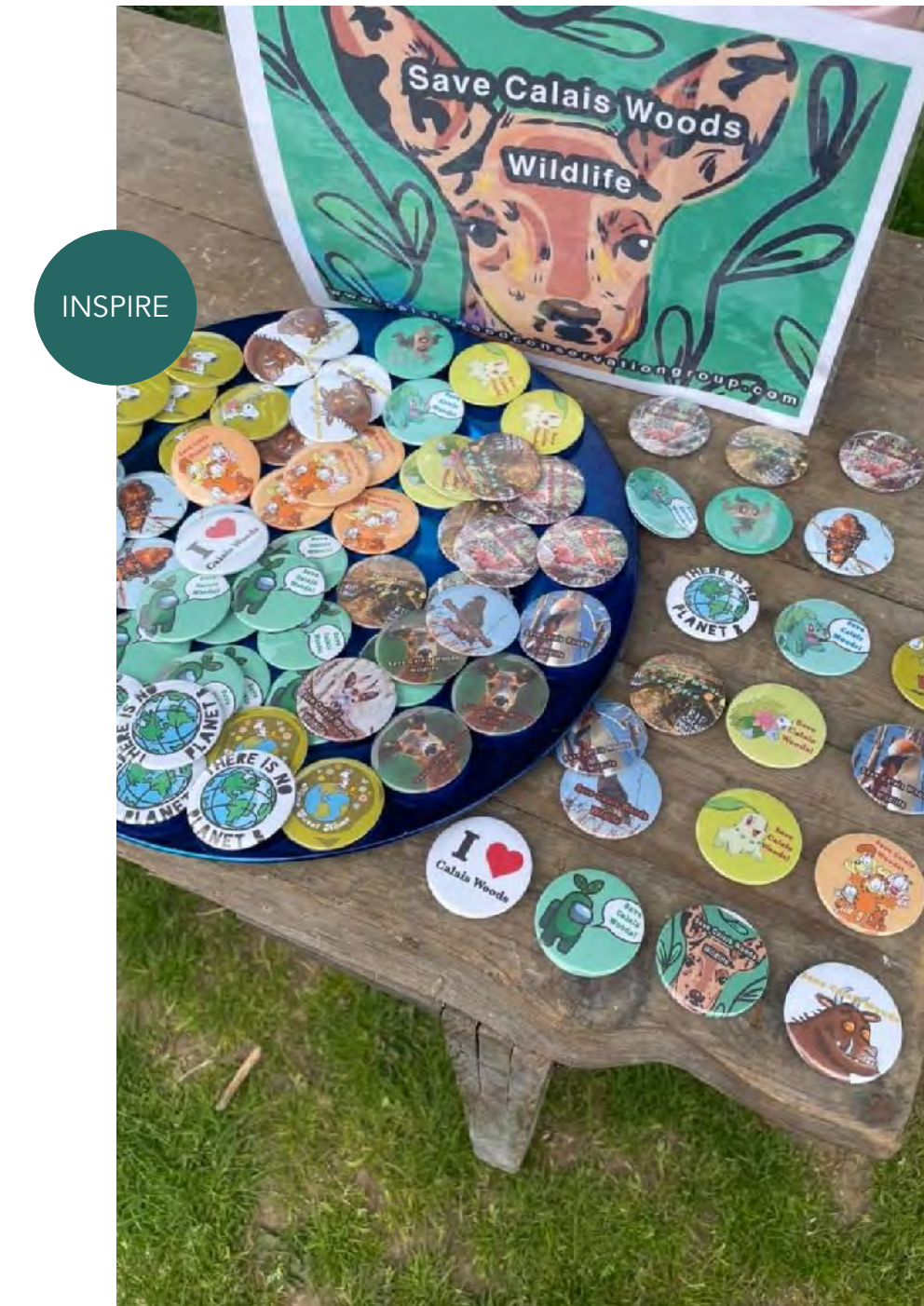
We have made important strides with the current use of our greenspace across Fife and have created a [story map](#) to show how our these are currently used. This is a good foundation for the work ahead.

Our 2030 Greenspace Strategy acknowledges that we need to do more to deliver practical and beneficial change with the speed and impact that the climate, nature and health emergencies require. 2030 is not far away!

We do so from a position of strength having the plans, policies, guidance and tools already in place to make good progress as follows:

- [NHS Scotland Climate Emergency and Sustainability Strategy](#). 2022-2026: sets out plans for NHS Scotland to reduce its greenhouse gas emissions and impact on the environment, adapt to climate change and to better contribute to the United Nation sustainable development goals.
- [NHS Scotland Sustainability Assessment Tool](#). we use this to enable our board to assess our overall sustainability performance and to guide all of our greenspace work.
- Natural Capital Assets. Valuing the health and wellbeing benefits of the NHS outdoor estate requires all Health Boards to undertake a natural capital assessment of their land (notification Dec 2022).
- We have a Biodiversity Action Plan covering the whole of our estate, with named responsible leads.
- We have an appointed Green Champion on our Executive Board to send a strong signal (externally and internally) about the importance of our sustainability agenda.
- We have assessed the extent and quality of our greenspace resource across the whole of our estate including the potential to expand current provision. This includes data on the quality and quantity of greenspace in our annual Property and Asset Management Strategy and Annual Reports.
- We already provide for a wide range of nature based health promotion initiatives and interventions across our estate.
- We encourage local community groups and third sector organisations to access and use our built assets and greenspace estate.

Crucially for the preparation, delivery and monitoring of our 2030 Greenspace Strategy, we have in place a detailed GIS mapping of our estate which can be viewed [here](#).



Our principles

- We will go further and faster on delivering positive change across our greenspace recognising the urgency of the climate, nature and health emergencies.
- We will focus on practical delivery acknowledging that we have policies, plans, guidance and assessment tools already in place.
- We will think strategically and involve other public and private landowners to increase the impact of our greenspace strategy.
- We will work closely with our patients, staff, partners and local communities.
- We will align with Fife Council wide strategies and statutory plans.
- We will learn from the experience of others across Scotland and further afield.
- We will ensure that our greenspace projects will deliver equal access across our communities.
- We will offer our staff training and continued professional development opportunities to build our shared knowledge and capabilities to deliver our strategy.



Our role

We are a major, anchor organisation for Fife. As a large, public sector organisation with a significant landholding and stake in our area we have a mission to advance the welfare of the communities we serve. We recognise that we have a powerful voice in where and how resources are spent locally and we want to lead by example.

Our priorities will always be to improve the health and wellbeing of local populations and we strive to deliver our services and invest our resources in the most effective ways we can. We want to embrace our role as an anchor institution to maximise the social, economic and environmental value we bring to our local communities.

Through our 2030 Greenspace Strategy we recognise that we need to think differently to meet the challenges facing our communities. We see our greenspace as a route to not only improved health and wellbeing but to addressing the climate and nature emergencies while improving local skills and supporting a local food culture across Fife. This will involve forging new partnerships and making new alliances.

We want to engage our local communities and recognise that, in some situations, it may be helpful to explore asset transfers of land to suitably constituted community companies and charities. This may help empower our community and access funds that are not available to a major public sector organisation such as ours. This will support the [Plan4Fife](#) community wealth building agenda.

Our greenspace estate across Fife covers over 800 sq km, nearly 80,000 hectares. This is a significant resource for our communities. By thinking differently, and working with the urgency the current situation requires, we aim to make a real and positive difference across Fife.

We will:

- Lead our 2030 Greenspace strategy and embrace partnership working with other public organisations, third sector organisations, local landowners and our local communities
- Deliver our strategy by carefully assessing the opportunities across our greenspace and implementing the best solutions for each parcel of land.
- Measure our progress and record this through our comprehensive GIS mapping programme.
- Learn from and share the results of our work as we proceed.



INSPIRE

Photo: Martin Willcocks

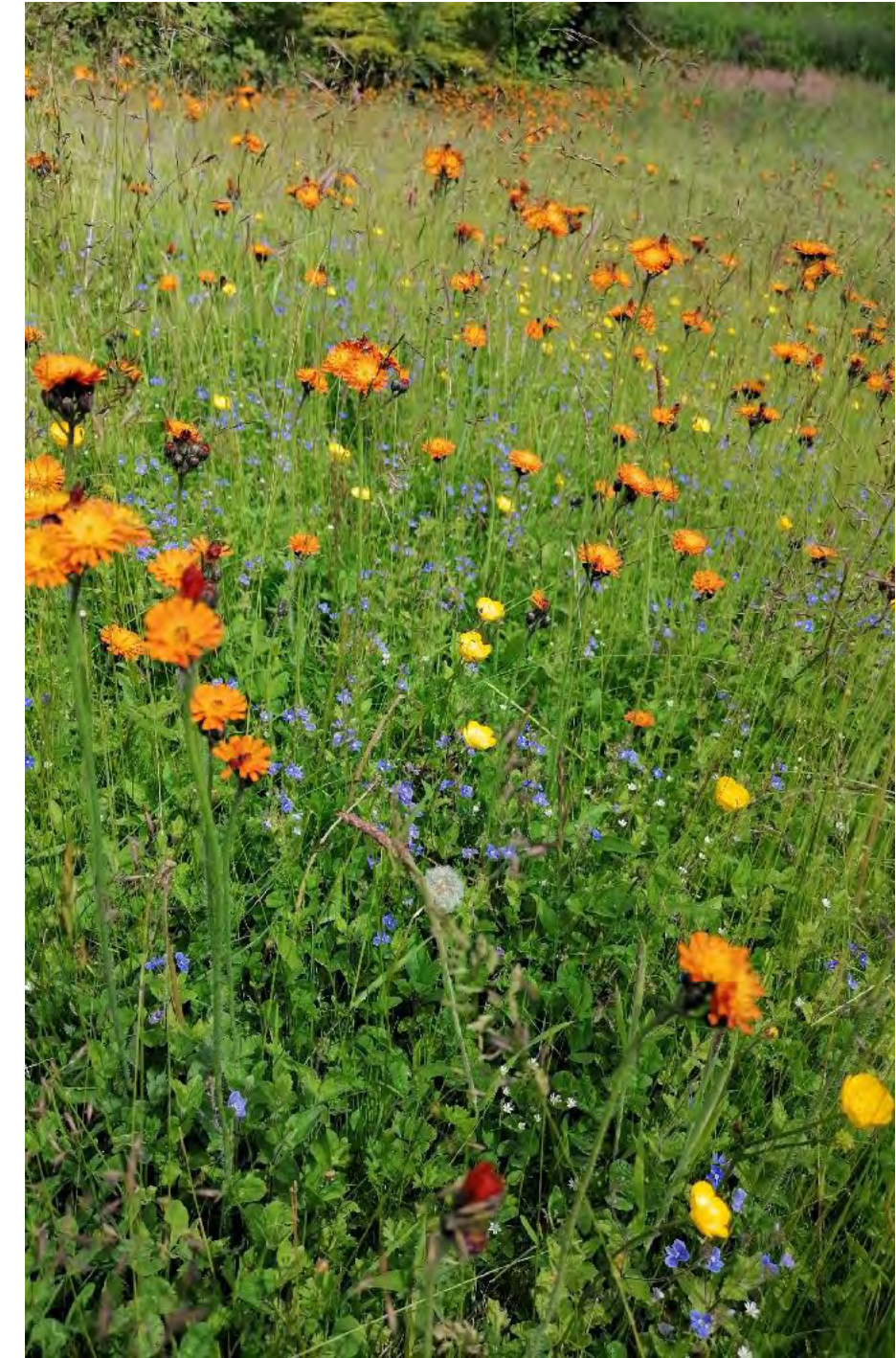
Our key themes

Our 2030 Greenspace Strategy is built around six key themes to maximise the benefits to our patients, staff and local communities. While we will retain a focus on Health and Wellbeing, we believe that our greenspace estate has so much more to offer for people and the planet. Crucially, this will allow us to collaborate with a **broader range of partners** who share our vision and to connect us more directly with our local communities. Click on the wheel below to go directly to individual themes.



“ We are already working with NHS Fife to develop and manage land and the 2030 Greenspace Strategy could help make a big impact across Fife.

Fife Coast and Countryside Trust



We will use NHS Land to improve the health and wellbeing of patients, staff and local residents. The health benefits of easy access to beautiful greenspace areas is well known. From pocket parks to woodland walks, active travel routes, outdoor children's nurseries, allotments and contemplative gardens, this will be a key part of our 2030 Strategy.

There is now a huge body of evidence to suggest that people who live in greener environments tend to be healthier and that access to green space can reduce the impact of income related health inequalities. This access is equally important to staff and patients using NHS facilities. Having a green space for staff to relax in during down time is as important as the stress relieving qualities for patients with mental health related conditions.

In assessing each site for the most appropriate use of the green space, we will prioritise these needs. Studies have shown that the most common way in which staff spent time in green space during their working day was simply to walk at the site during their break. Given the current stress levels recorded across the NHS, creating such spaces and 'green corridors' will be a priority.

We will develop strong partnerships with [NatureScot](#), [Greenspace Scotland](#) and [Paths for All](#) to tap into funding and learning opportunities to deliver our strategy. We will watch the development of the four pilot [Green Health Partnerships](#).



Forth Valley Woodlands

NHS Forth Valley has worked in partnership to develop a programme of activities using hospital grounds for physical and mental health activities.

NHS Forth Valley developed the Royal Hospital's local woodlands into greenspace recreational facilities for staff, patients, visitors, local schools and the community. The project involved engaging people in physical activity courses (bushcraft, walks and tai chi) as well as encouraging hospital staff and visitors to use the grounds for therapy and relaxation.

Forestry Commission Scotland's Woods in and Around Towns programme provided funding, matched by NHS Forth Valley, to upgrade the woodlands. The University of Highlands and Islands engaged with the hospital and in the community, helping to raise awareness of the hospital grounds and their potential for recreational use and also led the walking programme.

The outcomes of the project have been evaluated through feedback from patients, staff and schoolchildren. This highlighted that the new environment provided relaxation, recreation, mental health benefits, conservation of local greenspace.

We will use NHS land to help Fife to restore nature and biodiversity. From new native woodlands to the creation of biodiverse habitats, we will create invaluable connections between people and nature that has too often been broken by urban and digital lifestyles. Our green spaces will help 'cool' the built environments on the NHS Estate for the benefit of patients and staff as temperatures rise.

It is not possible to tackle the climate emergency without addressing the nature emergency and the alarming loss of biodiversity. At every opportunity we will look to transform courtyards, rooftops, verges and lawns to support ecosystems and wildlife habitats. We will look to work with maintenance staff across each site to create 'sustainability management plans' to enhance biodiversity and encourage staff and patients to get involved in this work. We are keen to learn from the growing number of projects from herb gardens to wildflower meadows and sensory gardens to match innovative solutions to green spaces small and large across the NHS estate.

We will develop close working relationships with the [Fife Coast and Countryside Trust](#) who are keen to help provide direct maintenance contracts and advice across the larger NHS sites. We will also envisage a major partnership with [Climate Action Fife](#) (see the Climate theme below)



Royal Alexandra Hospital Pond & Beyond Project

The RAH pond at the rear of the hospital is a greenspace area with huge potential, however, there is currently little to no access for staff, patients and visitors. Started in January 2021 improvements include:

- Management and enhancements to the pond, its existing wetland and aquatic habitats.
- A jetty to act as a viewing area, with appropriate safeguarding/railing.
- New boardwalk and trails over wetland area to allow walking and wheelchair access around the pond.
- Creation of outdoor teaching area using natural landscape on south bank of the pond.
- Biodiversity enhancement - habitat and connectivity for a range of species.

Phases 2 and 3 will introduce new wildflower areas, an outdoor eating area, growing beds and an outdoor gym. Additionally, landmark way finding, including artwork elements at key intersections, viewpoints, and site-specific interpretation works. This project allows NHS GGC to exceed, and provide best practice examples for, biodiversity and sustainability.

We will use NHS land to help grow food and create a sustainable food culture for a healthy Fife. From allotments to orchards and polytunnels to urban gardens, the NHS outdoor estate can help connect patients, staff and the local community, promote the growing of healthy food and keep more people active.

Food is essential to all our lives. not only does it fuel and sustain us, it also plays a crucial role in bringing people together and keeping us all well and healthy. Our work will help to deliver [The Food4Fife Strategy](#) that sets ambitious and critical targets to tackle food insecurity and food poverty.

Demand for allotments is at an all time high with would-be gardeners keen to reap the benefits of outdoor exercise, cheap, organic produce and the chance to reconnect to the land. Fruit trees and bushes can be an integral part of all projects and, as the case study shows, can add value to the tightest of spaces.

On larger areas we can explore the use of polytunnels to maximise food production all year round. Using food grown on-site in canteens and cafes offers additional benefits to patients, staff and the local community. We are keen to explore the opportunities to use small scale renewables (e.g. solar and ground source heat) to help on site food production where possible.

We envisage a strong partnership with [Food4Fife](#) to develop, fund and promote this theme. We will look to join the [NHS Forest network](#) to learn from others and promote our work.



Southmead Hospital Bristol

At [Southmead Hospital](#) Bristol, their Nature Recovery Ranger has been leading lunchtime Grow Your Own Sessions for staff and visitors on the site's polytunnels and vegetable beds. They've learned about composting and made a scarecrow, and planted their own vegetables. High above, the roof terrace leading out from the staff cafe has been turned into a thriving herb garden, within easy reach of the hospital chefs. See their video [here](#).

Growing food site can be part of a broader sustainability strategy. [PHE's Offices in Colindale](#), North London have allotment sites for staff who don't have space to grow their own organic produce. The Agency composts all its food waste, which is then used to fertilise the allotment crops, and rainwater butts provide water for the site.

In South London, [Lambeth GP Food Co-op](#) makes the most of the tiniest of spaces, installing raised beds and fruit bushes in alleyways. These mini allotments are a haven for people living with chronic health conditions including diabetes, arthritis, anxiety and depression, giving them space to socialise, learn, harvest food and develop a sense of purpose.

We will use NHS land to help develop rural and traditional skills that will become ever more important to our collective health and tackling the climate and nature emergencies. Involving staff, patients and the local community in creating our new green spaces is as important as the end result itself.

From tree planting to habitat creation and renewable energy installation, matching the training and employment needs of the local community and businesses will be a priority. Food growing skills are in particularly high demand just now and we can link [Fife College](#) courses to our sites. [Skills Development Scotland](#) and [Community Energy Scotland](#) are also keen to promote local skills and employment opportunities to all form of energy generation.

This theme has a wealth of expertise, helpful resources, funding and delivery organisations to help us deliver our strategy. [Rural Skills Scotland](#) are keen to work alongside the NHS to help create new green spaces and bring direct training opportunities to local young people and those seeking new employment opportunities. [Fife College](#) can offer direct links to educational resources.

[Climate Action Fife](#) have an exciting [training programme on behaviour change](#). We will offer this training to all staff across NHS Fife with an initial focus on those actively involved in the 2030 Greenspace Strategy.



London Green Space Skills Hub

The [Hub](#) has a focus on the skills needed to meet the landscape challenges of climate change adaptation and mitigation, and attracting and supporting new people into this changing growing workforce.

As well as a focus on traditional parks and formal spaces, the hub uses the land from public bodies such as the NHS and on housing estates, verges, green roofs and informal spaces. Increasing skills to improve and create these spaces can transform the city, responding to the climate and nature emergencies and providing healthy, social spaces.

The Hub will work with the greenspace sector and agencies involved in water, health, housing, highways and construction to tackle issues around:

- People – Recruitment, diversity and inclusion
- Training gaps - employer needs, curriculum design
- Apprenticeships – SMEs, programme design
- Careers and CPD – Upskilling the workforce, outreach to other sectors
- Climate and Future Skills

The Hub uses a number of NHS sites across London for a full range of training, employability and skills development.

We will utilise NHS land to deliver renewable energy opportunities for the benefit of NHS buildings and the local community. The skills and resources of [Community Energy Scotland](#) can help us match the most suitable energy source to each site. From [Aviva's](#) example at their headquarters in Perth to micro renewables linked to food growing projects, NHS Fife could reduce their energy bills and play an important part in our transition from fossil fuels.

This is a particularly exciting theme in our strategy. Solar is now one of the cheapest forms of energy and with battery technology is becoming a popular solution for small scale private energy grids. The need to decarbonise heat and energy for buildings is at the forefront of Scotland's climate agenda we will look to utilise available green space for heat pump technology. The larger NHS sites may have the potential to utilise the full range of renewable generation technologies and electric vehicle charging points.

This theme will have greater technical demands to fully assess the potential of sites and match them to the most appropriate technology. We envisage a strong partnership with [Community Energy Scotland](#) in this aspect of our work.



The Park Power Project

[The Park Power Project](#) is exploring the potential for parks to provide green energy services. This can help develop new income streams for parks and greenspaces. Using data sources, such as Ordnance Survey Greenspace and Scotland's Heat Map, the project is developing a Scotland-wide approach to identify parks that could provide green energy services.

[Greenspace Scotland](#) are leading the project working closely with Ramboll, who have expertise in engineering projects like district heat networks. Scottish Councils are involved through the Park Managers Forum, with two pilot authorities - Fife and Falkirk Councils - to develop and test the methodology. Other partners and councils include are also contributing their expertise.

Park Power is aiming to identify both long-term, strategic opportunities together with those that are viable in the short-term. The key is to understand the opportunities and challenges for greenspaces in enabling an energy transformation over the next 30 years.

We will use NHS Land to help raise awareness and tackle the climate emergency at a local level. We will have a strong partnership with [Climate Action Fife](#) who have a major nature restoration programme with all funding and resources in place for tree planting at scale. They also have a funded [behaviour change programme](#) they are keen to role out to patients and staff across Fife.

We will focus on a mapping exercise to identify suitable sites across Fife to contribute to Climate Action Fife's tree planting programme funded through the National Lottery focused on climate adaptation. We will highlight opportunities for eventual community ownership of new woodland areas. This large, scale, funded project offers real potential for training and skills development working closely with [Rural Skills Scotland](#) and [Fife Coast and Countryside Trust](#) who have a recently appointed Tree Planting Officer.

While the major tree planting programme will be a focus of our work, we are conscious that practical action under each one of our themes can contribute to tackling the climate emergency and building community resilience as we adapt to the consequences of our warming climate.

With the significant potential for community engagement and ownership we will look to well established, Fife based, organisations already active in tackling the climate emergency. Examples include [Transition St Andrews](#), [Greener Kirkcaldy](#) and [CLEAR Buckhaven and Muthill](#)



The Clyde Climate Forest

The [Clyde Climate Forest](#) will see 18 million trees planted in both urban and rural parts of Glasgow City Region over the next decade. Trees, woodlands and forests are recognised as essential if we are to address the climate crisis and assist in a recovery for nature.

The Clyde Climate Forest builds on the current enthusiasm for tree planting by supporting well-considered tree planting projects that deliver a broad range of climate and ecological benefits to Glasgow City Region. The project was born out of the Green Network Blueprint and is part of the Strategic Habitat Network.

New native woodlands will be planted in places which connect existing woodland networks and provide a migration route for woodland wildlife as the climate changes. 101 native woodlands will be planted where they will deliver: good rates of carbon sequestration; help reduce downstream flooding; and provide for nature. The aim is to create 1,000 hectares a year of new forests and woodlands across the city region.

Watch the video [here](#).

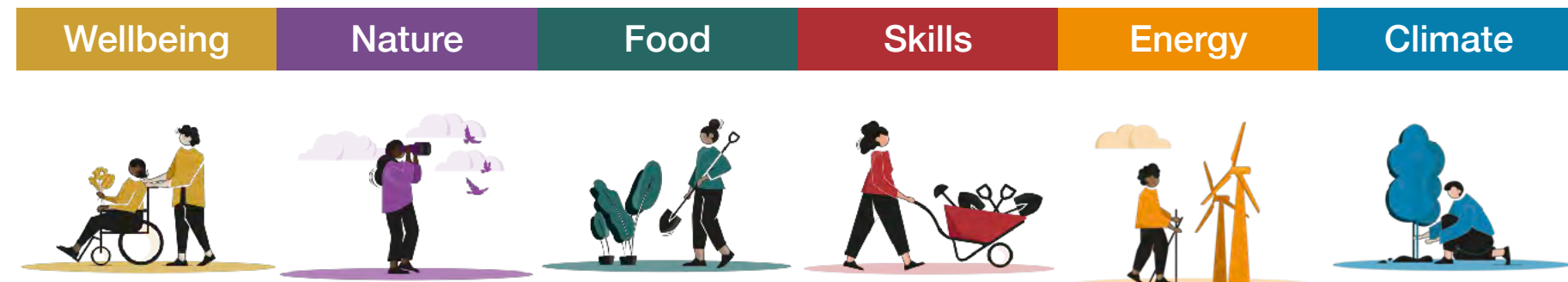
Our projects

The table below shows each of our key greenspaces listed in three groups to show their potential to deliver for our 2030 Greenspace Strategy. Each greenspace entry shows which of the six key themes has most relevance for this site.

You can view each of our greenspaces on google earth by clicking the name of the site in the first column.

You can search each site on our GIS mapping system on [main map](#) or [Land use](#) view only map (just enter the name of the site here on the bottom right of the map

Key sites



Greatest Potential to deliver strategy

	Wellbeing	Nature	Food	Skills	Energy	Climate
Cameron Hospital	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■
Lynebank Hospital	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■
Queen Margaret Hospital	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■
Glenrothes Hospital	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■	■ ■ ■
Stratheden Hospital	■ ■ ■	■ ■ ■	■ ■	■ ■ ■	■ ■ ■	■ ■ ■
Whytemans Brae Hospital and Kirkcaldy Health Centre	■ ■ ■	■ ■ ■	■ ■	■ ■ ■	■ ■ ■	■ ■ ■
Skeith Anstruther Medical Practice	■ ■ ■	■ ■ ■	■ ■	■ ■	■ ■	■
Randolph Wemyss Memorial Hospital	■ ■ ■	■ ■ ■	■ ■		■	■
Victoria Hospital	■ ■ ■	■ ■ ■		■		■
Fife College of Nursing & Midwifery	■ ■ ■	■ ■ ■		■		■

Key sites	Wellbeing	Nature	Food	Skills	Energy	Climate
Good Potential to deliver strategy						
<u>St Andrews Community Hospital</u>	■ ■ ■	■ ■ ■	■		■	■
<u>Ladybank Clinic</u>	■ ■	■ ■	■		■	■
<u>Leslie Dental Access Centre & Leslie Medical Centre</u>	■ ■	■ ■	■		■	■
<u>Linburn Road Dental Access Centre and Health Centre</u>	■ ■	■ ■	■		■	■
<u>Matthew Street, 26 Kirkcaldy</u>	■ ■	■ ■	■		■	■
<u>Oakley Health Centre/Dental Practice</u>	■ ■	■ ■	■		■	■
<u>Pitteuchar Rothes Practice</u>	■ ■	■ ■	■		■	■
<u>Rosewell Clinic</u>	■ ■	■ ■	■		■	■
<u>Strathmiglo Auchtermuchty Practice</u>	■ ■	■ ■	■		■	■
<u>Valleyfield Health Centre</u>	■ ■	■ ■	■		■	■
<u>Adamson Hospital</u>	■ ■	■ ■	■		■	
Limited Potential to deliver strategy						
<u>Glenwood Dental Access Centre and Health Centre</u>	■ ■	■ ■			■	
<u>Kirkland Dental Access Centre</u>					■ ■ ■	
<u>Leuchars Pitcairn Practice</u>					■ ■ ■	
<u>Leven Health Centre</u>					■ ■ ■	
<u>Lochgelly Health Centre</u>					■ ■ ■	
<u>Masterton Health Centre</u>					■ ■ ■	
<u>Newport Tayview Medical Practice</u>					■ ■ ■	
<u>Rosyth Health Centre</u>	■	■				■ ■
<u>Tayport Tayview Medical Practice</u>					■ ■ ■	
<u>Weston Day Hospital</u>					■ ■ ■	

Our partners

Core Partners

Greenspace Exercise Partnerships: between Scottish Forestry, NatureScot, NHS National Services Scotland and Public Health Scotland. This co-ordinates the NHS Greenspace Demonstration Project. The aims of this are twofold. Firstly, to improve the quality and accessibility of greenspace on large demonstration sites. Secondly, to encourage more use of greenspace by patients, staff, visitors and members of the local community.

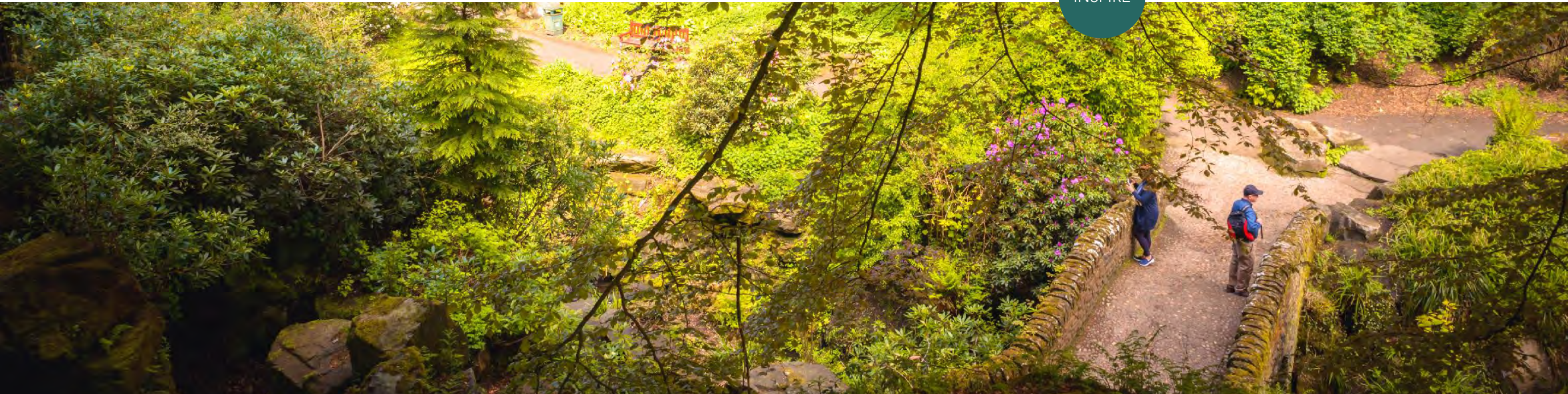
NatureScot and **Scottish Forestry:** are already deeply embedded in the NHS greenspace improvements for health and wellbeing (see Greenspace Exercise Partnerships above). They are keen to expand this involvement to support the nature, climate and biodiversity themes of our strategy and have a wealth of experience, advice and resources to assist.

Scottish Government: With responsibilities for Capital Planning and NHS Facilities, early discussions should be held over the comprehensive approach to our 2030 Greenspace strategy and its impact on existing and planned health facilities.



Green spaces provide valuable cooling effects for buildings and people

INSPIRE



Operational Partners

Climate Action Fife brings together individuals, communities, local government and businesses to tackle the climate emergency and make Fife a greener and fairer place to live. We will have a strong partnership with Climate Action Fife who have a major nature restoration programme with all funding and resources in place for tree planting at scale. They also have a funded **behaviour change programme** they are keen to role out to patients and staff across Fife.

Fife Coast and Countryside Trust will be a key partner and are keen to provide direct maintenance and advice across the larger NHS sites. They have the experience and knowledge to help deliver the 2030 Greenspace Strategy.

Food4Fife Partnership: we believe this Partnership and the recently launched Food4Fife strategy will be central to the delivery of the food theme in our 2030 Greenspace Strategy. NHS Fife staff are already deeply embedded in this Partnership and currently holds the chair. This excellent **promotional film** gives an introduction.

Rural Skills Scotland: we believe a partnership with this organisation is important as we up skill our staff, patients and community to deliver our 2030 greenspace strategy. From bringing additional contractor help on bigger projects to training volunteers and creating apprenticeship programmes we see them as a key, operational partner.

Community Energy Scotland and **Local Energy Scotland:** these organisations have the skills and resources to help us match the most suitable energy source to the right sites and help us to access the necessary funding and investment.

Fife Council Departments: some Council departments will be important, operational partners. They include:

- Economy Planning and Employability Services - Locality Response Team is keen to explore how the Council's intermediary employment priorities can align with Rural Skills Scotland and the work of the new organisation in offering a route to employment through greenspace.
- Climate Change and Zero Waste Team would welcome the opportunity to identify other publicly owned land, help co-ordinate action on the ground and share thoughts on monitoring and evaluation.
- Communities and Neighbourhoods - Allotments are a key resource for the food growing theme of our strategy and this department are keen to work together.
- Housing Services is interested in developing a close working relationship to encourage the use of green spaces within housing estates close to NHS estates that are managed by the Council.
- Local Development Team would welcome early contact from our new organisation about the strategy.
- Safer communities Team are open and willing to aligning the role of their wardens to practical projects in areas close to NHS greenspace.

Local Landowners. We recognise the importance of open dialogue with local farmers and landowners to avoid any conflict on greenspace projects and encourage collaborative working. Those already involved in the Food4Fife Partnership may be particularly open to collaborative working.



Advisory Partners

Community Land Scotland: can help with guidance, resources and access to funding for the ownership of community land and buildings. This will greatly help in the situations where asset transfer of land and buildings may be an appropriate solutions to implement our greenspace strategy.

Development Trust Association Scotland: DTA Scotland is an independent, member-led organisation which aims to promote, support and represent development trusts in Scotland. Alongside Community land Scotland they will be an early port of call to explore community asset transfer and to locate community companies already operating across Fife.

Greenspace Scotland: This is an excellent source for all things 'greenspace' and in particular helpful funding, resources and case study examples.

Greener Kirkcaldy: We are fortunate enough to have one of Scotland's most impressive community companies on our doorstep. We recognise that Greener Kirkcaldy has a wealth of experience and practical advice to offer on all aspects of our work. Other excellent examples of similar community anchor organisations are **Transition St Andrews** and **CLEAR Buchaven and Muthill**

Skills Development Scotland will be keen to bring direct training opportunities to local young people, those seeking new employment opportunities and those wanting to equip themselves with a new set of life skills. **Fife College** can also offer direct links to other helpful educational resources.

Fife Environment Trust ensures locally generated landfill tax monies can be made available to local projects.

“

For every £ we spend on greenspace we are realising over £4 of social and economic benefits from the wider sustainability gains



Our funding

The funding mix to support all six of the key themes in our 2030 Greenspace Strategy will combine a number of sources.

NHS/Public Sector Funding: this funding will:

- Retain our focus on the **health and wellbeing** benefits of our greenspace.
- Protect and enhance **nature and biodiversity** across our estate.

And will include:

- Core funding for the NHS Fife 2030 Greenspace Partnership: for existing staff within the NHS Fife Team (detail to be agreed by NHS Senior Management).
- Project funding for major greenspace projects can be applied for via the Head of Capital Planning and NHS Facilities at the Scottish Government and through the dedicated funds made available via the Greenspace Exercise Partnership. In its first year of operation the 2030 Greenspace Partnership will prepare a major bid to both of these sources to support the delivery of our 2030 Greenspace Strategy.
- Project Funding from Forestry Scotland and NatureScot through their main stream programmes in addition to the Green Exercise Partnership
- Future Funding from the recently announced **Nature Restoration Fund**. One to watch for future years.

External Funding to:

- Add value to the internal funds for **health and wellbeing** benefits of our greenspace.
- Add value to the internal funds protect and enhance **nature and biodiversity** across our estate.
- Attract significant external funding to promote **local food** growing and help to create a sustainable food culture for Fife.
- Develop rural and traditional **skills** through our greenspace projects.
- Generate **renewable energy** to reduce our energy costs, support greenspace projects and build our energy resilience.
- Reduce greenhouse gases, raise awareness and adapt to our **changing climate**.

“

We are already working to find some start up funding to help develop our initial ideas.

INSPIRE



Many of these funds will require the applicant to be a local or third sector organisations. By matching the NHS land resources with the energy and skills of these local partners significant funding can be unlocked to support the delivery of the greenspace strategy. Examples include:

Climate Action Fife: have received £2,102,234 of National Lottery funding to continue its work with local communities on the climate change agenda. This can include a major tree planting programme.

Food4Fife Partnership: by aligning the work of the two partnerships this will help us to identify additional funding sources, tap into existing funding programmes and add value to strategic, Fife wide bids. An early example of the funding sources that will open up around this agenda is the new fund through Innovate UK and promoted by the UK Government called **'Better Food for All:** innovation for improved nutrition, early stage'.

Local Energy Scotland: operates a number of funding programmes for renewable energy projects led by community organisations.

Fife Environment Trust: is one of the key funding bodies in Fife awarding grants for community, environmental and heritage projects across Scotland to benefit the lives of those living in the vicinity of landfill sites and/or waste transfer stations

National Lottery Community Fund: this fund is an excellent source of early stage and more strategic funding bids for community organisations to support all aspects of our Strategy.

Paths for All: supports walking for health and all forms of active travel that will be a key ingredient in delivering our greenspace strategy.

Income generation

Investment in renewable energy generation across our greenspace (and built estate) can generate income and reduce our carbon footprint. On larger sites investment in solar, geothermal and wind generation can increase energy resilience, power EV charging and create private energy grids. We will carry out a major feasibility study of this potential across our greenspace estate in the first year of our 2030 Greenspace Partnership.

“ There is a reduced risk of mental health problems for those who exercise in Green Space, compared to Gym or Street



INSPIRE



Year 1

Organisational Development

- Agree core team from NHS Fife to lead the early development and delivery of the 2030 Greenspace Strategy. This team should have board level representation through the Green Champion.
- This core team should review the full range of **existing and priority projects** to ensure that existing proposals cover the full range of uses proposed under our **key themes**
- Discuss and establish a partnership group of **key organisations** to help implement the greenspace strategy taking inspiration from the Food4Fife Partnership. Note action under 'Communication' below.
- Agree how the core team/partnership will be resourced.
- Hold briefing sessions with **our core partners** to promote our new greenspace strategy and advocate for support and involvement.

Projects

- Continue to develop and the existing proposals (and management arrangements) for these six priority sites (already under consideration by NHS Fife and partners) to ensure continuity and early wins for our greenspace strategy. Each of these sites requires a brief detailing the proposed work alongside an indicative costing and delivery timescale.
 - **Queen Margaret Hospital** (currently progressing through feasibility with the Green Partnership Fund)
 - **Stratheden Hospital**
 - **Victoria and Whyteman's Brae Hospital**
 - **Lynebank Hospital**
 - **Cameron Hospital**
 - **Adamson Hospital**

Communication

- Publish and promote the new 2030 Greenspace Strategy extensively throughout Fife and nationally to build support and understanding.
- Hold briefing sessions for **operational partners** to explore their enthusiasm for and involvement in the strategy.
- Prepare regular press and social media content.

Learning and Sharing

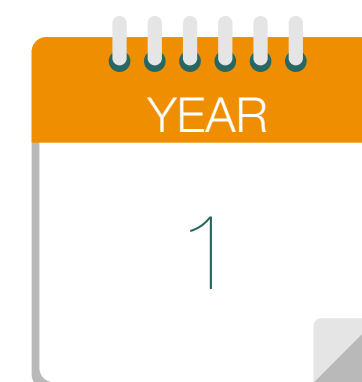
- The core team and those involved from the emerging partnership should enrol for Climate Action Fife's **behaviour change programme**. NHS staff and patients should also be encouraged to take part.

Feasibility and Research

- To engage the local community the core team/partnership should work with the **Food4Fife** Partnership to identify local food/allotment groups who may have an immediate interest in developing projects on NHS sites. The food theme is a particularly powerful way to engage local people and NHS Fife already has a positive role in chairing this partnership.
- The core team /partnership should commission a detailed feasibility study of renewable energy potential for all greenspace sites identified in the summary table (link to the table). The planning and funding of this should be discussed with **Community Energy Scotland**.
- Research and publish the next phase of priority projects for years 2 to 4.
- Develop monitoring and evaluation proposal for our strategy. Note all the existing resources and tools currently available through the Green Delivery Partnership.
- Design a clear and simple system to monitor and evaluate our progress to 2030.

Funding

- Prepare a major, co-ordinated bid to the Head of Capital Planning and NHS Facilities at the Scottish Government and through the dedicated funds made available via the Greenspace Exercise Partnership.
- Prepare a bid to the second year of **Better Food for All**: innovation for improved nutrition, early stage'.
- Align the external funding opportunities with the above bid to add value and demonstrate partnership working.



Years 2 - 4

Organisational Development

- Regular meetings of the NHS 2030 Greenspace Partnership leading the delivery of our strategy.
- Continue to develop core team in response to the success of the strategy.

Projects

- Deliver the priority projects for years 2 to 4 as identified by the research and progress in year 1.
- Advance the community driven food projects identified through the first year feasibility work.
- Advance the main sites identified in the feasibility study around renewable energy projects

Communication

- Publish and promote the continuing progress to deliver our 2030 Greenspace Strategy.
- Prepare case study examples across our key themes to promote our work.
- Prepare regular press and social media content.
- Promote the GIS mapping as a Fife wide resource and national exemplar

Learning and Sharing

- Promote Climate Action Fife's [behaviour change programme](#) for NHS staff, patients, partners and the community.
- Promote theme based training/good practice events across Fife from the successes (and failures) of our strategy.

Feasibility and Research

- The core team/partnership should expand the GIS mapping system to include other public sector sites with greenspace potential to increase the impact of the greenspace strategy.
- Research and publish the next phase of priority projects - up to 2030
- Publish an annual report and monitoring and evaluation report each year.

Funding

- Secure continued funding through the Head of Capital Planning and NHS Facilities at the Scottish Government and through the dedicated funds made available via the Greenspace Exercise Partnership.
- Align the external funding opportunities with the above bid to add value and demonstrate partnership working.



Years 5 - 7

Organisational Development

- Regular meetings of the NHS 2030 Greenspace Partnership leading the delivery of our strategy.
- Develop the Greenspace Partnership in response to successes and failures of the strategy.

Projects

- Deliver the priority projects for years 4 to 2030 as identified by the research and progress in years 2-4.

Communication

- Publish and promote the continuing progress to deliver our 2030 Greenspace Strategy.
- Prepare case study examples across our key themes to promote our work.
- Prepare regular press and social media content.

Learning and Sharing

- Continue to promote Climate Action Fife's behaviour change programme for NHS staff, patients, partners and the wider community (and/or other courses as appropriate).
- Promote theme based training/good practice events across Fife from the successes (and failures) of our strategy.

Feasibility and Research

- Continued feasibility and research work in response to progress and prioritiesPrepare annual reviews of our Strategy
- Prepare closing review of strategy to publish in 2030

Funding

- Secure continued funding through the Head of Capital Planning and NHS Facilities at the Scottish Government and through the dedicated funds made available via the Greenspace Exercise Partnership.
- Seek external funding opportunities linked to the above bid to add value and demonstrate partnership working.



Our learning and sharing

For our strategy to be successful we must engage directly with our staff, patients and local communities. We must be quick to learn lessons about what works (and doesn't) and to communicate well and effectively.

We will build an understanding of why this work is of such importance. The climate, nature and health challenges that we all face are clear and urgent. They can also be overwhelming. Our greenspace strategy will help to deliver real, practical change that can improve lives. From local food growing to learning new skills, generating clean energy, creating new woodlands to relax in and helping nature thrive. As a foundation for this work we will encourage everyone inspired by this strategy to engage with Climate Action Fife's [behaviour change programme](#).

As an anchor organisation we understand our duties and responsibilities to monitor and evaluate our work. This will recognise national requirements such as [NHS Scotland Sustainability Assessment Tool](#) and the recently announced requirement for all Health Boards to undertake a natural capital assessment of their land (notification Dec 2022). We will also develop a clear and simple system to evaluate our progress against our 6 key themes.

We will share our progress through all the formal and informal channels that our NHS 2030 Greenspace Partnership will open up to us. For example, Climate Action Fife are already connected to most communities across Fife. The Food4Fife Partnership has engaged a network of local businesses and landowners. Fife Council departments have a presence in every part of Fife community life.

Most importantly, we will build staff and patient involvement in every aspect of the strategy. From helping to design the strategy, developing the ideas for the sites that are close to their hearts and encouraging volunteering to making them actually happen. We will embrace all of these opportunities to learn and share as our work progresses.



“

Across Scotland we have wonderful NHS estates that sit right in the heart of communities.

Our next steps

We have the opportunity to deliver a groundbreaking approach to our greenspace estate through this 2030 Greenspace Strategy. We want to be ambitious and show leadership for other areas in Scotland and beyond.

On publishing this draft strategy we will take five steps:

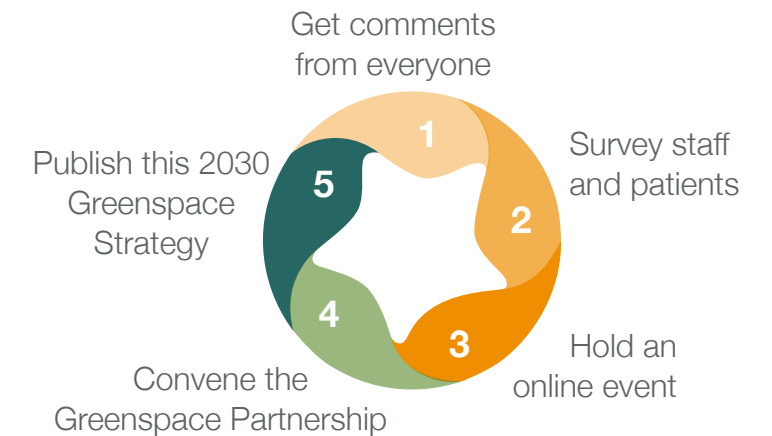
Step 1: Open the draft to comment, constructive criticism and improvement from our staff, patients, partners and local communities. For our work to succeed we must have the buy-in from everyone involved and co-produce our strategy.

Step 2: Undertake an extensive survey for our staff and patients to gauge their reaction to the strategy, our suggestions for each site and how they would like to be involved in this work.

Step 3: Hold an online event to showcase the strategy and give everyone the opportunity to discuss and improve the strategy, the options for each site and how to deepen our partnership approach.

Step 4: Convene the first meeting of our NHS Fife 2030 Greenspace Partnership to review the draft.

Step 5: Publish our 2030 Greenspace Strategy.



Meeting:	NHS Fife Board
Meeting date:	30 May 2023
Title:	Fife Specialist Palliative Care Services (FSPCS) Enhanced 7 Day Model.
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Author:	Nicky Connor, Director of Health and Social Care

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The paper is being brought to inform NHS Fife Board that the Direction at Appendix A, has formally been issued, having been approved at the Integration Joint Board on 26th May 2023, following extensive discussion.

2.2 Background

This Direction has been issued following approval by the IJB for the permanent re-provision of Specialist Palliative Care resource across Fife, which has been in operation since 2020 as a response to the covid pandemic, targeting specialist palliative care resource according to the expressed needs of people who require this care with a significant increase in the specialist care offer in the community. These changes support the delivery of national and local strategic priorities to offer the population of Fife improved access to palliative care, 7 days a week.

2.3 Assessment

Over the last 3 years, a community based 7-day model of outreach specialist palliative care has been supporting care for patients, families, and carers in all care settings, including hospice, community hospitals and the acute hospital, people's own homes and care homes. This has been achieved and sustained through the successful reprovisioning of specialist palliative care resource across Fife and targeting our specialist palliative care resource according to the expressed needs of people who require this care with a significant increase in the specialist care offer in the community. These changes support the delivery of national and local strategic priorities to offer the population of Fife improved access to palliative care, 7 days a week.

The enhanced outreach model has resulted in greatly improved service performance and corresponding improvement in patient and carer experience, particularly in the community. Fife's model is regularly held up as an exemplar of innovative practice across Scotland and beyond.

By implementing the Direction, the sustained impact of this model is:

- More people now benefit from FSPCS support than before, increasing from a previous daily maximum of 19 patients receiving specialist multidisciplinary care in the hospice to a community caseload of 60-70 patients and families.
- Twice as many people under FSPCS have been supported to receive end of life care and die at home, increasing from 36% to 71% over the past two years.
- The specialist palliative care needs of the people of Fife are being met more quickly.
- FSPCS patients are spending significantly fewer days in hospital (a reduction of >3,000 hospital bed days in the last three months of life for people who died during 2021). This indicates that treatment is being delivered in the home preventing hospital admission, whilst reflecting patient choice.

2.3.1 Quality / Patient Care

In response to a sustained reduction in demand for specialist in-patient hospice beds since April 2020, a clinically led responsive community-based model of specialist palliative care was introduced. This model was in response to COVID and is based upon service users' feedback and expert professional advice. This person-centred approach provides more patient choice and better meets the evolving needs of patients and their families and carers. As part of the engagement process for this model a paper was presented to the Clinical Governance Committee of NHS Fife Board in 2022.

2.3.2 Workforce

Staff have been integral partners in this re-provision of care and are overall supportive of this model. There is no change to overall staffing levels, rather a re-alignment of existing staff. The changes in workforce have been progressed in partnership with staff

side colleagues and the model has been discussed and supported at the Local Partnership Forum.

2.3.3 Financial

This re-provision will be implemented within existing revenue budget.

2.3.4 Risk Assessment / Management

Assessment of this model over the past 3 years demonstrates that more people are being cared for by the right person in their chosen place and people have more choice of where they die.

There have been a number of perceived risks highlighted during the governance process of this decision including; transport, patient/carer choice and participation and engagement. Each of these issues have been explored with assurance provided to mitigate concerns raised.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An Equality Impact Assessment has been completed and is available here: [EQIA Palliative Care](#)

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

There has been an extensive programme of consultation and engagement with key stakeholders since the inception of the Service Review in 2018, which outlined areas for development in Fife's palliative care model.

A compendium of all consultation and engagement activity, detailing stakeholders involved and delivery type were presented within a members briefing on 19 May 2023 which has previously been shared with Board members.

2.3.8 Route to the Meeting

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

The decision to implement the permanent re-provision of care, to enable continuation of the Fife Specialist Palliative Care Services Enhanced 7 Day Model, was approved at the Integration Joint Board on 26th May 2023.

2.4 Recommendation

- The NHS Fife Board is asked to take Assurance that this direction is being issued in line with the agreed Integration Scheme and that through the Director of Health and Social Care there is a permanent implementation of the reprovision of care to enable continuation of the Fife Specialist Palliative Care Services (FSPCS) – Enhanced 7 Day Model.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Direction: 2023.005

Report Contact

Nicky Connor

Director of Health and Social Care

Email Nicky.Connor@nhs.scot

**DIRECTION FROM FIFE INTEGRATION JOINT BOARD (IJB)**

1	Reference Number	2023.005
2	Report Title	Fife Specialist Palliative Care Services (FSPCS) – Enhanced 7-day community service model
3	Date Direction issued by IJB	
4	Date Direction Takes Effect	
5	Direction To	NHS Fife
6	Does this Direction supersede, revise or revoke a previous Direction – if Yes, include the Reference Number(s)	No
7	Functions Covered by Direction	<p>Formal adoption of the enhanced community outreach palliative care model which delivers 7-day specialist palliative care to meet the needs of the most complex patients and their carers in all care settings including hospice, community, peoples own homes and hospitals.</p> <p>Achieving this will require the re-provision of the palliative care service in Fife. This will support delivery of the national palliative care strategic framework to enable everyone in Fife who needs palliative care to have access to it in the most appropriate setting.</p> <p>This will be achieved through the reprovisioning of the service model which focuses on a community team delivering enhanced specialist care at home, 7 days a week.</p>
8	Full Text of Direction	NHS Fife, through the Director of Health and Social Care are directed to permanently implement the re-provision of Palliative Care in Fife in accordance with the budget, locations specified and outcome measures in the IJB report number 5.1.

9	Budget Allocated by IJB to carry out Direction	<p>As a re-provision of service, the new service model will be delivered within the existing revenue budget of the Fife Specialist Palliative Care Service.</p> <p>The recurring budget for the whole of the Palliative Care service is £4.418m as at September 2022. This is broken down between Pays of £4.148m and non pays of £0.270m.</p> <p>In the current review of Specialist Palliative Care Services and the overall service that will be delivered, the budget is considered as a whole, rather than it being split between Community and In-Patients. Once the model is agreed, re-alignment all of the budget will be actioned to reflect the revised service.</p>
10	Performance Monitoring Arrangements	<p>Assurance that will be provided to the IJB:</p> <p>Re-provision of Specialist Palliative Care resources will ensure enhanced 7 day care across all Fife community and clinical settings to meet people's needs delivering local and national strategy aspirations:</p> <ul style="list-style-type: none"> • Specialist Palliative Care advice is available 24/7 to all professionals delivering palliative care in Fife, as evidenced by audit of call times, nature of callers and agreed outcomes of each call. • The specialist service will continue to offer expert advice to over 150 new patients each month via the single point of access. An individualised, joined up plan of care will be developed for every patient referred, with direct clinical assessments offered to all those who need this (as evidenced by audit of calls received and agreed outcomes). • All patients receiving specialist palliative care in Fife will be offered informed discussions about place of care and death, with comprehensive care planning to support this, as evidenced by electronic records of care planning. • Responsive 'on the day' care will be accessed by patients and families with urgent needs, as evidenced by audit of time to review following urgent referral. • Patients with non-cancer illnesses will be able to access the palliative care they need, with their usual care teams accessing specialist service-delivered education and feeling supported by the specialist service (audit of education provision and feedback from clinical teams) and with referrals to the specialist palliative care service direct care for those with the most complex needs (as evidenced by audit of referrals for patients with non-cancer illnesses, from a low of 9% prior to 2020).

		<ul style="list-style-type: none"> • More patients receiving specialist palliative care will continue to be supported to die in their usual place of residence (currently two thirds of patients compared to previous level of less than one-third). • People dying in community hospital settings across Fife will be supported by specialist palliative care where needed, 7 days a week (with audit demonstrating this care offer). • A reduction in hospice waiting times to less than 2 days will be sustained (versus previously being an average of 3.4 days), as evidenced by audit. • Patients waiting on admission to the hospice will receive specialist care and support by the outreach team, wherever they are (all care and residential settings, 7 days a week), until a specialist bed becomes available. • Patients and carers will experience equitable access to palliative care across Fife, regardless of geography or other socio-demographic factors, as evidenced by audit.
11	Date Direction will be reviewed	<p>This Direction will be reviewed in terms of the outcome measures and the quality of the service being delivered by the Quality and Communities Committee on 2nd November 2023 and the Finance, Performance and Scrutiny Committee on the 10th November 2023.</p> <p>Assurance will be brought to the IJB following those committees on 24th November 2023.</p>

Meeting:	Fife NHS Board
Meeting Date:	30 May 2023
Title:	Whistleblowing Quarter 4 Report for 2022 / 2023
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage record and report whistleblowing concerns.

The Standards also require that Boards publish an Annual Report, setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports produced by the Board.

2.2 Background

This report is to provide NHS Fife Board members with an update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 January 2023 to 31 March 2023 (Q4).

2.3 Assessment

NHS Fife received no whistleblowing concerns during the fourth quarter reporting period within NHS Fife, primary care providers and contracted services.

As verbally reported to the last NHS Fife Board, the Whistleblowing Concern lodged within Quarter 3 after the reporting cycle closed is now detailed within Appendix 1.

Under the terms of the Standards, for both stage 1 and stage 2 concerns, there is the ability, in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for stage 2 concerns an update on the progress must be provided every 20 days.

An extension had been approved for the whistleblowing concern received during Quarter 3, to allow time for an investigation to take place over the festive period, taking into account associated annual leave of key staff / witnesses involved.

The whistleblower had been advised of the need to extend the timescale and had been kept up-to-date with the progress of the investigation into their concerns throughout the process.

Addendum Post Staff Governance Committee May Meeting

The opportunity to learn lessons from the experience of working with the Standards is a key feature of how we ensure the development of our open culture in Fife. It is recognised that over the course of the implementation of Whistleblowing Standards, lessons learned have identified further improvements we can make to our concern handling. We have created an action plan showing specific areas where improvement can be achieved and this plan will be presented to the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and the NHS Fife Board from the next reporting cycle. Enhancements will be made to both quarterly reporting and in the Annual Report for 2022/2023 and these will include action plan monitoring.

Anonymous / Unnamed Concerns Reporting

NHS Fife received two Anonymous Concerns and one Unnamed Concern during the fourth quarter reporting period.

Local Press Coverage

We are cognisant of what has been reported in local press coverage and how this informs our practice, therefore, we intend to report quarterly on any press coverage. There was one Whistleblowing article published in the local newspaper during the fourth quarter.

Awareness Raising and Training

NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. INWO updates continue to encourage the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access, which we continue to promote.

The Quarter 4 data report referred to above is attached at Appendix 1, for information.

2.3.1 Quality / Patient Care

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services. As noted above actions are being discussed with the Board Whistleblowing Champion to ensure changes are made to support the handling of concerns.

2.3.2 Workforce

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

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork. These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution ambitions

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2022 / 2023 quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes and the Quarter 4 report has been shared with Executive Directors Group, Area Partnership Forum and Staff Governance Committee.

2.4 Recommendation

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

- There were no whistleblowing concerns received in Q4, with a retrospective Q3 case being reported; two Anonymous Concerns and one Unnamed Concern received; one whistleblowing article was published in the local newspaper; assurance of awareness and the whistleblowing training undertaken during Quarter 4.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, assurance of awareness of standards and Whistleblowing Training undertaken during Quarter 4 (1 January 2023 to 31 March 2023), including a retrospective Q3 case

Report Contact:

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

Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Assurance of Awareness of Standards and Whistleblowing Training Undertaken During Quarter 4: 1 January 2023 to 31 March 2023, including a retrospective Q3 case

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report will demonstrate our performance in the national key indicators, as required by the INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

2. Whistleblowing Concerns Received During Quarter 4

There were no Whistleblowing concerns received during Quarter 4, however a concern was received and recorded retrospectively in Q3:

Quarter 1 1 April 2022 to 30 June 2022	Theme	Division	Service
Nil			
Quarter 2 1 July 2022 to 30 September 2022	Theme	Division	Service
Nil			
Quarter 3 1 October 2022 to 31 December 2022	Theme	Division	Service
Concern 1	Patient Information (Records/Documentation/Tests/Results)	Corporate Services	Pharmacy
Quarter 4 1 January 2023 to 31 March 2023	Theme	Division	Service
Nil			

Overview / Additional Detail: Concern 1, Q3

Current Stage	Stage 1
First received	18/11/2022
Days at Stage One	49
Closed date	06/02/2023
Service Area (s)	Corporate Directorates

Does this whistleblowing concern relate to any issue of patient safety
Patient information (records/documentation/tests/results)
Has the person raising the concern experienced any detriment?
No
How was the whistleblowing concern received?
Received by e-mail

Was this escalated from Early Resolution (Stage 1)?
No
Is this whistleblowing concern being raised on behalf of another person?
No
Date logged on Datix
06/02/2023
Date the event occurred? (if known)
18/11/2022
Date Closed
06/02/2023
Outcome - Early Resolution (Stage 1)
Not upheld
Outcome - Investigation (Stage 2)
N/A
What key themes and trends were identified in relation to this whistleblowing concern?
Patient has not sufficient information to give informed consent to a procedure.

3. Anonymous / Unnamed Concerns Received During Quarter 4

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous / unnamed concerns should be recorded for management information purposes. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information”. Alternatively, someone may raise a concern with the organisation, but not be willing to have their name or personal details recorded. This is known as an ‘unnamed concern’ (someone is aware of their identity, so it is not completely anonymous).

There were two Anonymous Concerns and one Unnamed Concern received during Quarter 4:

Quarter 1 1 April 2022 to 30 June 2022	Theme	Division
Nil		
Quarter 2 1 July 2022 to 30 September 2022	Theme	Division
Nil		
Quarter 3 1 October 2022 to 31 December 2022	Theme	Division
Nil		
Quarter 4 1 January 2023 to 31 March 2023	Theme	Division
Anonymous Concern 1 Anonymous Concern 2 Unnamed Concern 1	Inappropriate Behaviours Culture and Values Confidentiality	Community Care Services Corporate Services Corporate Services

4. Local Press Coverage During Quarter 4

There was one Whistleblowing article published in the local newspaper during Quarter 4:

Theme	Quarter 1 1 April 2022 to 30 June 2022	Theme	Quarter 2 1 July 2022 to 30 September 2022
Staffing Pressures	One	Staffing Levels	One

Theme	Quarter 3 1 October 2022 to 31 December 2022	Theme	Quarter 4 1 January 2023 to 31 March 2023
	Nil	Workforce Pressures	One

In response, a spokesperson for NHS Fife provided the following:

“Healthcare services in Fife, and our Emergency Department in particular, remain under unprecedented pressure. There are clear national criteria which enables NHS Fife to declare a major incident should this be required. In addition, there is also a local escalation framework that staff and services feed into this on a daily basis. This enables us to rapidly evaluate pressures across our clinical services and provide all staff within the multidisciplinary team with instruction on how to manage bed availability, clinical, professional, and staffing concerns to ensure safe effective person-centred care is maintained at all times. We are currently working to alleviate the pressures across the healthcare system and ensure our clinicians can continue to deliver safe patient care. Any decisions made about whether or not to declare a major incident will be made in partnership with senior clinical staff.”

5. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards, a questionnaire is being developed to gather this information voluntarily along with the offer to speak to the Whistleblowing Champion.

6. Whistleblowing Themes, Trends and Patterns

This section provides information on themes from whistleblowing concerns being raised and will aid identification of any shared root causes, and to progress learning and improvement in a targeted manner.

The themes and actions identified from the concern lodged in Q3 within Pharmacy are detailed below:-

Theme(s)	Progress / Outcome
1. Patient information leaflets and process for patient consent.	Review of locally produced leaflets and consent process.
2. Delay in managing Whistleblowing concern.	Review of process for managing complex Whistleblowing concerns.

7. Whistleblowing Actions Taken

This section provides summary information of the completed actions taken following receipt of the two Whistleblowing Concerns received in Quarter 4 2021/2022:

Theme(s)	Action(s) Taken
<p>1.</p> <ul style="list-style-type: none"> • Failure of Leadership • No evidence of delegation • Lack of development of the workforce • Poor communication structures • Culture of not seeing poor quality care • Incomplete documentation • Requirement for robust induction processes 	<ul style="list-style-type: none"> • HR processes are now completed. • Action plans developed from the recommendations described including staff development, communication and identifying poor quality care. with . • On-going review, implementation and scrutiny of service with significant improvement noted across all identified themes for improvement.
<p>2. Improving the patient's day</p>	<ul style="list-style-type: none"> • Use of Activity Co-ordinator has made a significant impact upon the activity level within the wards working with patients/families/carers to improve communications and support work including group and one to one activities arranged across the week. • Investment by the HSCP specifically for dementia friendly improvements. Activity devices along with sensory and activity products to provide meaningful activity within the ward and provide stimulation. • Volunteer support interacting with patients and assisting with activities.
<p>Creating a more therapeutic environment</p>	<ul style="list-style-type: none"> • Ward refurbishment completed utilising dementia friendly colours and new dementia friendly flooring is installed and new furniture purchased with sky lights to be installed which will contribute to creating and maintaining a more therapeutic environment.
<p>Review of meal and menu provision</p>	<ul style="list-style-type: none"> • Comprehensive review of meal provision for the ward completed. • Development of a menu planner for patients and family to go through on admission.
<p>Development and implementation of a staff competency framework to provide assurance that all staff are competent and have the required skills and knowledge to deliver care.</p>	<ul style="list-style-type: none"> • This work is currently underway by the professional heads of nursing as part of the roadmap for all staff working in the service.
<p>Review of the induction process for new staff and students to ensure that all new persons to the ward are inducted safely and that there is a record of this.</p>	<ul style="list-style-type: none"> • New appointments made in the ward at the end of 2022. • Staff and students induction which incorporates orientation to the ward and system and process with supervisor sign off. • Quality Improvement and ward staff have compiled a new ward information booklet for patients/relatives and a student handover sheet. • Updated Student and Bank/Agency induction checklists being tested • Newly Qualified Practitioners all have signed up to Flying Start and have had their corporate inductions carried out. • New medical staff checklist will be rolled out mid-April 2023.

8. Independent National Whistleblowing Officer Referrals and Investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there has been one referral to the INWO, as detailed below:

The concerns raised by the complainant was that NHS Fife decided that the concerns raised were not suitable for investigation at Stage 2 of the standards. The INWO concluded, given the context and taking into account the documentation provided by the complainant, that they believed NHS Fife’s decision to decline to investigate at Stage 2 was reasonable.

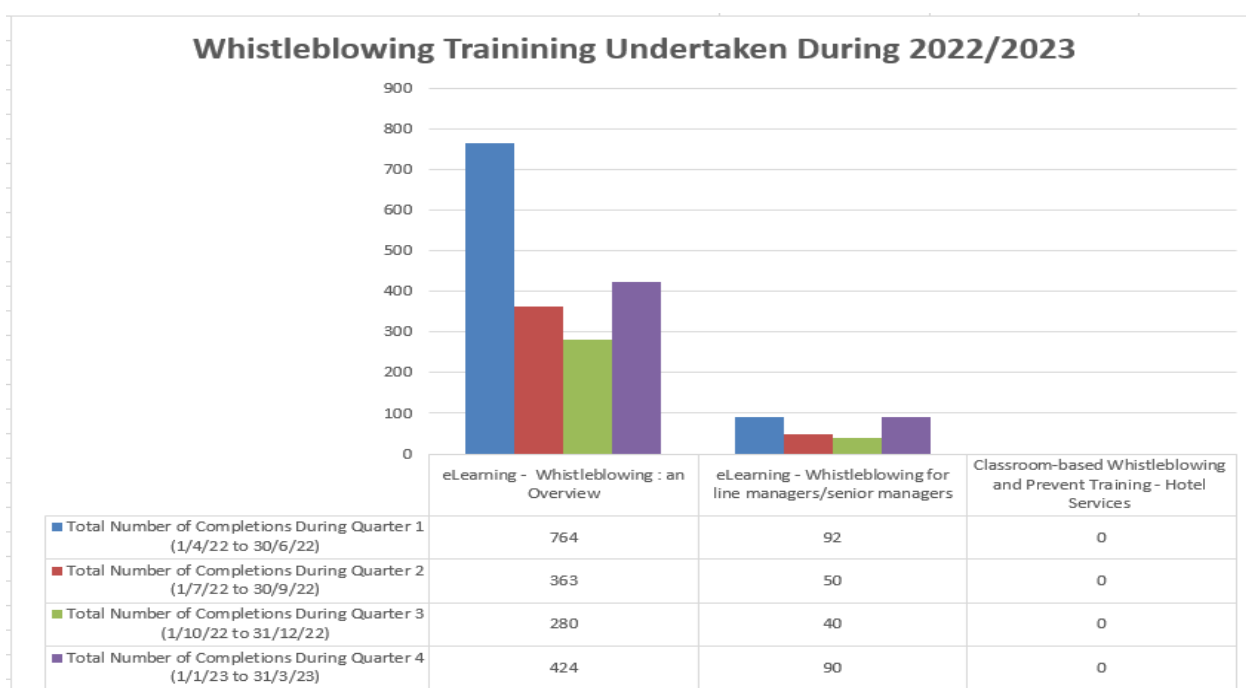
It follows from this that the INWO does not expect NHS Fife to further investigate the concern raised and that the INWO will not be investigating this complaint at this time. This is because the issues raised by the complainant have not completed the whistleblowing procedure of an NHS body with responsibility for these matters, however, INWO do have a role to promote good practice in the handling of whistleblowing concerns by NHS organisations.

Therefore, based on the limited information available to the INWO, it appears there was a delay by NHS Fife in concluding the investigation and it would have been more beneficial if the complainant had been signposted more clearly to other organisations who may have had responsibilities for aspects of the complainant’s concerns.

It was recommended that the Board should reflect on the handling of this concern and consider if any steps can be taken to achieve learning and improvement. Following discussions with the Whistleblowing Champion, to address this feedback, a review of the handling of this case and any learning outcomes is scheduled to take place with the key individuals involved.

9. Whistleblowing Training Data

The whistleblowing training data undertaken during 2022 / 2023 is summarised below, noting the training undertaken during Quarter 4 (1 January 2023 to 31 March 2023):



CLINICAL GOVERNANCE COMMITTEE

(Meeting on 5 May 2023)

The Committee agreed to escalate the Integrated Unscheduled Care paper to NHS Fife Board, to raise awareness and provide assurance around the scope of work underway supporting improvements in urgent and unscheduled care.

A Clinical Governance Committee Development Session will be arranged around the deep dive on optimal clinical outcomes.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 5 MAY 2023 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Janette Keenan, Director of Nursing
Chris McKenna, Medical Director

In Attendance:

Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Iain MacLeod, Deputy Medical Director, Acute Services Division
Elizabeth Muir, Clinical Effectiveness Manager
Neil McCormick, Director of Property & Asset Management
Carol Potter, Chief Executive (*part*)
Nicola Robertson, Associate Director of Nursing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from members Colin Grieve (Non-Executive Member), Aileen Lawrie (Area Clinical Forum Representative), Joy Tomlinson (Director of Public Health) and attendees Norma Beveridge (Associate Director of Nursing), Susan Fraser (Associate Director of Planning & Performance), Margo McGurk (Director of Finance & Strategy) and Shirley-Anne Savage (Associate Director of Quality & Clinical Governance).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. **Minutes of the Previous Meeting held on 3 March 2023**

The Committee formally **approved** the minutes of the previous meeting.

4. **Matters Arising / Action List**

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

Action 1 – Inequalities Data

The Medical Director noted that to produce meaningful data and analysis for adverse events, this would require a large amount of time and resource, which the current Clinical Governance team cannot provide at this point in time. It was also noted that it will be difficult to understand the potential outcome from actions until commissioning a piece of research has been carried out.

It was agreed to ask the Director of Public Health to close this action from the Clinical Governance Committee action list and take forward instead through the Public Health & Wellbeing Committee's ongoing work around health inequalities.

Action: Director of Nursing

Action 2 – Strategic Planning & Resource Allocation 2023/24

Given that no update had been provided on the Committee's action list, the Board Secretary advised that the Auditors carry out follow-up work as part of closing off the year end audit, and that this will include reviewing actions in place in relation to ensuring links between financial sustainability and the Integrated Performance & Quality Report, which are detailed in the internal audit report 2021/22. It was also noted that this action would be further captured through discussions at the Audit & Risk Committee as part of that follow-up process.

The action list will be updated accordingly.

5. **ACTIVE OR EMERGING ISSUES**

The Chair advised the Committee that there are no active or emerging issues to report on to this meeting.

6. **GOVERNANCE MATTERS**

6.1 **Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups**

The Board Secretary reported that the Annual Assurance Statements and reports are presented to the Clinical Governance Committee on a yearly basis to provide assurance that each subgroup has delivered on their remit. An overview on the subcommittees and groups, where their remit forms part of the Clinical Governance Committee's overall delegated areas, was provided. It was advised that a statement from the Resilience Forum has been added to the report, for increased assurance, following the Committee's review of emergency planning over the previous year. The Integrated Joint Board's (IJB) Quality & Communities Committee Annual Assurance Statement was issued slightly later, due to the timing of the IJB's own committees,

and it was noted that it remains in draft until it has been through the IJB's own Audit & Assurance Committee and the full IJB.

Following a question from the Area Partnership Forum Representative, it was advised that the Health & Safety Policy includes detail on the linkages between the Health & Social Care Partnership and Acute Services groups/subcommittees, and the linkage will be made explicit at a forthcoming Health & Safety Subcommittee. It was advised that a new group formed within Acute Services have their first meeting in May 2023, and that this will be reflected in the next Annual Statement of Assurance for 2023/24.

The Chair requested clarity on where the Clinical Governance risk for the issue of central sterilisation decontamination units sits in terms of governance frameworks. It was advised that a Decontamination Group meets on a quarterly basis and risks and issues are discussed. The Decontamination Group's minutes go through the Infection Control Committee, which in turn reports to Clinical Governance Committee. It was reported that national work in relation to a significant lack of capacity of decontamination units across Scotland is being carried out through a national group who are exploring resolving the issue. It was agreed a briefing paper be provided to the Committee with further detail and timing for this report to be added to the workplan.

Action: Director of Property & Asset Management

Following a question from the Chair in relation to escalation of cases of cyber security system failure as detailed within the Digital & Information Board, the Associate Director of Digital & Information advised that all cyber security incidents are reported initially through the Cyber Security Steering Group and thence the Digital & Information Board on an ongoing basis. It was also advised that the majority of cyber security risks are moderate level, and work can be carried out operationally to ensure continuation of services for risks at that level. Incidents that are high risk would, however, be escalated through the Governance Committees. Ranking of incidents as high risk follow national guidelines related to severity and length of impact.

Following consideration of the reports, the Committee took **assurance** that each group has delivered on its remit in the reporting year.

6.2 Draft Clinical Governance Committee Annual Statement of Assurance 2022/23

The Board Secretary explained that NHS Fife Board require assurance that all Governance Committees have delivered on their remit and the Statement provides detail on how the Clinical Governance Committee has met this through the 2022/23 financial year. The Clinical Governance Committee Annual Statement of Assurance will go through the Audit & Risk Committee as part of the Annual Accounts 2022/23 process, before being submitted to NHS Fife Board for approval.

The Chair commended the Board Secretary for the excellent report.

The Committee **approved** the draft Clinical Governance Committee Annual Statement of Assurance 2022/23, for final sign-off by the Chair and onward submission to the Audit & Risk Committee.

6.3 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director reported that there has been no significant change to corporate risks connected to the Clinical Governance Committee. It was explained that these risks are broad, and the frequency of change is longer than the Committee's bimonthly cycle. Major changes to risks would be presented to the Committee as deep dives.

6.3.1 Deep Dive - Optimal Clinical Outcomes

The Medical Director outlined the risk description for optimal clinical outcomes, noting that this risk is broad. Detail on the various strands and actions for this risk was provided, as detailed further in the paper.

A Haston, Non-Executive Member, questioned how the actions from the risk are being delivered, monitored and evidenced, given the broadness of the risk. The Medical Director explained that the level of risks for each action is being reviewed, and he noted that it is difficult to evidence all the work being carried out through the various programmes of work through a deep dive, and that this is being considered.

S Fevre, Area Partnership Forum Representative, stated that more detail on addressing inequalities and harder to reach groups within the deep dive would be helpful, and he highlighted that the complexities around the broadness of the risk is recognised. The Medical Director advised that some strands also sit within the Public Health & Wellbeing Committee.

K MacDonald, Non-Executive Member, queried how it is known that clinical outcomes are optimal. The Chair agreed and queried the risk mitigations that are in place.

The Chair questioned how to capture some of the Clinical Governance work around clinical safety, inequality, and clinical effectiveness, and building in prevention of clinical harm. The definition of the different types of risks was highlighted, and K MacDonald questioned if the types of risks can be made clearer in terms of those that are either intrinsic or within the NHS Fife Board's control.

It was agreed to hold a Clinical Governance Committee Development Session on Optimal Clinical Outcomes to discuss this in more detail.

Action: Medical Director/Board Committee Support Officer

The Chair thanked everyone involved in the deep dive for their hard work.

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

6.4 Delivery of Annual Workplan 2023/24

The Clinical Effectiveness Manager highlighted any agenda items that have been deferred.

The Committee took **assurance** from the tracked workplan.

7. STRATEGY / PLANNING

7.1 Corporate Objectives 2023/24

The Chief Executive provided background information and noted that on a yearly basis corporate objectives are agreed for the year ahead to prioritise our focus, in addition to business-as-usual priorities. Through discussions, planning and our new Population Health & Wellbeing Committee and the four key strategic themes, the objectives reflect the highest levels of strategic corporate objectives aligned to the strategic priorities.

The corporate objectives will be presented to each of the Governance Committees, including the Remuneration Committee, where the Chief Executive's personal objectives will be agreed, and individual Directors' objectives will flow from.

Following a question, it was advised that the corporate objectives will be incorporated and linked into the Corporate Risk Register.

The Chair queried where the safety, quality and clinical elements fit within the corporate objectives. The Chief Executive explained that this will form part of the roles and responsibilities of Directors as part of their overall responsibilities. Consideration will be given to the wording of the corporate objectives and cross-cutting actions to be more overt, and the Director of Pharmacy & Medicines suggesting adding a reference to the Clinical Governance Framework and Clinical Governance Framework to the corporate objectives to show the correlative link.

The Committee took **assurance** from the corporate objectives.

7.2 Advanced Practitioners' Review

The Director of Nursing outlined the main points of the paper.

A Haston, Non-Executive Member, highlighted the four pillars of advanced practice and queried where the gaps are and how this is addressed in terms of learning. The Director of Nursing reported that protected non-clinical time has been made available for Advanced Nurse Practitioners to progress their skills and knowledge. The Director of Pharmacy & Medicines explained the position in terms of the four pillars of advanced practice within pharmacy and agreed to share a paper which has been research-led from NHS Fife.

Action: Director of Pharmacy & Medicines

S Fevre, Area Partnership Forum Representative, stated that protected non-clinical time should be incorporated for all our staff to achieve and carry out training. The significant workforce implications were highlighted, and it was suggested to consider this at a national level.

The Chair queried if there are current risks or concerns associated with Advanced Nurse Practitioner roles and questioned what the risks and mitigating actions are. It was explained that part of the risk is the ability for staff to undertake Continuous Professional Development (CPD). In terms of the mitigation, it was advised that non-clinical time and clinical supervision has been important and ensures Advanced Nurse Practitioners are fully supported.

The Chair questioned the actions aligned to the Population Health & Wellbeing Strategy and queried if the strategy supports future planning around the Advanced Nurse Practitioner roles. The Director of Nursing explained that the Health & Social

Care Partnership's Strategic Plan forms part of the workforce planning, including the Advanced Practice toolkit, and is aligned to the Population Health & Wellbeing Strategy.

The Committee **acknowledged** the increase in Advanced Nurse Practitioners and trainee Advanced Nurse Practitioners across NHS Fife and **approved** and **supported** the launch of the Advanced Practice toolkit and Advanced Practice Forum.

7.3 Update on the Role of Assistant Practitioner

The Director of Nursing provided a positive update and advised that the first cohort of Trainee Assistant Practitioners have completed their first module. Positive feedback has been received from Fife College and the first tranche of participants. The trainees are now working towards completion of a Personal Development Award (PDA), and it is expected they will be fully qualified Assistant Practitioners by December 2023. The second cohort of staff commenced the programme with Fife College in April 2023, with another intake scheduled for August 2023. It was noted that there has been positive interest in the Assistant Practitioner role.

S Fevre, Area Partnership Forum Representative, queried how the effectiveness of the Assistant Practitioners is evaluated. It was advised that this is being discussed nationally through a workforce group, and there will also be a patient and staff evaluation from next year to provide feedback.

The support mechanisms in place for Assistant Practitioners was questioned by A Haston, Non-Executive Member, and it was advised that they will be part of the workforce, the appraisal system, policies & procedures, and they will be working towards a competency framework.

The Director of Nursing was commended for the report.

The Committee **noted** the contextual information and took **assurance** that the Assistant Practitioner role is being progressed with staff, financial and clinical governance in mind.

7.4 Public Protection, Accountability & Assurance Framework

The Director of Nursing outlined the key points in paper.

The Chair questioned if there were any current risks associated with public protection, in terms of the gaps that the Committee should be aware of. The Director of Nursing advised that a benchmarking exercise was carried out with other NHS Scotland Boards in terms of public protection, and gaps will be explored as part of the self-evaluation toolkit.

The Committee discussed, considered and examined the implications, and took **assurance** from the paper.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report

The Director of Nursing reported that S Braiden, Non-Executive Member, had met with some of the team to discuss the work that is ongoing nationally in relation to inpatient falls. It was reported that nationally there has been a proposal to change inpatient falls/falls prevention to safer mobilisation.

An overview was provided on inpatient falls, pressure ulcers, SAB, C Diff, ECB, complaints, and the quality improvement work, as detailed in the report. It was added that there is a determination from staff to improve and maintain safety, which is reflected in the data. It was suggested to add additional detail within the report to explain that there is not a negative impact on the quality of care, which is not apparent in the current version of the report.

An explanation was provided on the variation of C Diff infection rates.

It was agreed a meeting be set up to discuss improvement methodology from an active governance perspective, to include the Chair, Associate Director of Planning & Performance, the Director of Nursing and Medical Director.

Action: Director of Nursing

It was agreed an Excellence in Care presentation be brought to the next meeting.

Action: Director of Nursing

The Committee took **assurance** and examined and considered the NHS Fife performance as summarised in the IPQR.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing advised that an infection control inspection by Health Improvement Scotland was carried out within the mental health wards at Queen Margaret Hospital and Whyteman's Brae earlier in the year, and the formal report from that inspection will be brought to the next Committee meeting.

Action: Director of Nursing

The Chair requested detail on the impact and risks associated with not having a hand hygiene dashboard. The Director of Nursing advised that work is being taken forward within the Digital & Information team on alternative systems to capture the information. It was noted that the information is being captured at ward level and local level, and Infection Control Nurses are closely monitoring the data. The Director of Nursing agreed to discuss with the Infection Control Committee a more appropriate method of presenting the data.

Action: Director of Nursing

The Committee took **assurance** from the report.

8.3 Medical Devices Update

The Director of Property & Asset Management explained that medical devices now have a wider definition than traditionally was the case. It was reported that a Medical Devices Group has been formed, which will be clinically led, and draft Terms of Reference has been provided to the Committee for approval. It was noted a national group for medical devices has also been formed.

It was advised that there are a number of legislative changes forthcoming, mainly due to Brexit, and the identified areas for improvement were outlined. It was explained that in future years a single database, through the Scan for Safety programme, will be developed for all NHS Scotland Boards. The Medical Director noted that the introduction of this new technology is welcomed.

The Chair questioned if the Medical Devices Group will have a role in managing risks associated with medical devices and adverse events. In response, it was advised that there is work to be carried out in terms of the corporate approach, involving also external safety alerts, and assurance was provided that mitigating risks will form part of the group's remit. Assurance from the group will be provided to the Committee via their ongoing reporting to the Committee.

The Committee took **assurance** from the report and **approved** the Terms of Reference.

8.4 Integrated Unscheduled Care Report

The Medical Director spoke to the report and advised that performance continues to be significantly difficult, the reasons for which are not yet fully understood. It was reported that a number of initiatives have been undertaken to help performance, however, the results are not as expected, which is due to the high demand on our services. It was advised a large amount of work continues, and the Chief Executive thanked everyone involved for their hard work.

The Director of Acute Services reported that different approaches are being trialled at the front door of Victoria Hospital, and that there have been significant benefits for patients and staff through the various approaches trialled to date. Assurance was provided work continues for further refinements at the front door, which is expected to lead to improvements in the performance elements.

K MacDonald, Non-Executive Member, questioned if there were more meaningful measures that could be used to explain the care that is being undertaken and the improvement work that is taking place. The Medical Director explained the four-hour access target, and the Deputy Medical Director, Acute Services added that the patient experience could form part of a measure to drive change.

The Chair queried the risk and impact in terms of funding for the Flow & Navigation Centre. An explanation was provided on the financial gap, and assurance was provided that discussions are ongoing between the Medical Director, Director of Acute Services and Director of Health & Social Care in relation to delivery against funding.

The Chief Executive advised that the paper will be presented to the NHS Fife Board on the improvement work being undertaken for integrated unscheduled care, to provide additional assurance to the data within the IPQR.

The Chair commended the report.

The Committee **discussed** and took **assurance** on the work underway as part of the Unscheduled Care Programme.

8.5 Fatal Accident Inquiry

The Medical Director noted that the findings of the Fatal Accident Inquiry (FAI) is in the public domain, and the importance of acknowledging NHS Fife's response to the FAI was highlighted. It was note there were no specific recommendations from the inquiry for the Board to implement.

K MacDonald, Non-Executive Member, queried the governance route for the actions that were taken and identified prior to the FAI external investigation. In response, it was advised that local adverse event reviews were carried out after the incident.

The Deputy Medical Director, Acute Services reported that a paper has been requested to go through the Acute Services Clinical Governance Group to provide assurance that all actions resulting from the local adverse event review are being carried out.

The Deputy Medical Director, Health & Social Care Partnership provided assurance that NHS Fife is working closely with the Health & Social Care Partnership for a whole system approach.

The Committee took **assurance** that the Fatal Accident Inquiry has been responded to.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Experience & Feedback Report

The Director of Nursing advised that a complaints escalation standard operating procedure is being developed to support agreed national timescales. A complexity scoring matrix for complaints is being trialled and will support navigation around complaints.

K MacDonald, Non-Executive Member, congratulated everyone involved for all the efforts being made to improve the target and asked if this could be shared in the public domain. The Director of Nursing advised that an annual return in relation to complaints is submitted to the Scottish Public Services Ombudsman (SPSO), and the quarterly report supports this response. The quarterly report is also presented to the NHS Fife Board.

The Committee took **assurance** from the report.

10. ANNUAL REPORTS

10.1 Adult Support & Protection Biennial Report 2020-22

The Director of Nursing spoke to the report.

Following a question from the Chair, the Director of Nursing advised that discussions in relation to risk areas and gaps around adult support protection would take place through the Adult Protection Oversight Committee, who then feed into the Chief Officers' Public Safety Group (COPS), which the Chief Executive co-chairs. It was noted that that extensive work was carried out on an external review the previous year within the Health & Social Care Partnership.

The Committee took **assurance** from the report.

10.2 Radiation Protection Annual Report

The Medical Director reported that there are no significant issues to escalate and advised that the report details our internal governance arrangements for radiation protection. The report outlines activities undertaken across all of the sites who have x-ray devices, and that this also extends to other services such as nuclear medicine, lasers and MRI. It was advised that there is a Service Level Agreement (SLA) in place with NHS Lothian for Medical Physics Experts.

A Haston, Non-Executive Member, queried the detail on learnings in relation to patient safety and more detail on the audits being carried out. The Medical Director agreed to liaise with the Radiology team and provide a follow-up response via email.

Action: Medical Director

The Committee took **assurance** from the report.

11. LINKED COMMITTEE MINUTES

The Committee is asked to note the linked committee minutes:

- 11.1 Area Medical Committee held on 14 February 2023 (unconfirmed)
- 11.2 Area Radiation Protection Committee held on 31 August 2022 (unconfirmed)
- 11.3 Cancer Governance & Strategy Group held on 30 March 2023 (unconfirmed)
- 11.4 Clinical Governance Oversight Group held on 14 February 2023 (confirmed)
- 11.5 Digital & Information Board held on 19 April 2023 (unconfirmed)
- 11.6 Fife IJB Quality & Communities Committee held on 10 March 2023 (unconfirmed)
- 11.7 Health & Safety Subcommittee held on 10 March 2023 (unconfirmed)
- 11.8 Infection Control Committee held on 5 April 2023 (unconfirmed)
- 11.9 Information Governance & Security Steering Group held on 11 April 2023 (unconfirmed)
- 11.10 Medical Devices Group held on 8 March 2023 (unconfirmed)
- 11.11 Research, Innovation & Knowledge Oversight Group held on 27 March 2023 (unconfirmed)
- 11.12 Resilience Forum held on 1 March 2023 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to escalate the Integrated Unscheduled Care paper to NHS Fife Board, to help complement the detail within the IPQR.

The Chair agreed to highlight to NHS Fife Board the Clinical Governance Committee Development Session that will be arranged around the deep dive on optimal clinical outcomes.

The Board Secretary advised that the Acting Chair of NHS Fife Board will request that Governance Committee Chairs provide a summary to NHS Fife Board of discussions at their previous Committee meetings, which will provide a further instance for the Board to get a summary of each Committee's recent business.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 7 July 2023 at 10am via MS Teams.

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 9 May 2023)

No issues were raised for escalation to the Board.

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 9 MAY 2023 AT 9.30AM VIA MS TEAMS

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair)	J Keenan, Director of Nursing
W Brown, Employee Director	M McGurk, Director of Finance & Strategy
A Grant, Non-Executive Director	J Tomlinson, Director of Public Health
Cllr D Graham, Non-Executive Director	C Potter, Chief Executive
J Kemp, Non-Executive Director	C McKenna, Medical Director

In Attendance:

N Connor, Director of Health & Social Care
B Hannan, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management
G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
C Dobson, Director of Acute Services
D Miller, Director of Workforce (*for item 5.2.1 only*)
H Thomson, Board Committee Support Officer (*for item 5.3 only*)
K Booth, Head of Financial Services & Procurement (*for item 7.2 only*)
K Donald, Executive Assistant to the Director of Finance & Strategy (*minutes*)

Chair's Opening Remarks

Members were advised that the meeting would be recorded via MS Teams to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from A Lawrie, Area Clinical Forum Representative.

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 14 March 2023

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

The Committee **noted** the updates on the Action List.

5. GOVERNANCE MATTERS

5.1 Finance, Performance & Resources Committee Annual Statement of Assurance 2022/23

The Head of Corporate Governance & Board Secretary introduced the report, noting that each committee prepares an annual statement of assurance reflecting on the committee's business over the year. The paper will go to the Audit & Risk Committee, followed by the Board, to give assurance that the Committee has undertaken and delivered on all aspects of its remit. The Head of Corporate Governance & Board Secretary highlighted the paper will be included in the Committee's own induction pack, currently being created for new members, as it presents a good summary of the range of business the committee reviews annually.

Following a suggestion from A Grant, Non-Executive Director, members agreed that the language within section 4.2 be reviewed and updated.

Action: Head of Corporate Governance and Board Secretary

The Chair thanked the Head of Corporate Governance & Board Secretary for drafting such a comprehensive statement of assurance.

The Committee **approved** the report.

5.2 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the corporate risk paper, highlighting that in relation to risk 13, NHS Fife received additional resources from Scottish Government and confirmed NHS Fife brokerage requirement for the year ended 31 March 2023 was £9.7m. A number of corporate risks previously held a target date of 31 March 2023; however, a number of the risks are complex and will not be fully mitigated or resolved by this timeframe and as a result, target dates have been changed to reflect this within the paper.

The Director of Finance & Strategy further highlighted that following discussion the Executive Directors' Group, it was agreed the next iteration of the corporate risks paper would propose a refinement to the levels of assurance to indicate whether we can offer substantial, reasonable, limited or no assurance on risk mitigation. It was noted including this refinement to the level of assurance will align with how the internal audit team report on audit recommendations.

The Chair agreed the refinement of assurance levels would bring more clarity on the levels of assurance which can be taken in relation to risks presented.

The Committee took **assurance** from the report.

5.2.1 Deep Dive – Bank & Agency Work

The Director of Workforce joined the meeting and presented the bank and agency deep dive paper, noting the Bank & Agency Programme Board has been established and is reviewing the use of bank and agency staffing arrangements. The programme board is also working with the services to help develop a model of operation to reduce bank and agency spend within the financial year.

Following a query from the Chair, it was noted that bank staff represent a necessary resource for the NHS, and fill gaps within the service which naturally arise through annual and other leave from substantive staff.

The Committee discussed the feasibility of removing all off-framework agency staff by the national deadline of 1 June 2023. The Director of Workforce highlighted this adjustment in agency work will be a culture change for Scotland and noted NHS Fife will continue to provide a full risk assessment to ensure staff and patient safety is maintained.

The Committee took **assurance** from the report.

After discussion, it was agreed the deep dive at the July committee meeting would revisit 'Bank and Agency Spend'. The September committee meeting will have a deep dive on 'Reviewing Critical Pathways'.

5.3 Review of General Policies & Procedures

The Board Committee Support Officer joined the meeting and presented the paper, highlighting an increase in updated general policies since the last paper to the Committee. It was highlighted that since the time of writing the report, a new Corporate Communications Policy has been submitted to the General Policies Group. This policy has been written to replace all existing communication policies including on-line communications and the all-staff email policy.

The Committee took **assurance** from the report.

5.4 Delivery of Annual Workplan 2023/24

The Director of Finance & Strategy presented the paper, noting the deep dives were pre-populated before this meeting, however they will be updated to reflect the agreement to prioritise the bank and agency review. After discussion, it was agreed that the carry-forward deep dive from 2022/23 'Primary Care Premises Strategy and the findings of this review' would also be reviewed at the Committee's September meeting.

The Director of Finance & Strategy further highlighted the 'Financial Position – Mid-Year Review 2023/24' agenda item will take place at the September 2023 Committee, instead of November 2023, and will be based on the month 5 position. The Committee agreed to the noted changes to the workplan, which will be updated appropriately.

Action: Director of Finance & Strategy

The Committee took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2023/24

The Director of Finance & Strategy presented the paper, highlighting that this is being presented at all committees to gain feedback from members on whether the selected corporate objectives represent the appropriate areas of focus and are what members expected to see this financial year based on the current context and future outlook.

The Chair noted his approval of the objectives and requested members to provide any specific feedback directly to the Director of Finance & Strategy.

The Committee took **assurance** from the report

6.2 Annual Budget Setting Process 2023/24

The Deputy Director of Finance presented the paper, noting the grip and control schedule for directorates to complete is included for information. However, the paper does not contain the pay award, as confirmation on how the award will be processed is still being sought from Scottish Government.

Following a query from J Kemp, Non-Executive Director, it was noted the Vacancy Management Form (VMF) is used to recruit to a vacant post. The service with the vacancy will complete the form, which will go through the process of approval from their service level manager/general manager. Finance will confirm if funding is available for the post and will be sent onto HR to ensure all recruitment processes are in line, and the EDG Director responsible for the service that the post sits within will sign off the form.

The Committee took **assurance** from the report

6.3 Fife Capital Programme 2023/24

The Deputy Director of Finance presented the paper, highlighting that in 2022/23 NHS Fife were able to secure an additional £7m capital funding, resulting in a total of £30.7m capital funding available over the year. At this point in the year NHS Fife have only received confirmation of the £7.6m formula capital for 2023/24.

Following a question from A Grant, Non-Executive Director, it was highlighted that although no additional capital funding is currently available, NHS Fife will engage with Scottish Government and will take the opportunity to secure any additional resources that become available.

The Committee took **assurance** from the report

6.4 National Treatment Centre - Fife Orthopaedics

The Director of Nursing introduced the paper, noting that the National Treatment Centre for Orthopaedics was contractually completed on 10 March 2023 and put into operational use on 20 March 2023, with the official opening by First Minister Nicola Sturgeon held on 24 March 2023.

The Chair thanked everyone involved within the National Treatment Centre project and praised the work put in to allow the centre to be delivered on budget and on time.

The Committee took **assurance** from the report

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Acute Services provided an overview of the report, highlighting that high levels of attendance at the front door impacting on the four-hour access target are resulting in a challenging performance. Further improvement actions are ongoing with the establishment of the push model to relieve pressure within the Emergency Department. Further improvement work has also commenced in April to maximise the use of the rapid triage unit to support AU1, as well as the establishment of a single admission pathway in AU1 designed to support flow and improve the access target. Performance remains generally difficult for NHS Fife, however, diagnostic performance has improved and an increase in robotic assisted surgery theatre sessions from one to three a week has assisted with the long waits.

Following a query from A Grant, Non-Executive Director, the Director of Acute Services noted that a forensic look at Acute Covid spend is required as well as reviewing other approaches to reducing costs within the Acute directorate, however it was highlighted this is very challenging.

The Director of Health & Social Care provided an overview of the Partnership section of the report, highlighting the percentage of bed days lost to standard delay has decreased from 5.8% to 4.6%, resulting in NHS Fife achieving the target for the first time since January 2021.

The Chair thanked everyone involved within the discharge teams and hubs for their efforts in improving performance.

The Director of Finance & Strategy provided an overview of the report which details the February position. Since the report was completed, an additional £6m was negotiated from Scottish Government, however this was not received until the middle of March 2023, which has reduced the year-end position to an overspend of £9.7m. It was noted that, of the £11.7m savings made in 2022/23, only £3m was delivered on a recurring basis, resulting in a significant legacy to address for 2023/24.

The Committee took **assurance** from the report.

7.2 Procurement Key Performance Indicators

The Head of Financial Services & Procurement joined the meeting and provided an overview of the report, highlighting that the procurement team have successfully recruited to several posts, which will result in an improvement within the customer response times.

Following a query from the Chair, the Head of Financial Services & Procurement noted work is ongoing to review all opportunities to deliver financial cost reduction in our procurable spend.

The Director of Pharmacy & Medicines noted there is a significant volume of procurement-related medicines savings that are reported separately via the Financial Improvement and Sustainability reports to the Committee.

The Committee took **assurance** from the report.

8. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

- 8.1 Fife Capital Investment Group held on 18 January 2023 (confirmed) & 1 March 2023 (confirmed)
- 8.2 Procurement Governance Board held on 22 February 2023 (unconfirmed)
- 8.3 Primary Medical Services Committee held on 7 March 2023 (unconfirmed)
- 8.4 IJB Finance, Performance & Scrutiny Committee held on 20 January 2023 (confirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 11 July 2023 at 9:30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 15 May 2023)

No issues were raised for escalation to the Board.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 15 MAY 2023 AT 10AM VIA MS TEAMS**

Present:

Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Wilma Brown, Employee Director
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Janette Owens, Director of Nursing
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Fay Richmond, Executive Officer to the Chair & Chief Executive
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from member Mansoor Mahmood (Non-Executive Member).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Wednesday 1 March 2023

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

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Draft Public Health & Wellbeing Committee Annual Statement of Assurance 2022/23

The Board Secretary explained that NHS Fife Board require assurance that all Governance Committees have delivered on their remit and the Statement provides detail on how the Public Health & Wellbeing Governance Committee has met this through the 2022/23 financial year. It was noted this is the first full year report for the Public Health & Wellbeing Committee, following its establishment in late 2021. The Public Health & Wellbeing Committee's Annual Statement of Assurance will go to the Audit & Risk Committee as part of the Annual Accounts 2022/23 process, before being submitted to NHS Fife Board for approval.

The Committee **approved** the Public Health & Wellbeing Committee Annual Statement of Assurance 2022/23 for onward submission to the Audit & Risk Committee.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health reported that work is being taken forward through the Risk & Opportunities Group, who have made two recommendations, supported by the Executive Directors' Group, that there will be an update to the target risk date to allow more modification on how risks are progressing, and that a development of the assurance levels is carried out.

It was reported there has been an increase to one risk, related to the Population Health & Wellbeing Committee. A Wood, Non-Executive Member, highlighted the importance of having a rationale around changes to risk targets, in relation to the Population Health & Wellbeing Strategy risk. The Director of Finance & Strategy agreed to coordinate a response outside the meeting.

Action: Director of Finance & Strategy

Following a question from the Chair, it was advised that the Primary Care Improvement Plan will be discussed at the Primary Care Oversight Group in late May 2023.

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

5.2.1 Deep Dive – Primary Care Services

The Director of Health & Social Care reported that the deep dive has been discussed and considered by the Executive Directors' Group in detail.

It was advised that the focus for the Primary Care Services risk is around the recovery of Primary Care post-Covid, improving quality of Primary Care and making our Primary Care system be sustainable. It was advised that not all root causes are linked directly to Primary Care, such as health of the population and health inequalities, and work is being carried out to link risks and actions to other areas. An overview on the root causes and challenges was provided, as described in the paper, and it was reported that the management actions have been connected to the overall work of the organisation, with specific actions for Primary Care.

The Director of Health & Social Care provided detail on the current work that has taken place to manage the demand on services. A key focus on recovery and unmet needs

will be included within the Primary Care Strategy. The delivery plan will be brought to the Committee in July 2023.

It was advised that the action in relation to digital will include all parts of the service and providers within Primary Care Services. It was noted that there is a strong connection between the Workforce Strategy and Primary Care Strategy to ensure that workforce elements can be addressed.

An update on the health inequalities work, which is being targeted across the four domains of Primary Care, was provided, and it was advised that addressing health inequalities will be captured within corporate objectives this year. Engagement work will support and influence part of the Primary Care Strategy work.

The Deep Dive identified financial risk around resourcing within Primary Care, and discussions are underway across the sector to outline the challenges. It was noted this is not unique to Fife. The Primary Care Delivery Plan will cover all elements of the contractors, and not just Primary Care, and there will be sections and priorities included.

A draft, high level Primary Care Delivery Plan is being prepared and any additional actions will be included. Assuring the quality of services that are being delivered will form part of the plan and will become part of the deliverables, with regular progress reports to the Committee for the strategy and the delivery plan.

A Wood, Non-Executive Member, asked how the specific risks and mitigations for the four priority areas are managed, to assure that we have high quality sustainable services. In response, it was advised that the Primary Care Oversight Board will oversee and manage specific risks and mitigations and the Board includes representation from all of the providers. At an operational level, there are strong connections through the Primary Care Contractor Team.

The Director of Pharmacy & Medicines advised that there are existing business continuity arrangements for the operational aspects of the contractor groups, to ensure that there is adequate provision, and that there is a desire to make this medium to longer term in focus.

An explanation was provided on the challenging set of community pharmacy financial settlement negotiations that are ongoing for the financial year 2023/24, noting that there is a financial risk which could impact our strategies and provision within Fife.

The Chair queried which actions were in place to address the significant challenge, in relation to the transformation and quality improvement, through the Primary Care Improvement Plan. He noted that transformation will be critical in the delivery of our strategies. In response it was explained that transformation is included within the Primary Care Improvement Plan, which is reported to the Scottish Government. It was also noted that there are national priorities that have been outlined in the plan in terms of areas of focus. Concerns around delivery of transformation were discussed.

The Director of Pharmacy & Medicine noted that pharmacotherapy and community treatment and related models for care continue to be shaped and developed.

Discussion took place on the level of detail that the Committee require in terms of a deep dive, to provide sufficient assurance to the NHS Board. It was also noted that the Committee requires assurance in terms of levels of performance against targets. It was agreed that routine reports would go through governance routes, including the Primary Care Oversight Board, then to Committee for assurance.

Action: Director of Health & Social Care

The Committee took **reasonable assurance** from the actions being taken, noting further mitigating actions will be progressed following approval of the Primary Care Strategy and Delivery Plan in July 2023.

5.3 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan and agreed the order of deep dives will follow the pattern established over the last year.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2023/24

The Director of Finance & Strategy reported that the corporate objectives will be presented to each of the Governance Committees, including the Remuneration Committee, where the Chief Executive's personal objectives will be agreed and individual Directors' objectives will flow from.

It was advised that the corporate objectives have been devised from our new Population Health & Wellbeing Strategy and the Strategic Performance & Resource Allocation (SPRA) process. The corporate objectives reflect the highest levels of strategic corporate objectives aligned to the four strategic priorities, and a new category of cross-cutting actions has been added. The Chief Executive reported that the strategic corporate objectives will drive forward the ambitions of the strategy. Consideration will be given to the wording of the corporate objectives to give more context in relation to the objectives being supported by a number of strategies and core programmes of work.

The Director of Public Health confirmed that there is a link to the work around improving health inequalities within the strategic priorities detail. It was agreed to include further detail for the NHS Fife Board report around what each of the four strategic priorities are intended to deliver, and to make an overt connection between each of the objectives, the corporate risk, and the relevant Governance Committees.

Action: Director of Finance & Strategy

The Committee took **assurance** from the corporate objectives paper.

6.2 Anchor Institutions: Update on Community Benefits Gateway

The Director of Public Health provided an overview of the key points from the paper and noted that the uptake for the Community Benefits Gateway portal for community groups and organisations nationally has not been as good as expected, with only one matched to suppliers in Fife. It was reported that following feedback from local community groups Fife Voluntary Action have developed locally a tailored digital

platform, which will sit above the national portal. It was noted that the development of this digital platform did not result in any additional cost to NHS Fife and the uptake from local community groups in Fife will be carefully monitored. The national team are fully supportive of the developments in Fife.

The Committee **noted** the progress of the Community Benefit Gateway scheme, **supported** the next steps outlined in the paper and **endorsed** the approach being taken.

6.3 Greenspace Strategy

The Director of Property & Asset Management reported that the paper outlines the detailed work being undertaken on the strategic direction and utilisation of NHS Fife's green spaces. The work undertaken to date was described. The key themes within the strategy were highlighted, and it was noted that the strategy aligns to the work of our Anchor Institution ambitions and the Leadership Summit work that was carried out with Fife Council. The ambitions will be published, and further engagement will be carried out via our partners and through the NHS Fife website, which will include encouraging the population to come forward with ideas on greenspace initiatives. It was noted positive feedback was received from the recent Grand Round presentation held on the subject.

The Chair commended the strategy and thanked all the team involved. The Director of Property & Asset Management extended a thanks to Jimmy Ramsay, Estates Compliance Manager, for all his hard work in this area.

The Committee **endorsed** the strategy for final approval at the NHS Fife Board meeting in May 2023.

6.4 East Region Health Protection Service: Implementation Update

The Director of Public Health highlighted the key points from the paper, which provided an update on progress and a change to the timeline for implementation of the service. It is expected that the necessary actions during this transitional stage will be concluded towards the end of June 2023 before setting a date for implementation of the service. The two areas of ongoing work include clarification of financial arrangements, which will be agreed through the Oversight Board, and engagement with the provider of the digital platform has now begun to gather pace with an options paper underway.

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

6.5 Fife Partnership Board – Our Fife Leadership Summits

The Director of Public Health spoke to the key points within the paper, highlighting the work that has been underway and the workshops that had taken place over the winter period. It was reported that the Executive Directors' Group had reviewed the draft commitments, and they agreed further refinement and discussion is required. It was noted there is a commitment from NHS Fife to work closely with our partners.

A Wood, Non-Executive Member, queried how expectations will be managed around the potential financial benefits and pressures. The Chief Executive provided assurance

that the challenge around resources is recognised. She added that she attends the Fife Partnership Board meetings and co-chairs the Recovery Renewal Group, which reports into the Fife Partnership Board, and the operational detail, and aligning this work to our strategies, will be discussed further at both those meetings.

It was noted that discussions around community planning and the priorities of the local authority are being considered. The Director of Health & Social Care provided an update in terms of the connections, engagement, planning and priorities within the seven localities in Fife, and noted that the Health & Social Care Partnership will join the Fife Council Area Committees bi-annually to discuss priorities and opportunities.

The Committee **considered** the output from the summits and **discussed** the opportunities for future collaboration.

6.6 Primary Care Strategy Update

The Director of Health & Social Care reported that the paper details progress of the strategy, which will underpin both the Integrated Joint Board's Strategic Plan and the NHS Fife Population Health & Wellbeing Strategy. The strategy covers all of the independent contractors within Primary Care, and the paper provides a summary of the work carried out in relation to engagement with a wide range of stakeholders. Feedback from the engagement when developing the NHS Fife Population Health & Wellbeing Strategy has been incorporated into the Primary Care Strategy. The Primary Care strategic themes, challenges and priorities were highlighted. Assurance was provided that improvement work continues whilst the strategy is being developed.

The Medical Director highlighted the importance of the strategy and noted it is the first Primary Care Strategy to be developed in Fife. He also highlighted that the delivery plan will challenge the issues around General Practitioners, dentistry and community pharmacy. It was advised there are unique challenges, including some that are higher risk, for the various topics covered and those will be mapped through to the strategy and include SMART actions.

The Chair requested that timescales be added to some of the actions within the delivery plan.

The Committee took **assurance** of the approach being taken to complete the strategy supported by a delivery plan by July 2023.

6.7 Commonwealth Partnerships for Antimicrobial Stewardship

The Director of Pharmacy & Medicines reported that NHS Fife has been successful in attracting a grant to partner with two hospitals in Tanzania to enable shared learning on antimicrobial stewardship, which is a global issue. He highlighted the key points from the paper and provided assurance that the work supports NHS Fife's commitment to safe and effective health & wellbeing. It was noted this partnership will support addressing health inequalities on a global level, and the Director of Public Health highlighted the importance of connection with other countries, in terms of risk and implications, of global health threats such as the Covid pandemic.

The Committee considered this report for **assurance** regarding this strategic partnership for NHS Fife.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Health & Social Care advised that the performance levels regarding the smoking cessation service for 2022/23 will be available in August 2023. The latest data presents a slightly above-average position when comparing Fife with national data. It was advised the description around the smoking cessation work will be enhanced.

It was reported that an excellent Public Health & Wellbeing Committee Development Session had taken place in April 2023, and in depth discussions took place on Child Adolescent and Mental Health Services (CAHMS) and Psychological Therapies (PT) performance.

An improved position for CAHMS was reported, and it was advised that there were no children or adolescents waiting over 35 weeks, and 89% are waiting less than 18 weeks. Challenges continue due to staffing levels and a number of variables that affect the sustainability of maintaining the target.

In terms of PT, it was reported balancing new patients with addressing the backlog is being carried out, and there continues to be an ongoing challenge in performance, however, the number of patients being treated is high. Progress updates will continue to be provided on a monthly basis through the IPQR on work that is ongoing, both around supporting access and workforce challenges, which will continue to be monitored.

Following a question, the Director of Health & Social Care reported that discussions are underway in relation to sharing lessons learned in terms of the work that was carried out in reducing long waits for CAHMS, and applying these to PT. It was noted the backlog and longest waits are higher for PT than CAHMS.

The Director of Public Health reported on immunisation, advising that there is a three-month lag in the data, due to national release dates. The target was met for the 6 in 1 immunisation in December 2022, however it was noted this target has not been continually achieved. A slight reduction against the target for the MMR2 immunisation was reported. It was noted challenging targets are set for immunisations.

Following a question, the Director of Public Health advised there is no routine method of gathering information from parent/carers on why children/adolescents have not been brought forward for the MMR2 vaccination. A Quality Improvement Group was established in September 2023 and they are exploring evidence based interventions to improve uptake and actions to be taken forward. The Director of Health & Social Care added there is active promotion for vaccinations through our Health Services, and she suggested this could feed into the Quality Improvement Group.

The Committee took **assurance**, discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

7.2 No Cervix Exclusion Audit

The Director of Public Health spoke to the report and provided a position statement. It was advised that the issue described in the paper was identified by the National Screening Programme and a national audit is underway. The first stage of the audit in Fife resulted in 191 records being reviewed, and none of the 191 patients whose records were audited were found to have come to harm as a result of their exclusion from cervical screening. The second stage of the audit is now underway and it is a much larger exercise. It was noted that the programme of work have done a large amount in preparation for the audit, and a database has been created for the collation and scrutiny of data. A team is being formed in Fife to review the information. It was also reported that 90% of the requested funding for the programme is being provided from the Scottish Government.

A Wood, Non-Executive Member, queried the implications for people in terms of the timelines for addressing the issue. It was advised that the audit is being carried out to review the implications, and further detail is provided within the background section within the paper. Assurance was provided that no harm to patients has been identified from the outcome of the first part of the audit.

A Wood, Non-Executive Member, also queried capacity in terms of the number of colposcopies to be carried out and questioned if outsourcing is being put in place from a national perspective. In response, it was advised that there are concerns around the number of colposcopies to be carried out and a bid has been submitted to cover the cost of those clinics.

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

7.3 Spring Booster Campaign

The Director of Health & Social Care reported that the paper provides an update on the Spring booster campaign for the Covid-19 vaccination programme. Assurance was provided that all elements of the campaign have been covered and are being delivered. It was reported there will be an active focus on health inequalities, and an overview on the inclusivity work, including action plans, was provided. The Director of Public Health noted that there will be opportunities through working with third sector organisations and the quality improvement group for immunisation, to recognise and address barriers for people.

A Wood, Non-Executive Member, commended the inclusion of the inequalities information within the report.

The Committee took **assurance** from the report.

8. ANNUAL REPORTS

8.1 Adult Support & Protection Biennial Report

The Director of Nursing highlighted the key points from the report.

The Chair queried if Covid had an effect on the increase in the number of referrals, in terms of people having spent time in isolation during the pandemic, and if there has

been an increase in harm due to potential mistreatment of people during the isolation periods. The Director of Nursing advised that domestic abuse rates were considered, and the increase was not due to this factor. She advised that spending time in isolation was an influencing factor on the number of referrals made. More training and communications in relation to adult support & protection has been carried, which has increased reporting.

The Committee took **assurance** from the report.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

9.1 Equality and Human Rights Strategy Group held on 3 February 2023 (unconfirmed)

9.2 Portfolio Board held on 9 February 2023 (confirmed) & 9 March 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Monday 3 July 2023 at 10am via MS Teams.

STAFF GOVERNANCE COMMITTEE MEETING

(Meeting on Thursday 11 May 2023)

To highlight the ongoing work done within the Board on reporting whistleblowing cases, to support staff and in relation to the sharing of learning.

The Staff Governance Committee acknowledged that while progress has been made, further work is required to refine reporting, concern handling and staff awareness.

The Director of Workforce will continue to work with the Non Executive Whistleblowing Champion to progress this, within the context of the Board's commitment to supporting staff and creating an environment that promotes their welfare and development. INWO updates continue to encourage the use of business as usual processes for handling concerns and to making sure routes for speaking up are obvious and easy to access, which the Board will promote through a renewed "Know Who to Talk to" initiative.

Improvement actions will be tracked and shared via whistleblowing reporting.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 11 MAY 2023 AT 10.00AM VIA MS TEAMS

Present:

Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Wilma Brown, Employee Director
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Lisa Cooper, Head of Primary & Preventative Care Services
Claire Dobson, Director of Acute Services
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property and Asset Management (*part*)
Margo McGurk, Director of Finance & Strategy (*part*)
Brian McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead (*item 7.2 only*)
David Miller, Director of Workforce
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. The Chair advised that Mansoor Mahmood has re-joined the membership of the Staff Governance Committee, though is an apology for this particular meeting. It was also advised that Alistair Morris has been appointed as the Interim Chair of the Board, with effect from 1 April 2023, and hence he has stepped down from the Committee.

The Chair extended a huge thanks to staff, who continue to work in extremely challenging times.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the Minutes.

1. Apologies for Absence

Apologies for absence were received from member Mansoor Mahmood (Non-Executive Member), and attendees Nicky Connor (Director of Health & Social Care) and Sandra Raynor (Head of Workforce Resourcing & Relations).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 9 March 2023

The minutes of the meeting of Thursday 9 March 2023 were **agreed** as an accurate record.

4. Matters Arising / Action List

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

Training Compliance

Following a query from W Brown, Employee Director, the Director of Workforce noted that work is ongoing in relation to capturing current training compliance data and an update on training compliance and forward plans will be provided to the Executive Directors' Group, followed by the Area Partnership Forum and Staff Governance Committee, at their next cycle of meetings.

Action: Director of Workforce

Workforce Matters

C Grieve, Non-Executive Member, advised that he had discussed workforce information matters with the Workforce team, and, following that discussion, had a better understanding of workforce reporting arrangements. This was discussed further during the presentation at agenda item 7.2.

5. GOVERNANCE MATTERS

5.1 Staff Governance Committee Annual Statement of Assurance 2022/2023

The Board Secretary explained that NHS Fife Board requires assurance that all Governance Committees have delivered on their remits and the Statement provides detail on how the Staff Governance Committee has met this through the 2022/23 financial year. The Staff Governance Committee's Annual Statement of Assurance will go to the Audit & Risk Committee as part of the Annual Accounts 2022/23 process, before being submitted to NHS Fife Board for approval.

K MacDonald, Non-Executive Member, highlighted the whistleblowing sections in the report and suggested including areas of weakness in reporting and related improvement actions. The Board Secretary agreed to liaise with K MacDonald to strengthen those sections within the report, and would then circulate an updated version to the Committee for further comments and final sign-off by the Chair.

Action: Board Secretary

The Chair thanked the Board Secretary for all her hard work in producing such a comprehensive report.

The Committee **approved** the Annual Statement of Assurance 2022/2023, subject to members' further comments in respect of any necessary amendments, for final sign-off by the Chair, circulation to the Committee and submission to the Audit & Risk Committee.

5.2 Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Bank & Agency Work

The Director of Workforce reported that there had been no change to the Corporate Risks aligned to the Staff Governance Committee since the last meeting.

The Director of Workforce gave a presentation on the Bank and Agency Programme. Assurance was provided that there is a concentrated focus and commitment to address the complex Bank and Agency issues. The Chief Executive outlined the concerns with Agency staffing and highlighted the associated financial and supplementary staffing risks. It was noted that this work is a high priority for the Executive Directors' Group and discussions are ongoing on a regular basis, via a newly established Bank & Agency Programme Board.

The importance of messaging was raised, and it was noted a balance is required when promoting bank work. National issues, at Scottish Government level, were highlighted, and S Fevre, Co-Chair, Health & Social Care LPF, suggested submitting reports as we go forward, via the Staff Governance Committee, which includes measurements on safe staffing and supplementary spend, to provide assurance safe staffing levels are being met. The Head of Workforce Planning & Staff Wellbeing added that NHS Fife is a volunteer Chapter Guidance Testing Board and is actively working towards safe staffing legislation. It was noted that this provides another opportunity to feed back and consider lessons learned, with an opportunity also to triangulate our data. In addition, it was noted that the e-Rostering system, once fully implemented, will be a valuable tool.

C Grieve, Non-Executive Member, recognised and outlined the difficulties with rapid recruitment. The Chief Executive noted that, longer term, we need to balance having a safe and sustainable workforce in place, whilst not using agency staff and reducing the levels of bank staff.

The team were thanked for all their hard work.

The Committee took **assurance** from the update on the Bank and Agency Programme.

5.3 Whistleblowing Quarter 4 Report 2022/2023

The Deputy Director of Workforce summarised the report and advised that there were no formal whistleblowing concerns in Quarter 4, however, there were two anonymous concerns. It was noted there was a late notification of a whistleblowing concern, which has been updated in the figures given in the Appendix to the report.

The Chair stated that changes to the reporting style and inclusion of text on lessons learned had been discussed at a previous meeting, and those updates were not evident in the current report presented to the Committee. In response, it was advised that a section is included in the report that provides detail on lessons learned and actions and the Director of Workforce agreed to take forward enhancing that section in future reports with further detail.

K MacDonald, Whistleblowing Champion and Non-Executive Member, also noted that the reporting requires improvement, to include more analysis, evidence of staff experience / engagement, safety and clinical governance aspects, the impact of the whistleblowing arrangements, and action plans. These points had been made in a recent Internal Audit report. She also highlighted and outlined the risk in terms of the not addressing in full the requirements of the Whistleblowing Standards. The Director of Workforce agreed to liaise with K MacDonald outwith the meeting and to bring an improved iteration of the quarterly report to the Committee in future, to include the points raised.

Action: Director of Workforce

W Brown, Employee Director, agreed with the points made, and highlighted the impact on staff involved in whistleblowing concerns. S Fevre, Co-Chair, Health & Social Care LPF, added that the report does not fully include all the work that is ongoing in relation to whistleblowing, including positive learning experiences and improvements that are being undertaken. The Chief Executive explained the governance role of the Committee in terms of reporting and providing assurance to the NHS Fife Board on whistleblowing.

The Committee **noted** the report, in the context of comments made by members as above.

5.4 Staff Governance Standard: Improved and Safe Working Environment

The Director of Property & Asset Management reported that a pilot was undertaken of the Health & Safety Executive Talking Toolkit within the Learning Disabilities Service, which was successful, with feedback indicating that this has been a positive experience for participants. It was noted that comments from the pilot and associated action plans are provided in the Appendix of the report, to which members' attention was drawn.

It was advised that the Talking Toolkit will be promoted appropriately and extended to other staff and services who would wish to take part. Consideration will be given to resources, supporting staff and creating space for staff to dedicate to this, particularly for specialist areas. It was also noted that there could potentially be long-term issues addressed from the iMatter survey outcomes via the feedback from the Talking Toolkit, and the importance of communication was highlighted.

The Head of Workforce Planning & Staff Wellbeing suggested that this would be a suitable topic for a future Staff Governance Committee Development Session, so that members could hear about the work from those involved.

The team involved were commended for all their efforts.

The Committee **discussed** and took **assurance** from the report.

5.5 Delivery of Annual Workplan 2023/2024

The Committee noted the delivery updates and took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Corporate Objectives 2023/2024

The Director of Finance & Strategy reported that the Corporate Objectives will be presented to each of the Governance Committees, including the Remuneration Committee, where the Chief Executive's personal objectives will be agreed and from which individual Directors' objectives will flow.

It was advised that the Corporate Objectives, detailed in the paper, are derived from our new Population Health & Wellbeing Strategy and the Strategic Performance & Resource Allocation (SPRA) process. The Corporate Objectives reflect the highest levels of strategic objectives aligned to the four strategic priorities, and a new category of cross-cutting actions has been added. The Chief Executive reported that the strategic Corporate Objectives will drive forward the ambitions of the Strategy. Consideration will be given to the wording of the Corporate Objectives to give more context to the aspects of the safety, quality and wellbeing of our workforce.

The Chief Executive advised that it is anticipated that a Board Development Session will be held in the Autumn to discuss progress of the corporate objectives 2023/24, and to look at developing corporate objectives for 2024/25, from a Board perspective.

The Committee took **assurance** from the Corporate Objectives.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce reported that the current absence rate is sitting at 6.95%, which is a slight reduction compared to previous months. A further update on absence management will be provided at agenda item 7.3.

In terms of the Personal Development Plan (PDP) compliance, it was reported that the current rate of completion is at 37.9%, however, it is expected this rate will increase as the improvement work in relation to PDPs is undertaken throughout the year.

W Brown, Employee Director, questioned the plans in place to support staff and managers to improve the PDP position. In response, it was advised that there has been a large amount of activity taking place in this area, and that support for managers will continue for this process. It was noted it is expected the 80% target, although challenging, will be reached by the end of the financial year 2023/24.

The Committee took **assurance** from the report.

7.2 Workforce Information Overview

B McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead, gave a presentation in relation to the Workforce Information Overview and provided additional information to the Committee on the reasons for and destination of staff leaving NHS Fife.

It was reported that a number of groups, including the Nursing & Midwifery Group and Mental Health Services Group, are exploring the reasons why staff remain with NHS Fife, and update will be provided to the Committee in due course.

The Director of Nursing reported on the University degree leaver destination work and advised that work is being carried out at a national level. C Grieve, Non-Executive Member, queried if there is any underpinning information to help retain leavers. It was explained that work is being carried out to encourage retention, including encouraging and fully understanding exit interviews at a local level.

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

7.3 Attendance Management Update

The Director of Workforce provided a verbal update, noting that a paper will be provided to the Committee at the July 2023 meeting.

It was reported a number of meetings have taken place between the Director of Workforce and the Attendance Management Operational Group to discuss their current plans, which are currently mainly operationally focussed. The group has been stood down at present, as the Director of Workforce and EDG will require to consider how best to take forward plans and actions.

It was advised that supporting resources are limited, which has impacted on achieving the attendance management targets. Understanding the full reasons for high staff absence is currently being explored, noting that some of the reasons will include addressing bank and agency use, the establishment gap and for some areas, the high number of vacancies. It is expected that support will require to be implemented for these areas, and a plan will be brought to the Committee to outline how to target the support appropriately. This will be aligned to the Health & Wellbeing Framework and to the Population Health & Wellbeing Strategy.

W Brown, Employee Director, welcomed the renewed focus to address attendance management and requested a discussion outwith the meeting with the Director of Workforce around the changes to the Integrated Performance & Quality Report in relation to the reporting of the data.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Equal Pay Audit 2023

The Head of Workforce Planning & Staff Wellbeing outlined the key points within the paper and advised that the paper covers the legislative requirement to produce the Equal Pay gap details, information on occupational segregation and the Board's equal pay statement.

The Director of Workforce noted that the format of the data reporting section of the report will be reviewed, with support from Communications colleagues, and will be re-circulated to the Committee.

Action: Director of Workforce

S Fevre, Co-Chair, Health & Social Care LPF, welcomed the report, and it was noted the report is published on a two-yearly cycle.

The Committee took **assurance** from the report, which confirms that NHS Fife has published the information required by legislation.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 9.1 Area Partnership Forum held on 22 March 2023 (unconfirmed)
- 9.2 Health and Social Care Partnership Local Partnership Forum held on 24 January 2023 (confirmed)
- 9.3 Health and Safety Sub Committee held on 10 March 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

10.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to escalate the Committee's discussions over whistleblowing reporting to NHS Fife Board, given that the Board will receive a copy of the report at its May meeting.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Thursday 11 July 2023 at 10.00am via MS Teams.

COMMUNITIES & WELLBEING PARTNERSHIP

(Meeting on 5 April 2023)

No issues were raised for escalation to the Board.

Unconfirmed

Communities & Wellbeing Partnership

Meeting by Teams, Wednesday 5th April 2023, 2.00pm

Note

Present: Fiona Mckay, Helen Rorrison, Jo-Anne Valentine, Kenny Murphy, Lisa Cooper, Lucy Denvir (chair), Michelle Sweeney, Paul Vaughan, Ruth Bennett, Sarah Roxburgh

Attending: Gill Musk, Hugh Muschamp (first part of meeting only)

Apologies: Andrew Gallacher, Emma Walker, Heather Stuart, Sinead Braiden

1. Welcome and introductions

Lucy welcomed members and colleagues attending. Sarah has joined CWP in her new role as Community Manager (Strategy & Commissioning). Michelle was deputising for Heather.

Apologies noted as above.

2. Food for Fife strategy

Jo-Anne explained the evolution of the Food for Fife Partnership and the work on a strategy and action plan, supported by funding from Sustainable Food Places. She gave an overview of the main elements of the draft strategy and note that its timing coalesces with national developments, in particular the Good Food Nation Bill.

Members were asked to contribute to the consultation (ending 28th April) and to share it with their networks - [Food4Fife Strategy consultation | Food for Fife](#). **ACTION:** all

Members acknowledged the significant work and wide range of partners involved in developing the strategy. Points raised in the discussion included:

- Action plan seems too ambitious – needs to be prioritised
- Framing of actions and how impact will be monitored need further work
- Merit in exploring the life cost of food (including its nutritional value?)
- Take a maturity model approach, to assess what good would look like / where we are now
- Connect actions more to each of the pillars

Jo-Anne and Hugh noted that, following the consultation, there would be further work to condense the actions and make them smarter.

It was agreed that a final draft should come back to CWP before it goes to Fife Partnership Board.

ACTION: Gill to include in work programme for September meeting

3. Note of last meeting on 15th December

Note was approved as an accurate record. Matters arising:

- Ruth - the event in February had been a success and was well attended. A local Suicide Prevention action plan is now in development, as required by the new national strategy.

- Michelle – joint meeting of OnFife/FSLT planned to explore cross-over in relation to delivery around wellbeing and coordinating the offer to optimise impact in communities.
- Fiona – refreshed Carers Strategy to be approved in May. Need for better access to services for young carers and increased recognition
- Gill - feedback from CWP on Plan for Fife indicators had been submitted in January. Kenny - Recovery & Renewal Leadership Board had considered a draft ambitions report and agreed that further work is needed.

Other matters dealt with or covered by the agenda.

4. Leadership Summits

Lucy reported that outputs from the workshops and stocktake event in January had gone to Fife Partnership Board. Partner organisations have been asked to discuss these with their leadership teams and consider whether changes are needed to current governance and delivery arrangements. Feedback will go forward to Fife Partnership Board in May.

Fife Partnership Board papers: [Fife Partnership Board \(28th February 2023\) | Fife Council](#)

Information on all four workstreams, including recordings of Masterclasses and stocktake event presentations: [Our Fife Leadership Summits](#)

5. Information exchange / development session planning

Sarah - a stocktake of the Physical Activity & Sport strategy and review of the Leadership Group to take place, taking account of the Leadership Summits and 4DX experiences.

Ruth - being more active and more socially connected are themes emerging from H&SCP Locality stakeholder sessions and core group meetings - it will be important to connect this with wider Physical Activity & Sport strategy developments.

Fiona – updates on locality plans going to all Area Committees for awareness. Extending locality working is a priority for H&SCP. The ADP’s work in Levenmouth to be extended to Kirkcaldy and Cowdenbeath.

Helen – themes around budget challenges, need for increased collaboration, and living well with long term conditions emerged from locality core groups she had attended.

Michelle – updated on meeting with Val Millar to explore strengthening approaches to joined-up working across Trusts and Council. Follow-up meeting scheduled with Paul and Sarah to explore further potential.

Also updated on recent meeting with Joy Tomlinson and follow-on meeting to include Lucy in planning to explore joined-up approaches to Community Engagement within a Wellbeing context.

Some discussion of communication and engagement. Fiona noted the ADP’s Lived Experience group, who will work on identifying priorities for the new ADP plan, and the expansion of H&SCP’s Participation and Engagement team.

It was suggested that we use the development session to focus on two or three areas where CWP could collaborate to add value. Working group to progress plans for the session. Michelle offered to join the working group. **ACTION:** Gill to follow up

Members were invited to consider hosting the development session in June.

6. Date of next meeting

Wednesday 21st June, 9.30-12.30, in person. Location to be confirmed.

INTEGRATION JOINT BOARD
(Meeting on 27 January 2023)

No issues were raised for escalation to the Board.



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 27 JANUARY 2023 AT 10.00 AM

- Present** Arlene Wood (AW) (Chair)
David Graham (DG) (Vice-Chair)
Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS)
NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Alistair Morris (AM), John Kemp (JK), Sinead Braiden (SB)
Janette Keenan (JK), Director of Nursing, NHS Fife
Wilma Brown (WB), Employee Director, NHS Fife
Amanda Wong (AW), Associate Director, AHP's, NHS Fife
Debbie Fyfe (DF), Joint TU Secretary, Fife Council
Ian Dall (ID), Service User Representative
Morna Fleming (MF), Carer Representative
Paul Dundas (PD), Independent Sector Representative
Simon Fevre (SF), Staff Representative, NHS Fife
- Professional Advisers** Nicky Connor (NC), Director of Health and Social Care/Chief Officer
Audrey Valente (AV), Chief Finance Officer
Sally O'Brien (SO) (for Lynn Barker (LB), Associate Director of Nursing)
- Attending** Lisa Cooper (LC), Head of Primary & Preventative Care Services
Lynne Garvey (LG), Head of Community Care Services
Rona Laskowski (RLAs), Head of Complex & Critical Care Services
Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
Lindsay Thomson, Head of Legal & Democratic Services, Fife Council
Hazel Williamson (HW), Communications Adviser
Clare Gibb (CG), Communications Adviser
Cara Forrester (CF), Communications Adviser
Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
-----------	--------------	---------------

1 CHAIRPERSON'S WELCOME / OPENING REMARKS

The Chair welcomed everyone to the first Integration Joint Board for 2023 and congratulated the Hospital at Home Team (H@H) who recently celebrated their 10th anniversary. The service now has three teams working across Fife, and over the course of the past ten years the teams have seen almost 18,000 people in their own homes.

Those present were asked that, in an effort to keep to timings for this meeting, all questions and responses should be as succinct as possible.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking and the media had been invited to listen in to the proceedings.

NO	TITLE	ACTION
2	CONFIRMATION OF ATTENDANCE / APOLOGIES	
	Apologies had been received from Chris McKenna, Eleanor Haggett, Kenny Murphy, Helen Hellewell, Lynn Barker, Kathy Henwood and Joy Tomlinson.	
3	DECLARATION OF MEMBERS' INTERESTS	
	There were no declarations of interest.	
4	MINUTES OF PREVIOUS MEETING 25 NOVEMBER 2022	
	The Minute from the meeting held on 25 November 2022 was approved as an accurate record.	
5	MATTERS ARISING – ACTION NOTE 25 NOVEMBER 2022	
	The Action Note from the meeting held on 25 November 2022 was approved as accurate.	
6	CHIEF OFFICER UPDATE	
	The Chair handed over to Nicky Connor for this item.	
	Nicky provided a short update on the current winter pressures which are ongoing and have seen the gold, silver and bronze command structure reinstated. Staff from all parts of the partnership have worked together as Team Fife to ensure services continue and Nicky expressed the thanks of the Board to all partnership staff, across all sectors, for this ongoing commitment.	
	The Care Home Collaboration is working well to ensure the sustainability of services and a test of change is ongoing as part of work around flow and navigation.	
	A briefing had been issued by Nicky Connor prior to the IJB meeting and members were encouraged to share the Winter Hero Campaign banner which was shared in the briefing. This campaign has generated interest in working in the partnership.	
	Fife are now involved in a relatively new initiative – Getting It Right For Everyone (GIRFE) - which will focus on people from young adulthood to end of life care. Between now and summer 2023 Fife will focus on being a pathfinder site for the Transitions workstream. Learning from all the pathfinder sites will inform national learning and recommendations for further expansion in Scotland	
7	FINANCE UPDATE	
	This report was discussed at the Finance, Performance & Scrutiny Committee on 20 January 2023. The chair introduced Audrey Valente who presented this report which detailed the financial position of the delegated and managed services based on November 2022 which forecast a surplus £7.146m. Key areas of overspend are Hospital & Long-Term Care, Adult Placements and Social Care other. These are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Homecare, Adults Fife-wide, Adults Supported Living and Social Care Fieldwork.	

7 FINANCE UPDATE (CONT)

Unachieved savings totalling £3.794m from prior years, which were delayed due to Covid-19, have been brought forward, and require to be met to balance the budget. Reserves totalling £79.712m were brought forward into this financial year. .

It is proposed that earmarked reserves of £3.3m are committed to reflect a whole system response to the pressures being faced across Health and Social Care.

The Chair then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee. Alastair confirmed that a lengthy discussion took place at Committee on the Finance Update and they were supportive of the use of reserves.

The discussion was then opened up to Board members and items raised included underspends within the Home Care budget and the effect on carers, recruitment of additional staff via different campaigns and the unprecedented challenges being faced by the partnership and the utilisation of reserves.. The Board requested future reports contain information on areas with large overspends.

AV

The Board were assured that there is robust financial monitoring in place, approved the financial monitoring position as at November 2022 and approved the use of the reserves for the whole system pressures.

8 STRATEGIC PLAN 2023-2026

As part of its development, the Strategic Plan has been previously considered by a large number of groups, including the Senior Leadership Team, the Local Partnership Forum, the three governance committees and IJB Development Sessions. These groups have either supported the content or their feedback has informed the development of the content presented in this report.

The Chair introduced Fiona McKay who presented the final version of the Strategic Plan for Board approval. The plan is ambitious and transformational, it takes account of both the Medium-Term Financial Strategy and the Workforce Strategy. Extensive consultation took place with staff, service users and members of the public. Some consultation was done in conjunction with NHS Fife to ensure a joined- up approach. Fiona thanked the members of the Strategic Planning Group for their input and challenge throughout the process.

The Chair then invited comment from the governance committee, Local Partnership Forum (LPF) and Strategic Planning Group (SPG) Chairs on discussions as their respective meeting.

Sinead Braiden, Chair of Quality & Assurance, Alastair Grant, Chair of Finance, Performance & Scrutiny Committee and Dave Dempsey, Chair of Audit & Assurance Committee all confirmed that their members strongly supported the final Strategic Plan.

Simon Fevre advised that the LPF had discussed the Strategic Plan on two separate occasions and there was overall support for the plan.

David Graham, on behalf of the SPG advised that all organisations and stakeholders involved in the consultation were able to give feedback and the SPG recommended the Plan to the IJB for approval.

8 STRATEGIC PLAN 2023-2026 (CONT)

Nicky Connor advised that once the Strategic Plan was approved the next steps would be to bring each of the underpinning strategies through the governance committees to the IJB, ensuring that key delivery plans were in place and linking into the Annual Performance Report.

Discussion then took place on the consultation for the plan, the increased number of people who took part, the work of the Communications and Participation & Engagement teams and the need to keep the Strategic Plan under review as legislation changes during its lifetime.

The Board approved the Strategic Plan from 2023 to 2026 and took assurance around the ongoing work in relation to the delivery plan, development of the underpinning strategies, alignment of risk and the Medium-Term Financial Strategy and the Workforce Strategy which will all report back through the governance committees to the Integration Joint Board.

Now the Strategic Plan has been approved work will commence on developing Directions and delivery plans which will be progressed through the Finance, Performance and Scrutiny Committee to the IJB as per our usual governance process. The Strategic Plan will be published on the Health and Social Care Partnership website.

FM

9 JOINT INSPECTION REPORT AND IMPROVEMENT PLAN

This report was discussed at the Finance, Performance & Scrutiny Committee on 20 January 2023. The Chair introduced Fiona McKay who presented this report.

The Inspection Report was received following the Care Inspectorate Inspection in 2022. The Improvement Plan was developed as a result of the Inspection Report and has been approved by the Care Inspectorate. The working group which was established during the inspection will continue to meet regularly and the Getting It Right For Everyone (GIRFE) initiative mentioned during the Chief Officer's Update will support the work planned around this.

The Chair then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at the Committee before questions from Board members. Alastair confirmed that the Committee were supportive of the Improvement Plan.

Discussion took place around the priority improvement areas including carers support and how this would be managed through the forthcoming Carers Strategy and upcoming changes to respite provision for carers, carers assessments and additional staff being recruited to support. Changes to the Senior Leadership Team have also supported improvements within the partnership.

Morna Fleming raised concerns regarding carers who often do not see themselves as carers and do not engage with the partnership or seek support. A change in focus is needed to include this hard to reach group and ensure services are provided for those who need them.

Fiona McKay advised that work is ongoing on the partnership website to ensure it is user friendly and able to provide the information on available support for the people of Fife. There is also work ongoing to ensure those who do not have access to technology can still be given appropriate information and advice.

9 JOINT INSPECTION REPORT AND IMPROVEMENT PLAN (CONT)

The Board confirmed that they took assurance that there is a plan in place to address the areas of learning and improvement identified through the inspection and also highlighted and recognised the good practice areas identified.

10 MINISTERIAL STRATEGIC GROUP (MSG) INDICATORS

This report was discussed at the Finance, Performance & Scrutiny Committee on 20 January 2023. The Chair introduced Fiona McKay who presented the report which is provided to the IJB regularly. Fiona gave background to the original MSG Indicators Report which was provided to Scottish Government in 2019 following a self-evaluation process by the partnership. Work on this was paused due to covid-19 and it is expected that this will be restarted in the near future. This report gives information up to December 2022 on the ongoing work with the MSG Indicators. Most of these have progressed and work will continue to ensure we are in a good position when this work is restarted by Scottish Government.

Nicky Connor advised that some of issues identified are national issues, not unique to Fife. She gave assurance that progress has also been made in many areas with year-on-year improvements evidenced in the report.

Arlene Wood asked if the original report on this could be circulated to IJB members.

FM

The Chair then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee who confirmed that the committee had not raised any specific questions or issues but found the report informative.

Board members felt this was a positive story and questions were asked about the expected status as not all were marked as exemplary. Fiona McKay explained that all indicators required to work through each of the four expected outcomes in turn. Therefore in line with Quality Improvement Methodology the expected status that is outlined in the next goal in this improvement journey rather the final expected end point.

Discussion took place around the expected route which future reports will take coming to the IJB and how do stakeholders have opportunity to input into the assessment of progress. This would normally be Senior Leadership Team and then Finance, Performance & Scrutiny Committee. It was suggested that this could also be brought to the Quality & Communities Committee in future as some of the MSG indicators would be relevant to this committee and enable wider input to the review of progress in future.

The Board took assurance that progress is being made on the implementation of the Ministerial Strategic Group Recommendations. This includes joint working across agencies in Fife and the commitment to continuous quality improvement. Progress will be included in the Health and Social Care Partnership Annual report and separate report on MSG will be reported to the IJB in the next financial year.

11 PERFORMANCE REPORT – EXECUTIVE SUMMARY

The full Performance Report was discussed at the Finance, Performance & Scrutiny Committee on 20 January 2023. The Chair introduced Fiona McKay who presented this report which is the normal summary report. Some areas within the report are highlighted and work is continuing to ensure improvement going forward.

11 PERFORMANCE REPORT – EXECUTIVE SUMMARY (CONT)

Within Fife work with Assessment and Interim Beds has been in place for a long period of time. Further work on these is being developed in conjunction with Paul Dundas. Lynne Garvey is taking forward significant work to support the reduction of delayed discharges and advised that daily verification meetings were being held to discuss all patients currently delayed in hospital, progress is being made thanks to the work of staff in all areas, including Care at Home where requests are being turned around in a really short timescale.

Nicky Connor gave an update the progress with smoking cessation, Child and Adolescent Mental Health Services waiting times and Psychological therapies waiting times.

Paul Dundas acknowledged the work done by all members of Team Fife on flow and capacity issues, coping with ongoing pressures and reducing hospital discharge delays. Scottish Care are meeting with the Cabinet Secretary on 23 February 2023 to discuss work undertaken in Fife.

The Chair then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment. Alastair advised that the committee had had a full discussion on this report.

Board members were encouraged by this report which was seen as a positive one. There was discussion regarding the opportunity that there could be to review the performance reporting to the Integration Joint Board and agreed that a development session will take place at the finance performance and scrutiny committee to explore this as the committee that reviews the performance in detail.

The Board took assurance that detailed discussion on performance takes place at Finance, Performance and Scrutiny Committee and that the committee is planning a Development Session to explore performance reporting and opportunities to further strengthen this aligned to the new Health and Social Care Partnership Strategic Plan.

12 MINUTES OF GOVERNANCE COMMITTEES/LOCAL PARTNERSHIP FORUM/ ITEMS TO BE ESCALATED

Nicky Connor invited each of the Committee Chairs in turn to provide an update on items to be escalated to the Board.

Audit & Assurance Committee

Dave Dempsey advised that John Kemp was welcomed to his first meeting of the committee on 19 January 2023. Discussion took place around the Risk Register and that the committee were exploring a process to support deep dives into specific risks to understand them better and to ensure that this connects well to the other committees of the IJB.

Finance, Performance & Scrutiny Committee (FP&S)

Arlene Wood chaired the FP&S Committee on 11 November 2022 and confirmed there was nothing to escalate from this meeting.

Alastair Grant chaired the meeting held on 20 January 2023 and confirmed there was nothing to escalate to the IJB from the meeting.

12 MINUTES OF GOVERNANCE COMMITTEES/LOCAL PARTNERSHIP FORUM/ ITEMS TO BE ESCALATED (CONT)

Quality & Communities Committee (Q&C)

Sinead Braiden advised that the meeting held on 8 November 2022 had a full agenda and since then an excellent Development Session has taken place for committee members where lived experience was shared by users of the Alcohol and Drug Partnership (ADP).

There was nothing to escalate from the meeting held on 18 January 2023.

Local Partnership Forum (LPF)

Simon Fevre advised there was nothing to escalate from meeting held on 16 November 2022. At 24 January 2023 meeting significant service pressures, surge bed capacity, the H&SC Leadership Programme and a presentation on the National Care Service were on agenda. The LPF acknowledged the huge contribution all staff have made over recent months.

13 AOCB

Ian Dall raised an issue relating to a Care Home in Fife and the concerns this has raised. Nicky Connor will meet with Ian to get an understanding of the issue with address this through the Care Home Assurance Group meeting.

Arlene Wood thanked all IJB members who has supported her induction and shared their thoughts and ideas which will help strengthen the IJB going forward. Arlene and Nicky will discuss these and IJB members will be updated on progress at future meetings.

14 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 24 FEBRUARY 2023

INTEGRATION JOINT BOARD – FRIDAY 31 MARCH 2023

FIFE PARTNERSHIP BOARD

(Meeting on 2 May 2023)

No issues were raised for escalation to the Board.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING**02 May, 2023****10.00 a.m. – 10.50 a.m.**

PRESENT: Councillors David Ross (Convener), David Alexander; Steve Grimmond, Chief Executive, Fife Council; Dr Lorna Watson, Deputy Public Health Director (substitute for Joy Tomlinson), NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Kenny Murphy, Chief Executive, Fife Voluntary Action; Lynne Cooper, Regional Engagement Partner, Scottish Enterprise; David Watt, Chair, Fife College; Adam Smith, Chief Inspector – Partnerships, Police Scotland; Phil Martin, Employer and Partnership Manager, Department of Work & Pensions; Evonne Boyd, Regional Partner, Skills Development Scotland and Alison Taylor, Place Director, Scottish Government.

ATTENDING: Michael Enston, Executive Director – Communities; Coryn Barclay, Research Consultant, Communities; Sinead O'Donnell, Improvement Consultant, Community Investment; Gordon Mole, Head of Business & Employability, Economy Planning and Employability Services; Ken Gourlay, Executive Director, Enterprise and Environment and Michelle Hyslop, Committee Officer, Committee Services.

APOLOGIES FOR ABSENCE: Councillor Linda Erskine, Prof Brad MacKay, St Andrews University and Alistair Morris, NHS Fife.

22. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 28th February, 2023.

Decision

The Board agreed to approve the minute.

23. COMMUNITY WEALTH BUILDING – SCOTTISH GOVERNMENT BILL CONSULTATION RESPONSE

The Board considered a report by the Head of Business & Employability, providing an update on Fife Partnership's response to the Scottish Government consultation on the introduction of the Community Wealth Building legislation, as set out in the Programme for Government 2021.

Decision

The Board: -

(1) endorsed the partnership response to the Scottish Government, as set out in Appendix 1 of the report;

(2)/

- (2) noted the asks of the Scottish Government arising from the Community Wealth Building Bill Consultation; and
- (3) noted the progress in Fife against the delivery aims for Community Wealth Building.

24. OUR FIFE LEADERSHIP SUMMITS AND NEXT STEPS

The Board considered a report by the Executive Director - Communities, providing an update on the responses from partners in relation to the Leadership Summit exercise. The report also asked partners to agree the next steps to support partnership change and reform.

Decision

The Board: -

- (1) endorsed partner responses, as detailed in Section 1 of the report;
- (2) agreed the next steps as set out in Section 2 and 3 of the report; and
- (3) agreed that any additional responses to the report would be circulated to all partners.

25. PLAN FOR FIFE: ANNUAL REVIEW OF PRIORITIES AND AMBITIONS

The Board considered a report by the Executive Director - Communities, providing partners with a high-level review of progress against the Plan for Fife priorities and ambitions.

Decision

The Board: -

- (1) endorsed the content of the first annual review; and
- (2) agreed to consider the role of partnership groups in progressing the review of the Plan for Fife, priorities, and ambitions.

26. DATE OF NEXT MEETING

The next Board meeting would take place on Thursday 17th August, 2023.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 3 MARCH 2023 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Janette Keenan, Director of Nursing
Chris McKenna, Medical Director
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Associate Medical Director
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy (*part*)
Elizabeth Muir, Clinical Effectiveness Manager
Sally McCormack, Associate Medical Director for Emergency Care and Planned Care (*observing*)
Neil McCormick, Director of Property & Asset Management
Gill Ogden, Head of Nursing (for Norma Beveridge)
Shirley-Anne Savage, Associate Director of Quality and Clinical Governance
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A welcome was extended to Dr Sally McCormack, Associate Medical Director for Emergency Care and Planned Care, who is participating in the Developing Senior Systems Leadership course, and joined the meeting as an observer.

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 Aileen Lawrie (Area Clinical Forum Representative), David Miller (Director of Workforce), Carol Potter (Chief Executive) and attendees Norma Beveridge (Associate Director of Nursing), Iain MacLeod

(Deputy Medical Director) and John Morrice (Consultant Paediatrician and Associate Medical Director).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 13 January 2023

The Committee formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

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

4.1 Healthcare Improvement Scotland (HIS) Safe Delivery of Care Inspections

HIS's Director of Quality Assurance wrote to all NHS Scotland Boards on 22 November 2022 to highlight general concerns raised via recent Safe Delivery of Care Inspections of acute hospitals. The Acute Services Division considered the concerns and guidance shared via the letter, to ensure that the learning was acted upon. The Director of Acute Services provided an update on the situation and action plans that are in place to address potential overcrowding, staffing levels, supporting staff health & wellbeing and assuring visible leadership, and also specific actions around medicines governance, as described in the paper. It was noted that the Acute Services Division would be unable to deliver the actions on their own, since it requires a whole system response, and that close working between the Health & Social Care Partnership is ongoing.

The Medical Director provided assurance that appropriate steps are being taken across the whole organisation to address the findings from the guidance. It was noted that Winter 2022/23 has been an exceptionally challenging time, and discussions are ongoing to address managing the services during extremely busy periods.

A Haston, Non-Executive Member, questioned what the two requirements from the HIS inspection of Victoria Hospital in May 2021 were, and how those were addressed. The Director of Acute Services advised that one issue was around the over-capacity of bays within the surge ward, with it being noted that this continues to be an issue, due to the number of patients being cared for in that ward. It was noted that an annexe has been added to the ward to create more capacity. The other requirement was a technicality around the documentation of patient results in a case record and it was reported that this issue was resolved quickly.

S Fevre, Area Partnership Forum Representative, questioned the percentage data for supplementary staffing, and he also queried if safe staffing is defined by staff opinions or a numerical measurement. The Director of Acute Services reported that supplementary staffing has been significant in AU1 due to staffing level challenges, however the situation is being actively managed going forward. It was also reported that safe staffing is defined through both quantitative and qualitative data, and staff look at a range of measures within their areas. A description was provided on the frameworks and systems in place to support safe staffing and to keep the services clinically safe.

S Fevre, Area Partnership Forum Representative, requested a description around the visibility of ideas and initiatives, which is stated in the paper as being worked on by the Senior Leadership Team (SLT). The Director of Acute Services explained the number of ways in which SLT are visible and engaging with staff.

C Grieve, Non-Executive Member, requested assurance around compliance with fire training, and the Director of Property & Asset Management agreed to provide further detail, for assurance, outwith the meeting.

Action: Director of Property & Asset Management

Following a query from the Chair around sustainability and compliance, the Director of Acute Services reported on the various methods of monitoring compliance and advised that mock inspections will be taken forward as an additional action, and will include the compliance aspect, which requires further work. The Director of Pharmacy & Medicines provided an overview on the compliance for medicines, noting that this is closely monitored and that the policies and procedures for medicines are comprehensive.

The Committee took **assurance** and **noted** the Acute Services Division's reflections in response to the HIS letter, as well as the actions underway to support patient care and staff wellbeing.

4.2 Resilience Annual Report

The Director of Public Health spoke to the paper and reported that substantial work has been carried out around refreshing our major incident planning process and concluding our annual business continuity assurance process. It was advised that due to the pandemic and a restructuring within the Resilience Team, which has impacted the timing of the report coming to the Committee, a formal Annual Statement of Assurance will be presented to the Committee at the May 2023 meeting, and then on an annual basis.

A Haston, Non-Executive Member, queried where assessment of risk will sit within the new framework and was advised that this will be incorporated within the Major Incident Plan.

Following a question from the Chair, it was advised that an interim internal audit was carried out in 2021/22, and the majority of actions have been completed, with other actions realigned following agreement from the auditors. It was also advised that a statement of assurance is provided to the Committee on an annual basis.

The Chair requested detail on the percentage and scope of staff trained in resilience. The Director of Public Health noted that consideration will be given to the number of individuals included in resilience training going forward.

For assurance, the Director of Public Health explained the timings for concluding the Major Incident Plan, and the operational aspects in support of this. She also advised that the various elements of business continuity will be concluded by the end of March 2023.

The Committee took **assurance** on the overview of progress within business continuity and emergency planning. The Committee **agreed** that the Annual Statement of Assurance will be presented in May 2023, then annually to the Clinical Governance Committee thereafter, and that a mid-year progress report will be provided for assurance.

Action: Director of Public Health

5. ACTIVE OR EMERGING ISSUES

The Chair advised the Committee that there are no active or emerging issues to report on to this meeting.

6. GOVERNANCE MATTERS

6.1 Committee Self-Assessment Report 2022/23

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback for the Clinical Governance Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

A Haston, Non-Executive Member, expressed an opinion that she felt a committee review for new Members would be beneficial to add to the induction process, to help new appointees receive feedback on their initial period serving on a committee. The Board Secretary agreed this could be built into the process.

It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit.

6.2 Annual Review of Committee's Terms of Reference

The Board Secretary advised that the changes proposed to the Terms of Reference (ToR) are tracked within the paper and reflects a change to the risk management processes in relation to the replacement of the Board Assurance Framework with the Corporate Risk Register. It was also advised that an increased expansion of the Committee's role in relation to adverse events and duty of candour has been added, along with an addition of a specific clause on the Committee's remit in review of the patient experience.

It was explained that the patient representative position on the Committee has remained vacant since 2021, with no clear route for recruiting to that post in a way that the incumbent could reflect the overall patient voice. The Director of Nursing reported that consideration is being given to other ways of having a patient perspective, along with patient stories, on the Committee and suggested that this is trialled at the next Development Session on Addictions Services.

K MacDonald, Non-Executive Member, asked if consideration was being given to having a Patient Forum, which includes patients and clinicians. The Director of Nursing advised that there are a few specialised groups that include patients thereon, and she agreed to bring information back on those groups to the Committee.

The Chair questioned if there was anything that could be offered within the Health & Social Care Partnership in relation to the patient voice, that would also support this Committee. The Director of Health & Social Care advised that she engages on a regular basis with the Director of Nursing and opportunities are being explored. Assurance was provided that there is a robust mechanism in place to support participation and engagement, at locality and service level.

The Board Secretary advised that it had been explicitly highlighted by the outgoing Patient Representative that the broader patient voice was difficult to be expressed through an individual patient representative, and a new model should ideally be explored. The Medical Director suggested capturing all the activity in relation to the patient voice and stories and presenting it to the Committee on annual basis, with regular updates on specific areas. The Director of Pharmacy & Medicines supported this approach.

The Director of Nursing advised that work is being piloted around the patient experience, which includes ongoing conversations with patients and capturing their feedback. Further detail will be available through the Patient Feedback Quarterly Report.

After discussion on these points, the Committee **approved** a final version for further consideration by the Board.

6.3 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director introduced this item and advised that there has been no significant change since the risks were last reported to the Committee. He also noted that the most prominent aspect is around the risk appetite aligning to the level of risk, due to the sustained level of operational challenge the services are experiencing. It was advised that we need to define our risk tolerance and work is ongoing in this area.

C Grieve, Non-Executive Member, questioned how assurance is provided for risks that are sitting at red status and outwith our risk appetite, and the measures that are put in place to tolerate the high level risk.

The Chair requested progress on the requirement to clearly define the clinical, safety & quality issues around the digital and information quality risk. The Associate Director of Digital & Information confirmed this will be updated.

Action: Associate Director of Digital & Information

6.3.1 Deep Dive – Covid-19 Pandemic

The Director of Public Health spoke to the root causes of Covid-19, and advised that the paper describes the core principles, noting the fundamental risks remain. It was reported that a large amount of work is being carried out through the Covid-19 inquiries in Scotland and the UK, and that this work will support lessons learned for the future.

An overview on the management actions was provided. It was also advised that the risk level has been reduced due to the protections afforded by vaccinations and increasing immunity within the population.

The Chair queried the specific level of assurance provided to the Committee on the deep dive. The Director of Finance & Strategy advised that levels of assurance had not reached the point of being identified, and that this will be actioned, through discussion with the Executive Directors' Group, going forward.

Action: Director of Finance & Strategy

The Chair agreed to forward on further comments to the Director of Public Health in relation to further action to be taken to establish the level of assurance and the evidence.

Following a query from the Chair, the Director of Public Health advised that the levels of controls are applied continuously and are difficult to assess as a risk due to the various aspects.

It was agreed to apply a recommendation, on the deep dives that have been carried out, to date, and bring back to the next Committee meeting for further discussion.

Action: Director of Public Health

The Committee took **assurance** from the paper.

7. STRATEGY / PLANNING

7.1 Draft Population Health & Wellbeing Strategy

The Director of Finance & Strategy reported that the draft strategy was discussed in detail at the Board Development Session held on 28 February 2023. The Director of Finance & Strategy fed back to the Committee on the key points raised at the Board Development Session, which were: reviewing the wording to be more explicit on the unique contribution from NHS Fife to population health and wellbeing; increasing the dominance and importance of the Integration Joint Board Strategic Plan; and building in an annual or bi-annual review of the strategy to ensure it is kept current and responsive. The Associate Director of Planning & Performance added that more emphasis will be added to the strategy on partnership working, and more work will be carried out in relation to women and children services.

The Associated Director of Planning & Performance provided assurance that the photographs within the strategy are being reviewed and that the other comments raised by Board members will be reflected in the revised version that will go to the Board for final approval at their meeting on 28 March 2023.

The Committee:

- Took **assurance** from the process undertaken to develop the NHS Fife Population Health and Wellbeing Strategy and the ongoing engagement work; and

- **Endorsed** this strategy for discussion and final approval at the March NHS Fife Board Meeting

7.2 Strategic Planning & Resource Allocation 2023/24

The Director of Finance & Strategy reported that the corporate objectives for 2023/24 initial proposal is presented to the Committee to provide assurance that the process is underway. A final proposition will be presented to the Board and Committees in the next meeting cycle.

It was advised that work is ongoing in relation to the corporate objectives for 2023/24, which will shape the Annual Delivery Plan, and will link into our strategic ambitions and the Scottish Government's directions. An updated version of the corporate objectives will be presented to the Committee at the next meeting.

It was reported that there are corporate objectives that have been carried forward from the current financial year, which is not unexpected due to them being medium term in nature. It was noted that redefining the focus of these objectives will be carried out. It was also noted that there are a few new objectives.

The Chair queried the actions in place in relation to the statement about ensuring links between financial sustainability and the Integrated Performance & Quality Report, which are detailed in the internal audit report 2021/22. The Director of Finance & Strategy agreed to take this forward and noted that an aspect of the financial sustainability programme is a formal impact assessment of areas being considered, to ensure sign off of any unintended consequences.

Action: Director of Finance & Strategy

The Committee took **assurance** and **discussed** this initial proposal in relation to the Corporate Objectives for 2023/24.

7.3 Cancer Framework and Delivery Plan

The Associate Director of Quality & Clinical Governance reported that the 2022/23 workplan was developed alongside the Cancer Framework to ensure that some areas of work could progress. An overview on the objectives was provided, and it was noted that they have been aligned to one of the eight commitments. It was advised that the 2023/24 workplan is currently being drafted and assurance was provided that this will include areas of work carried forward from 2022/23.

A Haston, Non-Executive Member, requested clarity on progress of the Physically Activity Strategy. The Director of Health & Social Care advised that the Prevention and Early Intervention Strategy will feed into the Physically Activity Strategy and that work is progressing well. The Director of Public Health added that there will be opportunities to work with partners on physical activity.

A Haston, Non-Executive Member, requested an update on where the Breast Cancer Nurse, who has been recruited, has been utilised. The Medical Director agreed to take this forward outwith the meeting.

Action: Medical Director

Following a question from A Haston, Non-Executive Member, regarding oral cancer therapies, the Director of Pharmacy & Medicines advised that there are rapid numbers of approvals of oral cancer therapies, noting that they work in slightly different ways to traditional chemotherapies and require less monitoring. An explanation was provided on the issues of contracting.

The Committee took **assurance** from the Cancer Framework and related Delivery Plan.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance & Quality Report

The Director of Nursing spoke to the report. It was noted that the Director of Nursing and Chief Executive from Health Improvement Scotland (HIS) visited Ward 53 in Victoria Hospital last month, and they were impressed with the data display.

S Braiden, Non-Executive Member, noted she would discuss performance in in-patient falls in more detail with the Director of Nursing and other colleagues outwith the meeting.

The Committee took **assurance** from the report.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing outlined the report. It was advised there was an announced inspection on mental health in February 2023 and an update on the inspection will be included in the next iteration of the HAIRT. It was noted that the feedback from the inspection was positive.

Following a question from A Haston, Non-Executive Member, the Director of Nursing advised that a date is still awaited for restarting the monitoring of surgical site infections, which was paused due to the Covid pandemic. For surgical site infections and caesarean sections, it was advised that these are being closely monitored by local teams.

Following a question in relation to hand hygiene monitoring, it was advised that this detail was captured on a system that is not now being used. It was reported that teams are carrying out hand hygiene audits, and work is ongoing to capture this detail in the dashboard.

The Committee took **assurance** from the report.

8.3 NHS Fife Response to the Ockenden Report

The Director of Nursing advised that the paper provides a review of learning from the Ockenden Report and identifies recommendations to be considered for NHS Fife's maternity services. Background information to the report was provided.

It was reported that 15 broad immediate actions were required, and staff within NHS Fife's maternity services carried out a review on the immediate actions. The summary of key findings was highlighted, as detailed in the paper.

The Director of Nursing advised that an open day was held for student midwives in their final year, which was attended by 40 people across Scotland. It was noted this is a testament to the positive reputation of the team in maternity services. The Director of Nursing highlighted that there is a concern nationally around the 28% drop in the number of applicants for midwifery.

K MacDonald, Non-Executive Member, questioned mandatory training and why the inclusion of human factors training is not mandated. The Director of Nursing agreed to provide more detail outwith the meeting.

Action: Director of Nursing

The Chair highlighted that it was difficult to identify green statuses, as the narrative and the outcome section did not match up. It was also noted that there is no key to describe each status. The responses to some of the actions of green status was also queried. The Director of Nursing agreed to ask the team to provide more granular detail on the RAG statuses.

Action: Director of Nursing

S Braiden, Non-Executive Member, praised the NHS Fife maternity services team, given her personal experience with the service.

K MacDonald, Non-Executive Member, praised the team for producing a detailed report in response to the Ockenden Report, which provides assurance for where there are issues and the learning that is being taken to address these.

The Committee took **assurance** from the paper.

8.4 National Treatment Centre - Fife Orthopaedics

The Director of Nursing highlighted the key points in the paper and advised that there is a high level of confidence that the centre will open to its first patients on 20 March 2023. The Director of Property & Asset Management advised that the NHS Assure team are going through the review findings thoroughly and an action plan will be developed for the lower category areas. Assurance was provided that NHS Assure team are ensuring there is evidence to support all aspects of the centre.

A Wood, Non-Executive Member, questioned if it would be straight forward to step up elective procedures in the old theatres if required. The Director of Nursing advised that systems are in place as a contingency should the centre not open as planned on 20 March 2023.

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

9. DIGITAL / INFORMATION

9.1 Information Governance & Security Steering Group Update

The Associate Director of Digital & Information advised that this is the second of the planned assurance reports from the Information Governance & Security Steering Group for the workplan and that it outlines the activities from the last report in September 2022. It was advised that the main focus for the group is aligning to the

risk profile, which demonstrates some improvement in terms of the number of risks and risk ratings.

The Associate Director of Digital & Information highlighted the priority areas the Group is focusing its attention on.

The Committee **noted** the progress being made across the Information Governance & Security domains and took **assurance** from the governance controls and measures in place.

10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1 Patient Experience & Feedback Report - Quarter 3

The Director of Nursing reported on an improving position for complaints and highlighted a reduction in the number of open complaints. It was also advised that a large amount of work has been carried out around data collection, and a database is being explored. An update on progress of improvements being made within the complaints team was provided, and the additional posts in place within the team. The Director of Nursing outlined the main points from the report.

Following a question from the Chair, the Director of Nursing advised that discussions are ongoing between the Head of Patient Experience and services to look at what can be done to support services with complaints. It was advised a new post specifically to focus on supporting services with complaints is being explored.

The Committee took **assurance** from the report.

11. ANNUAL REPORTS

11.1 Organisational Duty of Candour Annual Report

The Medical Director advised that the report is presented to the Committee on an annual basis and is thereafter required to be published. It was noted the report being published is for 2021/22, due to the timings of collating the data required. The Medical Director advised that the report provides assurance on our compliance around regulations.

The Medical Director noted that the report presented to the Committee is in its final format and an overview on the contents was provided.

Following a query from A Haston, Non-Executive Member, the Medical Director advised that there is an Adverse Events policy, and an explanation was provided on the process for adverse events.

Following a question from the Chair, the Medical Director clarified that the report is our direct response to the requirements of the legislation.

The Committee took **assurance** on the content of the report and noted it will be presented to the Board at their meeting on 28 March 2023.

11.2 Annual Review of Deaths of Children & Young People

The Director of Nursing spoke to the paper and advised that there is a requirement for the annual report to be published on a yearly basis.

The Director of Nursing clarified that non-expected deaths include road traffic accidents, rather than a clinical incident, and expected deaths would include children who are terminally ill.

The Associate Director of Quality & Clinical Governance noted that, as the numbers are very small, it is difficult to describe in depth the circumstances of each within the report, without risking making people identifiable.

The Committee took **assurance** from the report.

12. FOR ASSURANCE

12.1 Delivery of Annual Workplan

The Associate Director of Quality & Clinical Governance advised that deferred items have been carried over to the 2023/24 workplan.

The Chair highlighted that there are seven annual reports scheduled to be presented to the Committee at the next meeting, which might mean an overly heavy agenda, and agreed to discuss this further at the next agenda planning meeting.

The Committee took **assurance** from the tracked workplan.

12.2 Proposed Annual Workplan 2023/24

The Associate Director of Quality & Clinical Governance presented the proposed workplan for 2023/24 and advised that it reflects the establishment of the new Medical Devices Group. The Associate Director of Quality & Clinical Governance confirmed that any further suggestions for inclusion / amendment can be sent directly to her via email.

The Committee:

- **considered** and **approved** the proposed workplan for 2023/2024; and
- **approved** the approach to ensure that the workplan remains current

13. LINKED COMMITTEE MINUTES

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

13.1 Area Clinical Forum held on 2 February 2023 (unconfirmed)

- The Director of Nursing advised that pressures in General Practitioners in relation to hate crime was discussed at the Equality & Human Rights Group recently.

13.2 Area Medical Committee held on 13 December 2023 (unconfirmed)

13.3 Cancer Governance & Strategy Group held on 13 January 2023 (unconfirmed)

- 13.4 Clinical Governance Oversight Group held on 20 December 2022 (confirmed)
- 13.5 Digital & Information Board held on 24 January 2023 (unconfirmed)
- 13.6 Fife Drugs & Therapeutic Committee held on 8 February 2023 (unconfirmed)
- 13.7 Fife IJB Quality & Communities Committee held on 8 November 2022 (confirmed) & 18 January 2023 (unconfirmed)
- 13.8 Health & Safety Subcommittee held on 20 January 2023 (unconfirmed)
- 13.9 Information Governance & Security Steering Group held on 31 January 2023 (unconfirmed)
- 13.10 Resilience Forum held on 1 December 2022 (unconfirmed)

14. ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

14.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

15. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 5 May 2023 at 10am via MS Teams

Confirmed

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 14 MARCH 2023 AT 9.30AM VIA MS TEAMS**

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair)	J Keenan, Director of Nursing
W Brown, Employee Director	M McGurk, Director of Finance & Strategy
A Grant, Non-Executive Director	J Tomlinson, Director of Public Health
Cllr D Graham, Non-Executive Director	M Mahmood, Non-Executive Director
J Kemp, Non-Executive Director	C McKenna, Medical Director

In Attendance:

N Connor, Director of Health & Social Care
B Hannan, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management
G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
C Dobson, Director of Acute Services
S McCormack, Associate Medical Director, Emergency & Planned Care (*observing*)
S Fraser, Associate Director of Planning & Performance (*for item 6.1 only*)
K Donald, Interim PA to the Director of Finance & Strategy (*minutes*)

Chair's Opening Remarks

The Chair welcomed everyone to meeting. Dr Sally McCormack, Associate Medical Director for Emergency Care & Planned Care, who is participating in the Developing Senior Systems Leadership course, was also welcomed as an observer to this meeting.

Members were advised that a recording pen will be in use at the meeting to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from C Potter, Chief Executive, and A Lawrie, Area Clinical Forum Representative.

2. Declaration of Members' Interests

There were no members' interests to declare.

3. **Minute of the last Meeting held on 17 January 2023**

The Committee formally **approved** the minute of the last meeting.

4. **Action List / Matters Arising**

The Committee **noted** the updates on the Action List.

5. **GOVERNANCE MATTERS**

5.1 **Committee Self-Assessment Report 2022/23**

The Head of Corporate Governance and Board Secretary introduced the report, summarising its findings and noting a Committee induction pack will be created and issued to new Committee members going forward. The Chair advised a meeting with the Director of Finance & Strategy would be arranged for him to discuss how to implement the suggestion points noted in the report.

A Grant, Non-Executive Director, encouraged the creation of an induction pack to new Committee members, however noted an interactive session for new members with the Chair and Lead Executive would still be valuable and beneficial for new members. It was confirmed the induction pack would be in addition to this existing meeting.

The Committee took **assurance** from the report.

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

The Head of Corporate Governance and Board Secretary discussed the report, noting two changes (in relation to the description of the Annual Delivery Plan and risk management processes) are being made to the Terms of Reference, which, once approved by the Committee, will be taken forward to the Audit and Risk Committee and the Board for approval as part of the annual year-end processes.

The Committee **approved** the updated Terms of Reference.

5.3 **Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Director of Finance & Strategy presented the corporate risk paper. It was highlighted that the wording on Risk 13 was to be updated, as agreed in the January committee meeting to read: "There is a risk that the Board will not achieve its statutory financial revenue budget target in 2022/23 without additional in-year support from Scottish Government". This change should have been reflected in the paper and will be corrected for the next version.

Action: Director of Finance & Strategy

The Director of Finance & Strategy further noted the Risk and Opportunities Group will be reviewing whether we can establish the application of a range of assurance levels; Substantial, Adequate, Limited, to further enhance the report. The Chair agreed this would be a helpful development.

The Committee took **assurance** from the report.

5.3.1 Deep Dive – Access to Outpatient, Diagnostic & Treatment Services

The Director of Acute Services discussed the report, highlighting a range of actions including the ongoing work to convert the reception area within the Queen Margaret Hospital theatre suite to create additional theatre space.

Following a question from J Kemp, Non-Executive Director, the Committee agreed a draft short statement should be included at the end of a deep dive to illustrate the overall impact of the risk mitigations.

After discussion, it was agreed a future deep dive should be brought to the Committee examining the usage of bank and agency staff utilisation. The Director of Finance & Strategy highlighted that an interim position report may be possible reflecting the work of the new group looking at this area.

The Committee discussed the report and took **assurance** from range of mitigating actions underway to improve the risk level.

6. STRATEGY / PLANNING

6.1 Draft Population Health & Wellbeing Strategy

The Associate Director of Planning & Performance joined the meeting and highlighted a number of changes made since the Board Development Session.

Following a question from M Mahmood, Non-Executive Director, it was agreed additional focus on the contribution of the voluntary sector should be included within the strategy.

The Committee **endorsed** the strategy, recognising that a number of final changes are being drafted following discussion at the Board Development Session.

6.2 National Treatment Centre – Fife Orthopaedics

The Director of Nursing introduced the report, noting the National Treatment Centre for Orthopaedics is due to open on Monday 20 March 2023. The Director of Property & Asset Management highlighted that the project team are working through the NHS Assure process. Any outstanding actions that are unable to be closed off before the opening date will have an action plan created to ensure all actions are completed in a timely manner. The Committee agreed the outstanding actions and associated action plans should be brought to the next Committee meeting as a report for assurance.

Action: Director of Property & Asset Management

Following a question from the Chair, the Director of Property & Asset Management advised that NHS Assure have now completed detailed checks on the building and emphasised that the outstanding actions have no health and safety related impact on the operation of the building and its ability to deliver clinical services.

The Committee took **assurance** from the report.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance and Quality Report

The Director of Acute Services provided an overview of the report, highlighting an improvement in the four-hour access target compared to the performance in December 2022. However, bed waits continue to contribute to the majority of breaches. NHS Fife continue to be among the top performing boards in Scotland for Patient TTG (waiting), however diagnostic performance has dropped due to staffing challenges and reduction in funding.

The Director of Health & Social Care provided an overview of the Partnership section of the report, highlighting the percentage of bed days lost to standard delay is at the lowest it has been in two years and close to the national target. Code 9 delays are higher than expected, however engagement with the legal team to identify further actions and multi-agency reviews for each patient take place on a weekly basis.

The Director of Finance & Strategy provided an overview of the report, highlighting NHS Fife are reporting a significant overspend of £22.6m, with forecasts indicating NHS Fife will have a brokerage requirement of £16m at the end of the financial year.

There was a discussion regarding whether NHS Fife could set additional local targets linked to the trajectories within the IPQR. It was concluded that the mitigation and actions within the IPQR effectively describe the achievable local response to current challenges with performance.

The Chair asked for an update on the response to a recent letter received from Scottish Government requesting information on delayed discharge and local actions to reduce this. The Director of Health & Social Care advised NHS Fife has responded to this letter confirming our local actions and plans to address this.

The Committee took **assurance** from the report.

7.2 Fife Capital Investment Group Report 2022/23

The Deputy Director of Finance provided an overview, noting that at January 2023 a total of £22m had been allocated, with plans in place to spend the remaining £10m by the end of the financial year.

The Committee took **assurance** from the report.

7.3 Tender Process For 2C GP Practices

The Director of Health & Social Care provided an overview of the report, noting the formal tender process has now closed with notes of interest received, which will be assessed by the tender oversight group. Interviews will be held in April 2023 with recommendations going forward through the relevant committees for decision by the Board in May 2023.

The Committee took **assurance** from the report.

8. FOR ASSURANCE

8.1 Delivery of Annual Workplan 2022/23

The Committee **approved** the tracked workplan.

8.2 Annual Finance, Performance & Resources Committee Workplan 2023/24

The Committee **approved** the proposed workplan.

9. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

9.1 Fife Capital Investment Group held on 18 January 2023 (unconfirmed)

9.2 Primary Medical Services Subcommittee held on 6 December 2022 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 9 May 2023 at 9.30am via MS Teams.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON WEDNESDAY 1 MARCH 2023 AT 10AM VIA MS TEAMS**

Present:

Tricia Marwick, Chair
Mansoor Mahmood, Non-Executive Member
Arlene Wood, Non-Executive Member
Wilma Brown, Employee Director
Margo McGurk, Director of Finance & Strategy
Chris McKenna, Medical Director
Janette Owens, Director of Nursing
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from members Alistair Morris (Non-Executive Member) and Carol Potter (Chief Executive).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on Wednesday 11 January 2023

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

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Committee Self-Assessment Report 2022/23

The Board Secretary noted that this was the first full self-assessment undertaken for the Committee, noting that a light-touch assessment was carried out the previous year in relation to a detailed review of the Committee's remit as it established itself.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit, and this was warmly welcomed by the Chair.

5.2 Annual Review of Committee's Terms of Reference

The Board Secretary advised that the Terms of Reference reflects a change to the risk management processes in relation to the replacement of the Board Assurance Framework with the Corporate Risk Register.

The Director of Pharmacy & Medicines also highlighted he is to be added as a regular attendee to the Terms of Reference.

Action: Board Secretary

The Committee **approved** a final version, subject to the change advised, for further consideration by the Board.

5.3 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health highlighted the overview of the risks aligned to the Committee and advised of a change to the risk assessment for Primary Care Services, which, following a review, increased the target risk score. It was noted a deep dive on the Primary Care risk will be provided at the next Committee meeting in May 2023.

A Wood, Non-Executive Member, questioned what is driving the increased risk and if there is any new mitigation being put in place around this. An explanation was provided on the scoring of the Primary Care services risk, and how that has changed.

Discussion took place on the assessment of the target level of risk, and the level of assurance required. This will be discussed in more detail at the next Committee meeting

5.3.1 Deep Dive – Health Inequalities

The Director of Public Health highlighted the detailed description within the paper of the underlying causes of health inequalities. An explanation was provided on the expansion of the risk description for health inequalities.

The Director of Public Health advised that the Public Health Scotland review, which is included in the paper, describes the potential worsening of health inequalities. It was reported that some of the mitigations that are required to be put in place within the Population Health & Wellbeing Strategy will reduce this worsening situation.

It was reported that the risk appetite for addressing health inequalities remains high, and it will be ensured that there is deliberate effort to address the causes that disadvantage our population; this will form part of the Population Health & Wellbeing Strategy and the strategy will include actions to be taken and the process of delivery.

A Wood, Non-Executive Member, highlighted the need for strengthening assurances and questioned the impact of the actions that are in place for specific risks. The Director of Public Health advised that the alignment of the health inequalities risk to the Population Health & Wellbeing Strategy is key, and that the development of the actions will provide a delivery framework. It was noted that the detail for this area of work is still to be developed and will form part of the next steps for the strategy.

A Wood, Non-Executive Member, requested that the effectiveness of the risk mitigation actions should be included in the deep dives, to provide the necessary levels of assurance.

The Committee **agreed** to an updated paper being brought back to the next Committee meeting in May 2023.

6. STRATEGY / PLANNING

6.1 Draft Population Health & Wellbeing Strategy

The Chair advised that the draft Population Health & Wellbeing Strategy was discussed in detail at the Board Development Session held on 28 February 2023. She requested assurance on the points raised at that session before the document is presented to the Board for approval. The Associated Director of Planning & Performance provided assurance that the photographs within the strategy are being reviewed and that the other comments raised by Board members will be reflected in the revised version.

The Director of Finance & Strategy fed back to the Committee on the key points raised at the Board Development Session, which were: reviewing the wording to be more explicit on the unique contribution from NHS Fife to population health & wellbeing; increasing the dominance and importance of the Integration Joint Board Strategic Plan; and building in an annual or bi-annual review of the strategy to ensure it is kept current and responsive. The Associated Director of Planning & Performance added that more emphasis will be added to the strategy on partnership working, and more work will be carried out in relation to women and children services. A Wood, Non-Executive Member, noted that strengthening actions to address health inequalities is also required.

Members of the Committee **endorsed** this strategy, following action on the key points raised at the Board Development Session, for discussion and final approval at the March NHS Fife Board Meeting.

6.2 Strategic Planning & Resource Allocation 2023/24 - Corporate Objectives 2023/24 Initial Proposal

The Director of Finance & Strategy reported that the corporate objectives for 2023/24 initial proposal is presented to the Committee to provide assurance that the process is underway. A final proposition will be presented to the Board and Committees at the appropriate time.

It was advised that work is ongoing in relation to the corporate objectives for 2023/24, which will shape the Annual Delivery Plan, and will link into our strategic ambitions and the Scottish Government's directions.

It was reported that there are corporate objectives that have been carried forward from the current financial year, which is not unexpected due to them being medium term. It was noted that redefining the focus of these objectives will be carried out. It was also noted that there are a few new objectives.

A Wood, Non-Executive Member, queried why the digital strategy is not appearing on any of the corporate objectives, noting that this is a strategic risk. The Director of Finance & Strategy explained that there are supporting functional objectives that will appear on the individual objectives for the Executive Directors.

The Committee took **assurance** and **discussed** this initial proposal in relation to the Corporate Objectives for 2023/24.

6.3 Integration Joint Board (IJB) Strategic Plan 2023 – 2026

The Director of Health & Social Care advised that the published IJB strategic plan is presented to the Committee for information and assurance. It was reported that there is close alignment with the IJB Strategic Plan to the Board's own Population Health & Wellbeing Strategy, and the strategies within the IJB Strategic Plan will support delivery for both.

A Wood, Non-Executive Member, highlighted the same issue with the photographs in the IJB Strategic Plan that was discussed at the Board Development Session relating to the photographs within the Population Health & Wellbeing Strategy. The Chair agreed, noting the importance of photographs in making these attractive documents for a public-facing audience.

The Committee took **assurance** that there is clear connection and whole system approach that also aligns to the Population Health and Wellbeing Strategy.

6.4 Getting it Right for Everyone Pathfinder

The Director of Health & Social Care advised that Fife has been identified as a pathfinder site for families with complex needs and transitions. Assurance was provided that NHS Fife is engaged with multiple-agencies, and that this is also work which is being recognised at a national level. It was noted that the outcome to be reached nationally is to develop an integrated practice framework.

The Committee took **assurance** that Fife are engaged in this national multi-agency work in relation to Getting it Right for Everybody and that a further report will come to Committee following reporting of initial learning of the national pathfinder work, anticipated in Autumn 2023.

6.5 Progressing Children's Rights

The Director of Health & Social Care introduced the United Nations Convention on the Rights of the Child (UNCRC), and provided an overview on those who are involved, and the work that is being focussed on, as described in the paper.

A report will be brought back to the Committee for assurance that NHS Fife is fulfilling its requirements.

The Committee took **assurance** on the work being progressed to support NHS Fife's Readiness to meet the requirements of the anticipated new legislation United Nations Convention on the Rights of the Child (UNCRC), including good practice examples, and that a session is being held by the Executive Directors' Group to explore more fully the areas of development outlined in the paper aligned to the organisations for equality and Equality and Diversity.

7. QUALITY / PERFORMANCE

7.1 Integrated Quality & Performance Report

The Director of Public Health reported that there is no update to the data for the childhood immunisations, as the national data is released on a quarterly basis and the quarter three data is not available until March 2023. It was advised that the work of the Quality Improvement Group, who are looking at improving and reducing inequalities, is continuing and they are meeting regularly.

The Director of Health & Social Care reported an ongoing challenge for Child & Adolescent Mental Health Services (CAMHS) in relation to balancing the incoming demand and longest waits. It was noted that there is no child or adolescent waiting 35 weeks for their initial treatment, and 93% have waited less than 18 weeks. Capacity challenges, due to staff absences and staff turnover, for December 2022 and January 2023, was reported. Assurance was provided that urgent and priority referrals continue to be prioritised.

The Director of Health & Social Care updated on Psychological Therapies (PT) and advised that this is an ongoing area of challenge. It was noted that meeting the demand for PT is a national challenge, and examples of a range of work being taken forward to address the challenges is provided in the paper.

The Chair requested that the Committee Development Session on CAHMS and PT takes place once the new Chair has been appointed.

Action: Board Committee Support Officer

A Wood, Non-Executive Member, questioned the actions that are in place to support those on waiting lists maintain a level of health & wellbeing. The Director of Health & Social Care explained that clinical triage is carried out for all referrals, and a range of

alternative support is in place, such as online support and support within the voluntary sector.

A Wood, Non-Executive Member, also questioned if the indicators are aligned to the Population Health & Wellbeing Strategy. The Director of Health & Social Care advised that we are anticipating the national Mental Health Strategy to be published on 31 March 2023, and the indicators within this strategy will go through the correct routes of governance.

The Committee discussed, examined and considered the NHS Fife performance as summarised in the IPQR, and took **assurance** from the report.

7.2 Autumn/Winter Covid-19 and Flu Vaccine Delivery Campaign

The Director of Health & Social Care advised that this item is regularly reported through the Integrated Quality & Performance Report.

The uptake of our frontline Health & Social Care staff was reported as an area of challenge and is not unique to Fife. Assurance was provided that Fife have done exceptionally well in relation to the priority groups, which is a result of excellent joint working between the delivery teams and public health colleagues.

A Wood, Non-Executive Member, queried what the outcome of the data would be if it was presented categorically by deprivation and locality. The Director of Health & Social Care advised that the different populations of Fife are looked at, and responses, such as pop-up clinics, have been implemented. The Director of Health & Social Care also advised that this information will be included in the evaluation and into our reporting for 2023/24.

The Director of Pharmacy & Medicines reported that a robust Equality Impact Assessment (EQIA) was developed, which became the template for Covid vaccine inclusivity across Scotland, and the team carry out the locality level of assurance of uptake and implement innovative approaches to carrying out the vaccines.

The Committee took **assurance** on the progress made with the 2022/23 Autumn Winter Covid-19 and Flu Programme and that work is ongoing to evaluate this year's campaign to inform any learning for the 2023/24 campaign.

7.3 2C Board Managed General Practices – Tender Process Update

The Director of Health & Social Care provided an update on progress and reported that the closing date for tender has now closed. The Tender Oversight Group will meet to discuss the tender process.

The Committee took **assurance** regarding the progress made and future timelines.

8. ANNUAL REPORTS

8.1 Violence Against Women Annual Reports 2021/22

The Director of Health & Social Care outlined the key points within the paper and noted that the work being undertaken aligns well to our commitments within the Population Health & Wellbeing Strategy.

The Committee:

- **Noted** the annual reports for 2021/2022, in which NHS Fife is a partner for Fife Violence Against Women, Multi-agency Risk Assessment, Gender Based Violence Nurse Advisory Service
- Took **assurance** that there is significant work ongoing in partnership across Fife to meet the needs of people who are victims of gender-based violence, sexual assault and abuse and noted the detail of the prevention activity that is undertaken, which works towards achieving the Scottish Government aims for this work

8.2 NHS Fife Annual Climate Emergency and Sustainability Report 2021/22

The Director of Property & Asset Management advised that this is the first annual report for climate emergency and sustainability and is part of a suite of documents required by the NHS Scotland's new focus on climate emergency.

The Committee **endorsed** the report before final approval by the Board and subsequent publication on the Board's website.

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan

The Committee took **assurance** from the tracked workplan.

9.2 Proposed Annual Workplan 2023/24

The Director of Public Health noted that ad hoc items from the 2022/23 Annual workplan have been considered in the 2023/24 workplan, and items carried forward from 2023/24 have been included.

The Chair stated that delivery of the workplan should still allow for the Committee to react quickly to any potential public health issues that might not be accounted for in the normal cycle of business.

The Committee:

- **considered** and **approved** the workplan for 2023/24; and
- **approved** the approach to ensure that the workplan remains current

10. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

10.1 Portfolio Board held on 8 December 2022 (confirmed) & 12 January 2023 (unconfirmed)

10.2 Public Health Assurance Committee held on 1 February 2023 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

11.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

12. ANY OTHER BUSINESS

12.1 Public Health & Wellbeing Committee Chair

The Director of Public Health, on behalf of the Chief Executive, the Public Health & Wellbeing team and all Committee members, warmly thanked T Marwick for all her challenge and support during her term as Chair of the Public Health & Wellbeing Committee and she was wished well for the future.

Date of Next Meeting - Wednesday 15 May 2023 at 10am via MS Teams

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 9 MARCH 2023 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Member (Acting Chair)
Colin Grieve, Non-Executive Member
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Carol Potter, Chief Executive

In attendance:

Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance (*item 6.1 only*)
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Sally McCormack, Associate Medical Director for Emergency Care and Planned Care (observing)
Margo McGurk, Director of Finance & Strategy
David Miller, Director of Workforce
Kevin Reith, Deputy Director of Workforce
Nicola Robertson, Associate Director of Nursing (*for the Director of Nursing*)
Dr Joy Tomlinson, Director of Public Health (*item 7.4 only*)
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A welcome was extended to Dr Sally McCormack, Associate Medical Director for Emergency Care and Planned Care, who is participating in the Developing Senior Systems Leadership course, and joined the meeting as an observer.

In addition, the Chair acknowledged the on-going significant service pressures affecting colleagues and thanked them for their ongoing efforts during what continues to be a very challenging time.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

The Chair advised that the meeting is being recorded for the purpose of the Minutes.

1. **Apologies for Absence**

Apologies for absence were received from Sinead Braiden (Committee Chair and Non-Executive Member), members Wilma Brown (Employee Director), Kirstie MacDonald (Whistleblowing Champion and Non-Executive Member), Janette Keenan (Director of Nursing), Andrew Verrecchia (Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum) and attendee Sandra Raynor (Head of Workforce Resourcing & Relations).

2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

3. **Minutes of the last Meeting held on Thursday 12 January 2023**

The minutes of the meeting of Thursday 12 January 2023 were **agreed** as an accurate record.

4. **Matters Arising / Action List**

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

5. **GOVERNANCE MATTERS**

5.1 **Committee Self-Assessment Report 2022/2023**

The Board Secretary spoke to the report, advising that the Committee self-assessment is carried out on an annual basis. An overview of the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit, and this was warmly welcomed by the Chair.

Discussion took place on the actions members would wish to see implemented to address those areas identified for improvement. S Fevre, Co-Chair, Health & Social Care LPF, highlighted that some papers on the same subject matter are presented to more than one Committee, and requested adapting elements of the covering SBARs to have more of a focus for each of the Committees that they are being presented to. For instance, papers coming to Staff Governance should clearly indicate the related staff governance / workforce implications of the respective proposal. The Chief Executive agreed to take this forward through the Executive Directors' Group and their review of draft committee papers. S Fevre also highlighted that some papers can provide too much operational detail. C Grieve, Non-Executive Member, noted that, in some instances, a certain level of operational detail is required at Committees in order for members to be able to take assurance. The Chair agreed, with particular reference the Integrated Performance & Quality Report, to ensure NHS Fife can deliver on its priorities. The

Chair also highlighted the importance of having detailed and challenging discussions. He noted that some papers can be too long, and that this can have an effect on the length of time needed for discussion.

The Director of Workforce advised that careful consideration will be given to prioritising items on future agendas to provide more focus and discussion on specific areas. The Head of Workforce Planning & Staff Wellbeing added that due to time constraints on the agenda, future Development Sessions can be used for more debate on particular topics and she welcomed suggestions from members for future subjects for those meetings.

The Chief Executive highlighted that the quality of the self-assessment reports and the feedback received has improved over that provided in previous years, and the Board Secretary was commended and thanked for all the hard work carried out in producing the Committee Self-Assessment Reports.

The Committee took **assurance** from the report and noted the feedback to be taken forward in the year ahead.

5.2 Annual Review Committee's Terms of Reference

The Board Secretary advised that the proposed update to the Terms of Reference reflects a change to the risk management processes in respect of the replacement of the Board Assurance Framework with the Corporate Risk Register, and to the terminology for the Annual Operational Plan / Delivery Plan.

S Fevre, Co-Chair, Health & Social Care LPF, queried if section 3.1 is a repeat of section 2.2. The Board Secretary agreed to consider this further outwith the meeting and re-word those sections, prior to circulating a final version to members.

Action: Board Secretary

Subject to a potential change to section 3.1, the Committee **approved** a final version for further consideration by the Board.

5.3 Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Personal Development Planning and Performance Review

The Director of Workforce provided an overview on the corporate risks aligned to the Staff Governance Committee and the work that is being undertaken to address these. It was reported that work on the establishment gap and vacancies is a priority and that this work is being aligned with the bank and agency programme board work.

The Deputy Director of Workforce gave a presentation on the deep dive item: Personal Development Planning (PDP) and Performance Review. The Director of Workforce advised that this forms part of the wider work that is being carried out and is an area that is a requirement for all staff.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted time constraints and the barriers for staff making time for learning due to ongoing system pressures. He noted that reiterating support for staff needs to be constant, and he also

suggested re-marketing PDPs, noting that PDPs link into development opportunities. S Fevre also suggested linking PDPs into the work around staff health & wellbeing.

C Grieve, Non-Executive Member, noted that the presentation provided assurance aligned to the context of the paper. He highlighted a positive change in culture, in terms of the directional change of the organisation in moving forward. He also queried how activity that is not captured can be recorded.

The Chair highlighted time management for staff and suggested adding timescales for completion of PDPs, ensuring there is a balance of timescales and quality.

S Fevre, Co-Chair, Health & Social Care LPF, queried where the associated operational actions will sit. The Director of Workforce advised that some of the ownership will sit within the Area Partnership Forum (APF) and the Local Partnership Forum (LPF). He also advised that there is a commitment to take work forward in relation to compliance reporting for training, and it was highlighted that more work is required around educational governance.

The Director of Health & Social Care reported that conversations and development discussions are taking place between managers and staff, however, there is a difficulty in monitoring and recording this into the system. The Director of Acute Services highlighted the current system pressures and advised that services need to work collectively to ensure staff have the time and space for completing PDPs. She also highlighted that this is critical for retaining staff. The Director of Health & Social Care agreed to provide a further update to the LPF, and to ensure it remains a regular item on the agenda.

Action: Director of Health & Social Care

The Committee took **assurance** from the report.

5.4 Whistleblowing Quarter 3 Report 2022/2023

The Deputy Director of Workforce advised that the paper provides an update on the Quarter 3 position. A correction to the paper was outlined in terms of a Quarter 3 Whistleblowing complaint that was not captured on Datix, and subsequently is not included in the report. Assurance was provided that the report will be updated with the correct data prior to its presentation to the March 2023 NHS Fife Board meeting. Further detail on this complaint will be provided in the next iteration of the report to the Committee.

S Fevre, Co-Chair, Health & Social Care LPF, queried the position on zero returns and expressed his view that the reporting system may not be entirely efficient and effective, and he requested that the position on zero returns requires to be explored further. The Director of Workforce advised that work is scheduled to progress in this area, and an update will be brought back to the Committee.

Action: Director of Workforce

The Committee took **assurance** from the report, which confirms there were no whistleblowing concerns received during Quarter 3, (subject to the correction above); no anonymous concerns received; and no whistleblowing articles were

published in the local newspapers. Assurance of awareness and the whistleblowing training undertaken during Quarter 3 was also noted.

5.5 Staff Governance Standard: Improved and Safe Working Environment

The Head of Workforce Planning & Staff Wellbeing provided a verbal update on the stress management activity. It was reported that feedback from the Community Learning Disabilities Team was positive in terms of engagement with staff and empowering staff to act and feel valued. The results of the ward-based work are planned for consideration at the next Steering Group meeting. It is anticipated that an update will be brought back to the Committee at the next meeting, with suggestions for roll-out within NHS Fife, and a detailed overview of the work undertaken, to date.

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

6. STRATEGY / PLANNING

6.1 Draft Population Health and Wellbeing Strategy

The Director of Finance & Strategy reported that the draft Strategy was discussed in detail at the Board Development Session held on 28 February 2023. The Director of Finance & Strategy fed back to the Committee on the key points raised at the Board Development Session, which were: reviewing the wording to be more explicit on the unique contribution from NHS Fife to population health and wellbeing; increasing the dominance and importance of the Integration Joint Board Strategic Plan; and building in an annual or bi-annual review of the Strategy to ensure it is kept current and responsive. It was also advised that further work is being carried out around strengthening the health and inequalities content.

S Fevre, Co-Chair, Health & Social Care LPF, sought clarity in relation to the commitments to staff detailed in the Strategy and to staff health and wellbeing. The Director of Finance & Strategy advised that the ambitions are described at the highest level within the Strategy, and work is being carried out to re-order and enhance that section.

S Fevre went on to request feedback on the recent engagement sessions, including attendance levels. The Associate Director of Planning & Performance advised that the engagement sessions had commenced that week and were held through a combination of online meetings and in person. It was reported that the online engagement has been positive, however, there was low attendance on site, so where best to hold the pop-up sessions is being explored. It was noted that further online sessions will be carried out.

Assurance was provided that the front page and photographs within the Strategy are being reviewed and that the other comments raised by Board Members will be reflected in the revised version that will go to the Board for final approval at their meeting on 28 March 2023.

The Committee:

- Took **assurance** from the process undertaken to develop the NHS Fife Population Health and Wellbeing Strategy and the ongoing engagement work, particularly with staff; and
- **Endorsed** the Strategy for discussion and final approval at the March NHS Fife Board Meeting

6.2 Strategic Planning & Resource Allocation 2023/2024 – Corporate Objectives 2023/2024 Initial Proposal

The Director of Finance & Strategy reported that the Corporate Objectives for 2023/24 initial proposal is presented to the Committee to provide assurance that the process is underway. A final proposition will be presented to the Board and Committees in the next meeting cycle.

It was advised that work is ongoing in relation to the Corporate Objectives for 2023/24, which will shape the Annual Delivery Plan, and will link into our strategic ambitions and the Scottish Government's directions. An updated version of the Corporate Objectives will be presented to the Committee at the next meeting.

It was reported that there are Corporate objectives which have been carried forward from the current financial year, which is not unexpected due to them being medium term in nature. It was noted that work to redefine the focus of these objectives will be carried out. It was also noted that there are a few new objectives.

The Chair raised concern on the focus of progress of objectives, due a number being carried forward. S Fevre, Co-Chair, Health & Social Care LPF, commented that a 'no change' on progress can be perceived as no work having been carried out.

S Fevre, Co-Chair, Health & Social Care LPF, requested that papers going to Committee are clearer on the levels of assurance being provided. The Board Secretary advised that an Audit & Risk Committee Development Session took place in February 2023, attended by Committee Chairs, and discussion took place on embedding committee assurance principles, which included members reflecting on levels of assurance they receive. It was advised that there is scope to add levels of assurance to the SBAR template, which is being discussed as a possible adaptation to our process in the near future.

The Committee took **assurance** from the report.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce reported on sickness absence, noting that the current position is still high. Improvement plans for addressing sickness absence will be considered by the Executive Directors' Group, before being brought back to the Committee. It was advised that this will also be linked to the Bank and Agency work stream and related activity.

The Committee took **assurance** from the report.

7.2 Training Compliance Improvement Update

The Deputy Director of Workforce reported that the training compliance rate has reduced. It was explained that the reduction is partly due to data definition. Assurance was provided that there is confidence that compliance rates will improve going forward due to a range of measures that are in place, including actions being taken, communication plans and work that will be carried out with senior stakeholders around training provision. An overview on the priorities and timelines was provided, as described in the paper.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted that it is a positive message for staff that the Executive Directors' Group are leading by example and have carried out fire safety training.

S Fevre, Co-Chair, Health & Social Care LPF, questioned how the action plans are implemented within the Health & Social Care Partnership, Acute Services and Corporate Directorates. The Deputy Director of Workforce advised that connections are being made across all services, and an operational discussion will take place at the Area Partnership Forum (APF) and Local Partnership Forums (LPFs).

The Associate Director of Nursing highlighted the importance of communications and messaging to ensure staff are aware of the support available. She also noted that learning from the resuscitation training redesign can be shared, to support improving compliance rates.

C Grieve, Non-Executive Member, thanked the authors and welcomed the paper, noting it provides relevant assurance that plans are in place to improve compliance performance.

The Committee took **assurance** from the report and **noted** the actions being taken to increase compliance.

7.3 Tender Process for Board Managed 2C General Practices

The Director of Health & Social Care advised that the paper provides an update on the tender process for Board Managed 2C General Practices, and the timelines for this.

Following questions from the Chair, the Director of Health & Social Care explained 'considered collaborative list management' (CCLM), noting that it is in relation to spreading patients across other practices through agreement. The Director of Health & Social Care also confirmed that Linburn Road in Dunfermline is considered to be a stable practice. Finally, the number of practices being forced to closed early was reported as on a case-by-case basis, and that there is a mitigating risk in place to ensure this does not become more frequent.

The Committee **acknowledged** the content within this paper including the risks articulated and the significant work being undertaken within Fife Health & Social Care Partnership to plan and deliver services across 2c General Practices to

mitigate risk, ensure safe service delivery, sustainability and support for the workforce.

The Committee were **assured** of plans being implemented for the tender of services to be provided at Kinghorn Practice, Links Practice, Burntisland and Valleyfield Practice, via a procurement process for GP services and that there is staff engagement throughout this process.

7.4 East Regional Health Protection

The Director of Public Health provided background detail and highlighted the project milestones and regional model. It was noted partnership involvement has been in place within the Oversight Board, and engagement is now being carried out with individual staff groupings to collate feedback. It was advised that positive feedback has been received to date on the benefits of the single service, and the model is currently being refined to incorporate staff feedback. In addition, it was noted that the process of education, development and support for staff has been well received.

The Committee commended the work of all involved in the project.

The Committee took **assurance** on progress towards implementation of the East Region Health Protection Service on 3 April 2023.

7.5 Acute Services Division: Reflections and Actions in Relation to Healthcare Improvement Scotland (HIS) Letter of 11 November 2022

The Director of Acute Services reported that this item was also discussed at the Clinical Governance Committee at their meeting on 3 March 2023.

The key points from the paper were outlined. The Director of Acute Services provided an overview on the actions that are in place, including site huddles held virtually during the day to ensure the site position is monitored very closely. It was advised that the pressures at the front door are continually monitored, with actions being implemented daily to support staff and activity. It was also advised that supplementary staffing has been significant in AU1 due to staffing level challenges.

The Director of Acute Services explained the number of ways in which the Senior Leadership Team is visible and engaging with staff. It was reported that actions are in place are through discussions with staff and that we have an Improvement and Capacity Flow Plan that is ongoing.

It was reported that the staff wellbeing hub and onsite energy pods have each been positively received. The Head of Workforce Planning & Staff Wellbeing agreed to provide information separately on the energy pods that were provided by the Scottish Government.

The Director of Acute Services noted that a proposal is ongoing around creating an outdoor space at the front door for staff working in highly pressured areas, to support their health and wellbeing. S Fevre, Co-Chair, Health & Social Care LPF, noted that he was supportive of this proposal.

The Committee took **assurance** from the report and noted the Acute Services Division's reflections in response to the HIS letter as well as the actions underway to support patient care and staff wellbeing within the Acute Services Division.

8. ANNUAL / OTHER REPORTS

8.1 NHS Fife Workforce Information Overview

The Deputy Director of Workforce advised that work is ongoing in terms of vacancies and developing a staff establishment gap report.

The Chair highlighted the increase in turnover of leavers and questioned if the causes are known. The Deputy Director of Workforce agreed to bring that level of detail back to the Committee, and noted that it will include retirements, temporary contracts, and bank and agency staff moving to other internal posts. The Chief Executive highlighted a variable in terms of Contact Tracing and Vaccination staff over the last few years, which will have had a significant impact on the number of leavers.

Action: Deputy Director of Workforce

C Grieve, Non-Executive Member, agreed to liaise directly with Head of Workforce Planning & Staff Wellbeing around the correlation of data and some operational aspects of the data.

S Fevre, Co-Chair, Health & Social Care LPF, recognised the improvements to the Workforce Information Overview Report and thanked officers for these changes.

The Committee took **assurance** from the report which provides an:

- Overview of the NHS Fife workforce information at 31 December 2022
- Summary of the Staff Health and Wellbeing Support activities and statistics for November 2022 to January 2023.

9. FOR ASSURANCE

9.1 Annual Workplan 2022/2023

The Committee took **assurance** from the updated workplan.

9.2 Proposed Annual Workplan 2023/2024

The Committee **considered** and **approved** the proposed workplan for 2023/2024.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

10.1 Area Partnership Forum held on 25 January 2023 (unconfirmed)

10.2 Acute Services Division & Corporate Directorates Local Partnership Forum held on 22 December 2022 (unconfirmed)

- 10.3 Health and Social Care Partnership Local Partnership Forum held on 16 November 2022 (confirmed)
- 10.4 Health and Safety Sub Committee held on 20 January 2023 (unconfirmed)
- 10.5 Equality and Human Rights Strategy Group held on 3 February 2023 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

11.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to NHS Fife Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Thursday 11 May 2023 at 10.00am via MS Teams.

Fife Integrated Performance & Quality Report

Produced in March 2023

Introduction

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

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

- a) Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b) Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c) Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.
- d) Assessment**
Summary assessment for indicators of continual focus.
- e) Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
23 March 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key	
▲	Improved - Risk Decreased
◀▶	No Change
▼	Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Jan-23	39	○	▼	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Jan-23	37.0%	●	▼	▼	●
	HSMR	N/A	Year Ending	Sep-22	0.98	●	▲	▲	●
	Inpatient Falls	6.91	Month	Jan-23	7.91	○	▼	▲	●
	Inpatient Falls with Harm	1.65	Month	Jan-23	1.98	○	▼	▲	●
	Pressure Ulcers	0.89	Month	Jan-23	1.45	○	▼	▼	●
	SAB - HAI/HCAI	18.8	Month	Jan-23	19.2	○	▼	▼	● QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Jan-23	16.0	○	▼	▼	● QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Jan-23	22.4	○	▲	▲	● QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Jan-23	54.3%	○	▲	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Jan-23	6.3%	○	▼	▲	● 2021/22
S2 Complaints Opened in Month and Closed On Time	N/A	Month	Jan-23	5.0%	○	▼	▼	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jan-23	100.0%	●	↔	↔	
	4-Hour Emergency Access	95%	Month	Feb-23	72.6%	○	▲	▼	● Jan-23
	Patient TTG % <= 12 Weeks	100%	Month	Jan-23	49.4%	●	▼	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Jan-23	45.6%	●	▼	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Jan-23	55.3%	●	▲	▲	● Dec-22
	18 Weeks RTT	90%	Month	Jan-23	68.6%	●	▼	▼	● QE Dec-22
	Cancer 31-Day DTT	95%	Month	Jan-23	93.4%	○	▼	▼	● QE Sep-22
	Cancer 62-Day RTT	95%	Month	Jan-23	67.5%	○	▼	▼	● QE Sep-22
	Detect Cancer Early	29%	Year Ending	Jun-22	25.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Feb-23	90.1%	●	▼	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Feb-23	9.9%	●	▲	▲	● QE Sep-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Feb-23	5.7%	○	▼	▲	● QE Sep-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Jan-23	(£21.6m)	●	▲	—	●
	Capital Resource Limit Performance	£29.6m	Month	Mar-23	£22.2m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Jan-23	7.06%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Feb-23	35.0%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Oct-22	180	●	—	▼	● Q/E Jun-22
	CAMHS Waiting Times	90%	Month	Jan-23	59.3%	○	▲	▲	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Jan-23	73.8%	○	▼	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Dec-22	96.7%	●	▼	▲	● QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Feb-23	89.7%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Feb-23	87.9%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4%	○	▼	▼	● QE Sep-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4%	○	▼	▼	● QE Sep-22

Performance Key

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

SPC Key

○	Within control limits
○	Special cause variation, out with control limits
●	No SPC applied

Change Key

▲	"Better" than comparator period
↔	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Projected and Actual Activity

		Quarter End	Quarter End	Quarter End	Month End			Quarter End
		Jun-22	Sep-22	Dec-22	Jan-23	Feb-23	Mar-23	Mar-23
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	3,087	1,029	1,029	1,029	3,087
	Actual	2,878	2,996	3,145	1,029	1,091		2,120
	Variance	-158	-57	58	0	62		
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	19,156	6,376	6,395	6,395	19,166
	Actual	20,951	21,448	21,807	7,411	7,743		15,154
	Variance	2,384	2,642	2,651	1,035	1,348		
Urgent Routine	Actual	10,868	11,377	11,301	3,647	3,680		7,327
	Actual	10,083	10,071	10,506	3,764	4,063		7,827
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	1,491	497	497	497	1,491
	Actual	1,550	1,608	1,677	558	494		1,052
	Variance	59	117	186	61	-3		
Upper Endoscopy	Actual	575	630	640	238	217		455
Lower Endoscopy	Actual	182	191	206	64	58		122
Colonoscopy	Actual	738	742	769	240	197		437
Cystoscopy	Actual	55	45	62	16	22		38
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	11,988	3,996	3,996	3,996	11,988
	Actual	13,471	12,936	11,875	4,238	3,930		8,168
	Variance	1,483	948	-113	242	-66		
CT Scan	Actual	4,083	3,989	3,619	1,262	1,219		2,481
MRI	Actual	2,936	2,923	2,654	916	884		1,800
Non-obstetric Ultrasound	Actual	6,452	6,024	5,602	2,060	1,827		3,887

d. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

Target Current

Major & Extreme Adverse Events

TBD% of Action from Major and Extreme Adverse Events to be closed within time

70%

6.3%

There were 51 major/extreme adverse events reported in January, the highest monthly figure since June 2022 and well above the 2-year average of 35. A total of 1,352 incidents were registered in the month. Looking at SAER/LAER actions, only 2 out of 32 (6%) were closed on time in the month, by far the lowest monthly figure in the last 18 months. Adverse Events improvement work has advanced in January with the introduction of updated report templates for SAER's/LAER's along with the commencement of a new commissioning and approval process for major and extreme events. The new process involves greater service involvement in the decision making on the level of review required for major/extreme events. The process was adopted by HSCP on 1st January; early feedback on the process will be shared at Clinical Governance Oversight Group in February. It is anticipated that Acute Services will also adopt the new process from early March.

Poor compliance with closure of actions from Major and Extreme Adverse Events is recognised and escalated through the Clinical Governance Oversight Group. There will be a significant focus on all aspects of actions management in the ongoing adverse events improvement plan in 2023 which will include collaboration with the Organisation Learning Group.

HSMR

1.00

0.98

Data for 2021 and Q1-3 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending September 2022 showing a ratio below the Scottish average.

Inpatient Falls

Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22

6.91

7.91

The number of inpatient falls rose slightly in both ASD and across the Partnership in January. The overall rate remained higher than target for March 2023 although better than in January 2022 (8.29). The rate in FY 2022/23 to date is 7.42; for the same period of FY 2021/22, it was 7.79. The reduction is mainly attributable to improvement within the Partnership.

The majority of falls in the last 3 months (95%) were classified as 'Minor Harm' or 'No Harm' but the actual number resulting in Major/Extreme Harm in January was again higher than almost every month in the last 3 years.

The updated Falls Toolkit was ready for launch in March, however there is a need to review accuracy in relation to manual handling procedures.

Pressure Ulcers

Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22

0.89

1.45

The rate of pressure ulcers increased in January, to its highest level since November 2020, well above 2-year average (1.16). For the second successive month, the increase was due to a particularly high number of TV incidents in ASD, which continues to report a significantly higher number and rate than the Partnership.

The cumulative rate in the first 10 months of FY 2022/23 was slightly less than for the same period in FY 2021/22 (1.13 against 1.18) but remains above the target for FY 2022/23. On the positive side, the ASD rate is also lower when comparing the two periods.

Due to concerns about an increase in PU in Acute Services Division the Tissue viability team will increase their presence in the clinical areas and have reinstated an in-person response to all grade 2 damage and above. An initial improvement has been noted in PU development in the HSCP in an area conducting QI interventions – this will be reviewed, and sustainability and transferability of new interventions will be considered.

SAB (MRSA/MSSA)

We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023

18.8

19.2

The SAB infection rate varies from month to month and has been below the March 2023 target in 7 of the 10 months of FY 2022/23 to date. In January, there were 6 infections, which equals the highest figure recorded in the last 2

years. Of the 43 HAI/HCAI reported in FY 2022/23 so far (infection rate of 14.4, below target), 11 have been categorised as VAD while 17 have been categorised as 'Other / Not Known'.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending September 2022, showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 15.7 against a Scottish average of 17.1.

Fife has been below the Scottish average for 8 successive quarters. This has been achieved by enhanced surveillance of SAB, standardising vascular access devices (VAD) care, the implementation of ePVC insertion and maintenance bundles and targeted QI work.

The IPCT performs the following actions:

- Enhanced surveillance and analysis of SAB data to understand the magnitude of the risks to patients in Fife
- Timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs
- Examination of the impact of interventions targeted at reducing SABs
- Uses results locally for prioritising resources
- Uses data such as the weekly ePVC compliance report to inform clinical practice improvements
- Continues to liaise and support Drug Addiction Services with people who inject drugs (PWID) and SABs
Note: 2022 has seen a marked increase in PWIDs cohort SAB infections (n=11), when compared to 2021 (n=4), encouragingly there has been no further cases in January 2023.
- Current challenge is with VADs, there were 3 dialysis line related SABs in January 2023. This is a spike in the number of cases, considering there were only 2 cases for the whole of 2022. At the moment, they do not appear to be linked. However, a 'super LAER' has been called for to address this.

C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	6.5	16.0
---------------	---	------------	-------------

The C Diff infection rate varies from month to month but has been above the March 2023 target for much of FY 2022/23 with a relatively high number of HAI/HCAI reported in both December and January. A key improvement aim is the reduction of 'recurrent' infections, and this continues to be a challenge, with 8 of the 46 HAI/HCAI and Community infections in the past year being identified under this category.

The overall infection rate for FY 2022/23 to date is 10.0, above the target.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending September 2022, showed that NHS Fife had the second lowest infection rate (10.1) of all Mainland Health Boards, Scottish average 13.1.

Fife has been below the Scottish average for each of the last 14 quarters. This has been achieved with strong antimicrobial stewardship, Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance, and analysis of risk factors.

However, December and January recorded a higher number of CDIs including 3 recurrent infections, the challenge is to reduce the rates of CDI, with work focusing on recurrent CDI; each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPPX) regime aiming to prevent recurrent disease in high-risk patients. Bezlotoxumab has been used in cases where other modalities have failed.

ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	33.0	22.4
------------	---	-------------	-------------

Q3 2022 National Report, Fife was slightly above the Scottish rate for HCAI (awaiting Q4 data), encouragingly January 2023 saw only 17 ECBs which is a reduction from previous months. In both hospital-acquired and non-hospital-acquired infections, the renal tract is the major source of infection (with cystitis/lower UTI the major entry point) along with hepato-biliary infections.

To achieve the reduction target, NHS Fife continues to focus on enhanced surveillance, to gain learning, evaluate preventative measures and improve practices. One current initiative within the HSCP includes the Infection Control Surveillance team alerting the patient's care team Manager by Datix when an ECB is a urinary catheter associated infection and exploring the case via a Complex Care Review (CCR). The aim of the process is to provide further learning from all ECB CAUTIs.

Ongoing work to support best practice in urinary catheter care continues with NHS Fife's Urinary Catheter Improvement Group (UCIG) targeting quality improvement work. This group aims to minimize urinary catheters, thus helping to prevent catheter associated healthcare infections and trauma and, furthermore, to establish catheter improvement work in Fife.

CAUTI insertion and maintenance bundles were developed and installed onto Patientrack in February 2022 and this is being piloted prior to roll out across the board. This bundle should ensure that the correct processes for the insertion and maintenance of all urinary catheters are adhered to within NHS Fife inpatient wards. Acute services engagement and a HoN lead will be required to assist the further roll out.

Target Current

A QI project led by the IPC Care Home Senior IPCN for NHS Fife has introduced CAUTI maintenance bundles within 4 care homes in Fife. The staff are supported with an education package and the aim is to eventually roll it out across all Fife care homes, thus optimising urinary catheter maintenance and reducing the risk of CAUTIS and ECBs.

Complaints – Stage 2 *At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024* **50%** **5.0%**

There were 20 complaints closed in January, only 1 (5%) was within 20 working days. All other closed complaints were 40 working days or over with 10 closures over 100 working days. There were 32 complaints due to be closed in January with 2 (6.3%) of these closed within target timescales.

The total number of Stage 2 Complaints closed in FY 2022/23 to date was 349, 55 more than in the same period of FY 2021/22. In parallel, the number of Open Stage 2 Complaints at month end continued to fall slowly.

The Patient Experience Team (PET) officers ensure the Head of Complaints and outcomes are clearly defined at the initial stage of the complaint to help improve the quality of complaint responses.

A new complaint “complexity scoring” tool to triage complaints and categorise them as low, moderate, or high complexity is being tested. The complexity categorisation score will provide insight into the volume of complex complaints that NHS Fife receives and handles.

A new MSForm complaint handling questionnaire feedback is being trialled. Previously paper or PDF copies of the questionnaire were sent out with every final complaint response letter. Completed questionnaire response rates were poor (average one every 4-6 weeks). So far, 35 questionnaires (6 weeks’ worth) have been sent electronically by email, and 10 have been completed, a marked improvement.

A "complaints escalation" standard operating procedure (SOP) is being drafted. This will highlight and support with processing complaints within the agreed national timescales, in line with the model handling complaint procedure.

Digital information has created a preliminary summary page for the PET Dashboard. This will be reviewed over the next month to agree on data metrics and reporting priorities. A further request has been submitted and will be passed to a business analyst to review the current processes and recommend a suitable system to support documentation systems within the complaint-handling process.

Two band 6 fixed term 6-month PET officers have been recruited. One commenced post at the start of March 2023, and the other is due to start in 5 weeks. The Band 4 PET Administrator post, which will focus on the administration and the navigation of complaints, is still in the recruiting phase.

We continue to work with services, review new ways of working, and understand challenges. Clinical pressures continue to impact performance with obtaining statements and approval of final responses. At the end of February 2023, 84% of all live complaints were awaiting statements or final approval by the divisions. The number of live complaints has reduced from 145 to 141 since the start of Quarter 4 (January 2023) despite 53 new complaints being submitted during that period.

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

Target Current

4-Hour Emergency Access *95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer* **95%** **72.6%**

Monthly performance improved to 72.6% February from 69.6% month prior across both ED and MIUs, above 70% for first time since June 2022. February performance for ED was 64.4%, an improvement from 61.8% in January, but after being above recovery trajectory for 5 consecutive weeks from mid-January performance has fallen below for last two weeks in February.

There was a reduction in 8- and 12-hour breaches from January to February, with less than 500 8-hour breaches and less than 100 12-hour breaches for first time since June 2022. The majority of breaches (68% in February) continued to be due to waits for a bed or first assessment.

Further development of the RTU has taken place through the month, with data showing good discharge profile from the attendances. ED attendances stabilised in the second half of the month allowing for recovery and flow across the site. Ambulance wait times improved significantly through the month.

		Target	Current
<p>The 'Push Model' was utilised throughout January and is being developed further with the clinical teams. Successful recruitment to permanent ED Consultant posts will help stabilise the team with a further staffing review on going to reduce the breaches related to 1st assessment times especially overnight.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i>	100%	49.4%
<p>Monthly performance fell in January and is around 7% lower than a year ago. NHS Fife continues to be top quartile of Mainland Health Boards, as at the most recent publication in February (for the period up to the end of December 2022), where performance was 50.6% against the Scottish average of 31.0%.</p> <p>Actual activity in the first 10 months of the FY is slightly less than forecast, but the Waiting List continues to rise and is nearly 50% higher than a year ago.</p> <p>There has been limited ability to undertake additional activity to reduce the backlog and deliver the long waiting targets given the reduced level of funding received in Q3 and continued pressures in unscheduled care, staff absence and vacancies. As waiting times increase there are proportionally more patients being referred and assessed as urgent which is leading to increasing waits for routine patients particularly those who are complex and/or require an inpatient bed. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.</p> <p>Non-recurring funding made available from SG in Q4 has enabled additional activity in some specialities and this has been prioritised for urgent and long waiting routine patients where possible to reduce the backlog.</p> <p>It is projected that the target of no one waiting over 2 years will not be sustained by March for General Surgery, Orthopaedics and Gynaecology, that progress against the 18 months target will deteriorate and concerningly that there will be increasing numbers of patients waiting over a year for Orthopaedics, Urology and General Surgery. The 18-month target will be met by most specialities apart from Cardiology, Gastroenterology and General Surgery while the 1-year target will not be met in Cardiology, Endocrinology, Gastroenterology, Neurology, Vascular, General Surgery and Gynaecology. Efforts continue to maximise the use of capacity, particularly for day case activity at QMH, and to validate the waiting lists.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	45.6%
<p>Monthly performance has fallen in each of the last 7 months and is 4.5% lower than it was a year ago. NHS Fife is in the mid-range of Mainland Health Boards, as at the most recent publication in February (for the period up to the end of December 2022), where performance was 45.8% against the Scottish average of 44.1%.</p> <p>Actual activity in the first 10 months of the FY (including DNAs) is 14% higher than forecast but the Waiting List is 24% higher than it was a year ago and increased slightly in January after two previous monthly falls.</p> <p>There has been limited ability to undertake additional activity to reduce the backlog and deliver the long waiting targets given the reduced level of funding received in Q3 and continued pressures in unscheduled care, staff absence and vacancies. As waiting times increase there are proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients.</p> <p>Non-recurring funding made available from SG in Q4 has enabled additional activity in some specialities and this has been prioritised for urgent and long waiting routine patients where possible to reduce the backlog.</p> <p>It is projected that the target of no one waiting over 2 years will be sustained by March for all specialities and that the numbers waiting over 18-months and 1-year will be reduced. The 18-month target will be met by most specialities apart from Cardiology, Gastroenterology and General Surgery. The 1-year target will not be met in Cardiology, Endocrinology, Gastroenterology, Neurology, Vascular, General Surgery and Gynaecology. Efforts continue to maximise the use of capacity and to validate the waiting lists.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	53.3%
<p>Monthly performance improved in January. In comparison to other Mainland Health Boards, NHS Fife remains in the mid-section as at the most recent publication in February (for the period up to the end of December 2022), where performance was 53.5% against the Scottish average of 45.8%.</p> <p>Despite achieving 7% greater activity than planned in the first 10 months of FY 2022/23 (this figure including DNAs), the combined Waiting List for Endoscopy and Radiology is 10% higher than it was a year ago. Endoscopy has actually reduced by 12% but this has been more than offset by a 14% increase in Radiology.</p> <p>In endoscopy there has been a steady reduction in patients waiting over 26 weeks since July 2022. There continue to be challenges in maintaining core activity due to vacancies and unscheduled care pressures. It is likely that the number of patients waiting over 6 weeks will rise over the next 6 months.</p> <p>In Radiology due to the reduced level of funding received in Q3 and Q4, the increase in the proportion of urgent referrals and the continued increase in demand for inpatient scans the numbers waiting over 6 weeks has begun to rise for all modalities. There are no patients waiting over 26 weeks for imaging. The majority of patients waiting over 6 weeks continue to be in ultrasound where there are particular challenges in capacity due to vacancies and staff absence.</p>			

Target Current

There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care.

Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	67.5%
--------------------------	---	------------	--------------

Monthly performance continued to be significantly below the Standard in January, with breaches again occurring in a number of different specialties. The majority of breaches continued to be in the Urology specialty, 17 last month and 46 in the last 3 months. The number of patients starting treatment in the first 10 months of the FY was 6% higher than in the same 10 months of FY 2021/22 (755 against 710).

Despite the low figure compared to the Standard, NHS Fife has been above the Scottish average in the majority of months of 2022 and has been in the top quartile of Mainland Health Boards for the first two quarters of FY 2022/23. Referrals continue to exceed pre-pandemic numbers; however, we aim to appoint within 14 days of referral. Prostate remains our most challenged pathway with delays across all steps except for MRI. Breaches for Bladder, Colorectal and H&N were affected by theatre capacity; and breaches for Cervical and Lung were attributed to delays with additional testing, staging and investigations. The range of breaches were 1 to 177 days (average 29 days, previous month average 19 days). Increasing complexity of pathways to ensure optimum targeted treatments is resulting in breaches and this is expected to be seen across most tumour groups.

Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5%	5.7%
---------------------------	--	-----------	-------------

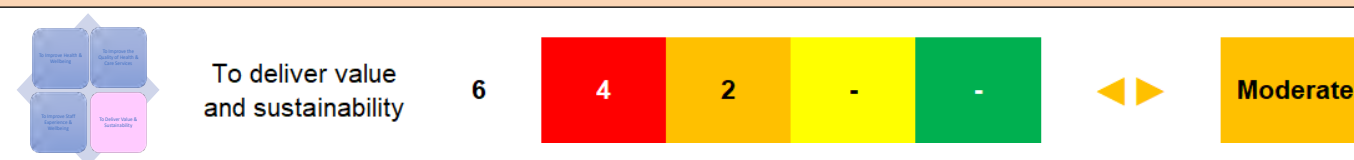
The % of bed lost to 'standard' delays in February increased to 5.7% from 5.3% last month but was lower than the corresponding month in 2022. There was over 200 bed days less lost last month compared to February 2022. The monthly % has been below average (based on past 2 years) since May 2022, 9 consecutive months, and in 14 of past 15 months since December 2021. The number in delay at census point was 60 patients with the average across the month 57.3. The number of bed days lost to 'Code 9' delays is over 400 less than month prior but slightly higher than corresponding month year previous. At census point, there were 48 patients in delay, 3 less than month prior but 3 more than February year prior.

The Front Door Integrated Assessment Team is now fully established and continue to focus on redirecting patients and implementing Planned Date of Discharge (PDD) at point of admission. PDD in community hospitals continues to be rolled out, expected completion of roll out March 2023. PDD continues to upscale and spread within the Acute setting by aligning PFCs to specific wards. This co-ordinated person-centred approach to discharge planning has seen positive feedback recorded from service users through Care Opinion.

A robust verification process continues to be in place to effectively manage timely discharges, with the highest number of weekly discharges from the Acute hospital (103) occurring during week ending 3rd February 2023. Community discharge profile recording their highest number (62) week ending 3rd February. Since February 2023 the maximum number of patients waiting on a package of care on any given day has never exceeded 8.

Care home moves remain a challenge due to the complexity of the patient being assessed and the suitability of homes to match those complex needs.

FINANCE



Forecast Current

Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£10.4m)	(£21.6m)
----------------------------	--	-----------------	-----------------

The Health Board retained position at the end of January is an overspend of £21.6m. This overspend comprises:

- £8.724m core overspend (includes £4.549m overspend relating to acute set aside services)
- £8.673m of the financial gap identified in the board's approved financial plan
- £4.185m unfunded Covid surge and associated costs

The core overspend reflects the significant and ongoing service pressures across acute unscheduled care services, a reduction in planned care funding and an increasing cost pressure within external care commissioning. The forecast year-end position is beyond the approved financial plan and there is a high level of risk in relation to the delivery of our full savings target programme for the year.

Health Delegated Services report an underspend at the end of January of £6.554m including fully funded Covid costs of £8.839m.

Capital Expenditure *Work within the capital resource limits set by the SG Health & Social Care Directorate* **£29.6m** **£22.2m**

The overall anticipated capital budget for 2022/23 is £29.626m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to January records spend of £22.203m. Therefore, 75% of the anticipated total capital allocation has been spent to month 10.

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

Sickness Absence *To achieve a sickness absence rate of 4% or less* **4.00%** **7.06%**

The sickness absence rate fell in January 2023 by 0.79% compared to December 2022, but was still over 1% higher than a year ago. COVID-19 related absence, with the exception of the infection control period, is now included within the sickness absence figures.

Reductions were reported across all main Divisions and Directorates except for Women & Children's Services.

The national picture (from monthly management information) shows that NHS Fife (5.95%) had the 4th highest absence rate of all Mainland Health Boards for CY 2022. The Scottish average was 5.97%.

The Attendance Management Operational Group has issued a wellbeing pocket guide for managers and is in the process of developing an attendance management balanced scorecard to assist managers with preventative actions for attendance management.

The revised NHS Fife local Attendance Management training has been finalised and will be delivered to groups of managers from March 2023. There is an increased focus on managing and supporting staff experiencing mental health issues and understanding attendance triggers, and setting targets to assist managers' to confidently manage these issues. There will be a refresh of Promoting Attendance Review and Improvement panels to ensure these remain fit for purpose and to provide an opportunity for attendance cases to be managed as early as possible and to enhance learning opportunities for managers.

Sickness absence trends remain elevated with mental health as one of the main reasons for OH referral. A range of services are available to staff including confidential, independent counselling, OH Mental Health Nurse support, Psychology and self-guided resources and toolkits, supplemented by a range of wellbeing activities throughout the organisation and these continue to be promoted to managers and staff.

PDPR Compliance *To achieve an annual PDPR compliance rate of 80%* **80%** **35.0%**

There has been a 2.7% increase during February 2023 with Directorate / Divisional level changes ranging from a decrease of 0.6% in Emergency Care to a 7.2% increase in Complex and Critical Services.

The number of reviews held in the last period (279) shows a slight decrease compared to the previous month (310). In order to support a progressive increase in the overall compliance levels across the organisation, a sustainable period of increased activity similar to, or in excess of, the previous two months is necessary.

The aim to further increase engagement in PDPR and build momentum ahead of the 2023/2024 performance year remains a priority for the 2022/2023 period. The performance improvement plan discussed, and agreed, with the Executive Group, Staff Governance Committee and Area Partnership Forum will continue to enhance this work and support a staged approach to achieving the desired compliance percentage by March 2024.

Although staffing levels and competing priorities continue to impact on PDPR progress, the increase in the compliance figure is a positive indication that services are beginning to direct their focus to PDPR meetings with their teams.

Daily enquiries regarding KSF, Appraisal and PDPR continue with the most common queries associated to manager/reviewer updates and KSF post outline developments. This supports the early indication that engagement in PDPR is beginning to rise.

TURAS Appraisal Lunchtime Bytes sessions continue to be offered twice monthly via MSTeams with bespoke sessions provided for individual teams where appropriate. TURAS Appraisal eLearning will be launched by the end of March, to support managers who are unable to engage in these sessions and will complement the KSF&PDR eLearning already available on TURAS Learn.

PDR compliance reports will be provided to all managers in NHS Fife and the HSCP during April to support the other actions identified to improve the compliance percentage.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas

473

180

The number of successful quits in the first 7 months of the FY was 65% of the figure which would be required if the end target is to be achieved by March 2023. The number recorded in the traditionally 'slow' summer months was low but picked up in October. There was also a significant increase in the figures for the early months as more follow-ups were achieved. At this stage in FY 2021/22, the successful quit number was 209 (76%).

The first national figures for FY 2022/23 were published recently, and these showed that the NHS Fife quit rate against trajectory at the end of Q1 was higher than the Scottish average.

The quit success rate in specialist services remained almost double that delivered by pharmacies (where the number of attempts is much higher but where there are difficulties with following up on results).

Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data will not be available until around August.

Service delivery is still not at full capacity as two full time staff are currently on maternity leave. Training of two new advisors has commenced, although no national training is available. The Stop Smoking service commercial has been finalised and due to run across the STV east region for two weeks from 27th February. No Smoking Day campaign materials are currently being distributed across a range of services and venues such as pharmacies, workplaces, dentist, GP practices, hospitals, libraries, health and community centres, college campuses etc. Social media messaging has been scheduled to link with the campaign. A Community Pharmacy learning event is planned with a focus on smoking cessation and will be looking at the benefits of pharmacotherapy, and to discuss contractors needs and barriers to delivering a service as part of the pharmacy contract.

CAMHS Waiting Times

90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral

90%

78.5%

Monthly performance improved in January, to its highest level since April 2022. The Waiting List shows a sustained picture of no children or adolescents waiting over 35 weeks for initial treatment with 94% having waited less than 18 weeks. The list has, however, increased in the last two months, with new referrals in January being the highest monthly figure since March 2022. That said, it remains around half of its size a year ago.

NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in March (for the quarter ending December 2022 and was just below the Scottish average (69.1% compared to 70.1%).

Clinical activity is focussed on reducing the waiting list at the same time as working towards achieving the Referral to Treatment Target (RTT). The service continues to function at maximum capacity as it seeks to maintain the progress made to date whilst addressing the impact of staff vacancies and departures. Urgent and Priority referrals continue to be prioritised with this cohort of young people representing on average 70% of all referrals into Fife CAMHS.

Psychological Therapies

90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral

90%

73.4%

Monthly performance in January remained similar to previous months this FY, with numbers starting treatment after waiting more than 18 weeks being around 25% of the total. NHS Fife remained in the mid-range of Health Boards as of the last quarterly publication in March (for the quarter ending December 2022) and was below the Scottish average (75.3% compared to 81.1%).

The number of patients starting treatment in the first 10 months of the FY was 11% less than for the same period in FY 2021/22. This remains due to a 35% reduction in referrals for cCBT (all cCBT referrals start therapy within a few

days). Treatment starts for highly specialised PTs (adult services) were 32% higher in the first 10 months of FY than for same period in 2021/22. During the first 10 months of this FY, these treatment starts formed 14.5% of overall PT activity, ie 2967 contacts out of a total 20,512. The overall waiting list has reduced by 3% since January 2022 with the number of patients waiting more than 52 weeks having reduced by 33% in that same period.

Workforce challenges

Due to national workforce pressures we continue to experience some challenges around recruitment. We have responded to this, where possible, by making adjustments to skill mix within services. Maternity leave is currently posing a challenge as it is difficult to recruit staff to provide backfill cover. The nature of PT delivery means that the impact of any vacancy is felt for several weeks prior to the leave date, as the staff member is winding down their caseload and unable to take on new treatment starts.

The workforce pressures which are affecting the wider mental system have reduced capacity within the CMHTs. This has impacted negatively on some aspects of adult mental health care pathways that were designed to support delivery of PTs. Plans for alternative delivery options, e.g. via increasing capacity in third sector partners, are in development but it will be some months before any new services will be operational.

Clinic accommodation

Lack of accommodation for clinics is posing an increasing challenge. We continue to work with colleagues from Estates to source more clinic space and are exploring the possibility of holding more evening clinics. To date we have been able to mitigate the impact on PT performance (e.g. by staff working from home using digital delivery) but this mitigation is not appropriate/feasible for all and it risks staff wellbeing.

Adult Mental Health Psychology Service

After successful completion of an initial pilot of group delivery of Compassion Focused Therapy in Dunfermline, a second group will commence shortly in Glenrothes. CFT is an evidence-based approach which provides a treatment option for people with complex presentations and will increase service capacity. It complements the development of the Schema Therapy group, now mainstreamed.

cCBT (Access Therapies Fife)

In response to a reduction in referrals (which equate to treatment starts) for cCBT in the latter half of 2022, the Psychology Service instituted a marketing campaign targeting both GPs and the public. The social media element of this, run in conjunction with NHS Fife Communications, began in November 2022. There was an immediate increase in uptake (141 cCBT starts in October and 195 in November). December referrals were impacted by the festive break but data for January shows a further increase (227 starts) to both the GP referral and self-referral options.

COVID Vaccination	<i>At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination</i>	80%	89.7%
--------------------------	---	------------	--------------

At the end of 26th February, NHS Fife had administered the Autumn/Winter Booster Vaccination to 89.7% of the Age 65+ population. The annual target was achieved by the end of 1st November.

A key objective of the winter vaccination programme was to increase immunity in those who continue to be more at risk of severe COVID-19 and flu to prevent severe illness, hospitalisation and death. The uptake of the vaccine in the oldest age groups across Fife has been high. The winter 2022 programme ends in Scotland on 31 March 2023. The Spring 23 booster programme for those at highest risk of severe COVID illness will commence for care home residents at the end of March, and for those aged 75+ and those with weakened immune systems from mid-April.

Flu Vaccination	<i>At least 80% of the Age 65+ population will receive a Flu vaccination</i>	80%	87.9%
------------------------	--	------------	--------------

At the end of 26th February, NHS Fife had administered the Flu Vaccination to 87.9% of the Age 65+ population. The annual target was achieved by the end of 2nd November.

Uptake of flu vaccine in the older age groups reflects the successes seen for COVID-19. The winter 2022 programme, including flu vaccination ends in Scotland on 31 March 2023. The seasonal flu programme will recommence in Autumn 2023.

Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	94.4%
-----------------------------	--	------------	--------------

The latest published data (for quarter ending September) shows that NHS Fife performance fell slightly below the target. This was the lowest figure of all Mainland Health Boards. The aim going forward is to consistently achieve the target and also improve our ranking across all Mainland Health Boards.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions. The group continues to meet regularly to oversee implementation.

Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	88.4%
---------------------------	---	------------	--------------

The latest published data (for quarter ending September) shows that NHS Fife performed below the local target for the 4th successive quarter. This was the lowest figure of all Mainland Health Boards. The aim going forward is to achieve the target and also improve our ranking across all Mainland Health Boards.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions. The group continues to meet regularly to oversee implementation. Two PDSA cycles are in progress, with further quality improvement activity planned over the coming months.

e. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	15
HSMR	16
Inpatient Falls (With Harm)	17
Pressure Ulcers	18
SAB (HAI/HCAI)	19
C Diff (HAI/HCAI)	20
ECB (HAI/HCAI)	21
Complaints (Stage 2)	22

Finance, Performance & Resources: Operational Performance

4-Hour Emergency Access	23
Patient Treatment Time Guarantee (TTG)	24
New Outpatients	25
Diagnostics	26
Cancer 62-day Referral to Treatment	27
Delayed Discharges	28

Finance, Performance & Resources: Finance

Revenue & Capital Expenditure	30
-------------------------------	----

Staff Governance

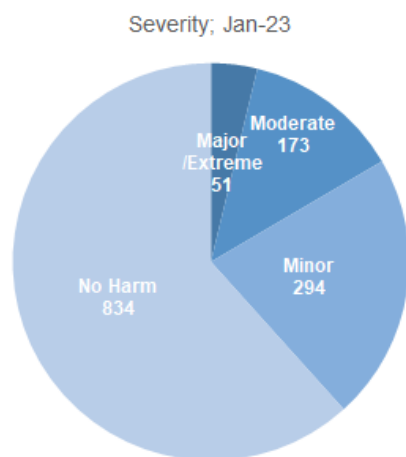
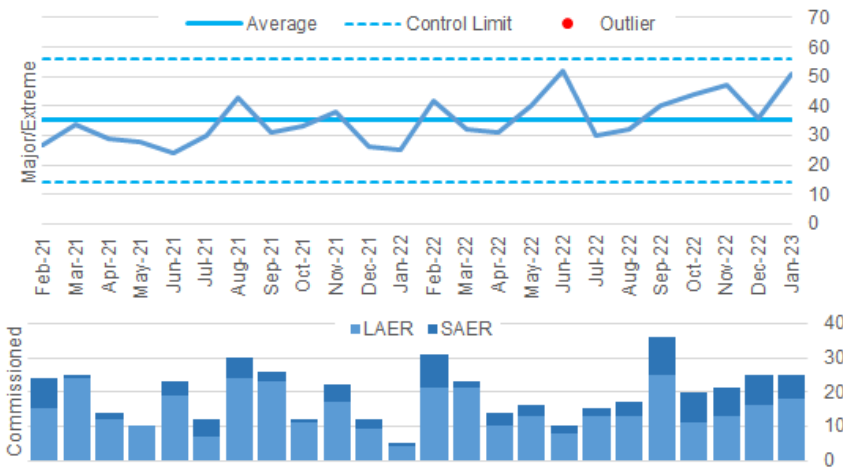
Sickness Absence	42
PDPR Compliance	43

Public Health & Wellbeing

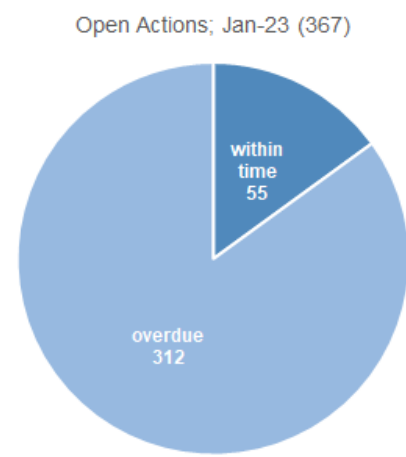
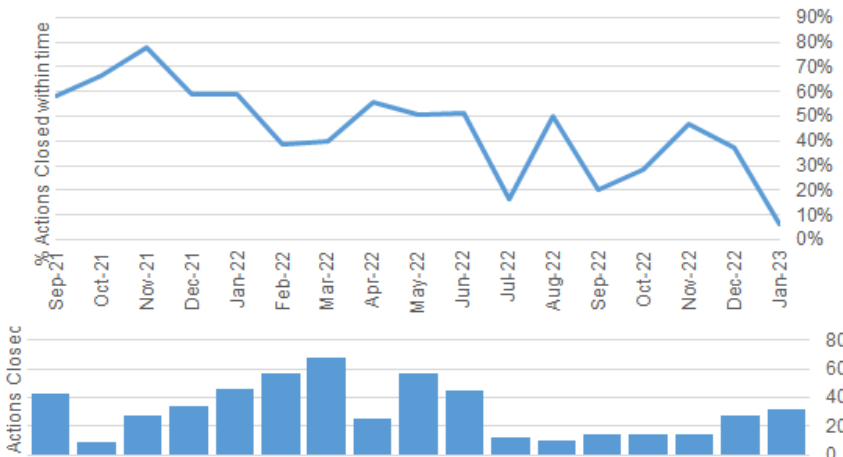
Smoking Cessation	44
CAMHS 18 Weeks Referral to Treatment	45
Psychological Therapies 18 Weeks Referral to Treatment	46
COVID and Flu Vaccination	47
Child Immunisation: 6-in-1, MMR2	48

CLINICAL GOVERNANCE

Adverse Events	Number 51
-----------------------	----------------------



Actions from Significant and Local Adverse Event Reviews	Closure Rate 6.3%
---	------------------------------



Key Deliverable		End Date
Adverse Event Process and Policy		Mar-23 On track
Key Milestones	Review of Policy	Dec-23 Complete
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 On track
	Training and Education	Mar-23 On track

HSMR

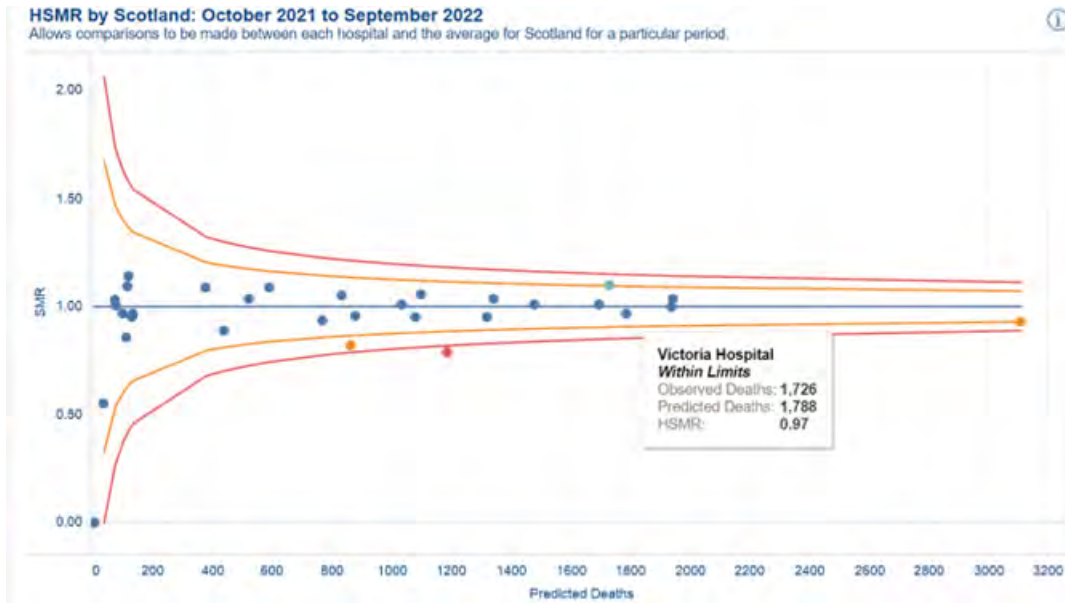
Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

Performance
0.98

Reporting Period; October 2021 to September 2022^P

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rate for Victoria Hospital is shown within the Funnel Plot.



Commentary

Data for 2021 and Q1-3 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending September 2022 showing a ratio below the Scottish average.

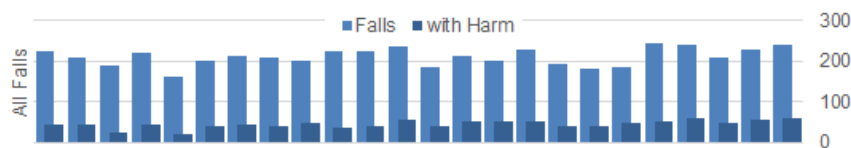
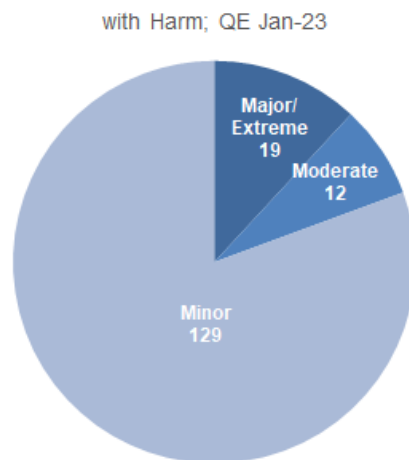
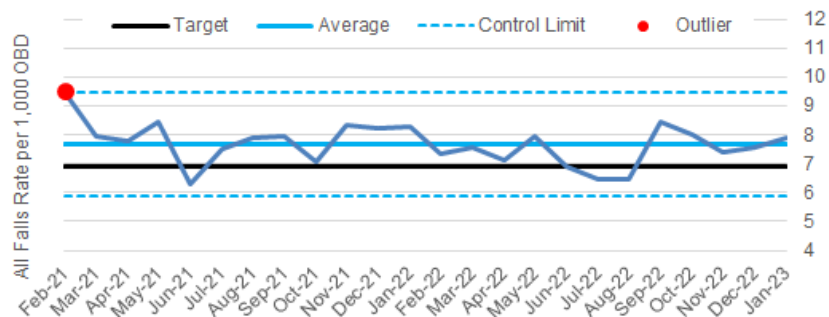
CLINICAL GOVERNANCE

Inpatient Falls

Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)
Target Rate (by end March 2023) = 6.91 per 1,000 OBD

Performance
7.91

Local Performance



Performance by Service Area

	2021/22					2022/23							
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	8.29	7.33	7.59	7.13	7.94	6.91	6.44	6.45	8.44	8.00	7.37	7.54	7.91
Acute Services	9.32	7.55	7.10	8.25	8.18	7.83	8.06	6.67	9.56	7.81	8.29	7.41	8.29
HSCP	7.41	7.16	8.01	6.14	7.72	6.08	4.97	6.25	7.47	8.18	6.58	7.65	7.58

Key Deliverable

End Date

Reduction in number of Patient Falls in order to achieve specified reduction target in this FY		Mar-23 On track
Key Milestones	Refresh Falls Champions Register and Network	Mar-23 At risk
	Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans	Mar-23 At risk
	Develop an Audit programme for 2022/23	Jun-22 Complete
	Review and refresh Falls Toolkit	Apr-23 Complete
	Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Feb-23 On track
	Review LEARN summaries to support shared learning	May-23 On track
	Explore feasibility of implementation of Falls module on Patient Trak	Mar-23 Suspended
	Explore QI resource to support clinical staff and enhance local improvement work	Feb-23 On track

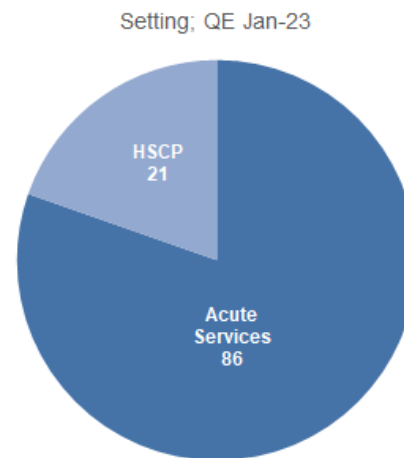
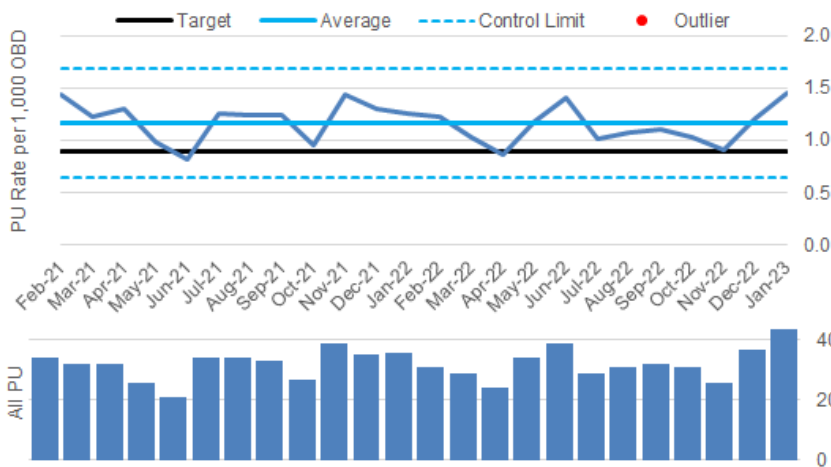
CLINICAL GOVERNANCE

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2023) = 0.89 per 1,000 OBD

Performance
1.45

Local Performance



Performance by Service Area

	2021/22						2022/23					
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	1.23	1.03	0.87	1.18	1.40	1.02	1.07	1.11	1.03	0.91	1.22	1.45
Acute Services	1.84	1.76	1.37	1.77	2.05	1.48	1.69	2.02	1.90	1.28	2.20	2.60
HSCP	0.72	0.40	0.41	0.66	0.82	0.60	0.52	0.32	0.25	0.59	0.32	0.44

Key Deliverable		End Date
Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY		Mar-23 Off track
Key Milestones	Refresh PU Link Practitioner Register and Network	Oct-22 Complete
	Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Mar-23 On track
	PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
	PU Documentation Audit to support compliance	Mar-23 On track
	Review LEARN summaries to support shared learning	Mar-23 On track
	Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 Suspended
	Establish an operational TV group	Jan-23 Off track
	Embed the revised HIS Pressure Ulcer Standards (October 2020)	Oct-23 Suspended
	Develop and test electronic PURA and SSKIN bundle on Patientrack	Oct-22 Complete
	Embed the use of the CAIR resource	Mar-23 At Risk
	Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 On track
Develop a training and education plan	Oct-22 Complete	

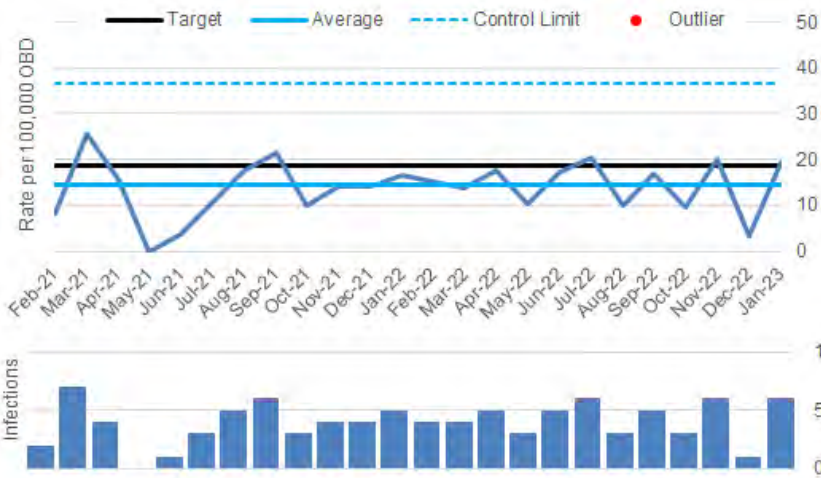
CLINICAL GOVERNANCE

SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Performance
19.2

Local Performance



Infection Source; YE Jan-23



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	

Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-23 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-23 On track

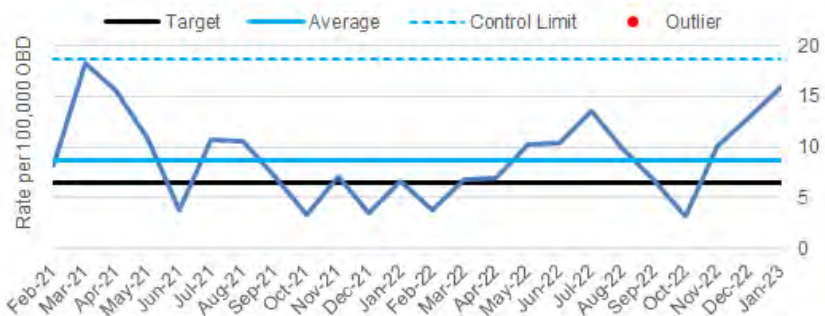
CLINICAL GOVERNANCE

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
16.0**

Local Performance



Recurrence; YE Jan-23



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	

Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-23 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
	Reduce overall prescribing of antibiotics	Mar-23 On track
	Reducing recurrence of CDI	Mar-23 At risk
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-23 On track

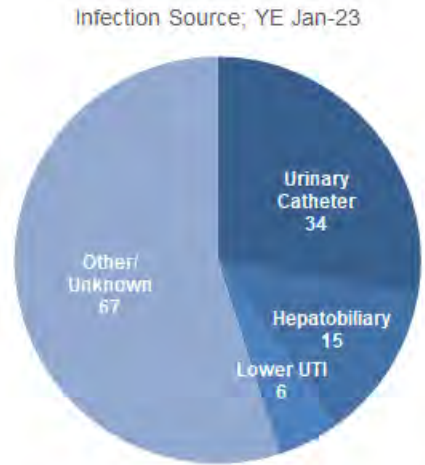
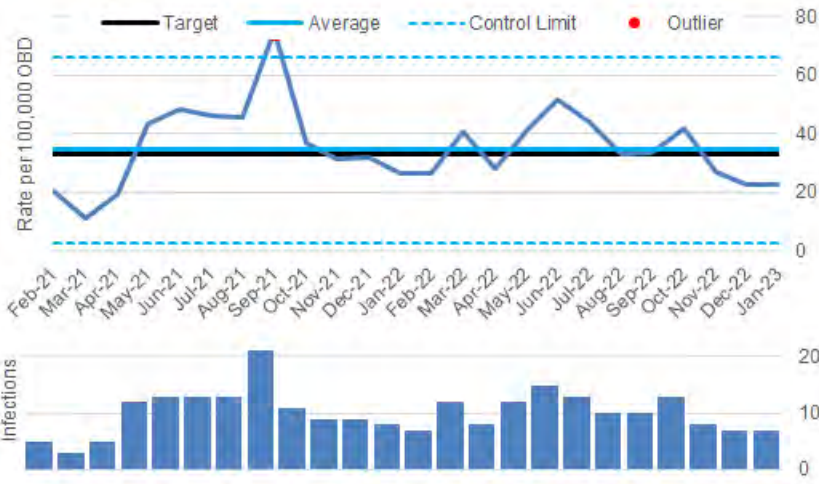
CLINICAL GOVERNANCE

ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
22.4**

Local Performance



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9	
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2	

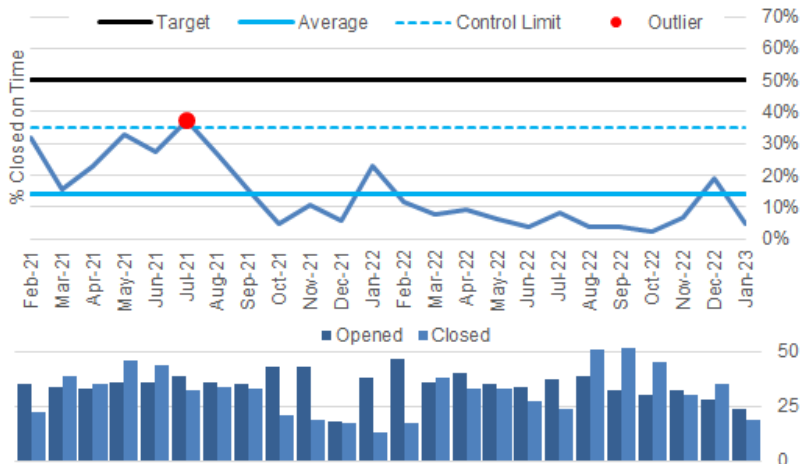
	Key Deliverable	End Date
	Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-23 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patientrack- further rollout	Mar-23 At risk
	Enhanced surveillance - led by Consultant Microbiologist	Mar-23 At risk
	Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Mar-23 At risk
	IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-23 On track

Complaints | Stage 2

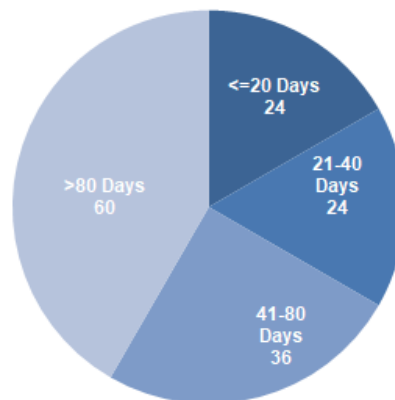
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

**Performance
5.0%**

Local Performance



Open Complaints; Jan-23



Performance by Service Area

		2021/22					2022/23					
		Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	Opened in Month	36	40	35	34	37	39	32	30	32	28	24
	Due in Month	44	37	49	32	30	47	37	21	30	27	32
	% Closed on time	6.8%	5.4%	4.1%	6.3%	3.3%	6.4%	5.4%	4.8%	3.2%	17.9%	6.3%
	Closed in Month	38	33	33	27	24	51	52	45	30	35	19
Acute Services	% Closed on time	7.9%	9.1%	6.1%	3.7%	8.3%	3.9%	3.8%	2.2%	6.7%	18.9%	5.0%
	% Acknowledged (3 days)	94.4%	92.5%	71.4%	76.5%	81.1%	87.2%	90.6%	96.7%	93.8%	100.0%	95.8%
	Due in Month	31	29	35	17	23	35	26	15	21	19	25
	% Closed on time	3.23%	6.90%	5.71%	5.88%	4.35%	5.71%	0.00%	0.00%	4.76%	25.00%	8.00%
HSCP	Closed in Month	28	25	22	20	14	43	34	29	22	26	17
	% Closed on time	3.6%	12.0%	4.5%	5.0%	14.3%	2.3%	0.0%	0.0%	9.1%	22.2%	5.9%
	Due in Month	10	7	13	15	7	10	10	6	9	8	7
	% Closed on time	10.0%	0.0%	0.0%	6.7%	0.0%	0.0%	10.0%	16.7%	0.0%	0.0%	0
	Closed in Month	7	7	11	7	10	6	16	16	7	9	2
	% Closed on time	14.3%	0.0%	9.1%	0.0%	0.0%	0.0%	6.3%	6.3%	0.0%	10.0%	0.0%

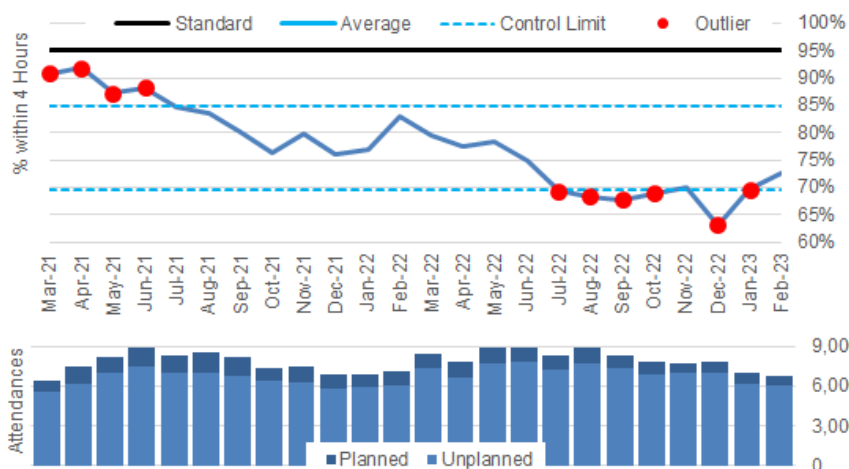
Key Deliverable	End Date
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)	Mar-24 Off track
Adherence to NHS Fife's Participation and Engagement Framework	Mar-23 Complete
Rebrand Patient Relations to Patient Experience Team	Dec-22 Complete

4-Hour Emergency Access

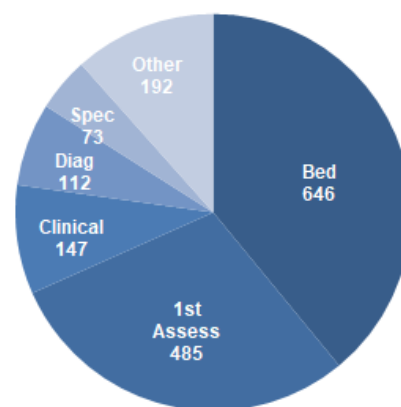
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance
72.6%

Local Performance



Breach Reason; Feb-23



National Benchmarking

	2021/22					2022/23						
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	79.6%	77.5%	78.2%	74.9%	69.3%	68.4%	67.7%	68.9%	70.1%	63.2%	69.6%	72.6%
Scotland	71.6%	72.1%	73.0%	71.3%	69.9%	69.7%	69.0%	67.6%	67.5%	62.1%	68.7%	

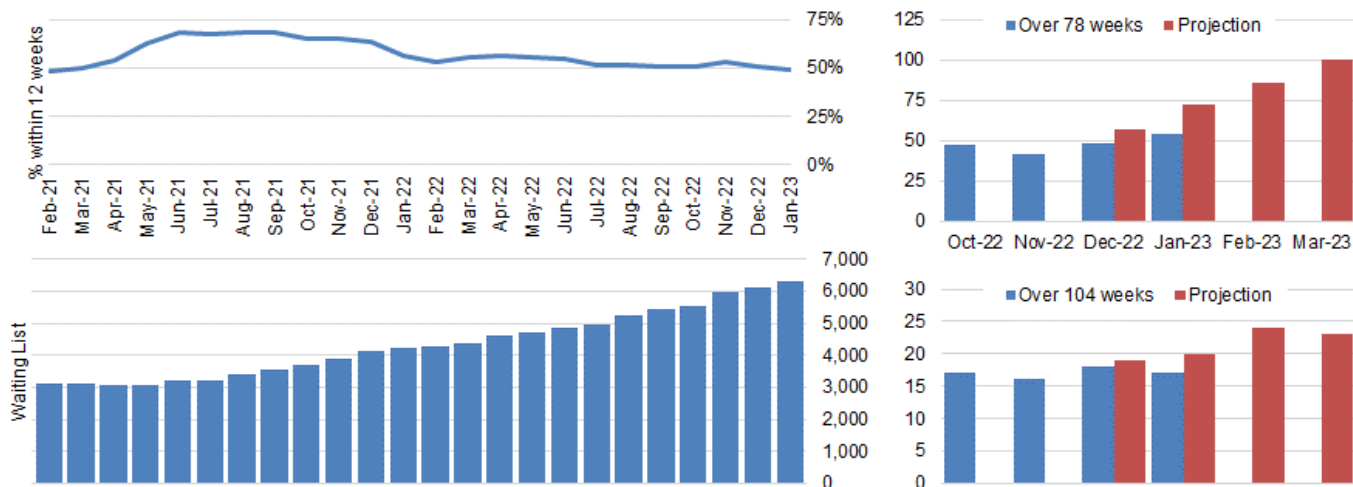
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Key Milestone	Review Au1 assessment area	Mar-23 On track
	Enhance pathways into ECAS	Apr-23 At risk
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 Complete
	Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.	Sep-23 Off track
	Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Sep-23 At risk
	Rapid Triage Unit - test GP triage unit to improve quality and efficiency of GP assessment process whilst improving admission avoidance rates	Apr-23 On track
	Call Before You Convey - support clinical decision making with SAS to increase redirections from VHK	Mar-23 Proposal
Implement an enhanced triage model within QMH to support scheduling of FNC/ED flow		Mar-23 On track
Redesign of Urgent Care in close working with partners		Apr-23 On track

Patient TTG

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

Performance
49.4%

Local Performance



National Benchmarking

	2021/22		2022/23									
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%	50.3%	49.4%
Scotland	32.5%	34.0%	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%	33.0%	33.5%	31.0%	

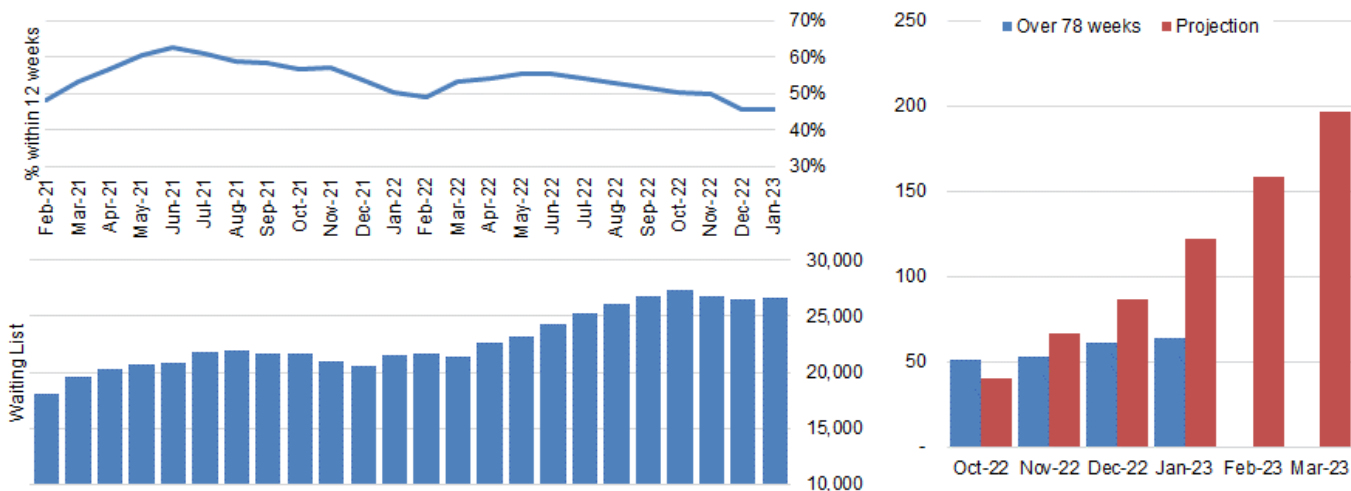
Key Deliverable	End Date
Reducing long waits; TTG	Mar-23 At risk
Preassessment	Mar-23 On track
Elective Orthopaedic Centre	Mar-23 Off track
Maximise utilisation of QMH Theatres	Mar-23 On track
Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 On track

New Outpatients

Performance
45.6%

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

Local Performance



National Benchmarking

	2021/22					2022/23						
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%	45.8%	45.6%
Scotland	45.9%	49.6%	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%	47.0%	47.0%	44.1%	

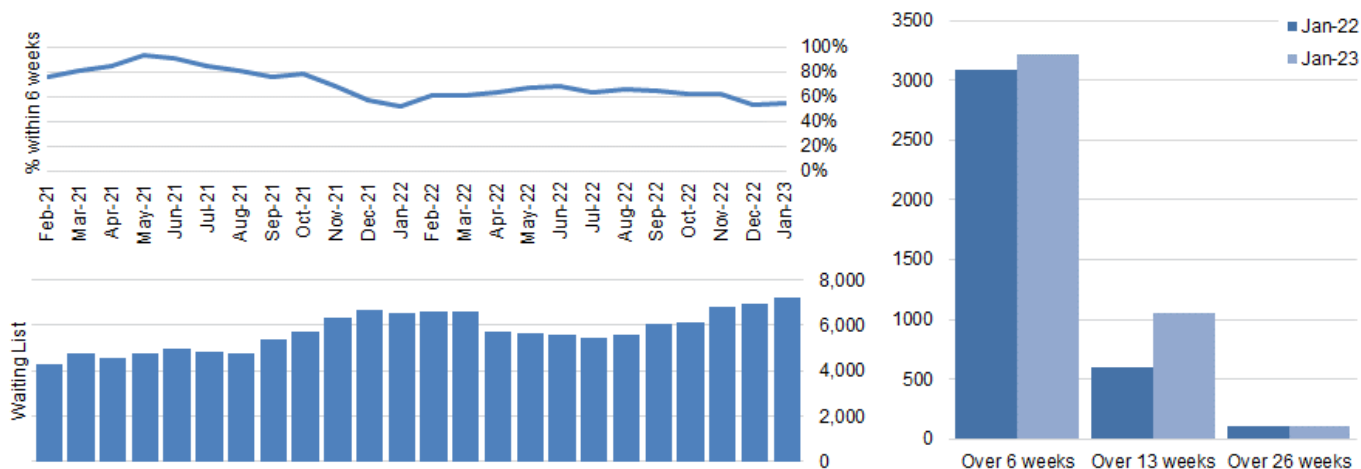
Key Deliverable		End Date
Reducing long waits; Outpatients		Mar-23 At risk
Key Milestones	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services	Mar-23 At risk
	Three step validation process of waiting lists will be implemented	Mar-23 Off track

Diagnostics Waiting Times

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

Performance
55.3%

Local Performance



National Benchmarking

	2021/22			2022/23								
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%	64.6%	62.5%	62.8%	53.3%	55.3%
Scotland	50.8%	49.6%	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%	47.6%	50.6%	45.8%	

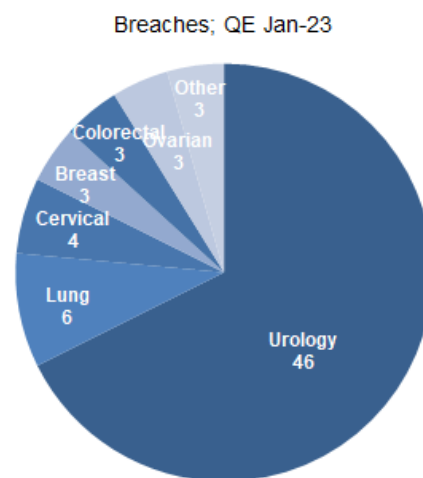
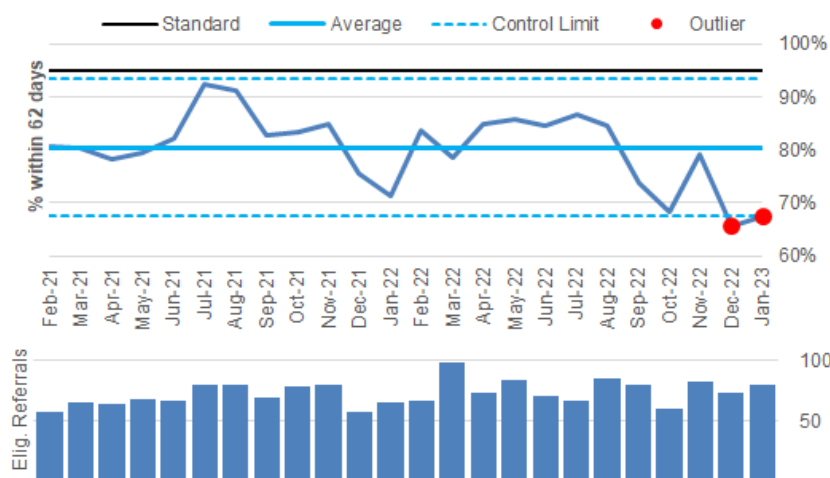
Key Deliverable	End Date
Reducing long waits; Diagnostics	Mar-23 At risk
Radiology -7 day working	Mar-24 Off track

Cancer 62-Day Referral to Treatment

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

Performance
67.5%

Local Performance



National Benchmarking

Month	2021/22					2022/23						
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	83.6%	78.6%	84.9%	85.7%	84.5%	86.6%	84.7%	73.8%	68.3%	79.3%	65.8%	67.5%
Scotland	77.4%	75.5%	77.0%	75.8%	73.5%	75.8%	73.6%	72.1%	70.3%	69.8%	72.1%	66.2%

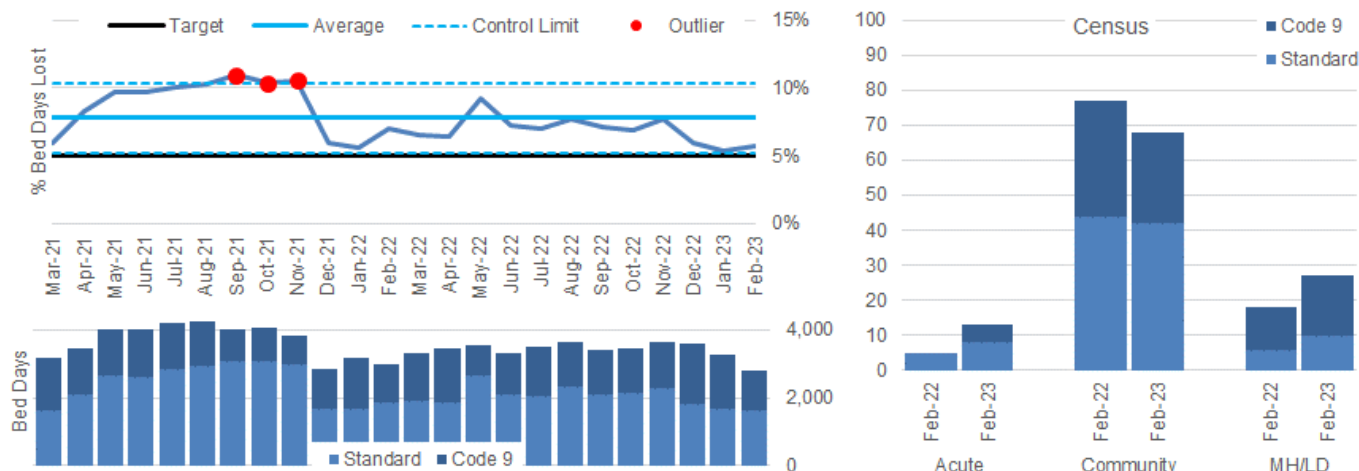
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-23 On track
Key Milestones	ECDC development/expansion	Mar-23 On track
	Development of single point of contact hub (SPOCH)	Sep-22 Complete
	Review of cancer workforce	Mar-23 Complete
	Environmental needs of cancer services	Mar-23 On track
	Continued public and patient engagement	Mar-23 Complete
	Increased access to trials linking with R, I & K	Mar-23 On track
	Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-23 Off track
Delivery of Cancer Waiting Times		Mar-23 Off track
Key Milestones	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-23 Off track

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

Performance
5.7%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending								
		2020/21			2021/22			2022/23		
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Five	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%	10.8%

Key Deliverable

Deliver Home First and enable Prevention and Early Intervention Dec-23
On track

Key Milestones	End Date
Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter.	Jun-23 On track
Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach	Jun-23 At risk
Support citizens to have greater control and choice of care preferences in event of a future deterioration or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.	Jul-23 At risk
Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation	Dec-22 Suspended
Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time	Mar-23 Complete
Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy.	Jul-23 At risk
Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge	Mar-23 On track
Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future	Oct-22 Complete

Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay Mar-23
On track

Continue to reduce delayed discharge Dec-23
On track

Key Milestones	Reduce hand offs in discharge processes	Feb-23 Complete
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 On track
	Develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care	Apr-23 On track
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 On track
	Planned Date of Discharge Project	Mar-23 On track
	Front Door Model	Mar-23 On track
	Electronic referrals	Dec-23 On track

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Finance <i>NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)</i>	Revenue (£21.6m)
	Capital £22.2m

1. Executive Summary

1.1 The Health Board retained position at the end of January 2023 is an overspend of £21.582m.

1.2 This overspend comprises:

- £8.724m core overspend (includes £4.549m overspend relating to acute set aside services).
- £8.673m of the financial gap identified in the board's approved financial plan.
- £4.185m unfunded Covid surge and associated costs.

Health Delegated Services report an underspend at the end of January 2023 of £6.554m including fully funded Covid costs of £8.839m.

Revenue Financial Position as at January 2023

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	260,122	208,994	219,924	-10,930
IJB Non-Delegated	9,987	8,178	8,074	104
Non-Fife & Other Healthcare Providers	95,706	79,766	84,223	-4,457
<u>Non Clinical Services</u>				
Estates & Facilities	82,160	65,958	66,168	-210
Board Admin & Other Services	75,258	58,536	58,473	63
<u>Other</u>				
Financial Flexibility & Allocations	22,953	6,898		6,898
Income	-25,000	-18,241	-18,363	122
Grip and Control	-3,374	-2,812	-2,498	-314
Sub-total Core position	517,812	407,277	416,001	-8,724
Financial Gap	-10,408	-8,673		-8,673
HB Retained Surge Capacity			2,692	-2,692
HB retained Covid 19	10,444	9,194	10,687	-1,493
SUB TOTAL	517,848	407,798	429,380	-21,582
<u>Health & Social Care Partnership</u>				
Fife H & SCP	359,939	310,280	303,726	6,554
Health delegated Covid 19	8,839	8,839	8,839	0
SUB TOTAL	368,778	319,119	312,565	6,554
TOTAL	886,626	726,917	741,945	-15,028

1.3 The financial plan approved in March identified cost improvement plans of £11.7m and a capital to revenue funding transfer of £2m, leaving a financial gap of £10.4m against an original £24.1m financial gap position. The financial plan assumptions included full funding of additional Covid 19 costs however a funding cap was confirmed

by SG, with any overspend beyond the funding cap of £7.5m disclosed as part of our core overspend position (£4.185m overspend at the end of January).

- 1.4 We continue to make assumptions on anticipated allocations including the required level of funding to cover the final agreement on the national AFC pay award. Details of our funding allocations, both received and anticipated, are attached at Appendix 1.
- 1.5 At the end of January, we remain £1.6m short of the level of savings we planned to deliver. As a result the forecast outturn assumes the CIP programme will fall short with £2m undelivered savings built in to our forecast overspend position. Pipeline schemes continue to be identified and explored for presentation at the FIS Programme Board for approval however it is unlikely we will be able to deliver newly identified schemes in full this financial year.
- 1.6 It is clear as we move through the last quarter of the year that we will not deliver our financial plan position of £10.4m overspend. The revised forecast overspend is projected to be c£16m. This position assumes HSCP funding for surge beds and expenditure on Primary Care and Mental Health out of area treatment costs.
- 1.7 The overall anticipated capital budget for 2022/23 is £29.626m (net of a capital to revenue transfer value of £2.6m). This reflects: the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government; anticipated allocations expected during the year to support a number of ongoing projects; and additional funding received from successful bids submitted to SG over the year. The capital position for the period to January records spend of £22.203m equivalent to 75% of the net allocation. The capital programme is expected to deliver in full, with activity in the final quarter of the financial year in respect of completion of the National Treatment Centre facility.

2. Health Board Retained Services

Clinical Services financial performance at 31 January 2023 excluding Covid-19 costs

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services (HB Retained)	214,039	172,873	179,254	-6,381
Acute Services (Acute Set Aside)	46,083	36,121	40,670	-4,549
Subtotal Acute Services Division	260,122	208,994	219,924	-10,930
IJB Non Delegated	9,987	8,178	8,074	104
Non-Fife & Other Healthcare Providers	95,706	79,766	84,223	-4,457
Income	-25,000	-18,241	-18,363	122
SUB TOTAL	340,815	278,697	293,858	-15,161

- 2.1 Acute Services reports a core **overspend of £10.930m**. This position reflects the financial consequences of the significant ongoing service pressures across unscheduled care with increased demand and higher acuity than pre-pandemic levels. Increased lengths of stay together with delayed discharges and high levels of vacancy continue to drive the reliance on supplementary staffing for both nursing and medical workforces. Despite appointment of newly qualified practitioners, international recruits and introducing the role of B4 nurse practitioner, supplementary staffing for non-medical staff has reduced in month but still remains high at 8% of total pay spend, with vacancy levels sustained at similar levels to earlier in the year. The impact of the introduction of the aforementioned staff groups will be further scrutinised as the year unfolds. Additional site activity and reliance on supplementary staffing at 10% of the medical pay cost has resulted in an overspend on medical pay of £3.502m. Within this figure is a charge for non-compliance of medical rotas across both EC and WCCS at a cost of £0.869m to date. The specialties with the greatest pressures are predominantly Elderly Medicine, A&E and Acute Medicine which are the areas most impacted by admissions, surge and delayed discharges.

There is significant cost pressure within non pay expenditure due to medicines cost increase and growth of £3.730m, particularly within haematology services for new cancer medicines.. Ophthalmology medicine cost pressures are partly being mitigated with an efficiency scheme on macular degeneration medicines. Continued growth and replacement of diabetic pumps, increased cost of consumables and equipment for robotic procedures and theatres supplies are collectively overspending at £1.699m.

Included in the core Acute Services position is an overspend on core set aside services of £4.549m which is being funded on a **non-recurring** basis by the board.

- 2.2 The IJB Non-Delegated budget reports an **underspend of £0.104m**. This relates in the main to relates to nursing vacancies across the Acute Services within the Northeast Fife Hospitals and the Forensic unit (Daleview) at Lynebank.
- 2.3 The budget for healthcare services provided outwith NHS Fife is **overspent by £4.457m** (detail per Appendix 2), this is after a £3m budget increase as part of this year's financial planning process. This is due to increased activity in patients requiring mental health, and substance misuse support, coupled with the costs of 2 high cost patients who no longer meet the criteria for NSD funding. Discussions continue nationally on an additional inflationary uplift to SLAs re increased energy costs and the implications of the AfC pay award. Discussions continue with the HSCP in relation to the alignment of both budget and spend for SLAs relating to Mental Health services for which there is a forecast overspend of £2.7m at January.
- 2.4 **Corporate Functions and Other Financial performance at 31 January 2023**

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	82,160	65,958	66,168	-210
Board Admin & Other Services	75,258	58,536	58,473	63
<u>Other</u>				
Financial Flexibility & Allocations	22,953	6,898	0	6,898
SUB TOTAL	180,371	131,392	124,641	6,751

- 2.5 The Estates and Facilities budgets report an overspend of **£0.210m**. Whilst pays are underspent this is being offset as previously reported by energy and clinical waste pressures. Work is underway to investigate the increase in provision costs across the area and the increased costs of service charges. Notwithstanding, the service remains confident and committed to delivering a balanced year end position.
- 2.6 Within the Board's corporate services there is an **underspend of £0.063m**. Whilst there are a range of underspends across corporate service areas, there are offsetting areas of overspend within our Workforce Department which reflects cost pressures associated with the Regional Recruitment consortium and legal costs.
- Financial Flexibility**
- 2.7 Financial flexibility at the end of January includes allocations and anticipated budget provision for supplies, medical supplies and drugs uplifts. A summary of funding held in **financial flexibility** and the release of **£6.898m** to month 10 is shown at Appendix 3.

Financial Gap

- 2.8 The **financial plan gap** reflects the pro-rata share of the planned £10.4m deficit (**£8.673m** to month 10).

Approved Cost Improvement Plans

- 2.9 The year-to-date target at month 10 is £9.292m with £7.704m achieved, resulting in a current year shortfall of £1.588m. Recurring savings achieved are £2.951m, equivalent to 25% of the full year target, an increase against the position in month 10. This represents a significant challenge going into 2023/24 as the non-recurring element of the in-year target will be carried forward as an additional pressure.

It is clear that £2m of our Acute Services savings plan will now not be achieved. This shortfall is reflected in the Acute Services forecast outturn position.

Approved Cost Improvement Plans - Position at 31 January 2023

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute Services	5,752	4,654	3,372	-1,282
Estates & Facilities	1,652	1,077	1,080	3
Corporate	4,296	3,561	3,252	-309
Total	11,700	9,292	7,704	-1,588

By the end of month 10 Acute Services delivered £3.372m, a year-to-date shortfall of £1.282m. To date Acute Services has identified £1.809m on a recurring basis. Further detail is included in Appendix 4 to this report.

3. Health Board Covid-19 spend

3.1 Covid-19 spend to January is £13.379m reflected in the table below. This includes fully funded Test and Protect costs of £2.944m. The remaining additional Covid 19 costs total £10.435m against a budget of £6.250m (pro rata share of £7.5m funding envelope). The resulting overspend of £4.185m comprises: £2.692m unfunded Covid surge costs across the hospital; and £1.493m remaining overspend. Positive discussions have concluded with the HSCP where the Integration Joint Board has supported a system wide approach to support the cost of surge activity for the full financial year.

HB & Acute set aside Covid-19 spend	Year to Date Budget £'000	YTD Spend HB Retained £'000	YTD Spend Set Aside £'000	YTD Spend Total £'000	YTD Variance £'000
Acute Services	2,506	2,506	3,777	6,283	-3,777
HB Retained Surge Capacity			2,692	2,692	-2,692
Estate & Facilities	79	79	307	386	-307
Corporate	962	962	112	1,074	-112
Funding Envelope	2,703	0		0	2,703
Subtotal	6,250	3,547	6,888	10,435	-4,185
Test & Protect	2,944	2,944	0	2,944	0
Total	9,194	6,491	6,888	13,379	-4,185

4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £6.554m**. This position is after the £2.4m budget realignment to Social Care in October 2022. The in-year underspend within the services predominantly relates to vacancies with attempts to recruit ongoing by services. In common with HB retained services, there are high usage/costs associated with medical locums and nurse bank/agency to cover vacancies, sickness and increased patient supervision requirements. Prescribing data available to inform the position is 2 months in arrears so the position to month 10 is based on 8 months actual data with 2 months informed estimated costs. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to January is estimated to be £1.081m underspent.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	359,939	310,280	303,726	6,554
SUB TOTAL	359,939	310,280	303,726	6,554

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding budgets in respect of large hospital services, also referred to as Set Aside. The financial pressure related to set aside services is currently held within the NHS Fife financial position. Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £8.839m to month 10, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	3,395	3,395	0
Complex and Critical Services	107	107	0
Primary Care and Prevention Services	98	98	0
Professional/Business Enabling	101	101	0
Covid-19 Vaccination Costs	5,138	5,138	0
Total	8,839	8,839	0

5. Forecast Outturn

5.1 The forecast outturn for Health retained services at the end of March 2023 is an overspend of c£16m. This position assumes HSCP funding to support the cost of surge activity which is predicted to remain for the full financial year and the non-Fife and other Healthcare providers overspend relating to Primary Care and Mental Health.

6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £29.626m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to January records spend of £22.203m. Therefore, 74.94% of the anticipated total capital allocation has been spent to month 10.

6.2 The programme of £32.226m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	417
Lochgelly Health Centre	556
National Equipping - Traunch 1	1,506
QMH Theatres PH2	1,500
Mental Health	100
HEPMA	900
Ferno Trollies	50
Estates NIB Bid	2,720
D&I NIB Bid	1,928
NIB Equipment	914
LIMS	192
Energy Pods	50
Total Before Capital to Revenue Transfer	32,226
Capital to Revenue Transfer	- 2,600
Total	29,626

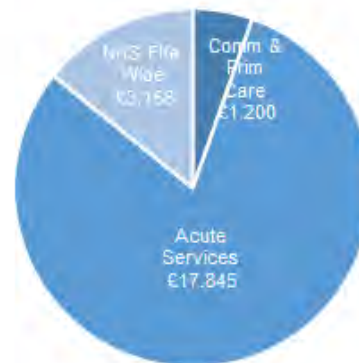
NHS Fife has received £1.191m in charitable funding to support both the modernisation works associated with the VHK Hospice of £0.350m and £0.841m for the Audio Visual Theatre and Artwork for the new National Treatment Centre.

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to Full Business Case, subject to NHS Assure approval and a Benefits Realisation incorporated into the Outline Business Case.

6.3 Expenditure / Major Scheme Progress

FINANCE, PERFORMANCE & RESOURCES: FINANCE

The summary expenditure position across all projects is set out in the dashboard summary below. The expenditure to date amounts to £22.203m, this equates to 74.94% of the total anticipated capital allocation, as illustrated in the spend profile graph below.



The main areas of spend to date include:

Statutory Compliance	£4.087m
Equipment	£1.784m
Digital	£3.158m
Elective Orthopaedic Centre	£12.088m
Health Centres	£0.869m

6.4 The capital programme is expected to deliver in full with significant activity in the final months of the year working towards a balanced capital position. Further detail on capital expenditure is detailed in Appendices 6 and 7.

7 Recommendation

7.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the month 10 position reported and are asked to:

- **Discuss** the reported core YTD overspend of £21.582m
- **Note** the Health delegated core YTD underspend position of £6.554m
- **Discuss and agree any further potential mitigations to reduce** the increased forecast outturn position of £16m
- **Note** the capital expenditure spend of £22.203m.

Appendix 1: Revenue Resource Limit

	Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
June letter	748,855		125	748,980	
July Letter			101	101	
August Letter		8,828	4,765	13,593	
September Letter		1,408	4,363	5,771	
October Letter	600	5,132	1,966	7,698	
November Letter		8,701	2,910	11,611	
December Letter		61,772	149	61,921	
HNC Students backfill			32	32	Normal backfill given quarterly
Additional Planned Care Funding			786	786	As per additional letter correspondence
Shortened Midwifery Course			25	25	Indicated last calendar year for changes to course
Perinatal & Infant Mental Health		777		777	Annual Allocation
School Nursing Posts		598		598	Based on funding letter and numbers of school nurses
Mental Health after Covid Hospitalisation			96	96	Continuation of funding
Mental Health Pharmacy & Technician Recruitment		108		108	Continuation of funding from last financial year
New Medicine Fund		10,216		10,216	Value as per SG information given last month
Lockers			8	8	Based on submission
Discovery Tool			-37	-37	Annual deduction
Ayrshire & Arran Quarriers			-100	-100	Annual deduction
Board Contribution to global sum		-320		-320	Annual deduction
GP Sustainability Payment			667	667	Based on payments already made to General Practice
Distinction Award for Consultants			139	139	Annual Award
Return of Funding - Covid			-21,487	-21,487	Based on correspondence from SG
Total Core RRL Allocations	749,455	97,220	-5,492	841,183	
Mental Health Bundle		1,363		1,363	
Community Pharmacy Champions		20		20	
NDC Contribution		-843		-843	
Community Pharmacy Pre-Reg Training		-165		-165	
Golden Jubilee SLA		-25		-25	
PCIF		3,499		3,499	
Action 15 Mental Health strategy		2,121		2,121	
ADP		989		989	
School Nurse		0		0	
Primary care development funding		30		30	
CAMHS		704		704	
Mental health & Wellbeing primary care services		105		105	
Capital to Revenue			2,600	2,600	
NSD etc		-1,535		-1,535	
Additional Pay Award	25,500			25,500	
Depreciation			1,420	1,420	
NTC			1,000	1,000	
MND Nurse			19	19	
	25,500	6,263	5,039	36,802	
	774,955	103,483	-453	877,985	
IFRS			8,516	8,516	
Donated Asset Depreciation			137	137	
Impairment			749	749	
AME Provisions			500	500	
Donated Assets Additions			-1,261	-1,261	
Total Anticipated Non-Core RRL Allocations	0	0	8,641	8,641	
Grand Total	774,955	103,483	8,188	886,626	

Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	101	85	84	1
Borders	47	39	49	-10
Dumfries & Galloway	26	22	49	-27
Forth Valley	3,311	2,759	3,159	-400
Grampian	374	312	243	69
Greater Glasgow & Clyde	1,724	1,436	1,441	-5
Highland	141	117	175	-58
Lanarkshire	120	100	186	-86
Lothian	32,822	27,352	29,343	-1,991
Scottish Ambulance Service	105	88	41	47
Tayside	41,113	34,262	36,352	-2,090
	79,884	66,572	71,122	-4,550
UNPACS				
Health Boards	14,214	11,845	11,054	791
Private Sector	799	667	1,517	-850
	15,013	12,512	12,571	-59
OATS	740	617	463	154
Grants	65	65	67	-2
Total	95,702	79,766	84,223	-4,457

Appendix 3: Financial Flexibility

		Flexibility Released to Jan-23
	£'000	£'000
Drugs :NMF	3,692	3533
Junior Doctor Travel	24	11
Consultant increments	251	209
Discretionary Points	29	24
AME impairments	0	
AME Provisions	746	
Prior Years Approved Developments, National Initiatives	588	588
Health Retained 22-23 Uplifts	10,406	
Cost pressures 22-23	2,891	544
Allocations to be distributed	4,326	1989
Total	22,953	6,898

Appendix 4: Detailed Cost Improvement Plans

Area	Plan	Current Year Target	Year to Date Target	Year to Date Achieved	Year to Date Variance
		£'000	£'000	£'000	£'000
PCD	Instruments & Sundries	1,000	793	379	-414
PCD	Investment in Theatres Procurement / Cost Reduction	500	389	124	-265
PCD	Repatriation of Radical Prostatectomy	205	205	0	-205
WCCS	Travel & Printing	60	61	60	-1
WCCS	Managed Service Contract for Labs	425	354	354	0
WCCS	Skill Mix Review	50	32	41	9
ECD	Pirfenidone / Nintedanib	40	33	33	0
ECD	Patent Expiry / Homecare	160	128	0	-128
WCCS	Community Paediatric Drugs	20	17	17	0
Acute	Reduction in Non Core Staffing	2,000	1,556	1,019	-537
WCCS	Vacancy Release	210	167	150	-17
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	601	877	276
P&I	Major Contract Review	250	0	0	0
P&I	Property Maintenance Minor Works Team	100	50	0	-50
P&I	Energy Savings - NDEE Project	150	0	0	0
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	125	175	50
P&I	Terminate Lease for Evans Business Park	80	80	80	0
P&I	Grip and Control	402	402	402	0
All	Vacancy Factor	1,183	987	954	-33
All	Financial Grip & Control	3,415	2,812	2,536	-276
	Total	11,700	9,292	7,704	-1,588

Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000
Covid-19 earmarked reserve	33,522	620	327	379	364	281	524	305	303	589
Vaccine	2,472	1,053	472	330	372	453	753	749	459	505
SG Correspondence re Covid										21487
ADP (from Core)	1,700									
Primary Care Improvement Fund	6,585		145	18	167	240	328	244	219	160
Care homes	817		41	15	599	15	15	15		
Urgent Care Redesign	950	139	110	105	87	76				-70
Action 15	1,791								167	
District Nurses	213									
Fluenz	18								18	
Mental Health Recovery & Renewal	3,932	100	122		63		1217		1666	124
Workforce Wellbeing	196									
Budival	213									
Child Healthy Weight	23								23	
Acceleration of 22/23 MDT recruitment	300									
Multi Disciplinary Teams	1,384									
GP Premises	430									
Afghan Refugees	47									
Dental Ventilation	669		72		1	236	80			
Interface care	170			30						
School Nursing	146									
Remobilisation of dental services	313									
Psychological Therapies	264								264	
Uncommitted Reserves										
RT Funding	1,500									
Core general reserve	3,402		127	98	524	15	-56			
Core underspend	3,550									
TOTAL	64,607	1,912	1,416	975	2,177	1,316	2,861	1,313	3,119	22,795

Appendix 6: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	64	64	64
Statutory Compliance	357	213	357
Capital Equipment	229	21	229
Condemned Equipment	0	0	0
Total Community & Primary Care	651	298	651
ACUTE SERVICES DIVISION			
Statutory Compliance	1,982	1,814	1,982
Capital Equipment	1,175	438	1,175
Clinical Prioritisation	124	119	124
Condemned Equipment	103	40	103
QMH Theatre	734	635	734
Total Acute Services Division	4,117	3,045	4,117
NHS FIFE WIDE SCHEMES			
Equipment Balance	0	0	0
Digital & Information	877	877	877
Clinical Prioritisation	62	0	62
Statutory Compliance	57	0	57
Condemned Equipment	0	0	0
Fire Safety	0	0	0
Scheme Development	0	0	0
Vehicles	0	0	0
Capital to Revenue Transfer	2,000	0	2,000
Total NHS Fife Wide Schemes	2,996	877	2,996
TOTAL CAPITAL ALLOCATION FOR 2022/23	7,764	4,221	7,764

ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	417	367	417
Lochgelly Health Centre	556	503	556
Mental Health Review	100	33	100
Elective Orthopaedic Centre	13,629	12,088	13,629
National Equipping Tranche 1	1,506	820	1,506
HEPMA	900	790	900
Ferno Trollies	50	50	50
Estates NIB Bid	2,720	1,425	2,720
D&I NIB Bid	1,928	1,492	1,928
National Equipping Tranche 2	914	415	914
LIMS	192	0	192
Energy Pods	50	0	50
Anticipated Allocations for 2022/23	24,462	17,983	24,462
Total Anticipated Allocation for 2022/23	32,226	22,203	32,226

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to December	January Adjustment	Total January
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	229	0	229
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	70	-6	64
Statutory Compliance	0	354	0	354
Total Community & Primary Care	0	653	-6	647
Acute Services Division				
Capital Equipment	0	1,175	0	1,175
Condemned Equipment	0	103	0	103
Clinical Prioritisation	0	128	-4	124
Statutory Compliance	0	2,041	-56	1,985
QMH Theatre	734	734	0	734
	734	4,181	-60	4,121
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,395	56	57
Fife Wide Equipment	1,407	-1,407	0	0
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-198	10	62
Condemned Equipment	100	-100	0	0
Capital to Revenue Transfer	2,000	0	0	2,000
Fife Wide Fire Safety	0	0	0	0
Fife Wide Vehicles	0	0	0	0
Total Fife Wide	7,030	-4,100	66	2,996
Total Capital Resource 2022/23	7,764	734	0	7,764
ANTICIPATED ALLOCATIONS 2022/23				
QMH Theatres PH2	1,500	0	0	1,500
Kincardine Health Centre	417	0	0	417
Lochgelly Health Centre	556	0	0	556
Mental Health Review	100	0	0	100
Elective Orthopaedic Centre	13,629	0	0	13,629
National Equipping Tranche 1	1,506	0	0	1,506
HEPMA	900	0	0	900
Ferno Trolleys	50	0	0	50
Estates NIB Bid	2,720	0	0	2,720
D&I NIB Bid	1,928	0	0	1,928
National Equipping Tranche 2	914	0	0	914
LIMS	192	0	0	192
Energy Pods	50	0	0	50
Anticipated Allocations for 2022/23	24,462	0	0	24,462
Total Planned Expenditure for 2022/23	32,226	734	0	32,226

STAFF GOVERNANCE

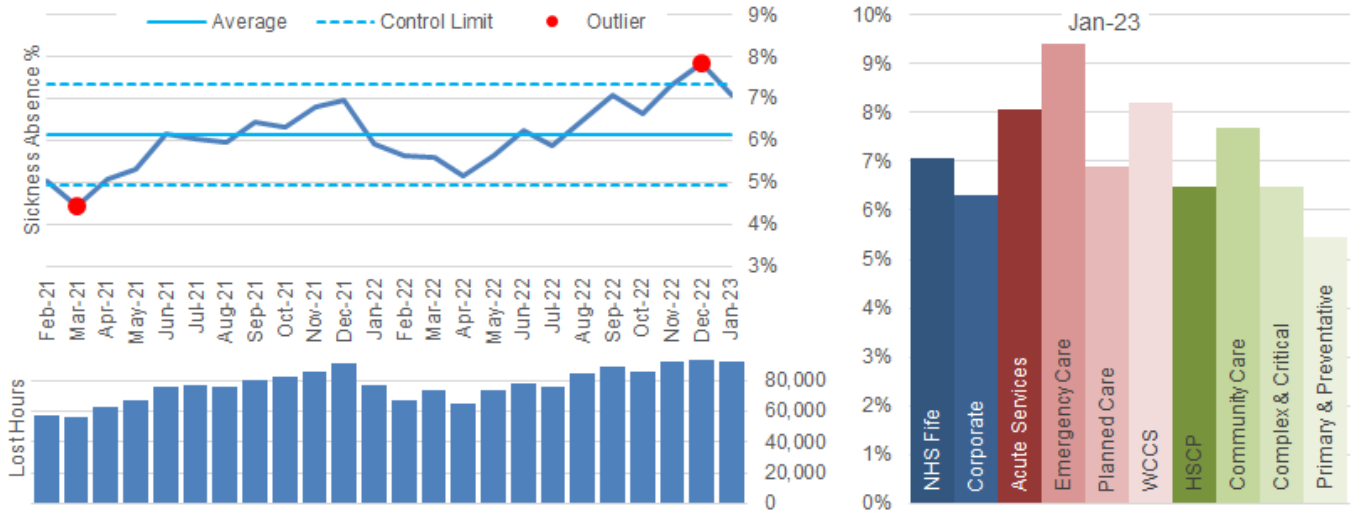
Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance

7.06%

Local Performance



National Benchmarking

Month	2021/22					2022/23						
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
NHS Fife	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%	7.31%	7.85%	7.06%
Scotland	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	6.75%	7.35%	

Key Deliverable

Support the Health and Wellbeing of our Staff

End Date

Mar-23
At risk

Key Milestones

Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions

Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence

Mar-23
On track

Mar-23
At risk

STAFF GOVERNANCE

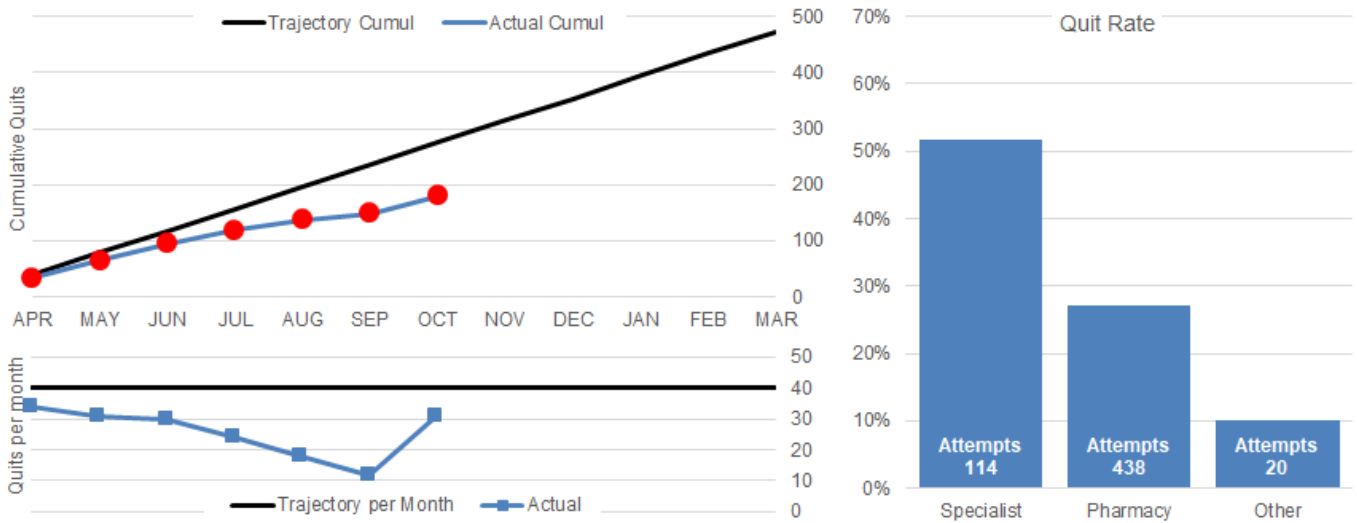
PDPR Compliance <i>To achieve an annual PDPR compliance rate of 80%</i>		Performance 35.0%
Local Performance		
<p>The line graph shows the percentage of PDPR compliance over time. The target is a constant 80% (black line). The actual performance (blue line) fluctuates between approximately 30% and 45% throughout the period from April 2022 to March 2023. The bar chart for February 2023 shows the following compliance rates by service area: NHS Fife (35%), Corporate (26%), Acute Services (35%), EC (21%), PC (34%), WCCS (54%), HSCP (40%), Community Care (44%), Complex & Critical (31%), and Primary & Preventative (45%).</p>		
Key Deliverable		End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate		Mar-23 At risk
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track
	Provide RAG status reports to all Managers during September 2022	Sep-22 Complete
	Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis	Dec-22 Complete
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDPR activity	Dec-22 Complete

Smoking Cessation

In 2022/23, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Performance
180

Local Performance (lag due to 12-week follow-up from quit date)



National Benchmarking

		2022/23											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	34	31	30	24	18	12	31					
	Actual Cumul	34	65	95	119	137	149	180					
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	47
	Achieved	85.0%	82.3%	80.5%	75.3%	69.5%	63.1%	65.2%					
Scotland	Achieved			62.9%									

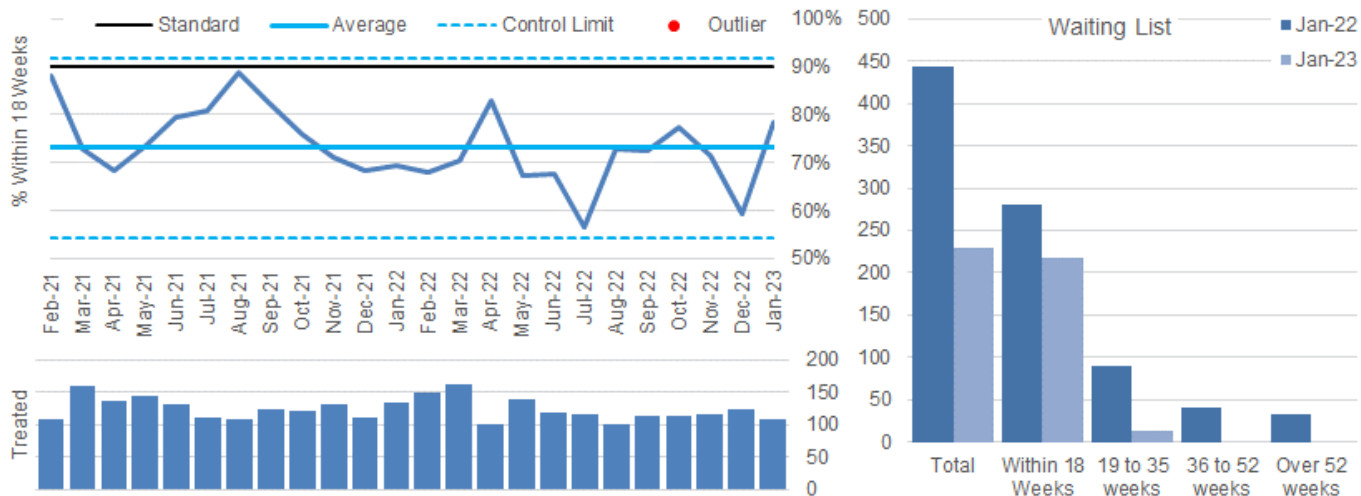
Key Deliverable		End Date
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2022-23		Mar-23 On track
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-23 Complete
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system	Mar-23 Complete
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Sep-22 Complete
	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan	Mar-23 On track
	Remobilise out-reach service provision in most deprived communities; negotiate use of sexual health mobile unit, assess appropriate sites and permissions to park, signage	Sep-22 Complete

CAMHS 18 weeks RTT

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

Performance
78.5%

Local Performance



National Benchmarking

Month	2021/22				2022/23							
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	68.0%	70.6%	83.0%	67.4%	67.8%	56.5%	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%
Scotland	71.9%	73.8%	71.1%	66.7%	67.4%	67.4%	66.4%	69.3%	69.0%	67.4%	75.6%	

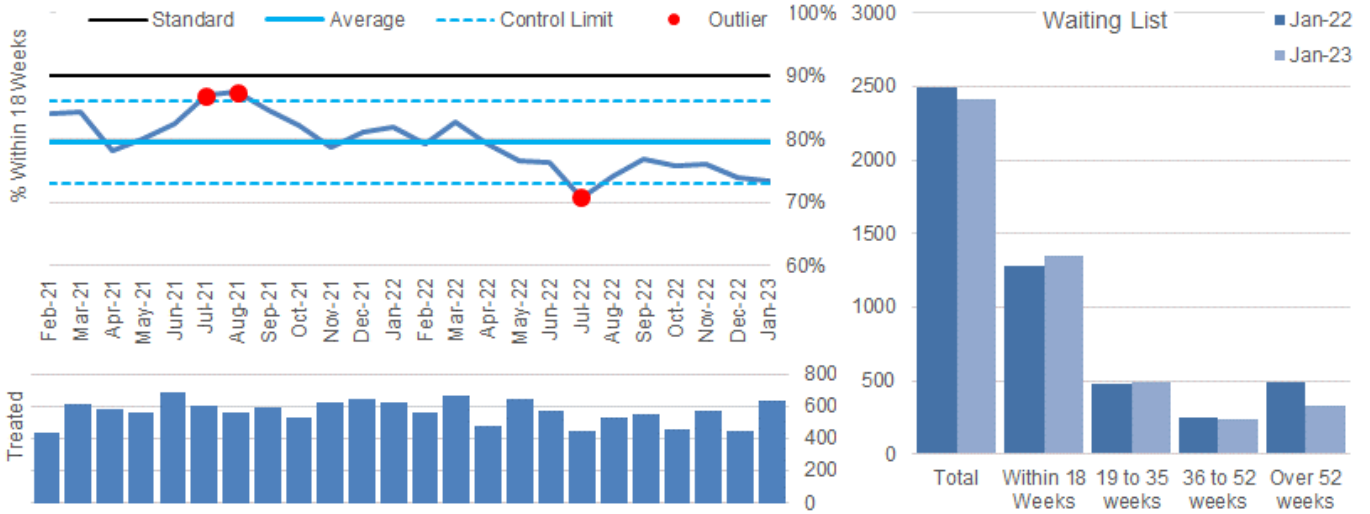
Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to CAMHS		Mar-23 On track
Key Milestones	Development of a CAMHS Urgent response Team for young people who present to ED/ Paediatric /in patients with self-harm/suicidal ideation which has significantly increased over the course of the pandemic	Nov-22 Complete
	Recruitment of Additional Workforce	Mar-23 On track
	Delivery of SEAT Regional delivery for CAMHS/Eating Disorders and Perinatal Mental Health	Mar-23 On track

Psychological Therapies 18 weeks RTT

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

Performance
73.4%

Local Performance



National Benchmarking

Month	2021/22			2022/23								
	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
NHS Fife	79.2%	82.7%	79.2%	76.5%	76.3%	70.8%	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%
Scotland	82.0%	84.5%	81.2%	80.9%	82.3%	79.2%	81.6%	81.2%	80.9%	80.6%	82.4%	

Key Deliverable		End Date
Implement the key areas of need included in the Mental Health Transition and Recovery Plan relating to Psychological Therapies		Mar-23 On track
Key Milestones	Recruit to vacancy within Unscheduled Care Brief Psychological Intervention service	Mar-23 On track
	Recruit new staff as per Psychological Therapies Recovery Plan	Mar-23 At risk
	Waiting list management within General Medical Service in Clinical Health	Dec-22 Complete
	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit	Mar-23 At risk
	Support and develop the NHS Fife response to Long COVID	Dec-22 Completed

Covid-19 and Flu Vaccination

At least 80% of the Age 65+ population will receive an Autumn/Winter Booster vaccination

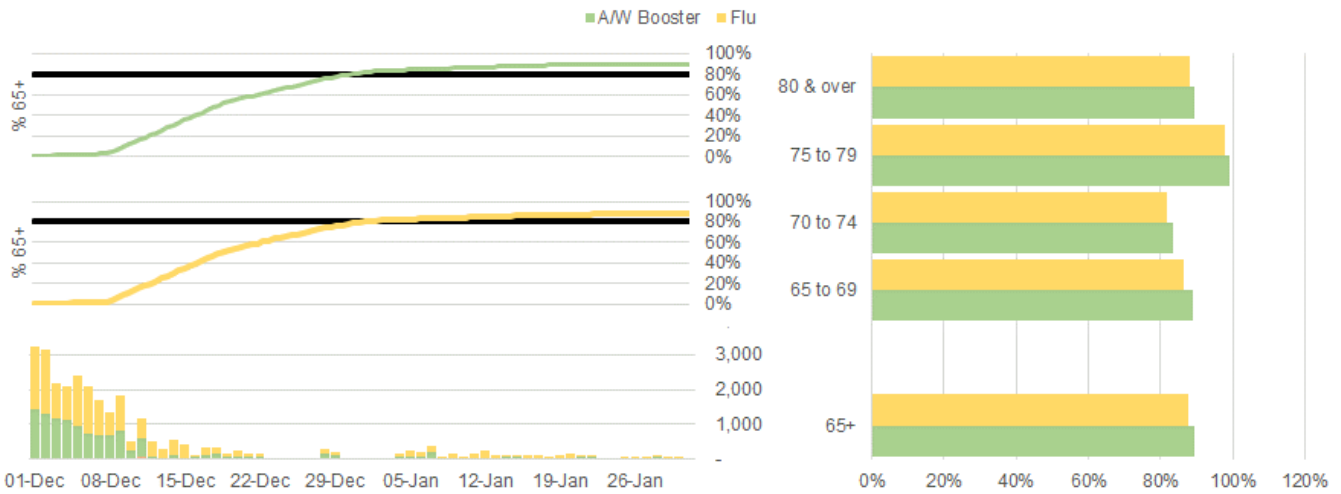
At least 80% of the Age 65+ population will receive a Flu vaccination

Performance

COV: 89.6%

Flu: 87.8%

Local Performance



National Benchmarking

Scotland figures as per publication by Public Health Scotland on 2nd March 2023, covering period up to end of 26th February 2023

NHS Fife figures as per local calculations at end of 26th February 2023

Month Ending		2022/23						
		Sep	Oct	Nov	Dec	Jan	Feb	Mar
COVID A/W	NHS Fife	30.1%	78.3%	87.1%	89.3%	89.6%	89.7%	
	Scotland		76.0%	88.1%	90.1%	90.4%	90.6%	
Flu	NHS Fife	30.1%	76.9%	85.5%	87.5%	87.8%	87.9%	
	Scotland		80.6%	82.9%	85.0%	85.3%	85.4%	

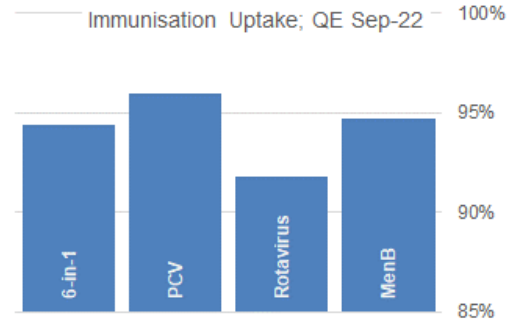
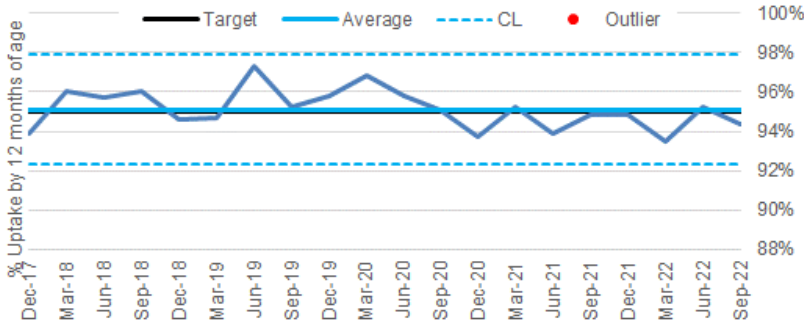
Key Deliverable		End Date
Delivery of the COVID booster 1 and 2 programme for eligible population in Fife		Dec-22 Complete
Key Milestones	COVID Booster 1 (dose 3) uptake for 18+ Fife population	Dec-22 Complete
	COVID Spring/Summer 22 booster 2 (dose 4) uptake for 75+ Fife population <i>Latest PHS data (13/7/22) - Fife uptake for booster 2 (dose 4) in 75+ = 94.5%. Programme completed though rolling offer ongoing.</i>	Jul-22 Complete
Delivery of the Autumn/Winter Seasonal 22-23 Flu & COVID vaccination programme for eligible population in Fife		Jan-23 Complete
Key Milestones	COVID uptake for 75+ in Fife, Autumn/Winter 22-23	Dec-22 Complete
	Flu Vaccination uptake for 18-59 years at risk group in Fife, Autumn/Winter 22-23	Jan-23 Complete
	Flu vaccination uptake for 65+ Fife population, Autumn/Winter 22-23	Dec-22 Complete
	Flu vaccination uptake in 2-5 years, primary & secondary school programme	Jan-23 Complete

Child Immunisation: 6-in-1

At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age

Performance
94.4%

Local Performance



National Benchmarking

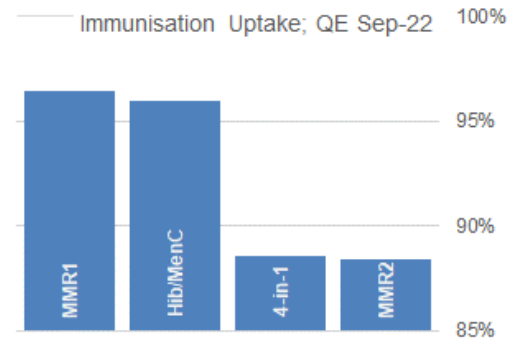
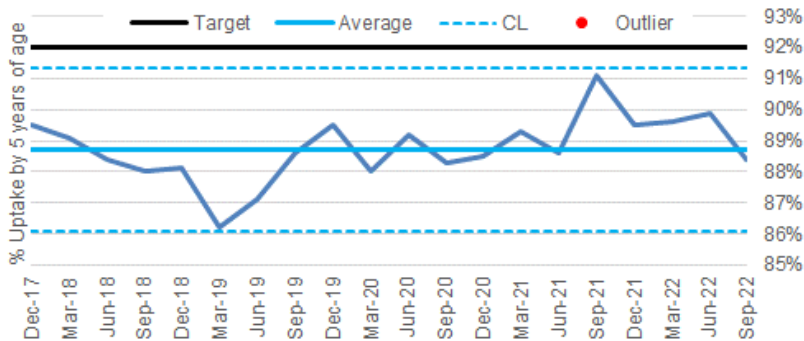
Quarter	2020/21				2021/22			2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%

Child Immunisation: MMR2

At least 90% of children will receive their MMR2 vaccination by the age of 5

Performance
88.4%

Local Performance



National Benchmarking

Quarter	2020/21				2021/22			2022/23	
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%

Key Deliverable

Delivery of primary & booster childhood immunisation programme to infants and pre-school children in Fife population

End Date

Mar-23
At risk

6-in-1 primary vaccination uptake at age 12 months for Fife population

Mar-23
At risk

MMR2 uptake at age 5 years for Fife population

Mar-23
At risk

