



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 - A Lawrie, C McKenna and J Tomlinson**
0 min
AM

10:10 - 10:10 **4. MINUTE OF PREVIOUS MEETING HELD ON 28 NOVEMBER 2023**
0 min
(enclosed) AM
 Item 04 - Minutes 20231128 FINAL.pdf (15 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 / Staff Story
(Presentation) CP

10:30 - 10:40 **7. CHAIRPERSON'S REPORT**
10 min

7.1. Chairperson's Update
(verbal) AM

7.2. Board Development Session - 19 December 2023

(enclosed) AM

📎 Item 07.2 - Board Development Session Note 20231219.pdf (1 pages)

10:40 - 11:15 8. PERFORMANCE

35 min

8.1. Integrated Performance & Quality Report - November 2023 Position

(enclosed) CP

📎 Item 8.1 - SBAR IPQR.pdf (5 pages)

📎 Item 8.1 - IPQR Position at November 2023 v2.0.pdf (47 pages)

8.2. Financial Performance Report at 30 November 2023

(enclosed) MM

📎 Item 8.2 - SBAR Financial Performance & Sustainability Report November 2023 (Final).pdf (11 pages)

8.3. Annual Procurement Report 2022/23

(enclosed) MM

📎 Item 8.3 - SBAR Annual Procurement Report 2022-23.pdf (3 pages)

📎 Item 8.3 - Appendix 1 Annual Procurement Report 22.23.pdf (10 pages)

11:15 - 11:25 9. GOVERNANCE

10 min

9.1. Governance Committee Chairs' Reports

(verbal) AM

11:25 - 11:45 10. STRATEGY

20 min

10.1. Population Health and Wellbeing Strategy Mid Year Report

(enclosed) CP/MM

📎 Item 10.1 - SBAR PHWS Mid Year Report v0.2.pdf (5 pages)

📎 Item 10.1 - Appendix 1 Living Well, Working Well & Flourishing in Fife Population Health & Wellbeing Strategy Mid-Year Review v4..pdf (47 pages)

10.2. Anchor Programme Update and Draft Strategy

(enclosed) JT/LW

📎 Item 10.2 - SBAR Anchors paper Jan 2024_v2.pdf (7 pages)

📎 Item 10.2 - DRAFT PDF Anchors Strategy FINAL.pdf (18 pages)

11:45 - 11:55 11. ANNUAL REPORT

10 min

11.1. Annual Climate Emergency and Sustainability Report 2022/23

(enclosed) NM

📎 Item 11.1 - SBAR 2022 23 Annual Climate Emergency Sustainability (NMCC).pdf (3 pages)

11:55 - 12:00

12. STATUTORY AND OTHER COMMITTEE MINUTES

5 min

12.1. Audit & Risk Committee dated 13 December 2023 (unconfirmed)

(enclosed)

Item 12.1 - Audit & Risk Committee Minute Cover Paper 20231213.pdf (1 pages)

Item 12.1 - Audit & Risk Committee Minutes (unconfirmed) 20231213.pdf (7 pages)

12.2. Clinical Governance Committee dated 12 January 2024 (unconfirmed)

(enclosed)

Item 12.2 - CGC Minute Cover Sheet 20240112.pdf (1 pages)

Item 12.2 - Clinical Governance Committee Minutes (unconfirmed) 20240112.pdf (10 pages)

12.3. Finance, Performance & Resources Committee dated 16 January 2024 (unconfirmed)

(enclosed)

Item 12.3 - Finance, Performance & Resources Committee (Unconfirmed) Minutes 16 January 2024.pdf (7 pages)

12.4. Public Health & Wellbeing Committee dated 15 January 2024 (unconfirmed)

(enclosed)

Item 12.4 - PH&WC Minute Cover Sheet.pdf (1 pages)

Item 12.4 - Public Health Wellbeing Committee Minutes (unconfirmed) 20240115.pdf (8 pages)

12.5. Staff Governance Committee dated 11 January 2024 (unconfirmed)

(enclosed)

Item 12.5 - SGC Minute Cover Paper 11.01.24.pdf (1 pages)

Item 12.5 - Staff Governance Committee Minute (Unconfirmed) 11.01.24.pdf (10 pages)

12.6. Fife Health & Social Care Integration Joint Board dated 29 September 2023

(enclosed)

Item 12.6 - IJB Minute Cover Paper.pdf (1 pages)

Item 12.6 - IJB 290923 Final Minute (1).pdf (9 pages)

12.7. Fife Partnership Board dated 21 November 2023 (unconfirmed)

(enclosed)

Item 12.7 - FPB Minute Cover Paper_v2.pdf (1 pages)

Item 12.7 - FPB Minute 2023-11-21 unconfirmed.pdf (2 pages)

12.8. Audit & Risk Committee dated 31 August 2023

(enclosed)

Item 12.8 - Audit & Risk Committee Minutes (confirmed) 20230831.pdf (5 pages)

12.9. Clinical Governance Committee dated 3 November 2023

(enclosed)

Item 12.9 - Clinical Governance Committee Minutes (confirmed) 20231103.pdf (13 pages)

12.10. Finance, Performance & Resources Committee dated 14 November 2023

(enclosed)

📎 Item 12.10 - Finance Performance Resources Committee Minutes (Confirmed) 20231114.pdf (6 pages)

12.11. Public Health & Wellbeing Committee dated 6 November 2023

(enclosed)

📎 Item 12.11 - Public Health Wellbeing Committee Minutes (confirmed) 20231106.pdf (8 pages)

12.12. Staff Governance Committee dated 9 November 2023

(enclosed)

📎 Item 12.12 - Staff Governance Committee Minutes (confirmed) 9.11.23.pdf (9 pages)

12:00 - 12:05 **13. FOR ASSURANCE:**
5 min

13.1. Integrated Performance & Quality Report - October 2023 Position

(enclosed) MM

📎 Item 13.1 - IPQR Position at October 2023 v2.0.pdf (40 pages)

12:05 - 12:05 **14. ANY OTHER BUSINESS**
0 min

12:05 - 12:05 **15. DATE OF NEXT MEETING: Tuesday 26 March 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital**
0 min

Fife NHS Board

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

ALISTAIR MORRIS

Acting Chair

Present:

A Morris (**Chairperson**)

C Potter, Chief Executive

S Braiden, Non-Executive Director

A Grant, Non-Executive Director

C Grieve, Non-Executive Director

A Haston, Non-Executive Director

J Keenan, Director of Nursing

J Kemp, Non-Executive Director

M McGurk, Director of Finance & Strategy

C McKenna, Medical Director

L Parsons, 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 (Minutes)

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the meeting, in particular Lynne Parsons, attending her first meeting as a Board Member as the newly appointed Employee Director. A welcome to the Board was also extended to Councillor Graeme Downie, who joined the Board as Fife Council representative from 1 October 2023, noting however his apologies for today's meeting.

The Chair reminded everyone that the notes are being recorded with the Echo Pen to aid production of the minutes.

The Chair began his opening remarks by congratulating the deserving nominees and winners in the NHS Fife Staff Awards 2023, held at the Dean Park Hotel on 29

September 2023. Each of the finalists had been selected after being nominated by their colleagues, with a panel of judges from across the organisation whittling down each category to a final three. Awards were given to: Rising Star Award – Sian Connor, Trainee Assistant Practitioner, Community Nursing; Volunteer Award - Peter Aitken; Health and Wellbeing Award - Health Promotion Team; Service Improvement Award - Rachael Swan, Speech & Language Therapist; Inspiration Award – Dr Kerri Davidson, Consultant Haematologist; Lifetime Achievement Award - Karen Gray, Therapies Service Manager; Unsung Hero Award - Jane Anderson, Radiology Manager; Innovation Award – Fife Rheumatology Service; Team of the Year Award – Infection Prevention & Control Care Home Team; and Chair's Award - Jamie Anderson, Pharmacy Technician.

The Chair congratulated Dr Joanna Bowden, Consultant in Palliative Care, and Dr Andrew Blaikie, Consultant in Ophthalmology, on their recent success at the Scottish Health Awards ceremony held on 2 November 2023. Dr Bowden won the Doctor Award whilst Dr Blaikie took home the prize for Global Citizenship. Dr Kerri Davidson, Consultant in Haematology, and highly specialist physiotherapist, Pierette Melville, were also honoured by being shortlisted for the Doctor and Allied Health Professional awards respectively.

Congratulations were also offered to Ikra Khalid, Practice & Professional Development Facilitator, and Staff Nurse Sabine Felcita D'Souza, who were both invited to a prestigious reception held by King Charles at Buckingham Palace on 14 November 2023. The event was a celebration of the amazing work done by international nurses and their supporters, and members were thrilled that our fantastic colleagues were able to attend.

The Chair further congratulated the following NHS Fife staff members who have recently graduated as Scottish Improvement Leaders and will support quality improvement across the organisation, namely: Ashley Skachill, Senior Project Manager; Julie Farr, Senior Project Manager; Emily Morris, Team Leader; Emma Campbell, QI Practitioner; Lloyd Hughes, GP, and Lynette Marshall, Lead Nurse.

Finally, the Chair stated that he had been delighted to officially open the new £2m Procedure Unit at Queen Margaret Hospital in Dunfermline. The new unit, which opened to patients in September 2023, is designed to increase capacity for day surgery and improve the overall experience for patients attending for day case procedures. Queen Margaret Hospital has become a centre of excellence for day surgery in recent years, serving patients from across the length and breadth of Fife, carrying out around 7,400 procedures each year. On a personal note, the Chair added that a close friend had recently been treated at Queen Margaret as a day case patient and she spoke very highly of the experience, environment, welcome, help and support, and way she was treated by staff. It was great to hear such positive feedback and he congratulated everyone involved.

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 G Downie, A Lawrie, K Macdonald and M Mahmood.

4. **MINUTE OF PREVIOUS MEETING HELD ON 26 SEPTEMBER 2023**

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

5. **MATTERS ARISING / ACTION LIST**

There were no matters arising.

The Board **noted** the updates provided within the rolling action list.

6. **CHIEF EXECUTIVE'S REPORT**

The Chief Executive noted that she had attended the Scottish Health Awards on 2 November 2023, along with several other Executive Directors. All had been delighted to attend the event to celebrate the success of nominated individuals from NHS Fife.

The Chief Executive reported that she had undertaken a walkaround at Queen Margaret Hospital with the Director of Acute Services, the Employee Director and Councillor Downie to meet staff and showcase some of the great services located on that site. Time had also been taken to visit the mental health services with the Director of Health & Social Care and members of her team.

The NHS Scotland Board Chief Executives have recently discussed the challenges ahead, particularly as winter approached, around operational performance and the financial challenge across Scotland.

The Chief Executive was pleased to advise that Patricia Kilpatrick has been appointed as Chair of NHS Fife Board and will take up post on 1 February 2024. Patricia is currently the Vice Chair at NHS Tayside, having been a Non-Executive Board member there for the past five years. She has extensive experience in healthcare, spanning her career of 40 years. Personal thanks and gratitude were given by the Chief Executive to Alistair Morris, who has ably served as Acting Chair whilst the Chair recruitment exercise has been ongoing.

It was noted that the NHS Fife Annual Review took place on 13 November 2023 at the Rothes Halls, Glenrothes. The session included an opportunity to visit a showcase from services including Community Pharmacy, Fife Voluntary Action and NHS Fife Volunteers. A public session including questions and answers was both live-streamed and recorded and is available on the NHS Fife website.

It was noted that NHS Fife has recently hosted a number of visits including:

- the Rt Rev Sally Foster-Fulton, Moderator of the General Assembly of the Church of Scotland, who visited Victoria Hospital on 29 September 2023. Sally Foster-Fulton joined chaplaincy colleagues to visit staff and patients in our hospice, maternity services, intensive care unit, and adjoining ICU rooftop garden.

- a visit from Scotland's chief midwifery officer, Justine Craig, and Scottish Government policy lead for maternal and infant health, Kirstie Campbell, to the maternity service on 23 October 2023. During the visit, our guests met staff and discussed a range of issues related to our contribution to the national Best Start initiative for maternity and neonatal care over the last five years.
- Scotland's Chief Allied Health Professions (AHPs) Board visited NHS Fife earlier this month, with a warm welcome extended to Carolyn McDonald, our own Director of AHP who, in her Scottish Government role, came back for the visit. The visit included trips to clinical sites including radiology and the National Treatment Centre - Fife Orthopaedics, as well as taking in presentations from local AHPs during a celebration event.
- Jason Leitch, National Clinical Director of Healthcare Quality and Strategy, visited Victoria Hospital on 22 November 2023. His visit included a tour of the NHS Fife National Treatment Centre, attendance at the Morning Safety Huddle, and a showcase of work on the deteriorating patient, international recruits and their support, and the launch of Practice and Professional Development web-based prospectus, a first in Scotland. Professor Leitch was clearly impressed with what he saw and had spoken positively about what he felt in relation to the culture of the organisation.

It was advised that NHS Fife has officially been accredited as a living wage employer. Living Wage accreditation formally recognises and celebrates employers who choose to go further than the government minimum wage for all staff and contract workers. Thanks were given to colleagues in Procurement, Finance and Workforce who have worked hard to secure this accreditation, building on the full support of our staff-side colleagues.

Finally, and importantly, the Chief Executive expressed her personal thanks as always to staff across NHS Fife and partners for their continued work to support our patients and communities across the Kingdom, particularly as we head into what is expected to be a challenging winter period.

6.2 Staff Story

The Chief Executive was delighted to have a staff story at today's meeting, and she encouraged members to listen to the video recording from the Older Adults Community Mental Health Team.

The Director of Nursing introduced the story, which was a video recording featuring two members of staff (Natalie and Lesley) from the Community Mental Health Team. This is a secondary care service that assesses and supports people over the age of 65 with a wide range of mental health illnesses, and also people under the age of 60 with a diagnosis of dementia. The video was commissioned following a visit to the team by the Director of Health & Social Care, who was inspired by the staff dedication and passion. The team members exemplify the spirit of collaboration and commitment and, in the video, they share their experiences and insights as to how team working has enhanced patient care, with a particular focus on patients living with dementia.

After Board members viewed the video, the Chair commented on the staff members' passion for delivering quality care, which was clear throughout the video.

The Board **noted** the information provided in the staff story and paid tribute to the effort of staff involved in the service.

7. CHAIRPERSON'S REPORT

7.1 Chairperson's Update

The Chair took the opportunity to welcome Patricia Kilpatrick as incoming Chair of NHS Fife Board with effect from 1 February 2024. He expressed his personal disappointment at not being appointed to the post, but he wished her well in the role and confirmed she will have his continued support from him in his position as a Non-Executive Board member.

The Chair provided an update on discussion from two recent Chairs' meetings with the Cabinet Secretary for NHS Recovery, Health & Social Care, highlighting the financial pressure that all Boards in Scotland are operating under. There is also a focus from Scottish Government on waiting lists, which are increasing nationwide (and have been doing so since 2014), with a target to get back to 2012 level of performance. The recently announced additional £100m of funding for each of the next three years was also highlighted, noting this would only be released to improve capacity. Boards who bid for their share would be expected to be held to account for delivery of that increased capacity in exchange for additional funds. Winter planning was also discussed, and Boards were encouraged to have early engagement with all stakeholders, so everyone is aware of the challenges of winter and can work together as seamlessly as possible. Boards were also asked to ensure that there is at least one nominated individual at each Board able to field media questions. The Group also received a presentation on Primary Care, which contrasted over various details with the Chairs' view of the pressures on primary care. As the meeting had to be curtailed, a follow-on meeting of the Board Chairs discussed the structure of meetings with Scottish Government and the shape of future meetings will change going forward, in order to allow for full discussion of the agenda. It was noted that a Patient Safety Commissioner would be appointed in 2024 to champion the welfare of people receiving healthcare.

The Chair encouraged members to complete the NHS Scotland Blueprint for Good Governance survey, which was circulated by the Board Secretary earlier this month, with a closing date for responses of 1 December 2023. The results from this would be the focus of a dedicated Board Development Session on 19 February 2024.

Finally, the Chair commented on the Annual Review, which took place in public on 13 November 2023. He recognised the large amount of effort by staff to prepare for the event, which was attended by a only small number of the public, and he proposed that consideration be given to further communicating with the people of Fife, to listen to feedback from the patients that we serve.

The Board **noted** the update.

7.2 Committee Membership

The Chair presented the paper, which outlined the recent Board Committee Membership appointment changes, for formal Board endorsement.

The Board **formally approved** the new Committee membership arrangements following the appointment of the new Local Authority member and Employee Director and **noted** that further Committee vacancies / changes will be actioned by the new Chair of the Board once they begin their term.

7.3 Board Development Session – 31 October 2023

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

8. PERFORMANCE

8.1 Whole System Overview

The Chief Executive gave a presentation on the whole system pressures facing NHS Fife as winter approaches. She noted that the whilst the pressures are not new, they are exacerbated by increased challenges around the financial position, workforce, access to primary care and the challenges primary care colleagues have, the climate emergency, cost of living crisis, and growing health inequalities.

The presentation gave an overview of the principles for planning for winter, which included a focus on discharge and supporting flow through the hospitals. Also covered were roles and responsibilities around the whole system, keeping staff at the core of what we do and making sure they are supported to keep well, strong partnership working and good communication with staff, patients and the public. The Chief Executive confirmed that work continued to redesign services and to balance the impact of the challenges outlined above. The winter communications campaign has started with advice to the public about how they can help the NHS to help them keep well and prepare for winter. It was noted that data shows attendance through urgent and emergency care services is increasing and there is a backlog of out-patient appointments and waits for in-patient treatments. The presentation also outlined the whole system inter-dependency and balance of risk across the metrics described in the Integrated Performance Report (IPQR). It was noted that every aspect of our service delivery is interdependent, with very few areas that are mutually exclusive. If any one piece is missing or not operating fully, then the whole system does not do what it is intended to do.

The Director of Acute Services and Director of Health & Social Care were invited to speak about performance in their area and to outline the actions being implemented across the health and care system in Fife to prepare for the winter period.

The Director of Acute Services provided an update on performance related to the 4-hour Emergency Access target, which had seen a decrease in performance after a particularly busy September. There had been an increase in the number of 8- and 12-hour breaches and the surge capacity (Ward 9), which had been closed at the

beginning of September and increased pressure on front door areas due to continuing demand, had been quickly reinstated. It was advised that the Director of Acute Services and the Director of Health & Social Care co-chair the Unscheduled Care Programme Board to maximise opportunities across the system.

It was noted that the position for all Planned Care programmes shows that capacity does not meet demand and there has therefore been a decline in August performance from the March 2023 position. Performance around Patient Treatment Time Guarantee (TTG) and New Out-patients was highlighted, noting a continued focus on productive opportunities to maximise active referral and active clinical triage to see patients in the right speciality and in a timely way. The Board was advised that work is about to start with the national Elective Co-ordination Unit around a waiting list validation exercise to ensure that patients are being seen in the correct priority order. In-patient and day case waiting times have also seen a decline in performance linked to demand and capacity and there are long waits in several specialties. Work is ongoing to maximise waiting list initiative resources to target Urology and General Surgery waits in particular and we are about to embark on a campaign with the Centre for Sustainable Delivery around Urogynae long waiting patients. The Director of Acute Services emphasised the need to maintain momentum around planned care capacity over the course of the winter period.

Members noted that there had been a deterioration in performance in relation to the Diagnostic functions between the March and August position, with significant demand challenges around ultrasound and capacity for CT scanning. There is significant unscheduled care demand for diagnostic imaging and staff do their utmost to balance between scheduled and unscheduled care priorities. Urgent cases and urgent suspicion of cancer remain a priority.

Performance around cancer had been the subject of a deep dive at the last meeting of the Finance, Performance & Resources Committee. Performance against the Cancer 31-day and 62-day targets remained variable, reflecting significant demand, more complexity in pathways and in the treatments offered. Prostate remained challenging but specific improvement work to redesign the prostate cancer pathway and the addition of a nurse-led one stop clinic supported by Cancer Research UK is already reducing the time it is taking to navigate the prostate cancer pathway. Learning from this research would be applied to other cancer pathways once formal outcomes from the research have been determined.

A range of improvement work being taken in relation to performance targets was set out in the presentation, noting in particular the increased use of day case surgery at Queen Margaret Hospital, utilising capacity in the NHS Fife National Treatment Centre, and other waiting list initiatives.

The Director of Health & Social Care confirmed that a full report on Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies had been submitted to the last meeting of the Public Health & Wellbeing Committee. In relation to CAMHS, members had discussed performance and work ongoing with other services and agencies to support the mental health and wellbeing of children and young people in Fife. There had been an increase in referrals and the Referral to Treatment (RtT) continued to fluctuate as a result of the staff activity required to address urgent

presentations, balanced against the activity to reduce longest waits. Performance specifically related to longest waits is on track to reach target by March 2024. The Director of Health & Social Care gave examples of the improvement work underway to ensure that children and young people are receiving the right support by the right service, recognising that people who access CAMHS and Psychological Therapies receive support in an ongoing way over a period of time. She referenced two key areas of focus around early intervention work with education through 'Our Mind Matters' Framework and other services such as the school nursing service, and the introduction of a therapy letter to signpost other services when CAMHS is not appropriate.

Psychological Therapies performance had decreased in August due to an increase in the number of people waiting 18 weeks. However, there had been a 5% reduction in the same month in people waiting over 18 weeks to start psychological therapy. Members of the Public Health & Wellbeing Committee had discussed performance, challenges and actions being taken to improve performance for referral to treatment and longest waits. The Director of Health & Social Care highlighted areas of improvement in relation to the further development of group-based service models to help increase capacity for people being seen and harness the benefit of people coming together and receiving peer support. There has also been the significant work with the third section to support efficient use of resources, development of new care pathways to support clinical decision-making, and use of a quality improvement approach to continually look at where key challenges are, to better understand the demand and capacity within the tiers of service.

The Chief Executive concluded the presentation by outlining other performance indicators within the governance structures to reflect the different priorities being balanced across the organisation.

Members found the presentation useful in understanding the amount of work underway to balance the priorities of meeting performance targets and continuing to provide safe services whilst managing workforce and finance pressures. Questions were asked about the level of urgent demand versus routine, how to sustainably manage delays in the system, and if there was any impact on the outcomes for patients waiting over 8 hours in the Emergency Department; these were each responded to. The Medical Director confirmed that where there is harm as a result of a patient waiting too long to get into the Emergency Department, the incident is recorded and investigated as part of the Adverse Events policy.

Members also discussed the need to consider the longer-term issues and how the Board can support carrying out planning for the future, particularly around the third horizon. The Chief Executive confirmed that the Board Development Sessions were planned with a focus on the longer-term planning and delivering the preventative aspects of the Public Health & Wellbeing Strategy, but this would need to recognise a significantly tighter financial position. The Chair emphasised the importance of the Board continuing to have the confidence to come forward with potential solutions in order to meet the ambition of improving health for the people of Fife.

The Board noted the range of work underway to tackle system pressures and took **assurance** from the overview.

8.2 Integrated Performance & Quality Report (IPQR) – September 2023 Position

The Chair confirmed that the September IPQR has been scrutinised in detail through the governance committees and noted that there were no issues therefrom to escalate to the Board. Executive Leads made comment on the key issues emerging from the performance report:

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), c.difficile and e-coli bacteraemia rate. It was noted the rate of falls and pressure ulcer work remained within target. The positive work in relation to the SAB infection rate was also highlighted, noting this was also on target. The e-coli bacteraemia rate was outwith target but work was underway to improve performance and this position is reflected across Scotland. It was noted that work continued to improve complaints management, with improvement noted in the number of stage 2 complaints open; a full update is provided within the report.

The Medical Director took the opportunity to comment on the performance of teams working in the hospitals in relation to the clinical governance metrics, which highlights that safe clinical care is the ultimate priority for staff.

The Chair of the Clinical Governance Committee confirmed there were no specific performance issues to escalate to the Board.

Finance, Performance & Resources

Operational performance targets were discussed under item 8.1.

The Chair of the Finance, Performance and Resources Committee confirmed there were no specific performance issues to escalate to the Board.

Staff Governance

The Director of Workforce provided an update on sickness absence, noting a slight increase in the August position. Personal Development Plan and Review (PDPR) compliance had further increased to 41.3% in September, which is the highest reported since inclusion in IPQR, an increase of 0.1% from month prior. The position in relation to vacancies has been included for the first time within the IPQR. Comment was made about the considerable efforts by staff on the bank and agency programme whilst also trying to increase the number of permanent staff, which leads to further consideration about how to do workforce planning across the short, medium and longer term.

The Chair of the Staff Governance Committee confirmed there were no other performance 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, advising that there has been an

increase in uptake in Fife higher than other mainland Boards. It was noted that uptake for 6-in-1 among children turning 12 months in the quarter ending June 2023 in Fife (children born 1 April to 30 June 2022) was 1.3% higher than children turning 12 months in the previous quarter, increasing from 92.5% to 93.8%. Performance related to MMR2 uptake for children turning 5 years of age (born 1 April and 30 June 2018) improved by 3.4% to 89.8% from the previous quarter of 86.4%. The Director of Public Health confirmed that immunisation around MMR2 was being monitored closely due to the increase in measles in Europe and the need to make sure that the population is protected as much as possible. It was also noted that there had been a step up in other immunisations not reported through the IPQR.

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

The Board took **assurance** on reported performance to date.

8.3 Financial Performance & Sustainability Report (September position)

The Director of Finance & Strategy presented the report, setting out the financial performance and financial sustainability of the Board at the end of September 2023, noting an overspend of £15.868m, which is significantly beyond the planned position. The Finance, Performance & Resources Committee discussed the current in-year position in detail at its meeting in November 2023.

The Director of Finance & Strategy highlighted that the Board agreed its financial plan at the end of March 2023, with a range of planning assumptions then forecast. As the year has progressed, these assumptions have changed, and the Board has been unable to deliver its planned savings to date, materially impacting on the financial position. The reasons for non-delivery link back to the earlier presentation in relation to the ongoing pressure on the system, availability of substantive staff and the numbers required, and the acuity of patients accessing the system. These pressures have impacted on the cost profile experienced up to September 2023, compounded by a significant increase in costs associated with specialist treatment delivered outwith Fife. The two main areas of focus were to reduce supplementary staffing, particularly agency staff, and to reduce surge capacity where possible; both these areas have been directly impacted by pressure on the system. There has been some movement in medical supplementary staffing but not to the scale that is needed to deliver against the opening assumptions. It was noted that the Board was unlikely to see any reduction in surge bed capacity. The financial year end forecast was projected at an overspend of £23m and Scottish Government has been advised. The Board was assured that work continued to try to decrease that position.

In responding to questions, the Director of Finance & Strategy confirmed that all Boards are required to develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance. When setting the financial plan 2023/24, it was noted that NHS Fife was an outlier in the use of supplementary staffing, and it was agreed that the Board needed to be ambitious in making savings in this area. However, staff absence rates have continued to increase throughout the year, thus the requirement for supplementary staff remained in order to deliver safe clinical care. Investment was made in a range of initiatives to try and

grow the workforce to reduce reliance on agency staff in particular, but the impact of these initiatives has not yet been realised. It is a similar position with surge capacity, which has been required throughout the year to date.

It was noted that the Scottish Government budget announcement is due on 19 December 2023, following which NHS Boards will receive their allocation letters, and the position is expected to remain challenging in terms of any uplift for 2024/25. The Chief Executive assured members that planning for 2024/25 has started, with a view to looking at reform and transformation and using resources in a different way, for which detailed plans will come forward in due course.

The Chair emphasised that the forecast year-end position of £23m overspend is a small percentage of our overall spend and it is important therefore to look for small changes that will release funds. It is also important to commit to a three-year plan to allow changes to take place and for savings to be realised and he was confident that the culture of the team and the Board would help to position us well to address the recurring issues.

The Board took **assurance** from the information within the paper, **noting** it is not expected that the Board will deliver financial break-even position as per the Annual Delivery Plan.

9. GOVERNANCE

9.1 Governance Committee Chairs' Reports

The Chair asked the Governance Committee Chairs to give a brief verbal summary of what was discussed at their last committee meetings, for assurance purposes.

The Chair, as Chair of the Finance, Performance & Resources Committee, confirmed that there were no matters to be escalated to the Board and advised that the committee considered the following items of business:

- Financial and clinical performance;
- Bank and agency staffing;
- Sustainability and the imbalance of demand / capacity; and
- Undertook a deep dive on cancer waiting times.

A Wood, Chair of the Clinical Governance Committee, confirmed that there were no matters to be escalated to the Board and advised that the committee considered the following items of business:

- Alignment of NHS Fife Cancer Framework and the National Cancer Strategy 2023-2033 and Cancer Action Plan for Scotland 2023-2026;
- Quality and performance, noting improvements around pressure ulcer prevention and falls;
- Medicines safety in NHS Fife review and improvement;
- Patient story around a patient who experienced a fall in hospital and the impact of that, followed by a presentation on falls work;

- the workplan is on track, with one item deferred related to Mental Health Initial Agreement;
- Corporate risks aligned to the Clinical Governance Committee, noting a deep dive on Digital & Information;
- the introduction of a new Clinical Governance Oversight Group Assurance Report; and
- Commendations in relation to falls prevention, medicines safety, Resilience Assurance and Incident Framework and an acknowledgement of the work of the Patient Experience & Feedback team.

S Braiden, Chair of the Staff Governance Committee, confirmed that there were no matters to be escalated to the Board and advised that the committee considered the following items of business:

- Corporate Risks aligned to Staff Governance Committee, noting the levels remained unchanged, with one new risk identified;
- Performance against the workplan is on track; and
- An acknowledgement of the considerable work done across the organisation on the bank/agency programme.

The Chair, as Chair of the Public Health & Wellbeing Committee, confirmed there were no matters to be escalated to the Board and advised that the committee considered the following items of business:

- Population Health & Wellbeing Strategy 2023/24 - Mid-Year Review;
- Discussion re mapping non-delivery of the public health elements of the Annual Delivery Plan to the corporate risk register and work to be undertaken;
- Anchor Programme Update and Developing Strategy;
- Alcohol and Drugs Partnership Strategy Development Overview; and
- CAMHS and Psychological Therapies Performance Updates.

Audit & Risk had not met since the last update given to the Board in September.

The Board took **assurance** from the information provided.

9.2 Corporate Risk Register Update

The Director of Finance & Strategy referred to the report, which provided an update on the Corporate Risk Register since the last report to the Board on 30 May 2023 and was intended to provide assurance that appropriate measures are in place to effectively manage and monitor the risks. It was noted that the strategic risk profile was unchanged, and the details reflect the updated corporate risks reported to the Governance Committees in November 2023. Attention was drawn to the Strategic Risk Profile and Risk Improvement Trajectory (Appendix 1), which demonstrated where strategic risks had improved, deteriorated, not moved or reached an acceptable level of tolerance. Attention was also drawn to the potential new corporate risk associated with compliance with the Health & Care (Staffing) (Scotland) Act.

The Board took **assurance** from the information provided and **approved** the addition to the Corporate Risk Register of the corporate risk associated with compliance with the Health & Care (Staffing) (Scotland) Act.

9.3 Whistleblowing Annual Performance Report 2022/23

The Director of Workforce presented the Whistleblowing Annual Performance Report 2022/23, as required by the National Whistleblowing Standards, on whistleblowing concerns received from 1 April 2022 to 31 March 2023. The report also provides information on the ongoing implementation of the Standards in Fife. The Director of Workforce recorded thanks to Sandra Raynor, Head of Workforce Resourcing and Relations, Lynne Parsons, Employee Director, and Kirstie Macdonald, Whistleblowing Champion, for their continued work and support with whistleblowing this year. He advised that the report gave a good summary of the work undertaken over the year and he confirmed that Board's Whistleblowing Champion was content, referencing section 8 of the report that provided the Whistleblowing Champion Statement.

In responding to comments around section 7 of the report, the Director of Workforce confirmed that an action plan would be finalised in January 2024, which will address comments following the NHS Fife's Internal Auditors' evaluation of the design and operation of the controls within NHS Fife. Considerable progress had already been made to evolve the report and get the right information to the committees and future reports will detail further changes to put NHS Fife in an even better place than it is currently.

The Board took **assurance** from the Annual Performance Report 2022/23.

9.4 Whistleblowing Quarter 2 Report for 2023/24

The Director of Workforce drew the Board's attention to the 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 April to 30 June 2023. He confirmed that there had been no whistleblowing concerns raised during Quarter 2, with two anonymous concerns received. There were no whistleblowing articles published in the local newspaper during the second quarter reporting period.

The Director of Workforce was pleased to confirm that, following a successful campaign to increase the existing pool of Confidential Contacts, to ensure our workforce have the support to speak up on matters such as whistleblowing, there are now 23 confidential contacts in NHS Fife (an increase of 20) and training is nearing completion. Members were pleased that more confidential contacts are available, making it easier for people to raise concerns. The Chief Executive acknowledged the input from the Employee Director in increasing this support and recognised the input from the Directors in supporting members of their team to undertake the training.

A query was raised in relation to the way information was provided in section 9 of the report regarding whistleblowing training data. The Director of Workforce explained that the position is acceptable, but it could be improved upon, and he proposed to present the information in a different way in future reports to provide more context.

The Board took **assurance** from the report, noting there were no whistleblowing concerns received in Quarter 2; two Anonymous / unnamed Concerns were received; no whistleblowing articles were published in the local newspapers. Assurance was also taken of awareness of standards, and the whistleblowing training undertaken during Quarter 2.

10. ANNUAL REPORT

10.1 Pharmaceutical Care Services Report 2022/23

The Director of Pharmacy & Medicines spoke about the new Standards for the Initial Education and Training of Pharmacists, which will continue the transformation of the education and training of pharmacists, enabling them to have a greater role in the clinical care of patients and the public from registration, enhanced recognition as experts in medicines and increased roles in public health and wellbeing. He noted that in future years there will be a requirement from Scottish Government to ensure pharmaceutical care service planning and delivery can maximise the benefit of these increased roles and the part they will play, and considerable work is ongoing within NHS Fife to make plans for that.

The Director of Pharmacy & Medicines presented the Annual Pharmaceutical Care Services Report 2022/23, published in accordance with the NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 and, approved for publication by the Public Health & Wellbeing Committee at its meeting on 6 November 2023. It was advised that the report provides updates around both core services and additional services delivered through community pharmacies and has been out to public consultation and responses have been considered. It was noted that the report also links to the content within the Director of Public Health Annual Report.

An overview on the contents of the report was provided. The report also assesses any unmet need and gaps in provision of the core services of the Community Pharmacy contract. In relation to this area, the report recommends that there is no unmet need within NHS Fife currently.

A Haston, Non-Executive Director and the Board's Sustainability Champion, was pleased to see consideration given to sustainability in the report. She made a number of comments in general about assessing unmet need if there is no standard to measure against and in relation to further assurances that were not obvious in the paper.

The Board took **assurance** that the annual requirement of producing and publishing a Pharmaceutical Care Services Report has been met.

11. STATUTORY AND OTHER COMMITTEE MINUTES

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

11.1 Clinical Governance Committee dated 3 November 2023 (unconfirmed)

- 11.2 Finance, Performance & Resources Committee dated 14 November 2023 (unconfirmed)
- 11.3 Public Health & Wellbeing Committee dated 6 November 2023 (unconfirmed)
- 11.4 Staff Governance Committee dated 9 November 2023 (unconfirmed)
- 11.5 Communities & Wellbeing Partnership dated 6 October 2023 (unconfirmed)
- 11.6 East Region Programme Board dated 8 September 2023 (unconfirmed)
- 11.7 Fife Health & Social Care Integration Joint Board dated 26 May 2023

Approved Minutes:

- 11.8 Clinical Governance Committee dated 8 September 2023
- 11.9 Finance, Performance & Resources Committee dated 19 September 2023
- 11.10 Public Health & Wellbeing Committee dated 4 September 2023
- 11.11 Staff Governance Committee dated 14 September 2023

12. FOR ASSURANCE

The Board **noted** the item below:

- 12.1. Integrated Performance & Quality Report – August 2023 Position

The Board **approved** the item below:

13. ANY OTHER BUSINESS

None.

14. DATE OF NEXT MEETINGS

Tuesday 30 January 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital.

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

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

FIFE NHS BOARD – ACTION LIST
Meeting Date: Tuesday 30 January 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	26/09/23	Whistleblowing Quarterly Report Quarter 1	Bring paper to future round of governance committees, setting out proposed approach in the interests of providing assurance and enhancing our governance	CP	March 2024	Whistleblowing update through EDG in Jan/Feb, then Committee/Board in March	
2.	28/11/23	Chairpersons Update (Annual Review)	Consider further communication with the people of Fife, to listen to feedback from the patients that we serve.	CP	March 2024		
3.	28/11/23	Corporate Risk Register Update	Add the corporate risk associated with compliance with the Health & Care (Staffing) (Scotland) Act to the Corporate Risk Register.	MM	December 2023		Complete
4.	28/11/23	Whistleblowing Q2 Report 2023/24	Present information in section 9 re whistleblowing training data in a different way in future reports to provide more context.	DM	January 2024	Report amended to ensure that the whistleblowing training data provides more context.	Complete



Report to the Board on 30 January 2024

BOARD DEVELOPMENT SESSION – 19 December

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.

December Development Session

4. The most recent Board Development Session took place in the Dean Park Hotel, Kirkcaldy on Tuesday 19 December 2023. There were three main topics for discussion: a presentation from Medical Education colleagues, outlining the various initiatives underway aimed at widening access for Medical staff and students; a summary of Values Based Reflective Practice, from colleagues in Spiritual Care, and a series of individual discussion topics focused on Working Well in Fife, showcasing the range of wellbeing support available to staff.

Recommendation

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

ALISTAIR MORRIS

Acting Board Chairperson

20 December 2023

Meeting:	Fife NHS Board
Meeting date:	30 January 2024
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 to the NHS Fife Board 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 October 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 tabled in [Appendix 1 – Table of Metrics and Data Lag](#)

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

- 4-Hour Emergency Access
- Delayed Discharges (Bed Days Lost)
- Freedom of Information

- Personal Development Plan & Review (PDPR)
- Influenza and COVID Vaccination

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

In FY 2023/24, activity is continuing to be monitored for the Acute Services Waiting Times measures. 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.

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. 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.

New additions this month for include uptake for Covid and Flu winter vaccination programme and vacancies. Data sourced for the latter from NES quarterly publication.

The following are of particular note:

- High numbers of Major/Extreme Adverse Events were recorded in October: this sat as an outlier.

- Pressure Ulcers saw a significant increase in October but remained within control limits.
- VHK 4-hour performance in November was below trajectory but within control limits and above national average.
- Waiting Times continued to be below target for the longer waits.
- Delayed Discharges increased beyond target in November but remained within control limits.
- Psychological Therapies continued to be below target and was outwith control limits.

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 as well as a separate Finance SBAR.

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.

The Standing Committees next meet in January and different extracts of the overall IPQR will be formally presented and discussed.

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** circulated by email, confirmed on 04 January 2024

- **Staff Governance Committee** 11 January 2024
- **Clinical Governance Committee** 12 January 2024
- **Public Health and Wellbeing Committee** 15 January 2024
- **Finance, Performance and Resource Committee** 16 January 2024

2.3.9 Issues for Escalation to the NHS Fife Board

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

2.4 Recommendation

The NHS Fife Board is requested to:

- **Take Assurance** on reported performance to date

3 List of appendices

- Appendix 1 – Table of Metrics and Data Lag
- IPQR Position at November 2023 v2.0

Report Contact

Bryan Archibald

Planning and Performance Manager

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Appendix 1 – Table of Metrics and Data Lag

Metric	Local Data Lag	Published Data Lag
HSMR	-	6 months
Smoking Cessation	4 months	9 months
IVF Treatment WT	-	3 months
Antenatal Access	-	3 months
Vacancies	3 months	-
Drugs & Alcohol WT	2 months	3 months
Childhood Immunisation	-	3 months
Adverse Events	1 month	-
Inpatient Falls	1 month	-
Pressure Ulcers	1 month	-
HAI/HCAI	1 month	3 months
Complaints	1 month	previous financial year
Patient TTG	1 month	3 months
New Outpatients	1 month	3 months
Diagnostics	1 month	3 months
Cancer	1 month	3 months
Sickness Absence	1 month	3 months
CAMHS WT	1 month	3 months
Psychological Therapies WT	1 month	3 months
PDPR	No lag	-
Emergency Access	No lag	1 month
FOI Requests	No lag	-
Delayed Discharge	No lag	1 month
Flu/Covid Vaccination	-	No lag

Fife Integrated Performance & Quality Report

**Position (where applicable) at November 2023
Produced in December 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.
- 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) 2023/24, 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
03 January 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

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	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		



Summary Statement on Risk Profile

On 28/11/23, the Board approved the addition to the Corporate Risk Register of the corporate risk associated with: **Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019**

This risk is assessed as Moderate level.

It is mapped to Strategic Priority 'To improve the quality of health and care services' and will be reported for assurance purposes to the Staff Governance Committee.

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.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC		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	Oct-23	63	○	▼	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Oct-23	25.5%	●	▼	▼	●
	HSMR	N/A	-	Year Ending	Jun-23	0.96	●	—	—	●
	Inpatient Falls	6.95	(L)	Month	Oct-23	7.36	○	▼	▲	●
	Inpatient Falls with Harm	1.44	(L)	Month	Oct-23	1.88	○	▼	▲	●
	Pressure Ulcers	0.89	(L)	Month	Oct-23	1.44	○	▼	▼	●
	SAB - HAI/HCAI	18.8	(N)	Month	Oct-23	12.8	○	▼	▼	● QE Jun-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Oct-23	3.2	○	▲	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	(N)	Month	Oct-23	44.6	○	▼	▼	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%		Month	Oct-23	54.8%	●	▲	▼	● 2021/22
	S2 Complaints Closed in Month on Time	33%		Month	Oct-23	24.0%	○	▲	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Oct-23	20.0%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%		Month	Sep-23	100.0%	●	▲	▲	●
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Nov-23	74.1%	○	▲	▲	● Oct-23
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Nov-23	66.6%	●	▼	▲	● Oct-23
	Patient TTG % <= 12 Weeks	100%		Month	Oct-23	40.5%	●	▲	▲	● Sep-23
	New Outpatients % <= 12 Weeks	95%		Month	Oct-23	42.7%	●	▼	▼	● Sep-23
	Diagnostics % <= 6 Weeks	100%		Month	Oct-23	50.0%	●	▲	▼	● Sep-23
	Cancer 31-Day DTT	95%		Month	Oct-23	91.8%	○	▼	▲	● QE Jun-23
	Cancer 62-Day RTT	95%		Month	Oct-23	86.6%	○	▲	▲	● QE Jun-23
	Detect Cancer Early	29%		Year Ending	Dec-22	27.6%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%		Month	Nov-23	97.1%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Nov-23	11.9%	●	▼	▲	● Oct-23
	Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Nov-23	7.5%	○	▼	▲	● Oct-23
	Antenatal Access	80%		Quarter	Sep-23	92.1%	●	▼	▼	● CY 2022
Finance	Revenue Resource Limit Performance	(£23m)	-	Month	Nov-23	(£19.414m)	●	—	—	●
	Capital Resource Limit Performance	£12.077m	-	Month	Nov-23	£5.010m	●	—	—	●
Staff Governance	Sickness Absence	4.00%		Month	Oct-23	7.39%	○	▼	▼	● YE Jun-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Nov-23	42.6%	●	▲	▲	●
	Vacancies - Medical & Dental	N/A		Quarter	Sep-23	9.4%	●	▲	▼	●
	Vacancies - Nursing & Midwifery	N/A		Quarter	Sep-23	6.5%	●	▲	▼	●
	Vacancies - AHPs	N/A		Quarter	Sep-23	8.0%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Jul-23	61	●	—	—	● YT Mar-23
	CAMHS Waiting Times	90%		Month	Oct-23	74.3%	○	▲	▼	● QE Jun-23
	Psychological Therapies Waiting Times	90%		Month	Oct-23	66.8%	○	▼	▼	● QE Jun-23
	Drugs & Alcohol Waiting Times	90%		Month	Sep-23	89.3%	●	▲	▼	● QE Jun-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Nov-23	66.6%	●	▲	—	●
	COVID Vaccination (Winter, Age 65+)	85%		Month	Nov-23	65.7%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Jun-23	93.8%	○	▲	▼	● QE Jun-23
	Immunisation: MMR2 at 5 Years	92%		Quarter	Jun-23	89.8%	○	▲	▼	● QE Jun-23

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 & Actual Activity and Long Waits

Better than Projected | Worse than Projected

Better/Worse may be higher or lower, depending on context

		Month End			Quarter End	Month End			Quarter End	Quarter End
		Jul-23	Aug-23	Sep-23	Sep-23	Oct-23	Nov-23	Dec-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	71.8%	73.1%	74.6%		75.8%	77.0%	78.5%		
	Actual	69.0%	72.2%	65.1%		66.8%	70.1%			
	Variance	-2.8%	-0.9%	-9.5%		-9.0%	-6.9%			
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	5,121	5,121	5,121	15,363	15,363
	Actual	5,048	5,422	5,118	15,588	5,412				
	Variance	-73	301	-3	225	291				
Elective Activity New Outpatients	Projected	7,565	7,340	7,432	22,337	7,421	7,432	7,421	22,274	22,308
	Actual	6,414	7,942	7,224	21,580	7,090				
	Variance	-1,151	602	-208	-757	-331				
Elective Activity TTG	Projected	1,144	1,144	1,145	3,433	1,162	1,162	1,163	3,487	3,492
	Actual	918	1,294	1,077	3,289	1,109				
	Variance	-226	150	-68	-144	-53				
Long Waits Diagnostics > 26 weeks	Projected	94	79	63	63	42	26	10	10	0
	Actual	152	165	165	165	160				
	Variance	58	86	102	102	118				
Long Waits New Outpatients > 104 weeks	Projected	0	0	74	74	120	166	212	212	352
	Actual	1	2	2	2	2				
	Variance	1	2	-72	-72	-118				
Long Waits New Outpatients > 78 weeks	Projected	213	276	339	339	509	679	849	849	1358
	Actual	117	186	255	255	301				
	Variance	-96	-90	-84	-84	-208				
Long Waits TTG > 104 weeks	Projected	21	43	67	67	102	136	173	173	351
	Actual	20	20	17	17	25				
	Variance	-1	-23	-50	-50	-77				
Long Waits TTG > 78 weeks	Projected	203	258	305	305	388	465	547	547	893
	Actual	99	127	133	133	154				
	Variance	-104	-131	-172	-172	-234				
Arthroplasty 4 joint sessions	Projected				25.0%				25.0%	25.0%
	Actual	17.0%	14.0%							
	Variance									
Same Day Procedures Knee Arthroplasty	Projected				1.9%				1.9%	1.9%
	Actual									
	Variance									
Same Day Procedures Hip Arthroplasty	Projected				4.3%				4.3%	4.3%
	Actual									
	Variance									
Cancer Waiting Times 31-Day	Projected				94.1%				94.3%	94.5%
	Actual	94.7%	90.6%							
	Variance									
Cancer Waiting Times 62-Day	Projected				82.8%				85.0%	85.4%
	Actual	77.9%	77.1%							
	Variance									
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	70.0%		70.0%	70.0%	60.0%		
	Actual	71.0%	66.5%	68.4%		67.9%				
	Variance	-14.0%	-18.5%	-1.6%		-2.1%				
CAMHS Waiting List <= 18 weeks	Projected	230	218	228	228	232	257	235	235	200
	Actual	201	179	197	197	184				
	Variance	-29	-39	-31	-31	-48				
CAMHS Waiting List > 18 weeks	Projected	113	133	98	98	77	86	42	42	0
	Actual	82	90	91	91	87				
	Variance	-31	-43	-7	-7	10				
Psychological Therapies 18 Weeks RTT	Projected	65.2%	65.1%	73.5%		69.3%	68.2%	71.0%		
	Actual	53.4%	54.3%	54.8%		54.3%				
	Variance	-11.8%	-10.8%	-18.7%		-15.0%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	888	888
	Actual	1408	1497	1480	1480	1404				
	Variance	520	609	592	592	516				
Psychological Therapies Waiting List > 18 weeks	Projected	1625	1591	1569	1569	1609	1596	1680	1680	1604
	Actual	1227	1260	1219	1219	1184				
	Variance	-398	-331	-350	-350	-425				
Psychological Therapies Waiting List > 52 weeks	Projected	201	183	165	165	147	129	111	111	57
	Actual	262	262	251	251	278				
	Variance	61	79	86	86	131				

d. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

6



Moderate

		Target	Current
Major & Extreme Adverse Events	<i>50% of Action from Major and Extreme Adverse Events to be closed within time</i>	50%	25.5%

There were 12 actions relating to LAER/SAER closed on time in October 2023, from a total of 47, which equates to a performance of 25.5%: a decrease on the 29.5% seen in September, a continuation of the downward trend seen since July and the lowest since January 2023.

There were 62 Major/Extreme adverse events reported in October out of a total of 1,475 incidents.

64.7% of all incidents were reported as 'no harm'. Over the past 12 months, Pressure Ulcer developing on ward has been the most reported Major/Extreme incident followed by Cardiac Arrest.

On average, 48.6 actions have been closed per month in 2023 compared to 37.7 over the same period in 2022.

There was a total of 376 actions open at the end of October, with 104 (27.7%) being within time.

Service Narrative

Focus improvement work continues on closure of actions on time to meet target of 50% by March 2024. To address some of the barriers to closure of actions on time (action owners having left NHS Fife or moved role) a new security group within Datix has been created which allows senior leaders across the directorates to have oversight of all open actions assigned within their services. A bi-monthly report of all open actions will be shared with this senior leadership group with the first being circulated in October 2023. Staff Support following an adverse event pathway launched in 3 pilot areas (ED, Labour areas and AU1) on 1st November 2023. Three education sessions were provided and were well attended for the 3 areas to support implementation of the pathway. The pilot will run for 3 months and, following a period of evaluation, will be rolled out across the organisation in spring 2024.

HSMR		1.00	0.96
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Data for 2022 and 2023 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2023 showing a ratio below the Scottish average

Inpatient Falls	<i>Reduce All Falls (inpatient) rate by 15% in FY 2023/24 compared to baseline (YE Sep-21)</i>	6.95	7.36
	<i>Reduce Falls with Harm (inpatient) rate by 10% in FY 2023/24 compared to baseline (YE Sep-21)</i>	1.44	1.88

The number of inpatient falls in total was 219 in October 2023, up from 200 the month prior. This equates to a rate of 7.36 falls per 1,000 Occupied Bed Days (OBD). Performance is therefore outwith the target range of < 6.95 though remains within control limits and is on par with the 24-month average.

The number of falls within Acute Services was 113 in October. Though similar in numbers to September, this actually equates to a lower rate of 7.88 per 1,000 OBD (compared to 8.57 in September).

The number of falls within HSCP increased by 20% to 106 in October, though the rate only increased by 13% to 6.87 per 1,000 OBD (compared to 6.08 in September).

The majority of falls in the last 3 months (76.6%) were classified as 'No Harm' whilst 18.3% were classified as 'Minor Harm' and <3% were classified as 'Moderate Harm'. Falls classified as 'Major/Extreme Harm' accounted for 2.5% of the totals falls (compared to 1.4% in the preceding 3 months).

Service Narrative

As the data shows, there has been an increase in Falls and Falls with Harm during September and October particularly. This was identified at the recent Acute Services Division Clinical Governance Committee by Emergency Care Directorate, who reported a significant increase in all Falls over the last two months. Four incidents were categorised as major harm and will be subject to review for learning & improvement.

		Target	Current
Pressure Ulcers	<i>Reduce pressure ulcer rate by 20% in FY 2023/24 compared to the rate in FY 2022/23</i>	0.89	1.48
<p>The total number of pressure ulcers in October 2023 was 44, the highest number recorded since Apr 2019. This equates to a rate of 1.48 per 1,000 Occupied Bed Days (OBD) which is the highest rate since Nov 2022. Performance is therefore outwith the target range of < 0.89 though it remains within control limits.</p> <p>The number of pressure ulcers in Acute Services was 35 in October, an increase of 15 on the previous month (24-month average is 24 and rate is 2.44).</p> <p>The number of pressure ulcers in HSCP was 9 in October, an increase of 6 on the previous month (24-month average is 7 and rate is 0.58).</p> <p>Most pressure ulcers continue to be in Acute Services with 74 recorded between Aug-Oct 2023 compared with 15 in HSCP.</p> <p>Service Narrative</p> <p>The increase in October in PU's in both ASD and HSCP settings is disappointing. A review of monthly audit of SSKIN bundle compliance in HSCP inpatient areas continues and targeted work is ongoing in the areas identified with increased incidence. ASD and Fife HSCP Tissue Viability Services hosted a Link Practitioners Networking Day on the 17th November, National Stop the Pressure Day. This is the first of a series of planned events to raise awareness and educate staff on prevention of pressure damage. Early data from the Quality Improvement project work in the Community Nursing service indicates improvement in PU incidence in the local area the ToC is targeting and planning is in place to scale up in other areas. The ASD TV team continue to display pressure ulcer data within clinical areas, highlighting areas of concern and supporting mitigations to reduce incidence. The joint Acute/HSCP Tissue Viability steering group, chaired by Director of Nursing, a forum to review all current QI work and implementation of shared learning will also support the improvement of PU incidence. Challenges: The HoN vacancies in both ASD and HSCP delayed the target completion date of Aug 23 for Key deliverable 'Review of services and options for new service design'. A new HoN is in post in ASD and a date has been agreed for the new HSCP HoN to take up post. A new target completion date will be imminently agreed and included in the next return.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	18.8	12.8
<p>The SAB infection rate increased from 3.5 in September 2023 to 12.8 in October, this is +3.2 on the same month in 2022.</p> <p>Of the 48 HAI/HCAI reported in the last 12 months, 9 have been categorised as 'VAD'; 11 have been categorised as 'Other' or 'Not Known' and 9 have been categorised as 'Device Other Than VAD'.</p> <p>Service Narrative</p> <p>Q2 2023 Quarterly Report showed Fife (14.6 per 100,000) was below the national rate (18.3 per 100,000 bed days) for healthcare associated cases. Considering Q3 2023; there was a reduction in the number of HCAI cases (8 cases in total), compared to during Q2 2023 (13 cases). We are currently awaiting the Q3 2023 National Report for comparison.</p> <p>The cumulative number of HCAI SAB cases, Jan-Oct 23 (n=41) is lower than during the same time period the previous year (Jan-Oct 22, n=43). There have been 8 dialysis line related SABs during Jan-Oct 23. Renal services carried out a CCR of each case (Jan-Apr) and the findings were discussed at a 'Super SAER' meeting on 26th June 2023. The most recent case (August 2023) has been Datix'd by the Consultant Microbiologist.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	6.5	3.2
<p>The C Diff infection rate decreased to 3.2 in October. There was 1 infection reported in October 2023, 1 HAI/HCAI/Unknown.</p> <p>This is the lowest figure since October 2022.</p> <p>The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending June 2023, showed that NHS Fife was above the Scottish average of 16.1 at 18.0 putting it in the lower-range of all Mainland Health Boards.</p> <p>Service Narrative</p> <p>Q2 2023 quarterly report showed Fife (18.0 per 100, 000 TOBDs) was slightly above the national rate (16.1 per 100, 000 TOBDs) for healthcare associated cases. However, looking at Q3 CDI cases, there was a significantly lower number of HCAI cases (4 cases in total), compared to during Q2 2023 (16 cases in total). Currently awaiting National Report for board comparison.</p> <p>For noting, the cumulative total of HCAI CDIs (Jan-Oct 2023) is higher than during the same time period in 2022 and 2021.</p>			

		Target	Current
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024</i>	33.0	44.6

The number of HCAI infections increased from 5 in September 2023 to 14 in October and the rate of infection increased from 17.4 to 44.6 HAI/HCAI per 100,000 Occupied Bed Days (OBD).

Urinary Catheter related infections have been responsible for 27 of the 107 infections in the last year (25.2%) and remains a key focus for improvement work although the 'Not Known' category accounts for 25 infections (23.4%).

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending June 2023, showed that NHS Fife (with a quarterly infection rate of 29.3)

Service Narrative

Q2 2023 quarterly report showed Fife (29.3 per 100,000 TOBDs) was lower than the national rate (37.6 per 100,000 TOBDs) for healthcare associated cases. However, looking at Q3 ECB cases, there was a slightly higher number of HCAI cases (n=28), compared to during Q2 2023 (n=26). We are currently awaiting the National Report for comparison.

For noting, the cumulative total of HCAI cases, Jan-Oct 23, was lower than during the same time period the previous 2 years. The majority of ECB infections occur in the community, and hepatobiliary and renal are the most common sources of infection. The number of CAUTI related ECBs have reduced over the past couple of years and, so far, for 2023, the trend is continuing.

Complaints – Stage 2	<i>At least 33% of Stage 2 complaints will be completed within 20 working days by March 2024</i>	33%	24.0%
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There were 26 stage 2 complaints received in October, with 92.3% acknowledged within timescales, with 25 closed. Of those closed 24.0% were within timescales, the highest figure since April 2023.

With 12 greater than 40 days after due date, 7 of which were closed greater than 80 days after due date.

30 complaints were due to be closed in the month, 6 (20.0%) of which were closed on time.

64.2% of live complaints have been open for more than 40 days with 38.5% open for more than 80 days.

27.5% of live complaints are awaiting statements with 24.8% awaiting approval of final response.

Service Narrative

The Patient Experience Team (PET) is working with a Senior Project Manager (SPM) to assist with quality improvements and develop a project plan. Work is ongoing to progress the results and action of the MSForm questionnaire sent to consultant colleagues. The data has been themed into three categories: Education and Training, Processes and Procedures and Support, and this will directly influence the quality improvement work to improve the understanding and compliance with the Complaint Handling Process and staff support. The Senior Project Manager is also assisting with analysing this data, and a further MSForm questionnaire will be sent to the PET to understand their challenges.

The new complexity scoring categorisation has been applied to every Stage 2 complaint, providing insight into the volume of complex complaints that NHS Fife receives and handles. The complexity categorisation has changed from complex and non-complex to negligible, minor, moderate, major and extreme. At the end of October 2023, 1 negligible, 15 minor, 57 moderate, 33 major, and 3 extreme stage 2 complaints were open.

Digital and information have created a PET Dashboard, which will be launched in November 2023. This dashboard will provide up-to-date data regarding open enquiries, concerns, and Stage 1 and 2 complaints.

A standard operating procedure (SOP) for "complaints escalation" is being drafted but has yet to progress further due to challenges within the PET team. This SOP will highlight and support processing complaints within the agreed national timescales, in line with the model complaint handling procedure.

A new Patient Experience Team intranet page was launched on Blink. It provides information and guidance about the complaint-handling process, including links to education, training, and support.

The Navigator's post has been extended six months from within the existing funded establishment. The post supports data collection, chasing and tracking complaints, and providing administration and organisational support to the PET Officers. The 0.29 WTE Administration post and 1.0 WTE Band 6 PET Officer posts have been recruited.

The number of live Stage 2 complaints increased slightly from 107 in August 2023 to 111 at the end of October 2023. This demonstrates that challenges continue to be faced in clearing the backlog of complaints. There were 8 stage 2's over 200 days and 1 over 300 days in August 2023; at the end of October, there was 1 complaint at 330 days and 8 over 200 days. Of the 9, 8 were out for final comment/approval with the services, and 1 required action from the Patient Experience Team. Delays remain with obtaining statements and approval of final responses. At the end of October 2023, 65.76% of all live complaints were awaiting statements or final approval by the Divisions, an improvement from 85% in August 2023. The Patient Experience Team have had significant absences, and there is a backlog of stage 2 complaints to be drafted 26 (23%).

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

6



Moderate

		Target	Current
4-Hour Emergency Access	<i>National Standard: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95.0%	74.1%
	<i>Local target by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	82.5%	66.6%

A&E (all sites)

Performance in November remained at 74.1% which is below the 95% national target but just above the 24-month average of 73.3% and higher than in November 2022 (70.1%).

Unplanned attendances decreased further from 7068 in October to 6968 in November (11.7% reduction since Aug-23) although average per day increased slightly to 232 (+4 compared to month previous; no change compared to year previous). Planned attendances saw an increase from 407 in October to 486 in November.

There were 378 8-hour breaches recorded in November (30% less than was reported in October and 39% less than the year previous); and 129 12-hour breaches (43% less than October and 57% less than year previous).

In terms of Breach reasons, 'Wait for a bed' saw a decrease from 785 to 724: as a percentage of total breaches in November, this accounted for 40.1%. 'Wait for diagnostic test or results' increased slightly from 160 to 168: 'Wait for first assessment' increased slightly from 494 to 526.

ED (VHK only)

Performance in November was 66.6% compared to 66.8% in October. Unplanned attendances decreased slightly from 5506 in October to 5404 in November (-102 compared to month previous; -50 compared to year previous).

Planned attendances in November were 197 (+24 compared to October).

Service Narrative

Attendance remained high in November, although 8-hour breaches were reduced. Progress is being made following options appraisal for FNC to improve prevention of admission and 0 days length of stay, which will see this service realign to Acute, ECD. A further area of improvement is decision making overnight within ED, staffing models being reviewed to ensure senior clinical decision makers can be present. Winter pressures remain a focus for discussion and planning. Joint paper with HSCP approved at EDG on 07/12/2023.

Patient TTG (Waiting)

All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat

100%

40.5%

Monthly performance increased from 40.0% in September 2023 to 40.5% in October.

Waiting list numbers continue to trend upwards for waits of 'over 12 week' with a rise of 1941 since October 2022, Waits 'over 26 weeks' & 'over 52 weeks' also continue to trend upwards.

Waits 'over 104 weeks' increased to 25, this remains below projected figures.

The overall waiting list increased by 1.0% from September to October.

Service Narrative

The available core capacity continues to be unable to meet the demand with activity being less than projected in the first 6 months mainly in Cardiology, Gynaecology, Plastics, Surgical Paediatrics, Breast, and Vascular. This remains as a result of a combination of vacancies, reduced demand in some specialities (Vascular and Breast) and reconfiguration of services (Orthopaedics and Gynaecology).

It is anticipated that with pressures in unscheduled care, staff absence and vacancies there will continue to be a deterioration in waiting times. However, this will be at a slower pace with the number of patients waiting over 52, 78 and 104 weeks being less than predicted at the end of March. The main specialities of concern for long waits remain Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 78 weeks, however, as routine waiting times increase there are proportionally more patients being assessed as urgent in some specialities which is leading to increasing waits for routine patients.

There has been a sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital and efforts continue to look for productive opportunities to maximise throughput in theatres and to validate the waiting lists. There has been renewed engagement with the National Elective Coordination Unit to find a solution for specialist urogynaecological procedures and it is anticipated that these long waiting patients will be treated by the end of March 2024.

		Target	Current
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	42.7%
<p>Monthly performance decreased for the 7th Month in a row, reducing from 43.3% in September 2023 to 42.7% in October. Waits for over 12, 26, 52 and 78 weeks all saw increases: 'over 52 weeks' increased by 8.1% to 2750 (+132 on projection), though this remains below the projected figures. Waits 'over 104 weeks remained at 2 (Gastroenterology & General Surgery).</p> <p>The largest number of over 78 weeks waits are in Gastroenterology (108) & Neurology (158)</p> <p>The overall waiting list increased by 1.0% from September to 31281 patients.</p> <p>Service Narrative</p> <p>The available core capacity continues to be unable to meet the demand with activity being less than projected mainly in Dermatology, ENT, Gynaecology, Neurology, Respiratory and Vascular due to a combination of vacancies, sickness absence and/or clinic capacity not able to be fully remobilised. There has been some improvement in sickness absence and additional efforts to remobilise capacity which should have a positive impact on activity in the next quarter.</p> <p>As anticipated there continues to be a deterioration in waiting times in line with projections although the number waiting over 52 weeks is now increasing faster than projected. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Vascular, General Surgery, ENT, Urology, Cardiology, Gastroenterology, Endocrinology, Neurology, Respiratory and Gynaecology. The focus continues to be on urgent and urgent suspicious of cancer patients as well as the long waiting patients, however, as routine waiting times increase there are proportionally more patients being assessed as urgent which is leading to increasing waits for routine patients.</p> <p>There has been a continued focus on productive opportunities to maximise use of capacity and to validate the waiting lists as well as recruiting to vacant consultant posts. Further engagement with the National Elective Coordination Unit has taken place and options are being explored to support those specialities with the most challenging recruitment issues.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	50.0%
<p>Monthly performance increased for the 3rd month in a row from 48.9% in September to 50% in October, the highest performance since April 2023 for patients waiting less than 6 weeks.</p> <p>Endoscopy saw a decrease in performance (from 52.2% to 49.0%). Imaging saw an increase in performance (from 48.5% to 50.0%).</p> <p>In terms of waiting list numbers, Imaging has decreased to 8340. MRI saw numbers decrease from 1555 in September to 1535 in October. CT saw a decrease to 949 the lowest figure since Oct 22 the fifth successive month of decrease; Ultrasound saw a slight decrease to 5856. Endoscopy waiting list continues to decrease from 720 in August to 628 in October (the lowest figure since Jan23). The diagnostic waiting list overall decreased from 9326 in September to 8968 in October.</p> <p>The number of those waiting over 6 weeks decreased from 4769 in September to 4484 in October.</p> <p>Service Narrative</p> <p>In Radiology the available core capacity overall continues to be unable to meet the increasing demand. Activity has been greater than expected in the first 6 months particularly in CT due to the unexpected presence of CT van required for emergency capacity, additional evening list and recruitment of locums in Ultrasound. It is anticipated that this increase in activity will not be sustained as staffing challenges in Ultrasound are predicted to worsen. As the proportion of urgent outpatient referrals remains high and the demand for inpatient scans continues waiting times for routine outpatient imaging will deteriorate for all modalities albeit at a slower rate than expected. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required. Efforts continue to recruit to the vacant ultrasound posts.</p> <p>In Endoscopy demand for new tests has been slightly lower than expected. Activity for the first 6 months has been less than projected, however, the capacity figure includes all the available endoscopy capacity which is used flexibly to manage emergency, Urgent, urgent suspicious of cancer, surveillance and new referrals. The numbers of patients waiting over 6 weeks is slowly improving however there has not been the anticipated improvement in the numbers waiting over 26 and 52 weeks as the proportion of new urgent and urgent surveillance referrals has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.</p>			

		Target	Current
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%	91.8%
<p>Monthly performance in October 2023 decreased from 92.2% in September to 91.8% which is below target. The number of eligible referrals increased from 115 in September to 122 in October, this is 30 more than the same month in 2022.</p> <p>There were 10 breaches in October 2023, 8 attributable to Urology (5 for 'Prostate', 1 for 'Other', 2 for Bladder) and 2 attributable to 'Breast'.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.</p> <p>Service Narrative</p> <p>All 10 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue, however, additional theatre sessions are taking place and we can assess the impact of these additional sessions. Range 10-143 days with an on average breached by 59 days.</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%	86.6%
<p>Monthly performance in October 2023 increased from 65.4% in September to 86.6% in September, the highest since April 2023.</p> <p>The number of eligible referrals increased from 81 in September to 82 in October, this is 22 more than the same month in 2022.</p> <p>There were 11 breaches in October 2023 with 6 of these (54.5%) attributable to Prostate. The other breaches were 2 'Colorectal', 2 'Head & Neck' and 1 'Upper GI'.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.</p> <p>Service Narrative</p> <p>Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. In terms of performance Urology remains our biggest challenge with 6 breaches seen. The main reasons attributing to breaches were delays between many steps throughout the pathway, with the exception of waits to 1st outpatient appointment. The CRUK nurse-led pathway pilot was initiated in August, to improve waits from referral to MDT, impact will be measured in due course.</p> <p>The range of breaches for prostate 66 - 242 days, average 138 days.</p> <p>There were further breaches seen, 2 Colorectal, 2 H&N and 1 UGI HPB. These breaches were due to lack of resources for appointments within ENT, extensive staging, investigations and planning timescales for radiotherapy. Range for all breaches 66- 242 days, average 112 days.</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%	7.5%
<p>The percentage of Bed Days lost to 'Standard' delays increased to 7.5% between October and November 2023. This is above the 5% target and above the 24-month average of 6.3% but remains within control limits.</p> <p>The number of Bed Days lost to 'Standard' delays in November increased by 325 compared with October (+17%).</p> <p>The number of Bed Days lost to 'Code 9' delays in November increased by 181 compared with October (+16%).</p> <p>Comparing year-on-year, the overall numbers in delay at census point were similar for both Nov-23 and Nov-22 (both for 'Standard' and 'Code 9' delays). Acute saw 3 'Standard' delays in Nov23 (compared to zero the year previous); Community saw 33% less 'Code 9' delays than the year previous (similar numbers of 'Standard' delays); and MH/LD saw 2 less 'Standard' delays (-13%) and 9 more 'Code 9' delays (+64%).</p> <p>Service Narrative</p> <p>Achievements: Whole system essential flow verification that continues to ensure an integrated, multi-professional and coordinated approach to patient centred discharge planning. Clear escalation processes that ensure everything that is required for discharge is in place. All staff continue to work collaboratively and have a visible presence at daily ward MDTs to ensure PDDs remain aligned to the discharge plan for patients and service users in line with Home First Principles. The discharge profile from acute hospital remains significantly higher than the previous year with performance exceeding 100 discharges for six consecutive weeks. Electronic referral system to the discharge hub has been implemented as a test of change in Ward 32 within the acute setting to allow referrals to happen out of hours and to ensure timely assessment.</p> <p>Challenges: Community ward closures from respiratory and non-respiratory outbreaks continue to impact flow. Complex patients with high care needs and significant frailty on assessment bed pathway remain challenging to place.</p>			

FINANCE



To deliver value and sustainability

6



Moderate

Forecast

Current

Revenue Expenditure

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

(£23)

(£19.414m)

A £19.414m revenue overspend is reported at the end of November for Health Board retained services and reflects as previously reported the Scottish Government additional funding relating to NRAC parity and New Medicine Funding which has been allocated to support achieving financial balance.

There is no change to the main drivers of the overspend previously reported although we have seen a slight reduction in supplementary staffing expenditure across both medical and nursing staff groups. However, spend on supplementary staffing, external SLAs, ongoing Covid Legacy costs and the cost of surge continue to provide financial challenge particularly within the Acute Services Division. Moreover, Inflation and the cost-of-living pressures remain higher than the levels identified in the Financial Plan, and we continue to be challenged to deliver the in year savings programme. We are currently working with Scottish Government colleagues and have requested additional support and benchmarking data from their Finance Delivery Unit on several high expenditure areas.

Current projections continue to indicate a forecast outturn of £23m which is significantly more than our current approved financial plan position of £10.9m overspend. Following our Q1 and Q2 reviews with Scottish Government, they have requested we continue to identify more actions between now and the financial year end to improve our forecast outturn and move towards break even.

Capital Expenditure

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

£12.077m

£5.010m

The Capital Forecast for November 2023 reflects our core capital allocation of £7.764m as advised by Scottish Government plus anticipated allocations for several specific projects as discussed at FCIG reflecting a total capital expenditure plan of £12.077m. A relatively low level of capital expenditure has been incurred for the period which is not unusual at this stage in the financial year. The majority of capital expenditure generally occurs in the final quarter of the financial year. Spend to November includes completion of the refurbishment works within theatres at QMH, statutory compliance works and the implementation of LIMS and HEPMA.

Additional Finance detail will be provided in a separate SBAR submitted by Finance Directorate

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%

7.39%

Sickness absence has increased from 6.93% in September to 7.39% in October 2023, this is 0.84% higher than the same month in 2022. Short-term absence has decreased from 3.24% in September to 3.08% in October 2023. There has been an increase in long term absence from 3.69% In September to 4.30% in October 2023, which is the highest figure since April 2023.

Most sickness absence episodes and hours lost related to mental health related reasons for absence. (29.3%)

One Directorate, Community Care has an absence rate above 9% and both Planned Care and Emergency Care Directorates have a rate of above 8%.

Service Narrative

The Attendance Management training programme continues to be delivered in partnership to groups of managers within NHS Fife to complement the Turas LEARN NHS Scotland Attendance eLearning module. The uptake of training has been high, which has led to additional sessions being offered and bespoke sessions arranged. Responding to the analysis of our absence trends, this refreshed programme incorporates a range of support packages available to help support staff's mental health, including resources available on the Healthy Working Lives website, plus the Live Positive - Stress Management Toolkit. Attendance Review Panels are scheduled across NHS Fife with discussion on attendance cases, providing opportunities for shared learning and assurance on consistency of approach and best practice.

The Mental Health Occupational Health Nurse is now offering a light touch service from a 'wellbeing' practitioner perspective, to provide an opportunity to advise on self help tools to aid the promotion of mental wellness and / or recommend enhanced sign posting to additional services that may be relevant for staffs' mental wellbeing whilst awaiting counselling or other interventions.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

42.6%

Compliance has increased to 42.6% in November, an increase of 0.5% from month prior and +9% on the same month in 2022. Compliance has increased every month since January 2023.

Compliance was highest in HSCP, (Complex & Critical) at 55.9% whilst in Acute Services all areas saw increases.

One area showed compliance of <30% - Emergency Care (25.4%)

The number of reviews held in November rose to 295 (from 266), this represents an increase of 42.5% since November 2022. Performance remains at approximately half of the national standard of 80%.

Service Narrative

Communications have now been issued to all members of staff who have not recorded a PDPR/Appraisal in the last 18 months outlining the requirement to engage in the PDPR process. Work is now underway to inform all members of staff who have not yet recorded a PDPR in Turas Appraisal since its launch in 2018. Once this work has been completed, communications will be issued to reviewers who are responsible for any member of staff who does not have an up-to-date Appraisal recorded encouraging engagement. Turas Appraisal Lunchtime Bytes sessions are provided on a monthly basis however there has been a drop in attendance levels in the last 3 months. The Turas Appraisal eLearning is in the final review phase and will be launched before the end of this year. We are now entering the winter period where service pressures will place a higher level of demand on many members of staff. This could place additional challenges in relation to increasing the level of engagement in PDPR before 31st March 2024.

Reduce the number of vacancies in the following professions:

Vacancies

<i>Medical & Dental (M&D)</i>		9.4%
<i>Nursing & Midwifery (N&M)</i>		6.5%
<i>Allied Health Professionals (AHPs)</i>		8.0%

Medical & Dental WTE vacancies saw no change from the June figure of 30.2 to 30.2. The largest % of vacancies falls within a single area of General Psychiatry at 8.9%.

Nursing & Midwifery WTE vacancies has seen a significant decrease for this reporting quarter dropping from 507.7 WTE to 282.1 WTE. 53% of vacancies are for qualified staff Band 5 - Band 7.

AHP WTE vacancies have decreased to their lowest level since March 2022 (61.1 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

Service Narrative

Actions continue to support efforts to recruit to vacancies within NHS Fife and to promote Fife as a place to live and work, including weekly "Spotlight" on jobs on social media and our #nhsfifelifechanger features. A successful mass recruitment event held on 1 June 2023, to support workforce sustainability, attracted over 350 applicants, with over 100 offers of employment made to date. Candidates have undergone pre-employment checks with 71 start dates being confirmed and allocated to services based on priority of need and skill mixed required.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



Target Current

Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas

158
(Jul-23)

61
(Jul-23)

There were 7 successful quits in July 2023, which is 33 short of the monthly target and 11 less than was achieved in July 2022. Achievement against trajectory is 38.6%, which is 7.2% less than was achieved in June 23.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2022, showed that NHS Fife was in the upper-range of all Mainland Health Boards, with a rate of 66.7% against a Scottish average of 60.8%.

For all quit attempts, the quit success rate in specialist services is significantly higher than other services.

Service Narrative

Specialist service provision has increased to 37 clinics Fife wide; these are 27 community-based and 10 GP based clinics; There has been a marked decrease in referrals and signposting from GP and other health professionals. To address this, we have ongoing Very Brief Advice (VBA) stands within GP practice and health centre locations.

Regular visibility has supported increased engagement with the service: 287 appointments have been offered Fife wide in November, with 72 of these being DNA status. Service continues to utilise the mobile unit, accessing various communities and supporting local groups or events; we have worked with 3rd sector organisations and attended the Poverty Action Community events to offer VBA and raise awareness of the service and support available, we have attended 18 events in November and undertaken 226 VBA contacts.

Following on from the positive work carried out with Fife maternity services we are now receiving early referrals for maternity clients at first point of contact with a midwife for those who report to be smoking as an opt out basis. This is positive progress, as being able to support women earlier, means early intervention can make a significant difference to baby and mothers health, with the aim to quit smoking prior to 16 weeks of pregnancy. We look forward to seeing the success of this work with improved 12 weeks quits early in the new year.

Staffing capacity remains in deficit: Two staff are at varying stages of completing their specialist training to complete the Smoking Cessation Competency Framework; one advisor is on maternity leave, and we have 0.8 WTE vacancy in the team. Issues with Public Health Scotland data base (ISD) have yet to be fully resolved, impact remains as to accuracy of records and reporting on a local and national level.

Plan for a targeted and coordinated approach to address smoking prevalence at in-patient sites for visitors, patients, and staff, is at final stages, alongside work to promote service.

- Engage with people who are smoking and raise awareness of the temporary abstinence model and/or to provide smoking cessation support on site.

- Increased presence on primary care sites to encourage health professionals to use appropriate referral pathways.

- Attend GP protected learning time sessions to discuss support and QYW service available.

- Work underway to support respiratory clinics to have an opt out referral pathway to QYW (mirroring our maternity referral pathway).

CAMHS Waiting Times

90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral

90%

74.3%

Monthly performance increased from 71.2% in September 2023 to 74.3% in October.

For the eleventh month running, no young people are having to wait more than 35 weeks for treatment whilst the number of those waiting between 19-35 weeks decreased from 91 in September to 87 in October.

The percentage of those waiting less than 18 weeks decreased from 68.45% in September to 67.9% in October.

The number of referrals received in October was 205, a 27.0% decrease from September, the lowest figure since March 2023.

The overall waiting list saw a decrease (271 in September compared with 288 in September).

Benchmarking awaited – not available as of 17 November.

Service Narrative

Work on the longest waits is ongoing with evening clinics continuing, and of the 87 waiting over 18 weeks, 55 have appt booked. Overall, the number on the waiting list has reduced.

RTT continues to fluctuate reflecting the staff activity required to address urgent presentations against the activity to reduce longest waits. Monthly performance has increased this month and is reflected in data.

Performance has followed the predicted trajectory reported to the Scottish Government and remains on target for March 2024.

Referrals have dropped from September 2023, due to the fortnight October holidays, but is comparable to October 2022.

DNA rate reduced showing the positive impact of weekly appointment reminder phone calls.

Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	66.8%
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The overall waiting list decreased from 2699 to 2588. The number of those waiting 36-52 weeks decreased to 267 (-3) and the number of those waiting 19-35 weeks decreased to 639 (-59). The number of those waiting over 52 weeks increased from 251 in September to 278 in October (+27) though this is 31% less than in October 2022. The number of patients who waited less than 18 weeks was 399, from a total of 597 who were treated in October 2023. Activity has increased, with more people offered a first appointment than in September. However, because most of these people had been waiting longer than 18 weeks, monthly performance against the target therefore decreased from 69.6% in September 2023 to 66.8% in October. This is below target and outwith control limits.

Between September and October 2023, referrals for all ages decreased by 11% (from 903 to 804). This does not lead to any immediate change in performance against the target, because most patients do not commence psychological therapy in the month they are referred. Also, although there are monthly fluctuations in the number of referrals received, longer-term analysis shows that the annual referral rate for PT has returned to pre-Covid levels on a stable basis.

NHS Fife remains in the mid-range of Health Boards, albeit at the lower end of the range, as of the last quarterly PHS publication in June (for the quarter ending Mar 2023) and was below the Scottish average (79.8% compared to 71.9%).

Service Narrative

Increased activity associated with additional posts from FHSCP and SG investment is resulting in continuing progress in reducing the waiting list, as can be seen in the reduction in the overall waiting list. However, the Service is not currently in balance, due to ongoing recruitment issues. This means that the numbers waiting will continue to increase if referrals remain stable, and longer-term analysis shows that referral rates for PT remain high, despite monthly variation as shown in the September to October figures.

Increased activity is leading to more people being taken off the waiting list, and we are offering more first therapy appointments year-on-year. However, because most of the people being offered first therapy appointments have waited more than 18 weeks, this results in reduced performance against the PT target. This will continue until the waiting list is reduced to the point that most new therapy starts are within 18 weeks.

Immunisation: Influenza and COVID	<i>Achieve 85% uptake for both Winter vaccinations (Influenza and Covid-19) for 65+ population by end of Dec-23</i>	85%	FV 66.6% CV 65.7%
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Flu Vaccine

Uptake for Influenza vaccination for ages 65+ was 66.6% at the start of December and vaccination numbers continue to increase steadily. For ages 75+ uptake is even higher at 77.3%. The priority group with the highest uptake continues to be Care Home residents at 79.1%. Uptake for all Health Care Workers was 33.1%. Uptake for all priority groups was 42.0% by start of December which is lower than Scottish average of 48.9%. Uptake for Children overall was 40.2% with the highest uptake being the Primary School cohort at 63.3%.

COVID Vaccine

Uptake for Covid-19 vaccination for ages 65+ was 65.7% at the start of December and vaccination numbers continue to increase steadily. For ages 75+ uptake is even higher at 77.1%. The priority group with the highest uptake continues to be Care Home residents at 79.3%. Uptake for Frontline Health Care Workers is 26.1%. Uptake for all priority groups was 45.5% by the start of December which is lower than the Scottish average of 51.6%.

Service Narrative

The priority cohorts for improving uptake in Fife through December for both flu and COVID vaccination are the 65 to 74 cohort and those aged 12 to 64 with at-risk health conditions. As such, letters for a flu & COVID co-admin appointment were issued in early December to approximately 5k of the 65-74 cohort who had previously received a prompt letter but had not yet arranged for vaccination. These appointments will take place over the period 13th to 21st December. In addition, a further 10k open access appointments were created with a further letter issued to target those aged 12 to 64 with at-risk health conditions to encourage attendance. Drop-in clinic times for w/b 11th Dec and w/b 8th Dec are also being promoted generally via social media to the general public and among health and social care staff who have not yet taken up vaccination. Mop-up activity for flu & COVID vaccination for care home residents and the eligible housebound cohorts is ongoing. Additional drop-in clinics for under 18 flu are being run over weekends in December and promoted for the 2-5 cohort and those who missed their flu vaccination in the primary or secondary school setting.

		Target	Current
Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	93.8%

(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

The 6-in-1 vaccine protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and Hepatitis B. It is offered at 8, 12 & 16 weeks of age, and uptake is evaluated in the population when children are 12 months of age (based on completion of all 3 primary doses). Uptake among children turning 12 months in the quarter ending 30th June 2023 in Fife (children born 1st April to 30th June 2022) was 1.3% higher than children turning 12 months in the previous quarter, increase from 92.5% to 93.8%.

Whilst quarterly fluctuations are always greater at a local level than at a national level, it is noted that there was only a 0.1% increase between these quarters nationally. Uptake at 12 months for 6-in-1 in NHS Fife was the second lowest of all mainland NHS Boards with the highest uptake being 97.2%.

Further data points evaluated at 12 months will be needed to confirm if this is the start of a continuing improvement trend in Fife. However, we can calculate from data published in the PHS 'wider impacts' dashboard that for the 1,470 children turning 16 weeks between January and June 2023 in Fife, at the point of latest analysis (25 September), 94.6% of these more recent birth cohorts had completed 3 doses of the 6-in-1 vaccination, suggesting that improvements have been taking effect. By the time they reach the 12-month evaluation point, uptake among children in this 6-month birth cohort would be expected to be higher due to additional catch-up vaccination opportunities.

The service has continued to offer drop-in clinics over the summer across all areas within Fife for children that have missed out on their scheduled appointments. Our increase in data shows that offering this and a more targeted approach has helped to support an increase in uptake.

Additionally at 12 months of age, PCV saw an increase of 1.1%; Rotavirus increase of 2.2% and MenB increase of 0.7%.

Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	89.8%
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(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

MMR vaccination protects against Measles, Mumps and Rubella and dose 1 is offered just after 12 months and dose 2 at 3 years 4 months of age. Population uptake of MMR2 (2nd dose) is evaluated at 5 years of age. For children turning 5 years of age between 1st April and 30th June 2023 (born 1st April to 30th June 2018), uptake improved by 3.4% to 89.8% from the previous quarter of 86.4%.

This is in the context of a 0.1% decrease at a national level. Uptake at 5 years for MMR2 in NHS Fife was in the mid-range of all mainland NHS Boards with the highest uptake being 94.6%.

Whilst still below the local target of 92% (based on uptake in Scotland in 2022) and the national target of 95% uptake, and with further data points needed to confirm the trend, the direction of travel is encouraging. The actions undertaken through the Immunisation Quality Improvement Group are likely to have contributed to this improvement, as they have had a particular focus on 2nd dose MMR vaccination. This has included provision of additional clinic capacity where required, proactive letters to parents/carers of all children in Fife who have not completed 2 doses of MMR2, and improvements in communications with health visitors when children are not brought to their appointment.

This is important in the context of the publication of the CMO letter 'Averting the resurgence of measles in Scotland in 2023' and the increase in community transmission of measles in England.

Additionally at 5 years of age, MMR1 saw an increase of 2.4%; Hib/MenC uptake increased by 2.3% and 4-in-1 saw an increase of 3.4%.

e. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	18
HSMR	19
Inpatient Falls	20
Pressure Ulcers	21
HAI/HCAI: SAB, C Diff, ECB	22
Complaints (Stage 2)	24

Finance, Performance & Resources: Operational Performance

4-Hour Emergency Access	26
Patient Treatment Time Guarantee (TTG)	29
New Outpatients	31
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Staff Governance

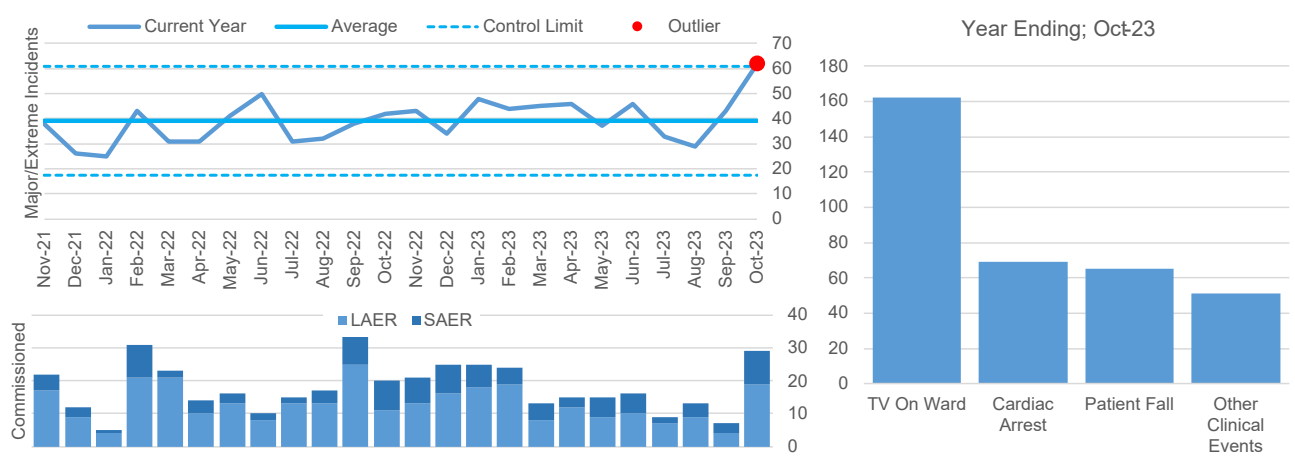
Sickness Absence	37
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Public Health & Wellbeing

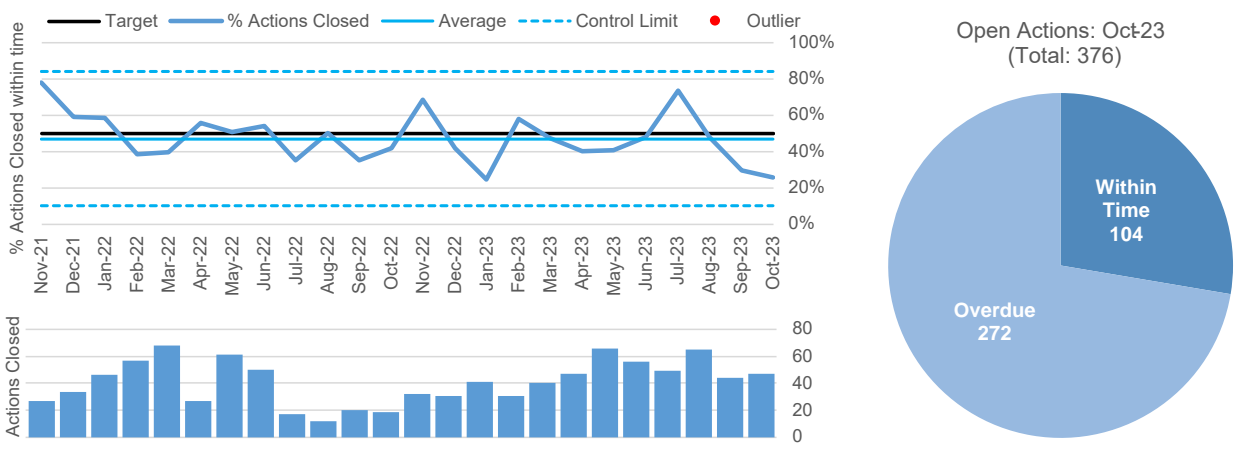
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CLINICAL GOVERNANCE

Adverse Events	Number 62
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Actions from Significant and Local Adverse Event Reviews	Closure Rate 25.5%
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Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Clinical Governance Strategic Framework - Adverse Events					Mar-24
Key Milestones	Publication of updated Adverse Events Policy				Apr-23
	Adverse Events Management Resource Pack uploaded to Blink				Dec-23
	Deliver bespoke training session, where requested, to complement the e-learning package for review teams				Aug-23
	Facilitate short life working group to identify changes required to Datix action module				Mar-24
	Review and refresh of Datix Action Module to support improvement to the theming of action types to enhance identification and inform on themes of learning				Dec-23
	Implementation of updated Adverse Events policy and related procedures				Jan-24

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
0.96

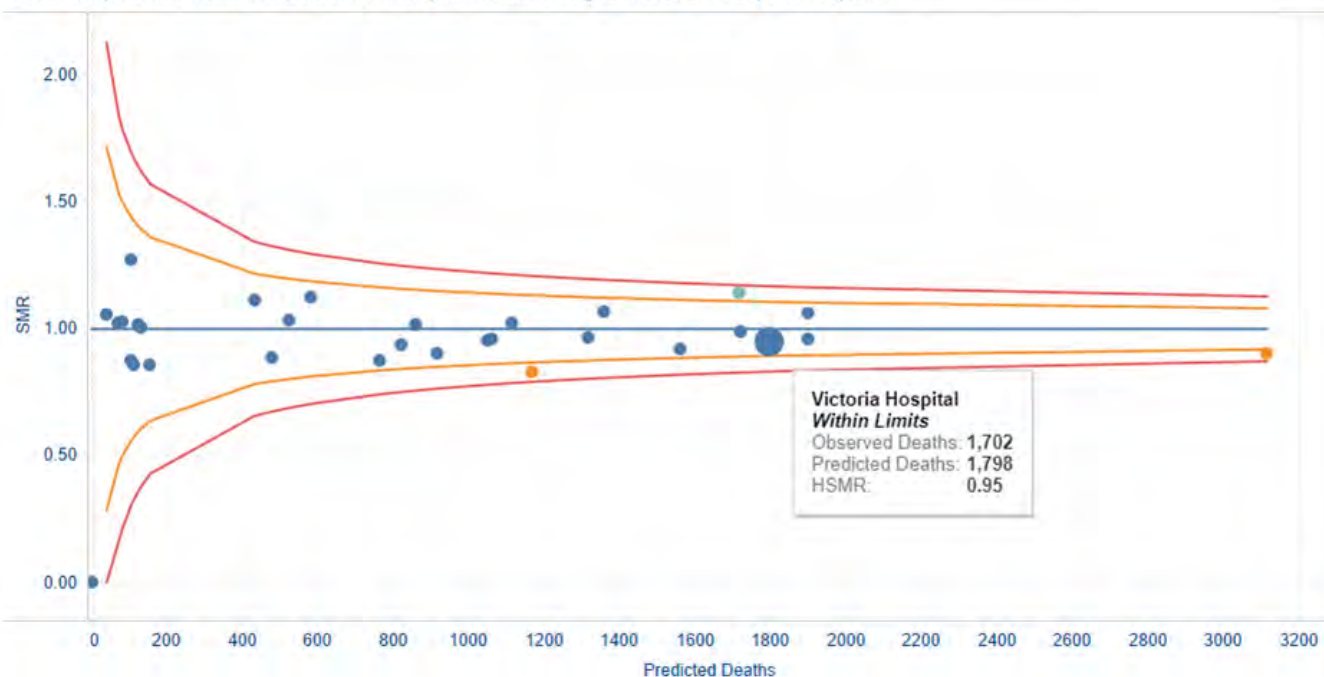
Reporting Period: July 2022 to June 2023

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

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

HSMR by Scotland: July 2022 to June 2023

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Commentary

Data for 2022 and 2023 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2023 showing a ratio below the Scottish average

Inpatient Falls

All Falls

Reduce All Falls rate across Acute & HSCP by 15%
 Target Rate (by end March 2024) = 6.95 per 1,000 Occupied Bed Days (OBD)

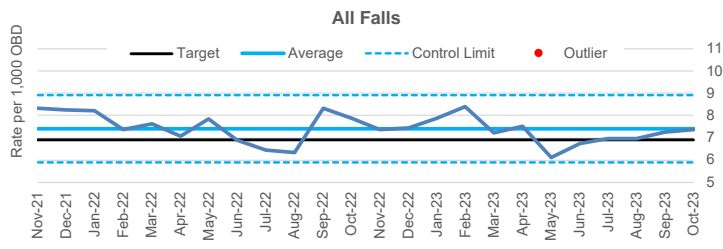
Performance 7.36

Falls with Harm

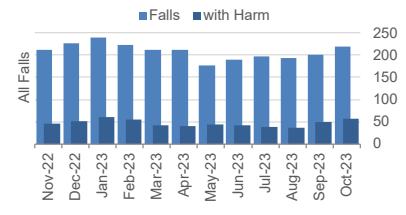
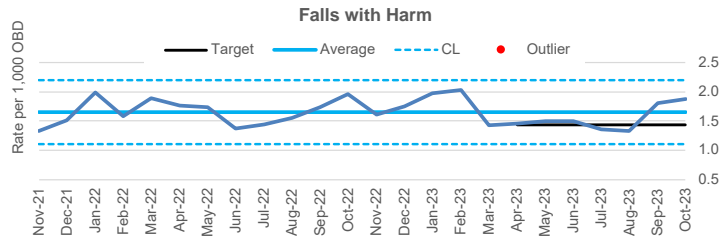
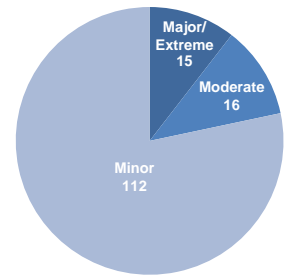
Reduce Falls with Harm rate across Acute & HSCP by 10% Target Rate (by end March 2024) = 1.44 per 1,000 Occupied Bed Days (OBD)

Performance 1.88

Local Performance



Falls with Harm; QE Oct-23



All Falls Performance by Service Area

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
NHS Fife	7.37	7.44	7.88	8.39	7.24	7.50	6.12	6.75	6.99	6.97	7.26	7.36
Acute	8.21	7.20	8.22	9.73	6.52	8.90	5.70	6.76	6.25	7.59	8.57	7.88
HSCP	6.64	7.65	7.58	7.28	7.82	6.33	6.48	6.89	7.68	6.62	6.08	6.87

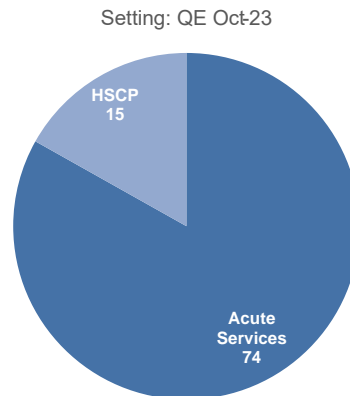
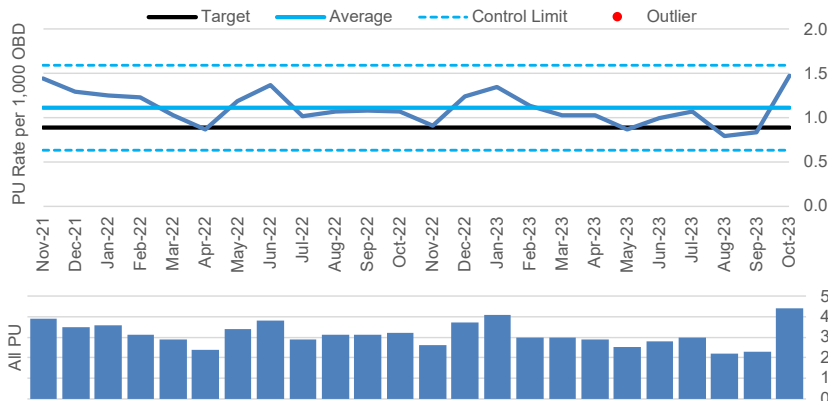
Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Reduce Falls across all hospital inpatient setting					Mar-24
Key Milestones	Review and confirm falls link practitioners for each ward area on every hospital site.				Mar-24
	Ensure that falls related data is discussed and displayed in the ward to strengthen awareness across multi-disciplinary team.				Mar-24
	Rollout revised Falls toolkit including related policies e.g.: Boarding, Supervision, Bed rail.				Feb-24
	Support shared learning from incidents and share good practice				Dec-23
	Align all NHS work with the newly updated SPSP National Inpatient Falls driver diagrams				Feb-24
	Develop a national Falls education module within TURAS system				Mar-24
	Rollout new patient information leaflet and endeavour to audit the impact and benefit for patients				Feb-24
	Consider a Falls Co-ordinator Role to support the rollout of the revised toolkit and the Link Practitioners				Mar-24

Pressure Ulcers

*Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2024) = 0.89 per 1,000 OBD*

**Performance
1.48**

Local Performance



Performance by Service Area

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
NHS Fife	0.91	1.24	1.35	1.13	1.02	1.03	0.87	1.00	1.07	0.80	0.83	1.48
Acute	1.28	2.29	2.39	2.33	1.82	1.48	1.44	1.43	1.95	1.53	1.53	2.44
HSCP	0.59	0.32	0.44	0.14	0.37	0.65	0.38	0.66	0.39	0.20	0.21	0.58

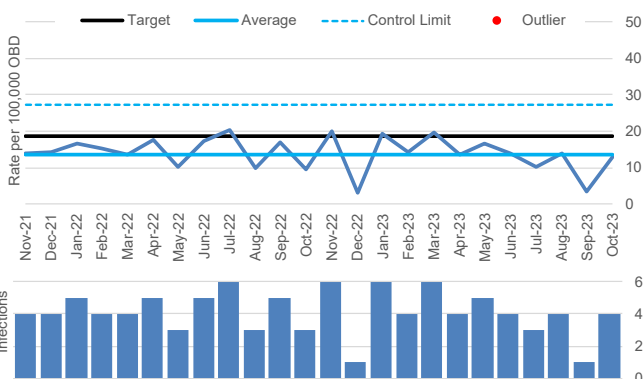
Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended		Proposed
Reduce Pressure Ulcers (PU) developed on case load across all health care settings						Mar-24
Key Milestones	Acute TVNT - Provide training to over 1000 staff					Mar-24
	Acute TVNT - Re-launch the service (updating service spec, training resources, TVN link programme)					Jul-23
	Embed the use of the CAIR resource					Mar-24
	Embed the revised HIS Pressure Ulcer Standards (October 2020)					Mar-24
	Review of services and options for new service design					Mar-24

HAI/HCAI

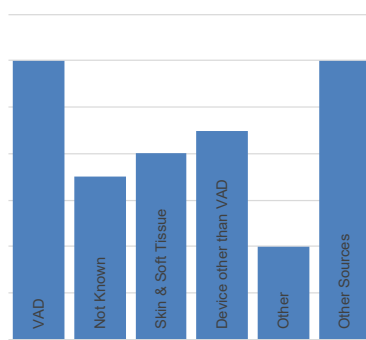
SAB
Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

Performance
12.8

Local Performance



Infection Source: YE Oct -23



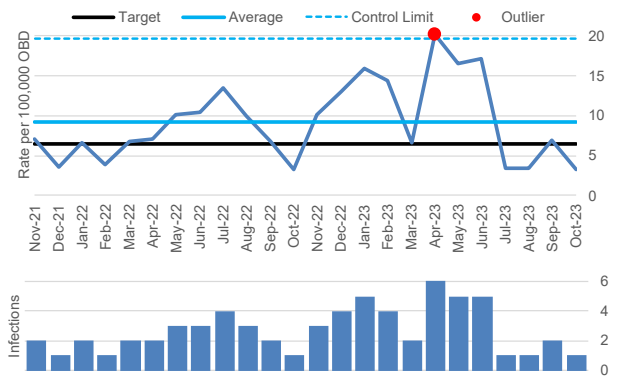
National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23				2023/24	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun		
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	10.9	17.9	14.6		
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	19.2	19.1	18.3		

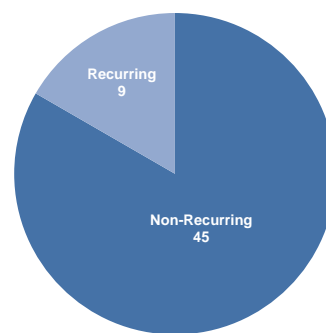
C Diff
Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

Performance
3.2

Local Performance



Recurrence: YE Oct -23



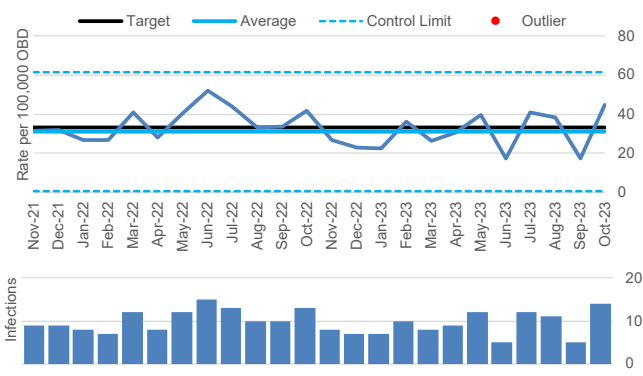
National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23				2023/24	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun		
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	8.7	13.4	18		
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	13.6	13.4	16.1		

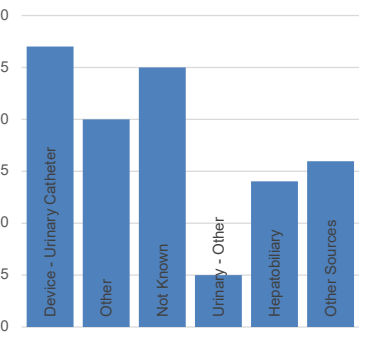
ECB
Reduce Hospital Infection Rate by 25% (baseline 2018/19) by the end of 2022/23

Performance
44.6

Local Performance



Infection Source; YE Oct23



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23				2023/24	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun		
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9	30.4	27.9	29.3		
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2	34.5	37.3	37.6		

CLINICAL GOVERNANCE

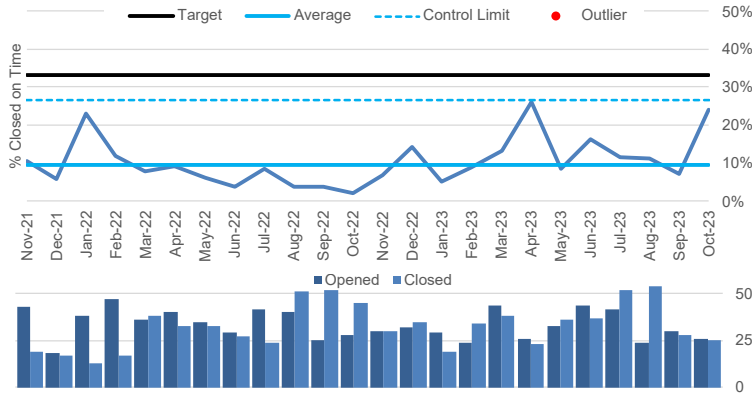
Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Implement IPC Workforce Strategy 2022-24					Sep-24
Key Milestones	Complete a GAP analysis of the NHS Fife IPCT with regards to recommendations for local Boards				Apr-23
	Awaiting updates to national deliverables which are currently delayed. Recommendations 1, 9, 10,12, 14 and 15				Mar-24
	Engage with other key stakeholders outlined in the strategic plan (HPT and AMR) to begin discussions to determine roles and remits				Nov-23
	Oversight Board shall include an options appraisal of models of support for Primary Care and strategic plan developed. Including a subgroup, with collaboration with all key stakeholders (GP and Dental)				Dec-23
	Delivery date of September 2023 - SG to lead on discussions to improve quality and coverage of national - level workforce data for a functional IPC programme at the national and facility level				Mar-24
	Business case for additional resources and funding to be developed for consideration and Board approval				Mar-24
	Final implementation paper to be presented to February 2024 ICC				Feb-24
Implement IPC Interim Strategy 2023-25					Apr-25
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.					Apr-24
Key Milestones	Aim for the pilot of the eCatheter insertion and maintenance bundle to have been completed and plan for role out to other areas in NHS Fife				Mar-24
	Complete QI project with D&I to improve data capture of ePVC				Dec-23
	Support roll-out of eCatheter insertion and maintenance bundles				Dec-23

Complaints | Stage 2

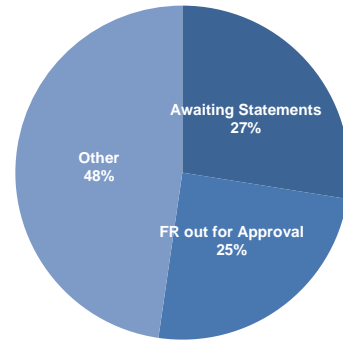
At least 33% of Stage 2 complaints are completed within 20 working days by March 2024

Performance
24.0%

Local Performance



Open Complaints; Oct -23



Performance by Service Area

		Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
NHS Fife	Opened in Month	30	32	29	24	44	26	33	44	42	24	30	26
	% Acknowledged on time	93.3%	96.9%	100.0%	95.8%	97.7%	96.2%	97.0%	93.2%	90.5%	100.0%	100.0%	92.3%
	Due in Month	30	27	32	30	28	38	29	35	43	46	19	30
	% Closed on time	3.3%	14.8%	6.3%	13.3%	14.3%	15.8%	6.9%	17.1%	16.3%	10.9%	15.8%	20.0%
	Closed in Month	30	35	19	34	38	23	36	37	52	54	28	25
Acute	% Closed on time	6.7%	14.3%	5.3%	8.8%	13.2%	26.1%	8.3%	16.2%	11.5%	11.1%	7.1%	24.0%
	Closed in Month	22	26	17	23	23	16	27	23	43	36	16	18
HSCP	% Closed on time	9.1%	19.2%	5.9%	13.0%	13.0%	31.3%	7.4%	21.7%	11.6%	16.7%	6.3%	27.8%
	Closed in Month	7	9	2	10	15	7	9	14	6	18	12	6
		0.0%	0.0%	0.0%	0.0%	13.3%	14.3%	11.1%	7.1%	0.0%	0.0%	8.3%	0.0%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets		Mar-24
Key Milestones	PET to meet regularly with Acute and H&SCP to discuss Model Complaint Handling process improvements to assist with meeting target	Dec-23
	Implement complexity scoring system to categorise complaints	Dec-23
	Supportive escalation process to be implemented to highlight delays within the Model Complaint Handling Process	Dec-23
	New weekly complaint report to be created and shared with services to provide data and highlight delays within the Model Complaint Handling Process	Dec-23
	Testing of focused Multidisciplinary Team Meeting (MDT) within Acute to respond to complex complaints in a view to negate the requirement for statements and reduce service response time	Dec-23
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		Apr-24
Key Milestone	Review current Patient Experience Team's funded establishment to recruit a Bank Band 4 Patient Experience Officer 0.26 WTE	Oct-23
	Perform workforce review of Patient Experience Team	Dec-23

CLINICAL GOVERNANCE

Digital Solution for reporting Live Patient Experience (Complaint) data		Apr-24
Key Milestones	Meet with Information Services to discuss and develop Dashboard	Apr-23
	Liaise with other Health boards regarding their Dashboards	May-23
	Discuss and agree data to be displayed with Acute, Corporate and H&SCP	Dec-23
	Discuss and agree data to be displayed within Patient Experience Team screen	Dec-23
	Identify test area prior to roll out	Dec-23
	Education and training	Dec-23
	Test implementation of dashboard	Nov-23
	Communication, promotion and raise awareness of dashboard	Jan-24
	Roll out Dashboard within NHS Fife	Jan-24

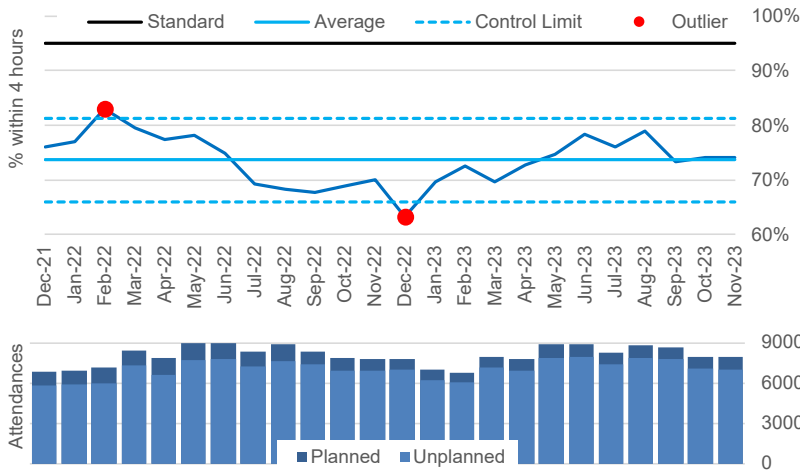
OPERATIONAL PERFORMANCE

4-Hour Emergency Access

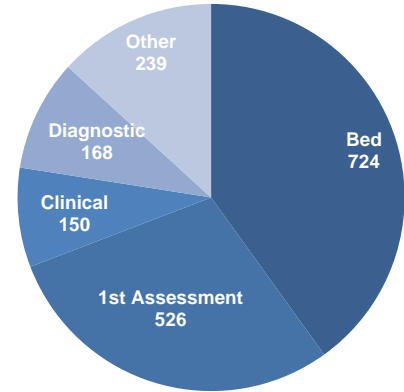
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance
74.1%

Local Performance



Breach Reasons: Nov-23



National Benchmarking

	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
NHS Fife	70.1%	63.2%	69.6%	72.6%	69.6%	72.7%	74.5%	78.4%	76.0%	78.9%	73.3%	73.9%
Scotland	67.5%	62.1%	68.7%	69.6%	68.0%	69.3%	70.8%	72.6%	72.7%	71.3%	70.0%	68.3%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention		Jan-24
Key Milestones	Relocation of Haematology Day Unit to VHK site and increase treatment capacity to provide a sustainable service meeting legislative guidelines and future-proof patient services for Haematology patients in Fife	Apr-23
	Outcome report and future demand/capacity planning based on results of the 22/23 Ambulatory Care SLWG	Apr-23
	Detail requirements by specialty and workforce requirements to support	Apr-23
	Scope option appraisals and submit for approval	Jun-23
	Approval	Jan-24
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Mar-24
Key Milestones	ED Staffing model proposal to EDG	Jan-24
	In collaboration with HSCP, 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	Mar-24
	In collaboration with HSCP, 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	Mar-24

OPERATIONAL PERFORMANCE

Improve Same Day Emergency Care and rapid assessment pathways		Jun-24
Key Milestones	Sustainable staffing model in RTU	Jan-24
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	Sep-23
	Expansion of ECAS out of hours	Jun-24
	Increase to 7-day service OPAT	Jun-24
Develop a workforce and delivery model that is financially sustainable		Dec-23
Key Milestones	Establish a Finance and Workforce Group	Jun-23
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	Dec-23
	Develop options appraisal for submission to FNC SOG	Dec-23
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	Dec-23
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	Dec-23
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time		Dec-23
Key Milestones	Establish a Pathways Group	Jun-23
	Establish a FNC Clinical Governance Group	Jun-23
	Improve and increase number of pathways FNC can access: Review existing pathways in and out of the Flow Navigation Centre (FNC) and identify new opportunities and areas for expansion	Jul-23
	Develop robust verification process to identify opportunities for pathway development/improvement	Jul-23
	Progress pathway development/improvement after ratification at FNC Clinical Governance Group	Sep-23
	Review list of identified pathways for development and present prioritisation for progression to the FNC Strategic Oversight Group (SOG) for ratification	Dec-23
	Develop internal communication plans to ensure people access are in the right place, at the right time	Oct-23
	Test, evaluate, and implement pathways using a data driven and QI approach	Dec-23
Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		Dec-23
Key Milestones	Establish a Data and Digital Group	Jun-23
	Develop an improvement plan for data collection and reporting ensuring confidence and assurance in the data: Scrutinise the current methods of data collection and reporting and identify opportunities for improvement with Flow Navigation Centre and Planning and Performance teams	Jul-23
	Understand local and national sources for data collection	Aug-23
	Review business case submitted by FNC for implementation of Trak Care interface with Adastral to improve data collection	Dec-23
	Submit exploration conclusions and recommendations to Flow Navigation Centre (SOG for ratification)	Aug-23
	Work with FNC Clinical Care Governance and Assurance (CCGA) group on agreement of definitions for 'front door', 'redirection', and 'admission avoidance' to provide consistency and clarity for data	Jul-23
	Draft KPI's to be submitted to FNC SOG	Dec-23
	Develop KPI dashboard for FNC following approval	Dec-23

OPERATIONAL PERFORMANCE

Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.		Dec-23
Key Milestones	Work with the FNC Pathways Group to identify opportunities for scheduling in line with pathways development	Dec-23
	Work with the FNC to ensure they are technically able to book appointments for patients in to MIU / ED	Sep-23
	Work with FNC Clinical Governance group to identify digital requirements within manual process for scheduling Hot Clinics	Dec-23
	Embrace use of digital technology for virtual consultations through increasing the use of Near Me: Review referral processes within FNC and identify opportunities for appropriate use of Near Me	Dec-23
	Provide training to refresh / upskill staff in use of Near Me	Dec-23

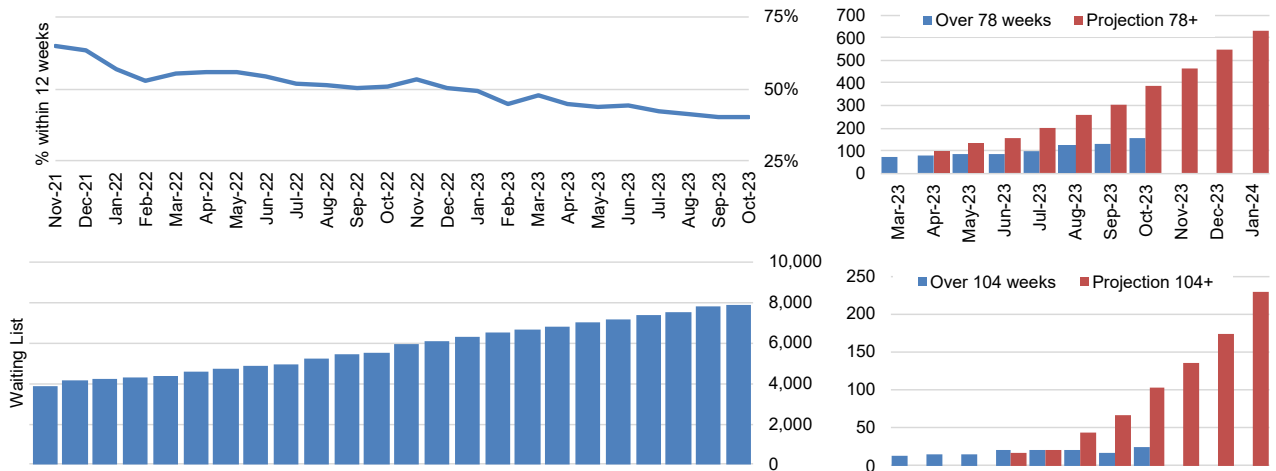
OPERATIONAL PERFORMANCE

Patient TTT

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

Performance
40.5%

Local Performance



National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	52.0%	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%	45.1%	40.3%
Scotland	35.6%	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%	32.2%	31.8%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Enhance Theatre efficiency		Mar-24
Key Milestones	Improve ERAS visibility and development of robust mechanisms for reporting	Mar-24
	Engagement with national drives toward standard high volume same procedure lists (Cataracts)	Mar-24
	Reduce unwarranted variation and adopt minimum standards per procedure across theatre productivity, day case activity and start and finish times	Mar-24
	Roll-out of Buddy Health digital platform in Orthopaedics for Preassessment	Feb-24
Develop, Enhance and re-invigorate Regional Networks		Dec-23
Key Milestones	Development of regional working with OMFS	Feb-24
	Regional Network with Tayside for Vascular	Dec-23
	Regional working with Tayside for Plastic Surgery	Dec-23
	Regional Working with Lothian for routine surgery of childhood	Mar-24
	Good links with Lothian and SE Networks for Cancer	Dec-23
	Regional working with Forth Valley for Breast Service	Mar-24
	Refresh small volume SLAs to streamline decision making	Mar-24
Operationalise NTC		Mar-24
Key Milestones	Operationalise Lothian patients being treated in NTC	Nov-23
	Development of a regional network to help support image guided injection	Mar-24
	Identify high volume pathways for redesign	Mar-24

OPERATIONAL PERFORMANCE

Maximising Scheduled Care capacity		Mar-24
Key Milestones	Explore re-allocation QMH to reduce high volume backlog in specialties	Mar-24
	Deliver actions within System Flow Improvement Plan to protect planned care capacity (SSSU)	Mar-24
	Identify and remove barriers to optimise BADS procedures within a day case setting in QMH	Mar-24
	Capital investment to create procedure room in QMH Day Surgery facility	Sep-23
Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation		Dec-23
Key Milestones	Contact with NECU team	Apr-23
	Procure Electronic system for administrative Validation	Apr-23
	Agree implementation plan with Digital team	Oct-23
	Date set for NECU team to present to Senior Leaders in Acute Division	Sep-23
	Obtain NECU protocols	Sep-23
	Amend local systems and processes in line with NECU protocols	Oct-23
	Implement Digital solution	Dec-23
Embedding potential alternatives for treatment		Apr-24
Key Milestones	Meet with HSCP to look at waiting well options - using orthopaedics as test	Apr-23
	Test access to 'The Well ' for orthopaedics	May-23
	Evaluate data from initial test of Change for Orthopaedics to understand resource implications	Dec-23
	Develop a plan of how to scale up test of change	Dec-23
	Access to 'The well' for priority specialities	Mar-24

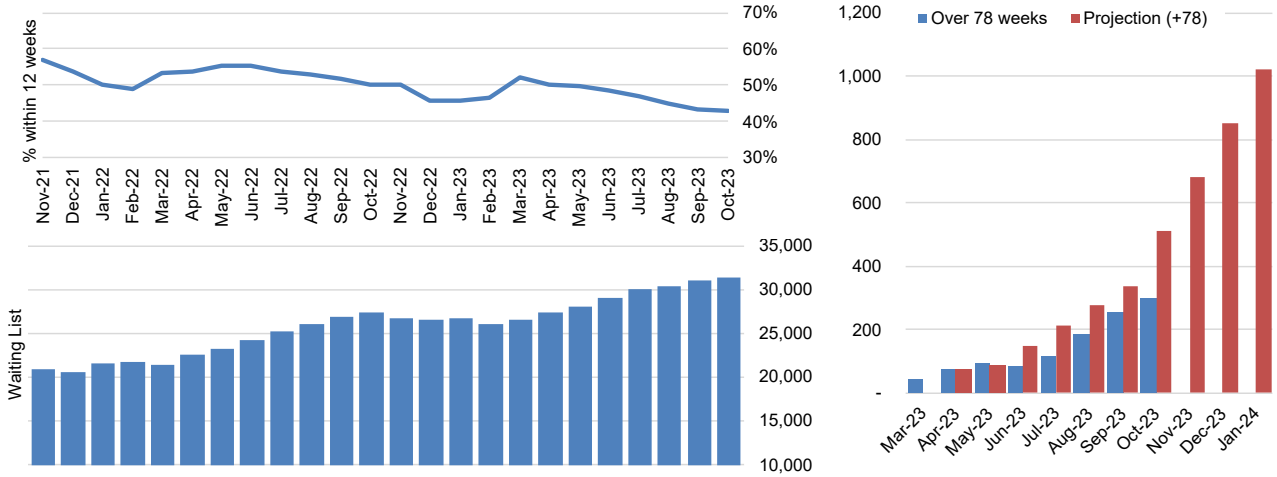
OPERATIONAL PERFORMANCE

New Outpatients

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

Performance
42.7%

Local Performance



National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	52.6%	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%	48.1%	43.3%
Scotland	48.5%	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%	45.5%	42.6%

Key Deliverable		End Date
<div style="display: flex; justify-content: space-around;"> Off track At risk On track Complete Suspended </div>		Proposed
Review and redesign Outpatient capacity to maximise capacity and timely access		Oct-23
Key Milesto	Engagement with national ENT Access QI project	Feb-24
	Review processes to optimise space and templates in line with Royal College recommendations	Oct-23
Implement robust ACRT processes		Dec-23
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Dec-23
Implement robust PIR processes		Dec-23
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Dec-23

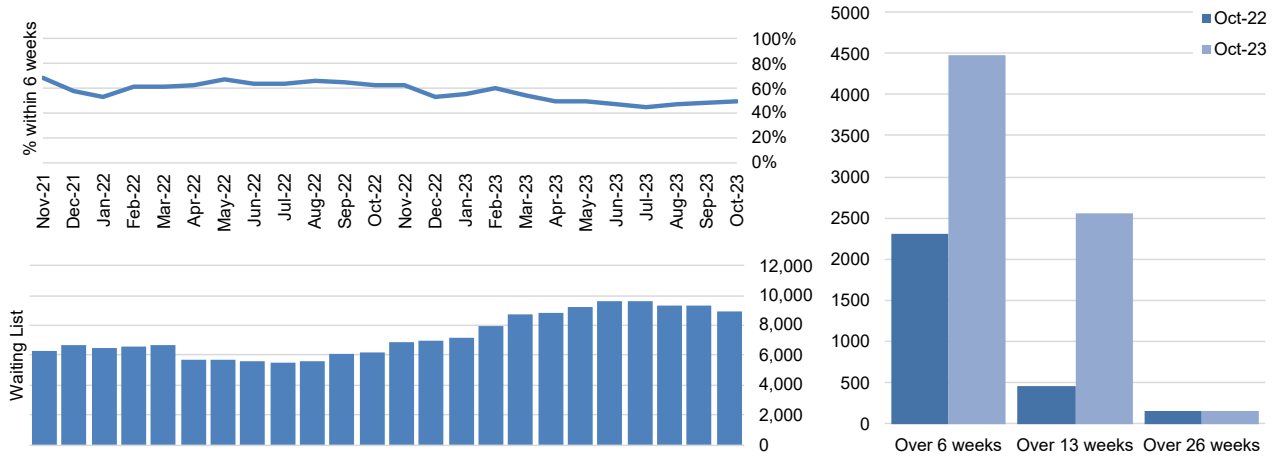
OPERATIONAL PERFORMANCE

Diagnostics Waiting Times

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

Performance
50.0%

Local Performance



National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%	48.9%
Scotland	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%	49.8%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Expanding Endoscopy capacity and workforce					Mar-24
Key Milestones	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs				Jan-24
	Testing and delivery of improved booking processes				Jan-24
	Implementation of Nurse Cystoscopy pathway				Dec-23
	Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff				Dec-23
	Development of existing RCDS pathways				Mar-24
	Review and re-vetting of Surveillance backlog				Mar-24
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&US)					Mar-25
Key Milestones	Confirm waiting times funding allocation for 2023/24				Dec-23
	Determine capacity gap for MR,CT,US based on WT funding for additional activity				Mar-24
	Access funding streams e.g. cancer waiting times funding to support the delivery of additional activity in CT				Mar-24
	Develop equipment and workforce plan				Mar-24

OPERATIONAL PERFORMANCE

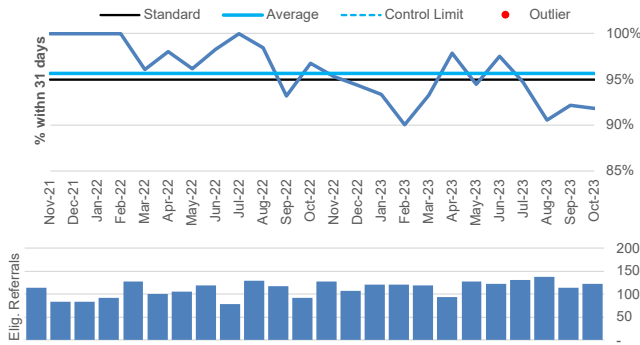
Cancer

31-Day DTT

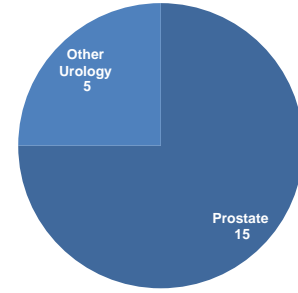
95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

Performance 91.8%

Local Performance



Breaches; QE Sep-23



National Benchmarking

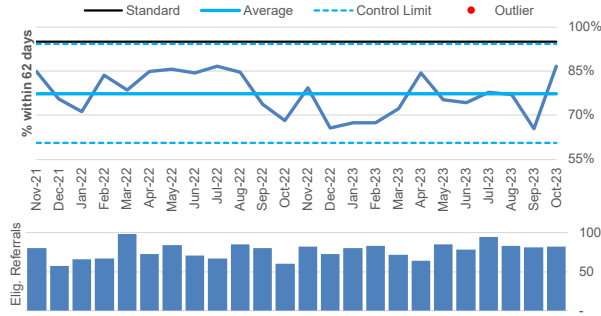
	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	98.6%	99.0%	98.9%	99.0%	98.9%	100.0%	98.4%	97.6%	96.8%	94.8%	92.7%	96.7%
Scotland	98.4%	98.6%	97.9%	98.1%	96.7%	97.1%	96.3%	95.5%	94.4%	94.1%	94.0%	95.2%

62-Day RTT

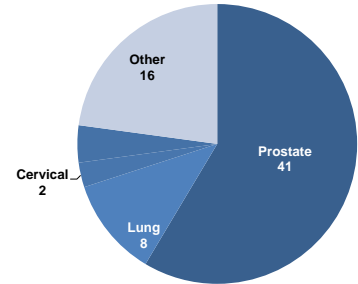
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

Performance 86.6%

Local Performance



Breaches; QE Sep-23



National Benchmarking

	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	86.2%	84.5%	81.4%	80.3%	89.3%	82.3%	78.4%	84.5%	81.4%	72.6%	69.4%	78.8%
Scotland	87.3%	86.2%	83.0%	84.1%	83.1%	79.1%	76.9%	76.3%	75.1%	71.7%	69.4%	73.7%

OPERATIONAL PERFORMANCE

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times					Mar-24
Key Milestones	Work toward implementation of the Effective Breach Analysis SOP				Mar-24
	Undertake a deep dive in relation to prostate performance and explore a nurse led model within the service				Oct-23
	To embed the Realistic Medicine Framework into Cancer Services				Mar-24
	Continue to review cancer pathways to reduce waits between steps in the pathway, including agreement of specific milestones to improve efficient escalation				Mar-24
	Review protocol and guidance for GP direct access to CT				Oct-24
	Scope the opportunity for community pharmacists to develop a referral pathway for lung and head & neck				Dec-23
	Audit GP referrals				Mar-24
	Introduce ACRT into cancer services				Mar-24
	Develop the Regrading Framework				Dec-23
	Ensure all MDT Terms of Reference are up to date				Dec-23
	Improved digital tracking solution				Mar-24
To ensure routine adherence to optimal diagnostic pathways					Mar-24
Key Milestones	Recruit to additional cancer lung posts				Dec-23
	Measure improvement				Dec-23
	Recruit to urology posts				Aug-23

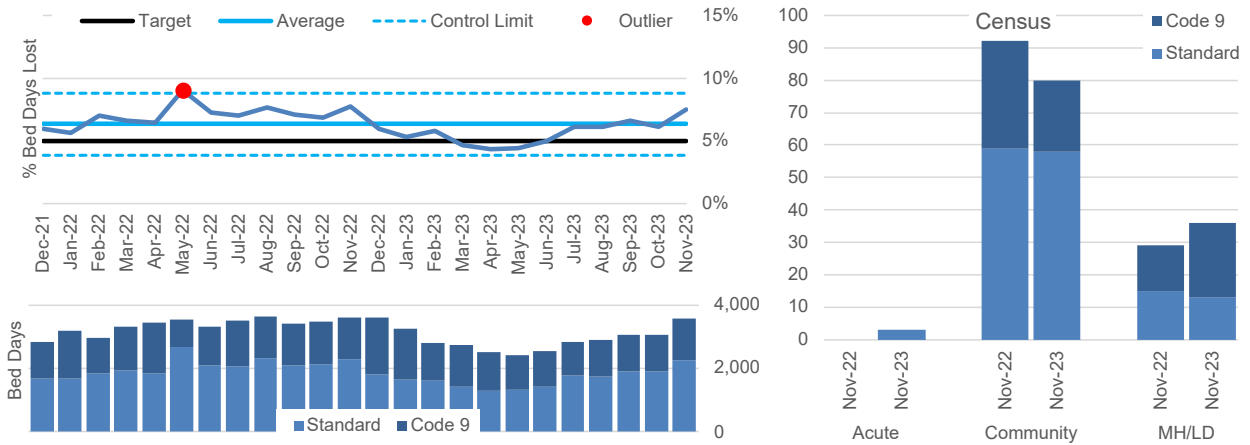
OPERATIONAL PERFORMANCE

Delayed Discharges (Bed Days Lost)

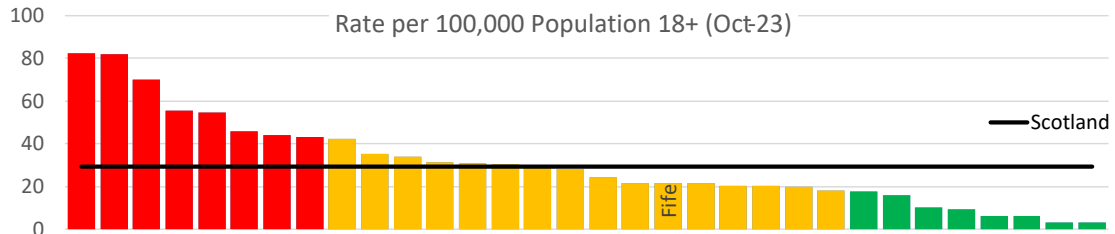
We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Performance
7.5%

Local Performance



Standard Delays at Census by Local Authority of Residence



Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.		Jan-24
Key Milestones	Develop and evaluate weekend discharge support team to improve flow across 7 days including criteria led discharge capability	Jan-24
	Improved use of electronic systems to improve flow including electronic bed requests	Jan-24
	Effective use of PDD data to pre plan occupancy of discharge lounge	Jan-24
Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty		Mar-24
Key Milestones	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics	Jan-24
	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home	Apr-24
	To build the capacity of the existing MCN service to include an MCN for Frailty	Dec-23
	To increase direct referrals from Scottish Ambulance Service to the Community Respiratory Service for exacerbations of chronic respiratory conditions to reduce unnecessary admissions to acute hospitals	Apr-24
	Review and redesign of Assessment and Rehabilitation Centre model	Mar-24

OPERATIONAL PERFORMANCE

Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix		Dec-23
Key Milestones	Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to identify and assess early those requiring support from Care at Home to return to their own home, ensuring PDD's are met	Oct-23
	Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner. This critical service will support timely hospital discharge and prevention of admission to hospital or long term care whilst meeting the current demands (Nov23) move to DwD on first driver	Mar-24
	Transformation of Community Nursing roles to meet the needs of the community: increase number of ANPs (role in identifying and treating frailty) and unregistered B4; fully utilising B2&3 and working closely with Care at Home to support where possible and reduce footfall	Dec-23
	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach	Dec-23
Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting		Dec-24
Key Milest	Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife	Dec-24
Home First: people of Fife will live long healthier lives at home or in a homely setting		Dec-24
Key Milestones	Continue to build the SPOA model within Specialist Palliative Care Services, working with the ambulance service to prevent unnecessary admission to hospital for end of life patients	Oct-23
	Enhance integration and collaboration with Hospital at Home and Acute Services to ensure early supported discharge of step down referrals are facilitated in a timely manner	Dec-23
	Implement measurement and reporting tool for the successful implementation of the Home First vision	Mar-24
	Look at frequent admission patients and explore reasons for failed admission to strengthens discharge planning	Dec-23
	Enable Prevention and Early Intervention through creation of new pathways and single point of access to coordinate care in the community	Dec-24

STAFF GOVERNANCE

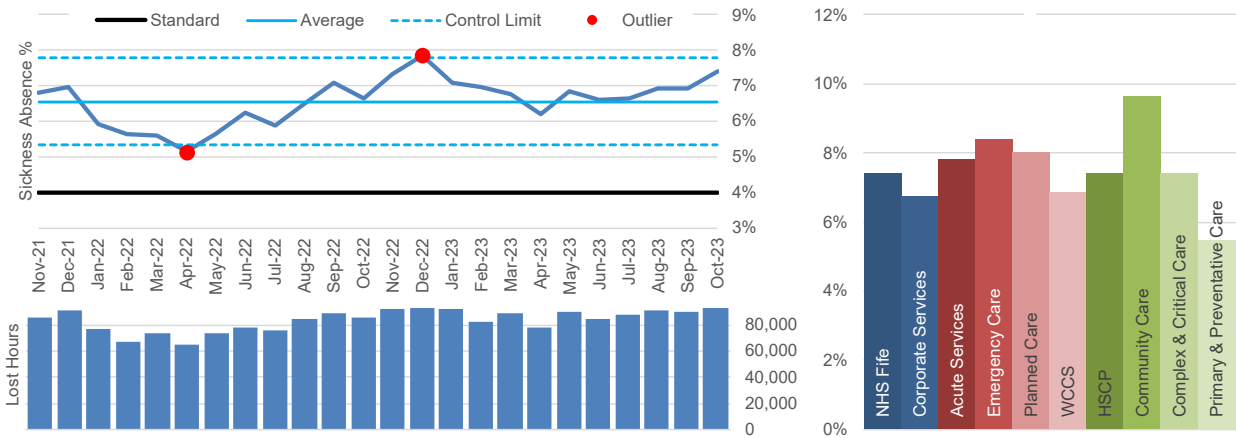
Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance

7.39%

Local Performance (sourced from East Region Workforce Dashboard)



National Benchmarking (sourced from SWISS)

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	6.51%	6.68%	7.47%	6.76%	5.69%	6.51%	5.59%	6.20%	6.22%	5.40%	6.56%	6.30%
Scotland	6.47%	6.65%	7.37%	6.87%	5.60%	6.25%	5.55%	5.94%	5.87%	5.78%	6.32%	5.94%

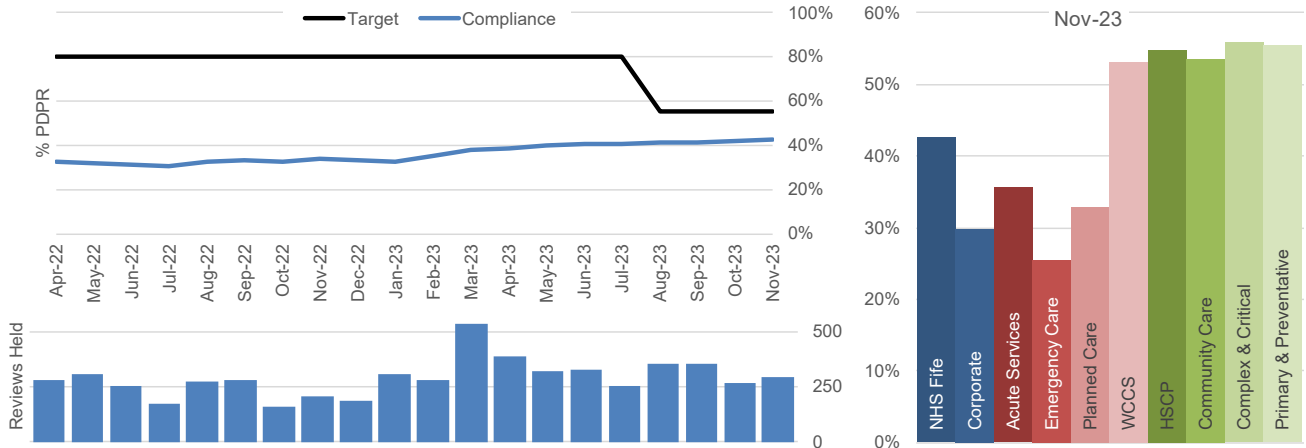
Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025					Mar-25
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group, NHS Fife Area Partnership Forum, NHS Fife Staff Governance Committee				Jan-24
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities, including sustained reduction in absence levels, initially targeting 6% in 2023/24.				Mar-24
	Review of Action Plan to inform development of 24/25 aims				Mar-24
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support					Jan-24
Key Milestones	Review and retention of bank and admin fixed term contracts				Jan-24
	Review of OH provision as part of Directorate service change proposals completed, taking account of succession planning, service resilience and diversification of service provision to support staff health and wellbeing within NHS Fife				Jan-24
	Examine the effects of diversification of service provision and implications on OH Team resources				Mar-24

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance
42.6%

Local Performance

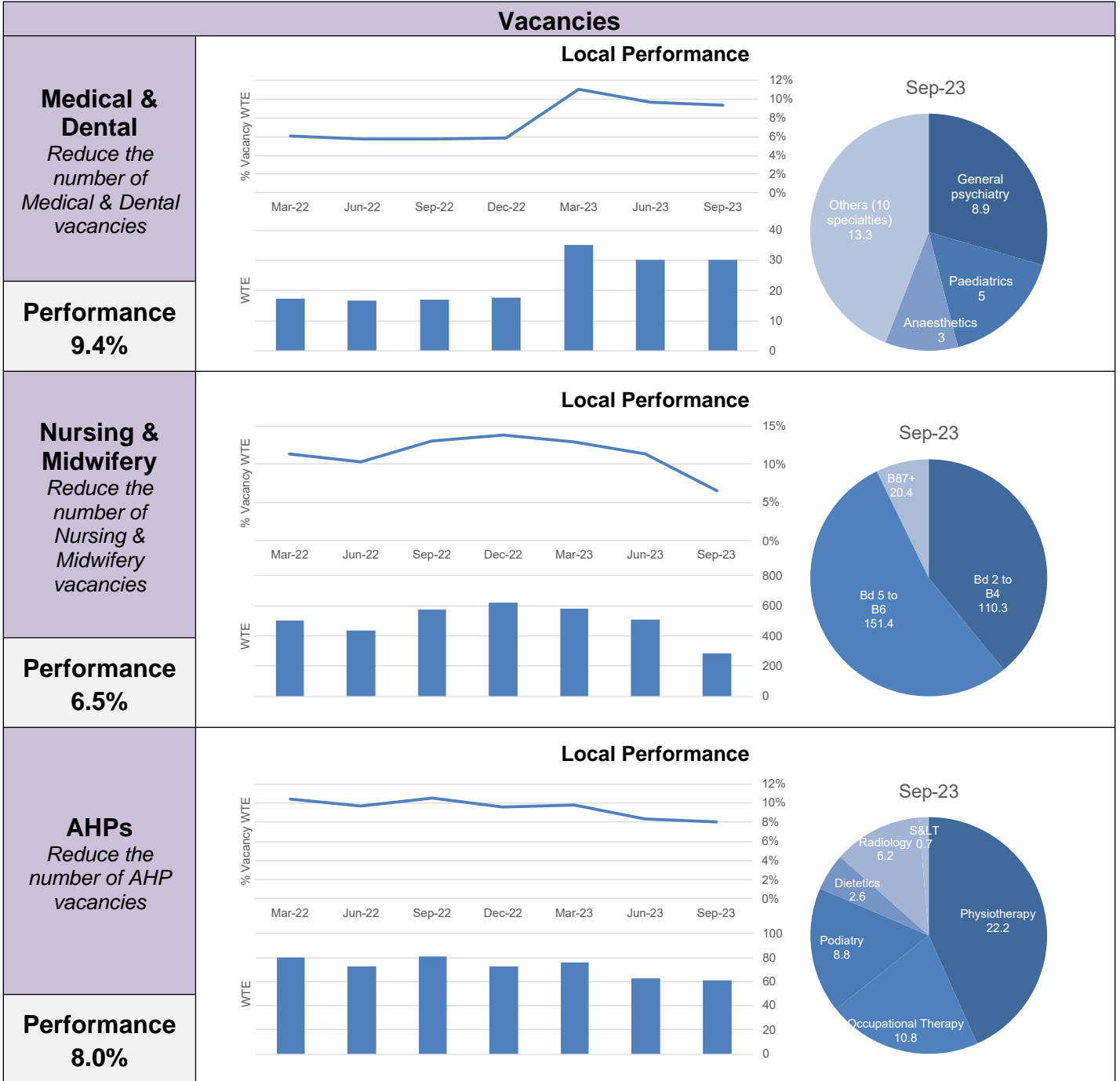


	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
NHS Fife	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%	41.2%	41.3%	42.1%	42.6%
Corp.	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%	29.8%	29.7%	32.6%	32.4%
Acute	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%	34.4%	33.8%	34.2%	35.5%
HSCP	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%	53.6%	54.5%	54.4%	54.8%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Create and Nurture a Culture of Person Centred Care					Mar-26
Key Milestones	Development of Leadership Development framework completed				Mar-24
	Review of OD function delivery as part of Directorate service change proposals completed				Sep-23
	Stakeholder Engagement on the development of a behavioural framework completed				Dec-23
	Proposals developed for a programme to embed a behavioural framework delivered				Mar-24

STAFF GOVERNANCE

Vacancies



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation					Dec-24
Key Milestones	Bank & Agency Programme Board established and project plan developed				Apr-23
	Plans delivered to exit off contract Agency use				Jun-23
	Escalation Process revised to reflect Agency utilisation changes				Jun-23
	Bank Consolidation proposals finalised and implementation commenced				Mar-25
	Bank Model changes fully in place and operating as Business as Usual				Mar-25

STAFF GOVERNANCE

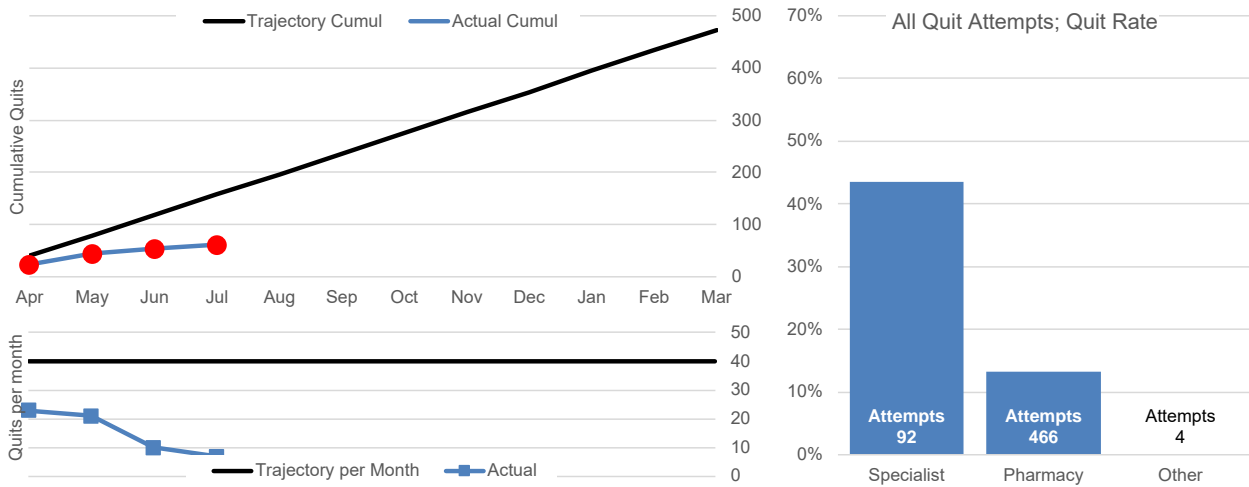
Delivering Anchor Institution workforce aims - Promoting employability priorities		Mar-25
Key Milestones	Identification of future Modern Apprenticeship programme numbers for 2023/24	Jul-23
	Representation on new national workstreams agreed	Aug-23
	Employability Model of delivery review completed	Sep-23
	Review of MA target numbers in line with key stakeholders	Oct-23
	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities	Mar-24
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		Mar-27
Key Milestones	Performance Oversight Group established to oversee Shared Services Agreement	Apr-23
	Internal Recruitment Performance Reporting established	Sep-23
	Review of International Recruitment programme to inform 24/25 ambitions	Jan-24
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes		Mar-24
Key Milestones	Development of Workforce Dashboard reporting to support Bank & Agency programme	Jul-23
	Creation of on line Workforce information overview accessible within NHS Fife	Mar-24
	Review of Workforce Analytics as part of Directorate service change proposals completed	Mar-24
	Coordination of recruitment activity with Graduate Apprenticeship Schemes	Dec-23
	Develop proposals for business as usual support for the eRostering system	Aug-23
	Production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements	Mar-24
Development of improved digital processes i.e. online pre-employment and management referrals programmes		Dec-25
Key Milestones	Pilot for pre-employment module live within NHS Fife	Jun-23
	Evaluation of initial pre-employment module activity and planning for further phasing within NHS Fife	Sep-23
	Evaluation of next phase of pre-employment module activity and planning for further phasing within NHS Fife. Agreement of initial cohort for management referrals	Dec-23
	Evaluation of pre-employment module activity and of initial cohort for management referrals	Mar-24

Smoking Cessation

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

**Performance
61**

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



National Benchmarking

		2023/24											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	23	21	10	7								
	Actual Cumul	23	44	54	61								
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
Scotland	Achieved	57.5%	55.7%	45.8%	38.6%								
	Achieved												

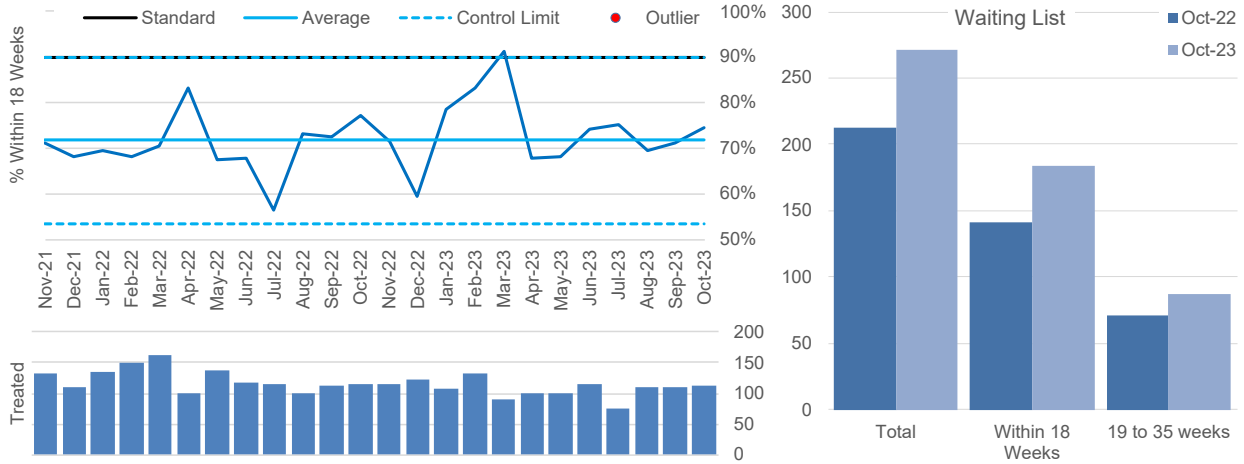
Key Deliverable		End Date			
Off track	At risk	On track	Complete	Suspended	Proposed
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24					Mar-24
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-24			
	Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system. Ongoing review and improvement of service provision	Mar-24			
	Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Mar-24			
	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-24			
	Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage	Mar-24			
	Development and review of text messaging system	Mar-24			
	Deliver financial inclusion referral pathways for pregnant women and families with young children	Mar-24			
	Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s	Mar-24			

CAMHS 18 weeks RTT

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

Performance
74.3%

Local Performance



National Benchmarking

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%	74.1%
Scotland	66.4%	69.5%	69.0%	67.4%	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%

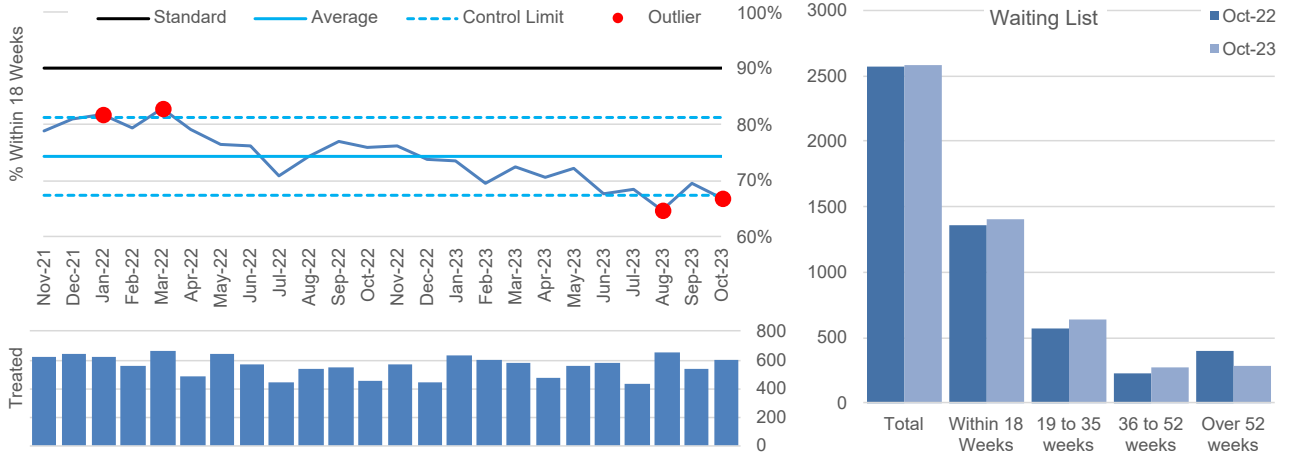
Key Deliverable		End Date
<div style="display: flex; justify-content: space-around;"> Off track At risk On track Complete Suspended </div>		Proposed
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.		Mar-24
Key Milestones	Implementing caseload management to ensure throughput, reduce bottlenecks and maintain capacity	Sep-23
	Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access	Mar-24
	Ongoing recruitment to ensure workforce is at full capacity	Mar-24
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.		Mar-24
Key Milestones	Implement CAMHS improvement plan derived from gap analysis against the national service specification	Feb-24
	Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement	Mar-24
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people		Mar-24
Key Milestones	Work will continue on reducing the ASD waiting list which will be achieved as a result of additional staffing and reallocation of staffing resources from streamlining assessment pathways	Dec-23
	Implement learning from partnership test of change alongside colleagues in education	Dec-23
	Co-produce and deliver pre and post diagnostic support to children, siblings and families	Jan-24
	Fully operationalise Triage model aligned to National ND Specification	Mar-24
	Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD	Mar-24

Psychological Therapies 18 weeks RTT

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

**Performance
66.8%**

Local Performance



National Benchmarking

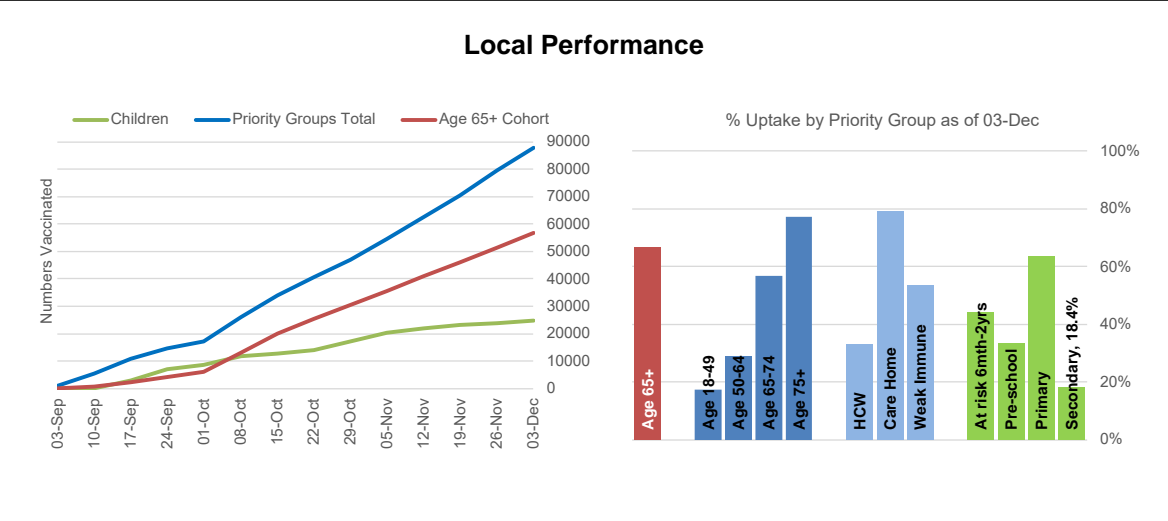
	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%
Scotland	81.6%	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard					Mar-24
Key Milestones	Recruitment to increase capacity				Mar-24
	Service development and redesign				Mar-24
	Training and CPD activities to increase capacity				Mar-24
	Demand-capacity monitoring across all services				Mar-24

Immunisation: FVCV

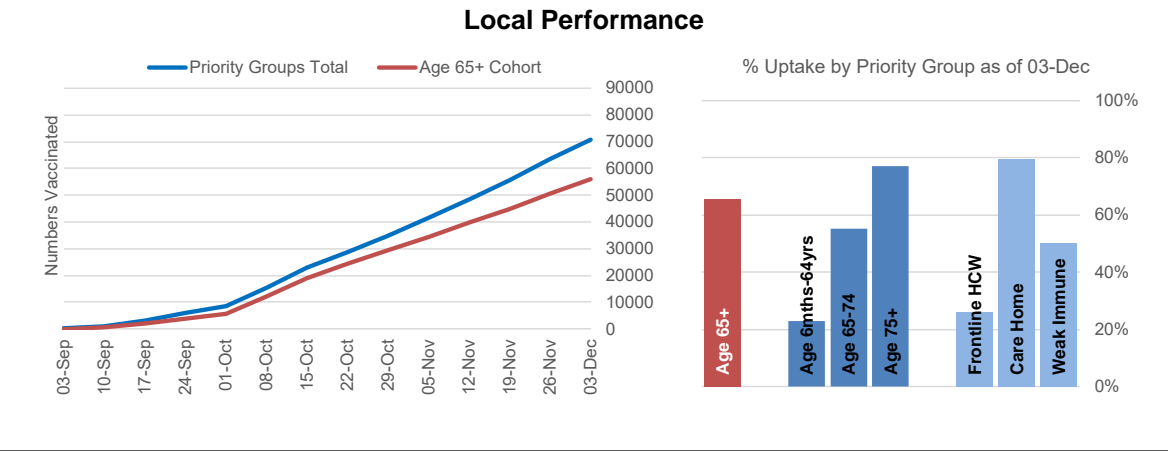
Flu
Uptake of the Influenza vaccination for 65+ population of Fife to reach 85% by end of December 2023

Performance 66.6%



Covid
Uptake of the Covid-19 vaccination for 65+ population of Fife to reach 85% by end of December 2023

Performance 65.7%



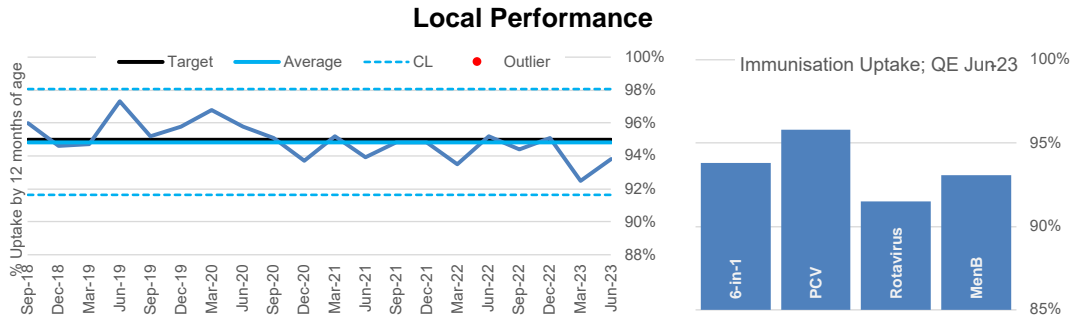
Key Deliverables					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Winter Vaccination Programme					Mar-24

Child Immunisation

(n.b. data is published quarterly so below is a repeat of the information reported in last month's IPQR)

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

Performance
93.8%

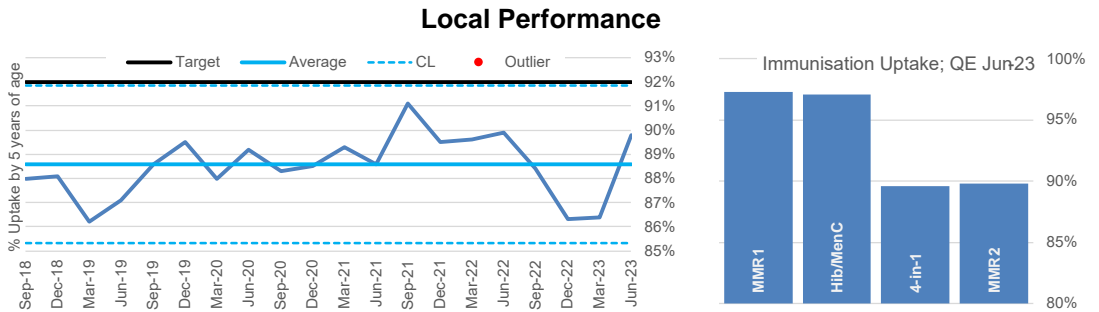


National Benchmarking

Quarter	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%	92.5%	93.8%
Scotland	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%	95.2%	95.3%

MMR2
At least 92% of children will receive their MMR2 vaccination by the age of 5

Performance
89.8%



National Benchmarking

Quarter	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%	86.4%	89.8%
Scotland	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%	89.8%	89.7%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population		Mar-24
Key Milesto	EQIA action plan implementation	Mar-24
	Outreach model and strategy	Mar-24
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need		Mar-24
Key Milesto	Integration of Primary Care Nursing and Admin teams	Jan-24
	Workforce education strategy & training programme	Mar-24
Targeted actions to improve the quality of our Immunisation services		Mar-24
Key Milestones	Children's immunisation QI group	Mar-24
	Learning from Adverse Events	Mar-24
	Implementation of 15 step review of community clinics and other quality assurance tools	Mar-24
	Development of robust clinical pathways and process of SOP review	Mar-24

Develop plans to make sure CIS delivers on key operational priorities		Mar-24
Key Milestones	Maternity immunisations	Mar-24
	S3 to S2 changes	Dec-23
	Preparation for children's 18 month visit	Mar-24
	Communication strategy to stakeholders	Mar-24

Meeting: Fife NHS Board
Meeting date: 30 January 2024
Title: Financial Performance Report at 30 November 2023
Responsible Executive: Margo McGurk, Director of Finance & Strategy
Report Author: Maxine Michie, Deputy Director of Finance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centre

2 Report summary

2.1 Situation

This paper provides a presentation of the financial performance and financial sustainability of the Board at the end of November 2023 measured against the key planning assumptions within the Medium-term Financial Plan approved at the NHS Board meeting on 28 March 2023. The MTFP sets out an underlying deficit of £25.9m partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. The medium-term plan detailed how the board will work towards delivering the financial improvement and sustainability required across the medium-term. This included assessment of the areas of greatest risk which will challenge the delivery of the plan.

2.2 Background

The Board financial position is sitting beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate

A £19.414m revenue overspend is reported for the eight months to November 2023 for Health Board retained Services. This position reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan but also reflects the limited progress to deliver against the agreed £15m cost improvement programme. The areas of greatest financial challenge including risk and uncertainty are detailed in the main body of the paper.

2.3 Assessment

At the end of November 2023, our forecast outturn indicates an overspend at March 2024 of £23m which is £12.1m above the level of deficit identified in our approved 2023/24 financial plan in March 2023. Following our quarter two financial performance review in November the Scottish Government has advised of their concern about our adverse position, particularly after receipt of additional NRAC, sustainability and new medicine funding and indicate that a Board wide effort is required to reduce and manage the deficit.

A number of actions were agreed following both our quarter 1 and 2 reviews which Scottish Government will follow up in our quarter 3 review in February. We have also requested support from the national Finance delivery Unit (FDU) to support us take forward these actions and provide comparable data to enable us to benchmark against other boards.

Scottish Government revised the NHS Scotland Support and Intervention Framework in 2023 and have recently assessed all NHS Boards against this in relation to financial performance. NHS Fife has been assessed as being at level two of this framework due to the relative scale of deficit being reported and variation from plan. Stage 2 is an informal support stage, where Scottish Government is providing support and guidance, but not intervening in the board. (The Framework levels are detailed in para 1.1 of the main report).

The budget process for 2024/25 has started and will include a refresh of our Medium Term Financial Framework. Scottish Government have now written to all Health Boards outlining their expectations for 2024/25. These are:

- A clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets.
- An improved forecast outturn position compared to the forecast outturn position at the start of 2023/24.

The process for developing the budget for 2024/25 and refreshing the Medium Term Financial Framework will continue at pace following the publication of the Scottish Government's budget on 19 December with a deadline for completion of the first draft and submission to Scottish Government by end of January 2024. Financial projections will continue to be updated as new information becomes available.

Significant work is ongoing in relation to our financial improvement and sustainability programme to mitigate the financial gap and deliver against SG's expectations laid out above. However, this work requires to be expedited with further measures identified to mitigate the increasing financial gap.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, out with the Board's agreed risk appetite for value and sustainability. This reflects the ongoing financial consequences of operational challenges and reduced and outstanding funding allocations. The financial position materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been reviewed to determine actions which can be taken to reduce the level of forecast overspend. Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even.

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

An impact assessment has not been carried however all actions and plans to deliver financial improvement are individually assessed for impact.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial month end process in consultation with senior finance colleagues and Directorate Management Teams.

2.3.8 Route to the Meeting

The information contained within this paper has been presented to EDG on 21 December 2023, Finance, Performance & Resources Committee on 16 January 2024 and Area Partnership Forum on 24 January 2024.

2.4 Recommendation

- Assurance

3 List of appendices

Appendix 1 – Finance Report for November 2023

Report Contact

Maxine Michie

Deputy Director of Finance

maxine.michie@nhs.scot

Appendix 1

1. Financial Position November 2023

1.1 For the period April 2023 to November 2023, the Health Board is reporting a financial overspend against budget of £19.414m. Current projections continue to indicate a overspend against budget at the end of the financial year of £23m.

Scottish Government revised the NHS Scotland Support and Intervention Framework in 2023 and have recently assessed all NHS Boards against this in relation to financial performance. NHS Fife has been assessed as being at level two of this framework due to the relative scale of deficit being reported and variation from plan. Stage 2 is an informal support stage, where Scottish Government is providing support and guidance, but not intervening in the board.

Scottish Government Support & Intervention Framework 2023	
Stage 1 - steady state	<p>NHS boards are delivering in line with agreed plans. Normal reporting arrangements in place.</p> <p>The annual delivery plans, produced by all boards, form the basis against which performance is assessed throughout the year.</p> <p>Surveillance through official statistics published by Public Health Scotland and scheduled engagement of NHS board annual reviews/mid-year reviews</p>
Stage 2 - enhanced monitoring	<p><i>Some variation from agreed plan (s), possible delivery risk if no remedial action is taken.</i></p> <p><i>A NHS board-led support package or recovery programme agreed and implemented. Increased surveillance and monitoring by Scottish Government. Scottish Government Directors aware.</i></p>
Stage 3 - enhanced monitoring and support	<p>Significant variation from plan, risks materialising, Scottish Government commissioned tailored support package is required.</p> <p>Formal approach incorporating significantly enhanced support and scrutiny and likely to include a level of external support. Relevant Scottish Government Directors engaged with NHS Board Chief Executive Officer and top team. Director General Health and Social Care aware.</p>
Stage 4 - senior external support and monitoring	<p>Significant risks to delivery and tailored support is not producing the required</p>

	<p>improvements. Senior level external support required.</p> <p>Senior level external support reporting to an Assurance Board chaired by Scottish Government. Assurance Board reports direct to the Chief Operating Officer for NHS Scotland and Director General Health and Social Care.</p> <p>Onus remains on the NHS board to deliver the required improvements.</p>
Stage 5 - statutory intervention	<p>The level of risk and organisational dysfunction is so significant that the NHS Board requires direct intervention using statutory powers of direction.</p> <p>Ministerial powers of Intervention</p>

Revenue Financial Position as at November 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	289,191	193,270	210,265	-16,995
IJB Non-Delegated	9,628	6,683	6,375	308
Non-Fife & Other Healthcare Providers	103,985	69,345	74,336	-4,991
<u>Non Clinical Services</u>				
Estates & Facilities	94,166	62,648	63,547	-899
Board Admin & Other Services	75,593	45,363	45,484	-121
<u>Other</u>				
Financial Flexibility & Allocations	18,772	8,560		8,560
Income	-15,649	-3,876	-4,144	268
23-24 Cost Improvement Target	-12,420	-8,280	-2,736	-5,544
Sub-total Core position	563,266	373,713	393,127	-19,414
Financial Gap	-10,865	-7,243		-7,243
SG Sustainability	10,865	7,243		7,243
TOTAL HEALTH BOARD RETAINED SERVICES	563,266	373,713	393,127	-19,414











2. Health Board Retained Services

- 2.1 The financial position to 30 November continues to reflect financial pressures within our Acute Services Division and External Healthcare providers alongside limited progress across our cost improvement programme. The funding allocations relating to NRAC sustainability/parity and the new medicines funding totalling £15.152m have been reflected in the November financial position reported in the table above on a pro rata basis (£10.10m to November). It is important to note that despite the NRAC funding we still remain 0.6% from NRAC parity. Based on our original financial plan, and taking into account the additional funding received, Scottish Government anticipated the Board to be achieving a breakeven outturn position. However, a number of our key planning assumptions have not delivered in line with plan and consequently expenditure is higher than anticipated despite a number of other mitigating actions being taken forward to offset rising costs.
- 2.2 At the beginning of November, we met with Scottish Government colleagues to discuss our Q2 financial performance. We highlighted the key financial challenges to our financial position including the actions being taken to actively manage the level of cost pressures we are currently experiencing. We are working with Scottish Government colleagues and have requested additional support and benchmarking data from their Finance Delivery Unit on several high expenditure areas. Our current projections indicate a forecast outturn of £23m, a £1m deterioration on the previous forecast due to reflecting the significant increase in the cost of our Service Levels Agreements with NHS Lothian. Communications and dialogue with SG colleagues continue to advise that we must identify more actions between now and the financial year end and move at pace to improve our forecast outturn and move towards break even.
- 2.3 As previously reported the key reasons for the position relate to the level of challenge associated with delivering the in-year savings target in full and an increasing level of spend generally on supplementary medical and nursing staff which is tracking significantly higher than last financial year which reflects the ongoing capacity and staffing issues. There are also several funding reductions including waiting times funding for historic agreement in relation to Stracathro Hospital in NHS Tayside, which we are currently pursuing with Scottish Government as this will increase our deficit further if not received. The Planned Care allocation eroded by pay inflation is not sufficient to deliver our activity at levels necessary to prevent major adverse impact on waiting times as well as Diabetic Pumps which all significantly add to the overall challenge. Additionally, whilst the New Medicines allocation is very welcome, our Acute prescribing costs continue to increase beyond the level of funding available despite several successful cost reduction programmes across medicines budgets. Covid legacy costs also continue to have an adverse impact on expenditure year to date.
- 2.5 The Acute Services Division reports an overspend of £16.995m. This is mainly driven by costs of supplementary staffing across both nursing and medical staffing budgets, significant overspends in surgical sundries and external SLAs for Laboratory services. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus on covid exit strategy to minimise the financial impact. During November, the acute overspend increased due to banding payments incurred in relation to non-compliant junior doctor rotas. Despite actions having been taken to mitigate this risk, rotas became non-compliant, and payments have been backdated to August 2023. Work is underway to mitigate any further rotas becoming non-compliant and to get back on track with those that have.
- 2.6 Included in the ASD position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of October, set aside services are reporting an overspend of £7.529m which continues to be funded on a non-recurring basis by the board.

- 2.7 Service Level Agreements and contracts with external healthcare providers are £4.991m overspent. In the main this overspend is driven by increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high costs of SLAs and contracts with both NHS and independent providers for mental health services. NHS Lothian have implemented their new cost model which has been accepted by all boards affected and we will continue to review and analyse cost reduction opportunities across this area of spend.
- 2.8 Corporate Directorates including Property and Infrastructure have seen little change to their position in November compared with prior months. The main areas of concern continue to be the impact of inflation across PPP contracts, energy, property maintenance and confirmation of funding allocations. Work will continue to reduce spend in line with available resources.

3. Financial Improvement & Sustainability Programme

- 3.1 Key to delivering our financial plan forecast outturn is the delivery of our financial improvement and sustainability programme. Scottish Government expect all Boards to engage with the national Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the programme aims. In line with our financial plan a cost improvement target of £4.6m has been delegated to the partnership and £15m is the responsibility of Health Board retained services to deliver. At the end of November, progress to deliver on our cost improvement target continues to be challenged. Whilst a lot of actions have been taken forward to create the infrastructure required to support the delivery of cost efficiencies, we are significantly behind plan pushing delivery into quarter 4 of the financial year.
- 3.2 The table below summaries efficiency savings confirmed to date measured against the financial plan, £6.581m to November. Only 40% of the efficiencies confirmed in November are recurring.

		Target per Fin Plan	Confirmed M8	Projected	Confirmed Recurring
		£m	£m	£m	£m
Temporary Staff Reduction		10.000	0.352	8.228	0.352
Surge Capacity Reduction		5.000	0.000	0.000	0.000
Corporate Overheads		0.000	0.000	0.000	0.000
Medicines		0.000	1.526	2.000	1.142
Vacancy Factor (Corporate)		0.000	0.140	0.140	0.000
Public Health		0.000	0.006	0.006	0.000
Acute Services		0.000	0.438	0.507	0.389
Estate & Facilities		0.000	0.169	0.169	0.117
Major Contract Review		0.000	1.300	1.300	0.624
Balance Sheet Review		0.000	2.650	2.650	0.000
		15.000	6.581	15.000	2.624

Bank and Agency Staffing

- 3.3 In relation to reducing our spend on agency staffing there has been significant activity by services in responding to Scottish Government's directions on the use of agency staffing, DL (2023)14 Supplementary staffing Agency Controls.

3.4 In parallel with the work to reduce reliance on agency staffing there are also several initiatives underway to increase our substantive nursing staff levels. These include the work of the International Recruitment Oversight Group, the Healthcare Support Worker, and Assistant Practitioner (band 2-4) Career Development Framework Group and the block recruitment event. In addition, unregistered staff pools have been created within the Planned Care and Emergency Care directorates to support the underlying long-term vacancies. We have invested in substantive posts across our medical staff group which are expected to reduce locum spend from September onwards.

3.5 During June a “block recruitment” event took place with a view to recruit both registered and unregistered staff. The event proved to be a success predominately across unregistered staff and the process to enable successful candidates to commence employment with NHS Fife is ongoing.

3.6 Spend on supplementary staffing continues to remain high, although slightly less when compared to the same months in the previous financial year. Despite investment in several initiatives to increase our permanent staffing base, workforce challenges prevail. We have seen a reduction in the average monthly spend on agency across the nursing and medical workforce. Temporary staffing expenditure on unregistered nursing remains high although there has been an 18% increase in the number of permanent postholders and proactive recruitment continues. Guidance was received from the Scottish Government’s Supplementary Staffing Task and Finish Group at the end of November advising of further guidelines to be taken forward by boards alongside the off-framework controls and measures issued earlier in the financial year. It is anticipated that all boards will cease HCSW agency use by 1 April 2024 unless clinical safety and/or the delivery of the service will be compromised.

Reducing Surge Capacity

3.7 Initial plans to reduce surge capacity within ward 6 at VHK by up to 50% over the summer months and relocate surge activity to ward 9 is no longer an option as demand across acute services over recent months has increased significantly and is anticipated to be sustained.

Corporate Overheads

3.8 In relation to reducing corporate overheads, several areas for consideration continue to be worked through as part of the 3 Horizons approach to cost improvement EDG committed to in August.

Medicines Optimisation

3.9 Work continues to drive out cost improvements across other spend categories including medicines with the Medicines Optimisation Board working to a target of £1m. Plans in place to drive out cost improvements have delivered £1.5m at the end of November. As savings to date have exceeded the original cost improvement target, the target has been stretched to £2m to secure maximum impact.

Major Contract Review

3.10 The work on a major contract review to deliver recurring cost reductions was concluded on 1st December. The review has secured significant and recurring cost reductions over the remaining term of the contract which is reflected in the table above.

Digital Services

3.11 Work has been considered by the FIS Programme Board to deliver efficiencies in relation to paperless contact for some services and reviews of all digital contracts. This work will be taken forward alongside a wider review of corporate overheads.

3.12 Balance sheet Review

A review of the Balance sheet has confirmed financial flexibilities of £2.7m by the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature.

3.13 Delivery of the cost improvement target in full over the remaining months of the financial year will be very challenging. We have requested the support of the national Financial Delivery Unit (FDU) and have received data to support benchmarking and identify opportunities for cost improvement. We have also requested support from the FDU to complete a further deep dive into supplementary staffing spend which we anticipate will move forward in January.

4 Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report are reporting a balanced budget at the end of November. Detailed financial reporting for the partnership sits with the IJB. We have been advised by the Chief Finance officer for the IJB that despite a challenging financial landscape, the IJB will deliver a balanced budget and therefore we should not anticipate any potential year-end IJB risk-share arrangements.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	420,200	288,921	288,921	0
TOTAL HEALTH DELEGATED SERVICES	420,200	288,921	288,921	0

5. Financial Forecast - Risk Assessment

5.1 Current projections indicate a forecast overspend at March 2024 of £23m. This is £12.1m more than the deficit originally identified in our approved financial plan. The forecast has been updated in November to include the increased costs of our SLA with NHS Lothian following the adoption by Lothian of their new costing model. The forecast is subject to a number of risks and key assumptions including the impact of winter, successful resolution to the Stracathro SLA issue and receipt of all outstanding funding allocations. Whilst this is an extremely challenging position, the Executive Director's Group have agreed that we must corporately develop and focus on further actions to reduce the forecast position where that is possible.

6. Capital

6.1 The total anticipated capital budget for 2023/24 is £12.077m and is summarised in the table below. This reflects a Capital Resource Limit (CRL) of £7.764m as advised by the Scottish Government plus anticipated allocations for several specific projects. The distribution of the

formulary budget allocated by SG has been discussed in detail and agreed at FCIG meetings in April and May 2023. The most significant financial risk for the capital plan is the lack of funding to progress capital investment priorities including the development and improvement of our estate alongside our capital equipment stock. At the end of November all capital expenditure plans are progressing in line with plan and no significant risks are anticipated at this time.

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog Maintenance	1,500	811	1,500
Clinical Prioritisation	1,450	564	1,450
Capital Equipment	1,319	1,053	1,319
Digital & Information	500	355	500
Kincardine Health Centre			-
Lochgelly Health Centre			-
Mental Health Review	1,100	330	1,100
QMH Upgrade	1,114	985	1,114
HEPMA	1,707	356	1,707
LIMS	437	307	437
GreenSpace Project	150	-	150
Fleet Decarbonisation	486	-	486
Switch-on Fleet Funding	386	-	386
FCON Laundry	508	33	508
Project Team	271	215	271
To be allocated	1,528	-	1,528
Capital to revenue	(579)	0	(579)
Total Capital Expenditure 2023/24	11,877	5,010	11,877

6.2 Although a relatively low level of capital expenditure has been incurred for the period reported this is not unusual at this stage in the financial year with most of the capital expenditure generally occurring in the final quarter of the financial year due to supply chain lead in times.

7 Recommendation

7.1 The Board is asked to discuss and take assurance on the information provided in relation to the:

- Health Board retained reported core overspend of £19.414m
- HSCP balanced position
- Financial Forecast Risk Assessment
- Progress on the capital programme.

Meeting:	Fife NHS Board
Meeting date:	30 January 2024
Title:	Annual Procurement Report 2022/23
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Kevin Booth, Head of Financial Services & Procurement

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- Annual Operational Plan
- Legal requirement

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

- Safe
- Effective

2 Report summary

2.1 Situation

The Board is asked to review the content of the Annual Procurement Report and approve its publication on the NHS Fife Website.

2.2 Background

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

2.3 Assessment

The NHS Fife Annual Procurement Report provides the reporting requirements from 1 April 2022 to 31 March 2023 as required by the Scottish Government.

2.3.1 Quality, Patient and Value-Based Health & Care

Compliance with effective procurement arrangements, processes and controls supports the delivery of clinical services.

2.3.2 Workforce

The report highlights the procurement activity undertaken corporately by the procurement team on behalf of the organisation to support effective controls in this area.

2.3.3 Financial

Compliance with effective procurement arrangements, processes and controls supports delivery of best value.

2.3.4 Risk Assessment/Management

Operational risks in relation to compliance with procurement controls and procurement activity generally are monitored regularly through the Procurement Governance Board.

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

The Annual Report references a number of the contributions towards delivery of the Board Anchor Institute objectives.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability is a key consideration and is incorporated into consideration for all regulated procurements.

2.3.7 Communication, involvement, engagement and consultation

The content of the Annual Report has been finalised through discussion and contribution from members of the NHS Fife Procurement Team.

2.3.8 Route to the Meeting

The report has been reviewed and endorsed by the Procurement Governance Board on 30 August 2023, EDG on 16 November 2023 and the FP&R committee on 16 January 2024.

2.4 Recommendation

- **Approval**

3 List of appendices

The following appendices are included with this report:

- NHS Fife Annual Procurement Report 2022-23

Report Contact

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Head of Financial Services & Procurement

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Annual Procurement Report 2022-2023

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1. Introduction

The Procurement Reform (Scotland) Act 2014 requires Public Sector bodies with a trade spend in excess £5m per annum to publish an annual report after the end of each financial reporting period which covers all regulated procurements and other information as specified by the Scottish Government.

This report covers the reporting requirements for NHS Fife from 1 April 2022 to 31 March 2023.

The procurement function forms a key part of NHS Fife in contributing to optimising the resources available for delivering health priorities and high-quality patient care. The NHS Fife Procurement Department is part of the Finance Directorate, reporting to the Director of Finance & Strategy, who is an Executive Member of the NHS Fife Board. Effective oversight is provided through the Procurement Governance Board.

NHS Fife have a small procurement team (headcount of 10) who are responsible for the full range of procurement services across the Board. The total non-pay spend is £355m across a combination of local and collaborative contracts.

As well as arranging strategically important contracts to support the delivery of healthcare services, the department also provide operational procurement services, ensuring the right products get to hospitals and other healthcare settings at the right time.

To illustrate this further, over the financial year 2022/23 NHS Fife Procurement:

- **Saved NHS Fife £479k.**
- **Managed over 98,000 purchase orders.**
- **Managed over 10,380 customer interactions via our Procurement Helpdesk.**
- **Managed 1,920 suppliers.**

The Annual Procurement Report should be read in conjunction with our [Procurement Strategy](#), which details our plans for the years ahead.

2. Review of Reporting Period

Throughout 2022/23 the continuing impact of the Covid-19 pandemic combined with significant global supply issues and inflationary pressures have created considerable service and financial pressures for NHS Fife. As a result the Procurement Team has had to continue to demonstrate considerable resilience to support the increased and additional newly emerging risks faced by the Board.

Achieving the savings figures illustrated above, is significant in a market where the majority prices are rising in line with or above inflation.

The Procurement Team continue to investigate any savings opportunities identified through contract renewals, whilst also undertaking additional in-depth analysis to ascertain any efficiencies that may be implemented in conjunction with the service.

This section of the Procurement Report will look at some key pieces of work over 2022/23.

Anchor Institute

NHS Fife has adopted the principles of an Anchor Institute and has implemented a Programme Board to consider and develop ways that it can use its influence to enhance the community benefits of the people of Fife. The Procurement team has a key role in this programme, using its considerable influence on:

- Routinely monitoring and analysing local spend.
- Enabling Local SME's, social enterprises and supported businesses to submit proposals.
- Carrying out engagement with local suppliers on contract opportunities and requirements.
- Including Community Benefit clauses in all competitive tenders of £50k and above.
- Including Fair Work clauses within contract T&C's
- Consideration of wider social, health and environmental issues during procurements

Community Benefits

Community Benefits clause ensures that the successful supplier(s) will be required to deliver Community Benefits in support of the authority's economic and social objectives. The Procurement Reform (Scotland) Act 2014 requires the Board to ensure that for all contracts of £4m or above that they have considered whether to impose a community benefit requirement as part of the procurement.

Working with Public Health and Fife Voluntary Action (FVA), the Procurement Team are developing and implementing a new innovative approach to identifying Community Benefits. Supporting community groups to submit relevant needs via the Community Benefits Portal to enable resource allocation through local and national contracts, to deliver these benefits to improve the economic, social and/or environment wellbeing of our communities. Community groups are encouraged to submit requests that align with NHS Fife's priority themes of, reducing health inequalities, contributing to anti-poverty work, improving health and wellbeing and responding to climate emergency.

Community Benefits delivered during 2022/23 include:

Contract	Supplier	Community Benefits
Orthopaedic Power Tools	Link Ortho	Beach clean ups.
Office & Patient Furniture	National Procurement	Office furniture and equipment to furnish new location for Fife Employment Access Trust.
National Treatment Centre	Graham Group	Local Apprentices & Recruitment – 26 posts in total including, 4 existing, 7 additional recruits, 9 graduate recruits and 6 others (cleaners and site assistants).
National Treatment Centre	Graham Group	Work Experience, Training and Visits – 10 work experience placements, 3 site visits, 78 school visits, SME & 3 rd sector training to upskill members of the supply chain and 5 trained in building management and efficient use of building to improve carbon performance.
National Treatment Centre	Graham Group	Community Projects – Your Health Your Choice Seminar, signage, Fife Health Charity, donated products, volunteering, local food charities, landscaping, and Considerate Constructors Scheme score of at least 40 (49 achieved).



Supported Businesses

A supported business is an organisation where more than 50% of the workers are disabled persons who are unable to take up work in the open labour market. Contracting Authorities may restrict participation in a regulated Procurement to a business identified as a supported business.

NHS Fife continues to review all opportunities to engage with Supported Businesses. For this period no regulated procurements have been restricted, however NHS Fife engaged with the following Supported Businesses:

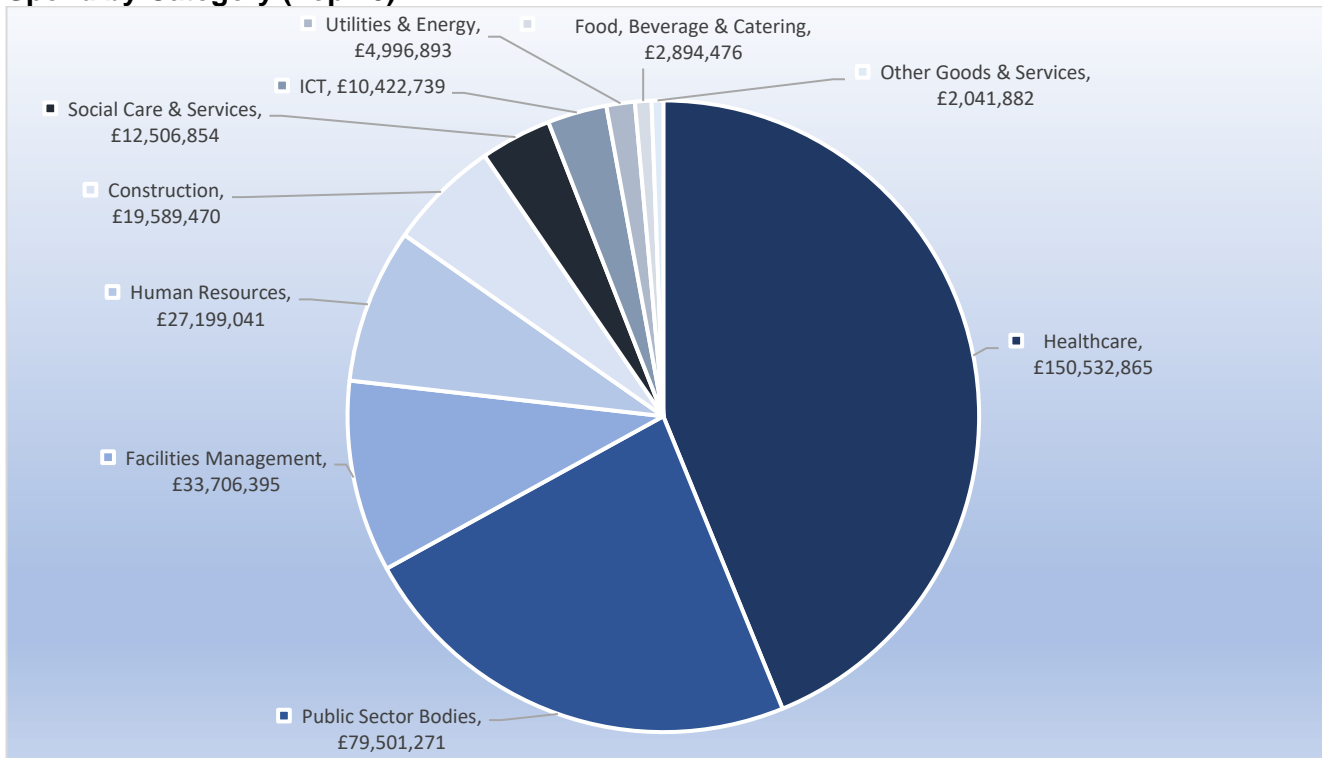
Supported Business	Spend	Product/Service
Matrix	£18,527	Furniture and Re-upholstery Services
Lady Haig's Poppy Factory	£144	Remembrance Wreaths

3. Spend

In 2022/23, NHS Fife had a total non-pay spend of £355 million. Driving best value from this expenditure is through a combination of, Category Management, Market Intelligence, Supplier Negotiation, Stakeholder Influencing, Economies of Scale, Innovation, National and Local Contracts.

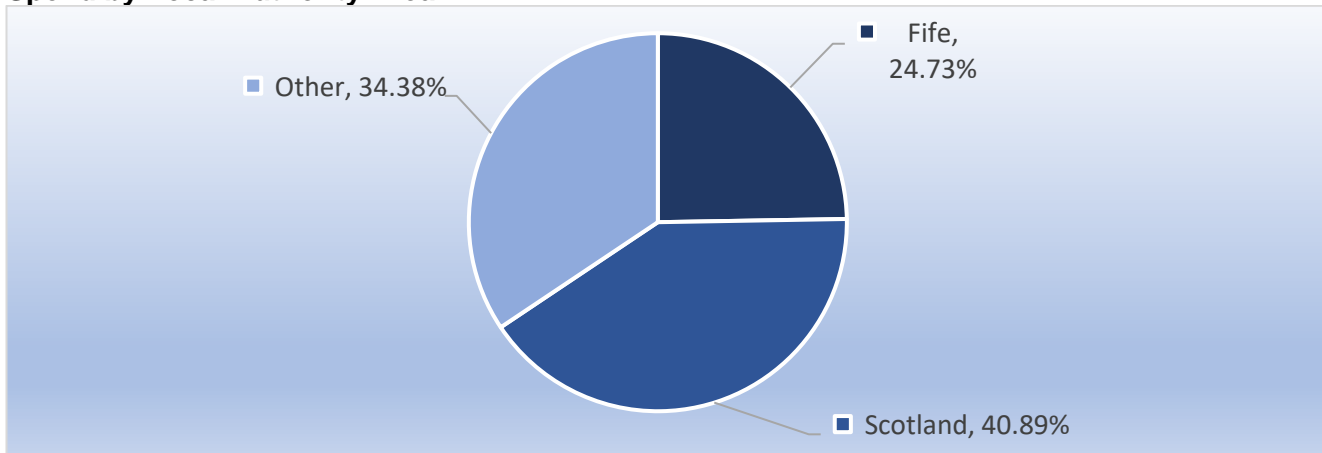
The majority of the non-pay spend is procured through public sector frameworks and contracts already carried out nationally on the Boards behalf and these include National Procurement, Scottish Government and Crown Commercial Services Frameworks.

Spend by Category (Top 10)



What is spent is as important as where it is spent, in order to harness the power of Procurement to support the health and wellbeing of the Fife population.

Spend by Local Authority Area



4. Reporting

Annual Report

This Annual Procurement Report and the Procurement Strategy are required to be published on the NHS Fife website as set out in the Procurement Reform Act 2014.

This Annual Procurement Report will be prepared by the Head of Procurement and reviewed by the Procurement Governance Board for approval by the Finance, Performance and Resources Committee.

Communication

The Annual Procurement Report and Procurement Strategy are shared with all members of the Procurement Team, in addition to being published on the NHS Fife website as set out in the Procurement Reform Act 2014.

Ownership

The Annual Procurement Report and Procurement Strategy are owned by the Head of Financial Services & Procurement.

5. Regulated Procurements

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

Completed Regulated Procurements (2022/23)

A summary of the regulated procurements completed for NHS Fife in 2022/23 along with the prior year comparison are shown below:

Regulated Procurements	2022/23	2021/22
Number of contracts awarded	11	13
Total Contract Value	£1,991,255	£3,245,347

Details of the regulated procurements completed for NHS Fife in 2022/23 are included below:

Title	Value	Supplier
San Replacement	£677,006	Trustco Plc
Cisco 9200 and 9300 Switches Support	£403,947	SCC
GP Print Mobilisation	£216,000	SCC
Laboratory Information Management System	£212,303	Citadel Health
PACS Support and Licences	£114,373	Philips Electronic UK Ltd
Keyed In	£68,394	Softcat Ltd
SQL Licences	£66,350	SCC
One Cloud Cisco (UK) Service	£63,360	BT Global Services
10 Gig Point to Point Circuit	£61,846	BT
MIG Gateway	£55,093	Softcat Ltd
Fire Alarm Maintenance	£52,583	SPG Fire & Security Ltd

Future Regulated Procurements (2023/24)

The following table sets out the regulated procurements which are expected to be undertaken by NHS Fife in 2023/24:

Title	Estimated Value	Estimated Start Date
Urgent Care Out of Hours GP Transport Services	£1,250,000	January 2024
Bed/Mattress Hire	£199,000	TBC

6. Reporting Metrics

1. Organisation and report details

- a) Contracting Authority Name
- b) Period of the annual procurement report
- c) Required by s18 Procurement Reform (Scotland) Act 2014 to prepare an annual procurement report? (*Yes / No*)

NHS Fife
2022/23
Yes

2. Summary of Regulated Procurements Completed

- a) Total number of regulated contracts awarded within the report period
- b) Total value of regulated contracts awarded within the report period
- c) Total number of unique suppliers awarded a place on a regulated contract awarded during the period
- i) how many of these unique suppliers are SMEs
- ii) how many of these unique suppliers are Third sector bodies

11
£1,991,255
8
3
0

3. Review of Regulated Procurements Compliance

- a) Number of regulated contracts awarded within the period that complied with your Procurement Strategy
- b) Number of regulated contracts awarded within the period that did not comply with your Procurement Strategy

11
0

4. Community Benefit Requirements Summary

Use of Community Benefit Requirements in Procurement:

- a) Total Number of regulated contracts awarded with a value of £4 million or greater.
- b) Total Number of regulated contracts awarded with a value of £4 million or greater that contain Community Benefit Requirements.
- c) Total Number of regulated contracts awarded with a value of less than £4 million that contain Community Benefit Requirements

1
1
2

Key Contract Information on community benefit requirements imposed as part of a regulated procurement that were fulfilled during the period:

- d) Number of Jobs Filled by Priority Groups (Each contracting authority sets its own priority groups)
- e) Number of Apprenticeships Filled by Priority Groups
- f) Number of Work Placements for Priority Groups
- g) Number of Qualifications Achieved Through Training by Priority Groups
- h) Total Value of contracts sub-contracted to SMEs
- i) Total Value of contracts sub-contracted to Social Enterprises
- j) Total Value of contracts sub-contracted to Supported Businesses
- k) Other community benefit(s) fulfilled

Not Recorded
Not Recorded
10
Not Recorded
Not Recorded
Not Recorded
Not Recorded
12 (see section 2)

5. Fair Work and the real Living Wage

- a) Number of regulated contracts awarded during the period that included a Fair Work First criterion.
- b) Number of unique suppliers who have committed to pay the real Living Wage in the delivery of a regulated contract awarded during the period.
- c) Number of unique suppliers who are accredited Living Wage employers and were awarded a regulated contract during the period.

1
1
1

6. Payment performance

- a) Number of valid invoices received during the reporting period.
- b) Percentage of invoices paid on time during the period (“On time” means within the time period set out in the contract terms.)
- c) Number of regulated contracts awarded during the period containing a contract term requiring the prompt payment of invoices in public contract supply chains.
- d) Number of concerns raised by sub-contractors about the timely payment of invoices within the supply chain of public contracts.

147,265
87%
14
Not Recorded

7. Supported Businesses Summary

- a) Total number of regulated contracts awarded to supported businesses during the period
- b) Total spend with supported businesses during the period covered by the report, including:
- i) spend within the reporting year on regulated contracts
 - ii) spend within the reporting year on non-regulated contracts

0
£18,671
0
£18,671

8. Spend and Savings Summary

- a) Total procurement spend for the period covered by the annual procurement report.
- b) Total procurement spend with SMEs during the period covered by the annual procurement report.
- c) Total procurement spend with third sector bodies during the period covered by the report.
- d) Percentage of total procurement spend through collaborative contracts.
- e) Total delivered cash savings for the period covered by the annual procurement report
- f) Total non-cash savings value for the period covered by the annual procurement report

£355,018,374
£64,247,881
£4,659,620
52%
£479,036
0

9. Future regulated procurements

- a) Total number of regulated procurements expected to commence in the next two financial years
- b) Total estimated value of regulated procurements expected to commence in the next two financial years

2-5
TBC

Meeting:	Fife NHS Board
Meeting date:	30 January 2024
Title:	Population Health and Wellbeing Strategy Mid-Year Report
Responsible Executive:	Margo McGurk, Deputy Chief Executive and Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Following the publication of the NHS Fife Population Health and Wellbeing Strategy in March 2023, it was agreed that a mid-year report providing an update on the implementation of the strategy would be presented to the NHS Fife Board. The first Mid-Year report provides an update on progress on actions (April 2023-September 2023) and plans for the remainder of 2023-24 (October 2023-March 2024).

In addition, this SBAR also outlines the planned approach for the development of an annual report and an updated strategy delivery plan for financial year 2024-25. This work is expected to be presented to the NHS Fife Board in May 2024.

2.2 Background

During summer 2023, a deep dive was undertaken of the corporate risk associated with the implementation of the Population Health and Wellbeing Strategy. The deep dive focused on providing assurance on implementation progress to the NHS Fife Board.

It was agreed to produce a mid-year report and an annual report reflecting progress of the actions over the financial year with key achievements and impact. It will also look ahead and outline plans for the forthcoming period.

The first mid-year report has now been developed and has been discussed at the NHS Fife Executive Directors Group and the NHS Fife Board committees.

2.3 Assessment

The report is structured around the ‘what will do’ statements described in the strategy with achievements in the first 6 months of 2023/24 and the plans for the October 2023- March 2024 period.

The table below outlines proposed changes to the wording of the ‘what we will do’ actions between the strategy and mid-year report. These were agreed in consultation with the relevant directors and reflect the changing strategic landscape of NHS Scotland.

	Original Action	Proposed Action	Reason
Strategic Priority 1: Action 1.2 (page 6)	<i>‘Ensuring universal access to immunisations including influenza and COVID-19’</i>	<i>‘Ensuring equitable access to routine, seasonal & selective immunisation programmes throughout the life course’.</i>	This change reflects the breadth of all immunisation work.
Strategic Priority 4: Action 4.2 (page 23)	<i>‘Develop new buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly’</i>	<i>‘Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly’.</i>	This change reflects updated Scottish Government guidance which places more emphasis on utilising, refurbishing and repurposing our existing estate and a presumption away from new builds as part our climate emergency response.
Strategic Priority 4: Action 4.4 (page 24)	<i>‘Reduce our energy usage by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings’</i>	<i>‘Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings’.</i>	This change reflects that reducing energy usage is just one change we need to make to support sustainability.

Given the early stage of strategy implementation, it is not possible to show achievement of key outcomes, but the report does provide assurance on the breadth of work underway at the present time. A suite of impact indicators to support the measurement of impact of the strategy had been planned to be included. This work has been paused pending the imminent publication of the Scottish Government Care and Wellbeing Portfolio Analytical Insights Pack. It is expected that the impact indicators will be included as part of the annual report.

The report has been reviewed by the key committees of NHS Fife Board. Across all the committees there is a desire to see the work to finalise and report on the impact indicators progressed. Some committees have made suggestions of the indicators that might be beneficial to be included as part of this work.

In tandem with finalising the enclosed Mid-Year Review report, work is now commencing on the preparation of the annual report planned to be produced in Quarter 1 2024/25. It is proposed that the annual report will include:

- Updates on the activities undertaken between October 2023 and March 2024.
- A summary of the proposed suite of impact indicators with baselines and measurement plans.
- Refreshed deliverables (the 'what we will do' section) for 2024-25 to ensure that our work remains aligned to the priorities of the organisation.
- Description of any changes in policy that will affect NHS Fife and changes in local priorities.

The Mid Year Report has been taken to Staff Governance, Clinical Governance, Public Health and Wellbeing and Finance, Resource and Performance committees during January 2024. The report was positively received and assurance was given about the development of strategy metrics that will be included in the Annual Report 2023/24.

2.3.1 Quality, Patient and Value-Based Health & Care

The mid-year review provides a high-level progress update on the work being undertaken to improve quality and patient care in the current financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

2.3.2 Workforce

The mid-year review provides a high-level progress update on the work on the work being undertaken to improve staff experience and wellbeing in the current financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

2.3.3 Financial

The implementation of the Population Health and Wellbeing strategy is central to the achievement of our medium-term financial plan. In the longer term it is anticipated that it will support reduced demand on our healthcare system through preventive actions which will improve the physical and mental health of the population.

2.3.4 Risk Assessment / Management

A deep dive of the corporate risk associated with implementation of the Population Health and Wellbeing Strategy was undertaken in summer 2023. This considered how we provide assurance that the strategy is being implemented and is creating impact for our patients,

staff and communities. Following the deep dive reporting mechanisms have been agreed which included production of this mid-year report.

The mid-year report includes a summary of the corporate risks in appendix one. It also shows the risk score in April 2023 and the status in September 2023. This enables a comparison of the overall risk level. This shows that our risk profile has not materially changed since the beginning of the financial year and reflects that many of these risks require sustainable system change over a longer time period to affect a meaningful reduction in the risk level.

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

An Equality Impact Assessment (EQIA) was completed as part of the development of the PHW Strategy and will be reviewed annually as part of the governance process.

2.3.6 Climate Emergency & Sustainability Impact

The Mid-year Report does not raise, directly, issues relating to climate emergency and sustainability. However, these items do form important parts of our strategy. This update does make reference to key aspects of the work that has been taken forward, for example how we are reducing our energy usage and carbon emissions.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication, involvement, engagement and consultation with the PHW Strategy Core Team.

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 (EDG), Thursday 2 November 2023
- Population Health and Wellbeing Committee, Monday 6 November 2023
- Discussions with EDG members and Senior Managers across NHS Fife, November/December 2023
- Executive Directors Group (EDG), (virtually), Thursday 21 December 2023
- Staff Governance Committee, 11 January 2024
- Clinical Governance Committee, 12 January 2024
- Public Health Committee, 15 January 2024
- Finance, Resource and Performance, 16 January 2024
- Executive Directors Group, 18 January 2024

2.4 Recommendation

This paper is provided to NHS Fife Board for:

- **Assurance** – the Board is invited to take assurance from the Mid-Year Report and the first 6 months of work to implement the NHS Fife Population Health and Wellbeing Strategy.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Living well, working well and flourishing in Fife, Population Health and Wellbeing Strategy 2023-2028, Mid-Year Report April-September 2023

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Living well, working well and flourishing in Fife

Population Health and Wellbeing Strategy
Mid Year Report 2023-2024



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Introduction

NHS Fife Board approved [Living Well, Working Well and Flourishing in Fife](#), our Population Health and Wellbeing Strategy, in March 2023. It outlines our vision to support population health and wellbeing. In this update, our first since the strategy was approved, we provide a progress update on all the work taken forward during the first 6 months of implementation. We also outline our future plans and describe how the impact of the strategy are monitored and the risks are managed.

Our aim is to deliver value-based health and care and we know this will be achieved by driving better outcomes and experiences for the people we care for through equitable, sustainable, appropriate, and transparent use of resources.

Delivering over the longer term

The Population Health and Wellbeing Strategy 2023-28 covers a 5-year period. We are currently developing our plans based on what we know. Delivery of the vision and ambitions is being supported through a range of strategies and strategic programmes.

We know that our plans will need to be updated in response to a changing health and care landscape. We are already responding to new opportunities and challenges as they emerge, by adapting our plans and updating our assumptions.

Looking ahead over the longer term (5-10 years), we anticipate that there will be many opportunities for service change and innovation as well as challenges we are not yet aware of. As these become clearer, we will use our flexibility and agility to ensure that we respond appropriately.

Engagement

Engagement with the public and staff is fundamental when there are changes being made in health and care. From a strong foundation during the development of the strategy, we are continuing to engage with people using our services and staff in the delivery of the strategy, for example through hosting workshops and open events. We are also developing our Public Participation and Community Engagement Strategy which will be completed by March 2024.



Monitoring our progress

This update provides a summary of progress in the first 6 months following publication of the strategy and where appropriate references progress made by NHS Fife and Fife Health and Social Care Partnership (HSCP).

Monitoring our impact and risks

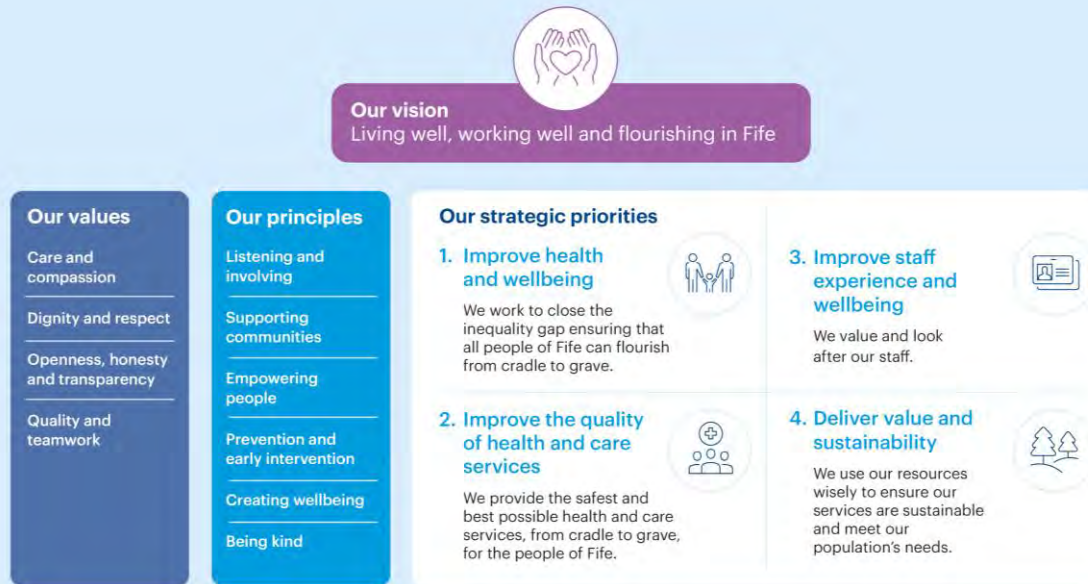
Impact indicators are being developed and will assist in the assessment of evidencing the impact the strategy is making to the people of Fife. These will be reported regularly.

The corporate risks collectively outline the organisational risks associated with the delivery of our strategy.

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The foundations of our strategy



This strategy has set ambitious objectives to improve healthy life expectancy and reduce health inequalities. We acknowledge that successfully achieving this for the population of Fife is largely outside the direct control and influence of NHS Fife. People’s health and wellbeing is determined by the conditions in which we grow up, live and work, which includes our education, employment, income, social networks, housing, and broader socio-economic, cultural and environmental factors.

Nonetheless, access to health and care services still plays a significant role. [The Marmot Review \(2010\)](#) identifies that health and social care services contribute 20% of the modifiable determinants of health. Strong healthcare systems across the world improve health outcomes, population health, and health equity.

Health and care services make an important contribution to improving health outcomes and reducing health inequalities by enabling inclusive, high quality, and patient-centred care; supporting action-focused work on prevention; improving early detection; supporting early intervention and treatment; and delivering sustainable services. All of these factors are closely aligned to the 4 strategic priorities of NHS Fife.

Supporting the strategy is our Annual Delivery Plan (ADP) which is our Scottish Government yearly commissioned plan. In the ADP, NHS Fife outlines the work being undertaken to deliver the Scottish Government’s recovery drivers.

Delivering the strategy

Strategies and programmes

The Population Health and Wellbeing Strategy aligns a range of NHS Fife, Fife HSCP, regional, and national, supporting strategies and plans. These are all at various stages of development and delivery. Where relevant, key achievements have been provided as part of this update.

Impact indicators

Work is continuing to develop the outcome-level measures which contribute to our overall desired impact. A framework is being developed to monitor progress against delivery of the strategy. This has been paused until the Scottish Government Care and Wellbeing Portfolio Analytical Insights Pack is in place, to ensure our measures are aligned to national standards. Definitions will be developed for each of these measures and baseline data gathered. These will be reported as part of the annual report of the Population Health and Wellbeing Strategy.

Risk management

Although there is a corporate risk relating directly to the implementation of the Population Health and Wellbeing Strategy, it was recognised through the deep dive process undertaken in summer 2023 that all risks on the corporate risk register are impacted by and are aligned to the strategy. All corporate risks are reviewed regularly and reported via the governance committees to the NHS Fife Board.

Appendix Two provides a summary of the risks, their score in April 2023 and their status in September 2023 and allows a comparison of the overall risk

level and should be considered against progress of the strategy. This analysis shows that our risk profile has not materially changed since the beginning of the financial year.

Progress updates by strategic priority

Progress updates have been provided for each of the 4 strategic priorities against the 'What we are going to do' sections as outlined in the strategy. There has been more progress made against some actions than others but that should be expected in the context of delivery of a 5-year strategy.

OUR STRATEGIC PRIORITIES

Improve health and wellbeing



Improve staff experience and wellbeing



Improve the quality of health and care services



Deliver value and sustainability



Priority 1: Improve health and wellbeing

Ambitions¹

A Fife where we:

1. live in flourishing, healthy and safe places and communities.
2. thrive in our early years.
3. have good mental wellbeing.
4. reduce the use of and harm from alcohol, tobacco, and other drugs.
5. have a sustainable, inclusive economy with quality of outcomes for all.
6. eat well, have a healthy weight and are physically active.

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¹ Based on [Scotland's 6 public health priorities](#)

Progress update

SP1.1 **What we said we would do:** Scale up the work supporting people to access benefits advice through training and upskilling so that more people, where appropriate, can access financial and benefits support.

Progress to 30 September 2023

- Promotion of a range of Poverty Awareness Training supported and coordinated through our multi-agency Poverty Awareness Training Group. Training reflects current issues such as the cost-of-living crisis and supports key areas of work including income maximisation, no wrong door approach and addressing child poverty. Training courses are open to all public and voluntary sector workers in Fife.
- Face to face and virtual workshops were delivered with local and national partners across all sectors. For example, Citizens Advice and Rights Fife (CARF) and the Child Poverty Action Group (CPAG). Some of the training delivered includes:
 - Fife Benefit Checker and Our Fife Toolkit workshops.
 - Money Talk workshops (specifically targeting Health Visitors, Family Nurses and Midwives as part of the Financial Inclusion Referral Pathway).
 - Poverty Awareness Information Session.
- Further information on all poverty awareness training is available via the [Fife Health Promotion Training website](#).



Planned Activity to 31st March 2024

- Planned activities by the multi-agency Poverty Awareness Training Group include:
 - Building capacity of all our Poverty Awareness training programmes through growing our train the trainer workshops and ensuring all training is accessible, innovative, and supports all learning styles.
 - Developing a tiered approach to Poverty Awareness Training to showcase the level of training needed depending on the workers role and remit and the service they provide.
 - Creating a series of learning bytes demonstrating explicit links between poverty and mental health recognising that poverty is both a cause and a consequence of poor mental health.
 - Collaborate with the Health Promotion Localities Team to support the roll out of Poverty Awareness training across all 7 localities across Fife.
 - Continue to support campaigns such as Challenge Poverty week.
- Embed the Electronic Health Needs Assessment (eHNA) to increase referrals from Cancer Services to the Macmillan Improving Cancer Journey (ICJ) pathway to ensure patients with a cancer diagnosis have access to financial and benefits advice.
- Explore how we embed the eHNA process with patients diagnosed via the Rapid Cancer Diagnosis Service.

SP 1.2 What we said we would do: Ensure equitable access to routine, seasonal and selective immunisation programmes throughout the life course.

Progress to 30 September 2023

- Immunisation Inclusion Group established to explore a community champions model.
- Final report of the Strategic Review of Childhood Immunisation Services in Fife presented to Fife Community Immunisation Services Programme Board.
- Quality improvement working group established focused on improving pre-school measles, mumps and rubella (MMR) vaccine uptake.
- Refreshed measles elimination action plan.
- Engagement with locality groups with locality-specific data.



Planned Activity to 31st March 2024

- Agree Equality Impact Assessment action plan.
- Establish processes to oversee implementation of activities proposed within the 'Strategic Review of Childhood Immunisation Services in Fife' report.
- Report to Public Health & Wellbeing Committee at February 2024 development session on progress against short-term activities proposed within the Strategic Review of Childhood Immunisation Services in Fife.

SP1.3 What we said we would do: In line with the UN Convention on the Rights of the Child, support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.

Progress to 30 September 2023

- Publication of the 2023 [Director of Public Health \(DPH\) Annual Report](#) which includes a focus on children and young people in Fife with a [formal launch event](#) in September in conjunction with Fife Council's Education Service.
- Working with community planning partners through [Plan4Fife](#), we have published our 2022-23 [Tackling Poverty and Preventing Crisis Annual Report](#) which includes the Fife Annual Local Child Poverty Action Report.
- [Children's Services Plan 2023-2026](#) published.
- Raised awareness at Board level of [The Promise](#) and Corporate Parenting responsibilities.
- Accepted as a [Getting it Right for Everybody](#) (GIRFE) pathfinder with a focus on transition from child to adult services.
- NHS Fife has been selected as a pathfinder site to test the implementation of the [Bairn's Hoose standards](#) seeking to provide holistic, child-centred support to those who have been victims or witness of abuse and to children under the age of criminal responsibility whose behaviour has caused harm.



Planned Activity to 31st March 2024

- Taking forward our pathfinder work as part of the GIRFE work and the Bairn's Hoose Standards.
- Continued implementation of [UNICEF Baby Friendly Standards](#) in maternity, neonatal and community care.
- Dissemination of DPH Report to Fife localities to inform development of local plans.
- Connecting on Place based work and No Wrong Door with Fife Council.
- Developing and enhancing services that support the most vulnerable children in our communities including:
 - development of a CAMHS Kinship Team.
 - Expanding CAMHS Looked after Children's services.
 - Introducing a transitions specialist to support young people.

SP 1.4 What we said we would do: Improve awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.

Progress to 30 September 2023

For the public:

- HSCP Locality groups are functioning in all 7 localities with connections into Area Committees. Funding being made available for a Test of Change (ToC) to support mental health wellbeing and distress in the localities by mental health practitioners, ambulance services and police.
- Developed, launched and evaluated a new mental health and wellbeing resource 'Jobseekers Wellbeing Toolkit' designed as a self-management prevention and early intervention resource issued by employability partners to support client wellbeing.

For staff:

- Promotion of Access Therapies Fife, Step on Stress and other resources to support staff in addition to Counselling, Occupational Health, Peer Support, Spiritual Care and Staff Psychology Support.
- Pilot of Health and Safety Executive Stress Talking Toolkit undertaken within Mental Health and Learning Disability service, with positive results and excellent staff engagement.



Planned Activity to 31st March 2024

For the public:

- Progress the NICE (National Institute for Health and Care Excellence) mapping exercise by the HSCP Wellbeing Strategy Group.
- Conclusion of the test of change for the mental health and wellbeing in localities work.

For staff:

- Focus on early intervention by the Occupational Health Mental Health Nursing service to retain staff at work.
- Expansion of Stress Talking Toolkit activity to other areas on a planned basis including Acute, Domestic Services and Pharmacy Services.

SP 1.5 **What we said we would do:** Improve mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.

Progress to 30 September 2023

- Concluding implementation of the [2020-23 Alcohol and Drug Partnership Strategy](#).
- Commenced work on an updated Alcohol and Drugs Strategy for 2024 onwards. [Fife Alcohol and Drug Partnership event](#) held with stakeholders which identified priorities for new strategy.
- Drug Harms Assessment Group in place providing rapid assessment of potential risks to the population of Fife.
- Submission of evidence-based response by NHS Fife to Fife Licensing Board consultation on licencing policy in relation to local implementation of alcohol licensing legislation.

Planned Activity to 31st March 2024

- Developing a performance framework for all Medication Assisted Treatment (MAT) standards to inform board performance reporting and Scottish Government returns.
- Completing the new Alcohol and Drugs Strategy by March 2024, focus groups with people with lived/living experience, staff from our commissioned services and Service Committee.



- Following publication of national guidance on Rapid Access Detox Acute Referral (RADAR) system (early notification of substances that cause harm), work will be carried out to embed in Fife services.

SP 1.6 What we said we would do: Encourage people to make healthier food choices

Progress to 30 September 2023

- Workshop taken place with a range of stakeholders to develop the Food4Fife strategy.
- An [event](#) focusing on Public Health Priority 6 (PHP6) was held in September 2023. This event aimed to focus on the 3 strands of PHP6 (food, weight, and physical activity) to identify priority areas for action and ensure alignment with our work around type 2 diabetes prevention.
- Engagement with Active Fifers Groups in 7 locality areas.

Planned Activity to 31st March 2024

- The Food4Fife strategy is expected to be published by the end of 2023 and will cover the period to 2030.
- Priority areas and actions to be agreed and approach developed to build on PHP 6 event.

SP 1.7 What we said we would do: Support increased access to physical activity, particularly in older age, enabling people to stay independent and healthier for longer.

Progress to 30 September 2023

- Finalised the 2024- 2029 Fife Musculoskeletal Physiotherapy Service Strategic Plan which has a focus on supporting physical activity for patients.
- Recently published a range of health and physical activity resources on the NHS Fife [website](#). A [tool](#) has been developed which has links for staff to signpost patients, supporting them to increase their physical activity, linked to their personal outcomes and good conversation work. Further research is currently underway.



Planned Activity to 31st March 2024

- Commence the delivery of the Fife Musculoskeletal Physiotherapy Service Strategic Plan 2024-29.
- The impact of published resources will be monitored and resources will be refined as necessary.

SP 1.8 **What we said we would do:** Use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, making our buildings and land more accessible to support third sector activities.

Progress to 30 September 2023

- NHS Fife's draft Anchor Strategic Plan has been submitted to Scottish Government. This outlines how NHS Fife will maximise local employment, local procurement and the use of our land and buildings.
- The Community Benefits Portal is in place for procurement activities and will be evaluated against uptake.

Planned Activity to 31st March 2024

- Complete the baseline assessment of metrics for the Anchor Strategic Plan.
- Further locality stakeholder engagement planned through Fife HSCP.

SP 1.9 **What we said we would do:** Collaborate in regeneration projects like the River Leven programme.

Progress to 30 September 2023

- Identified from the River Leven Programme, the Green Health Partnership (GHP) has been established to support development of green prescribing and social prescribing.

Planned Activity to 31st March 2024

- The GHP is holding its first steering group meeting in November 2023.



- The Steering Group will be focused on securing funding for a GHP co-ordinator role and clarifying strategic and operational pathways for the project.

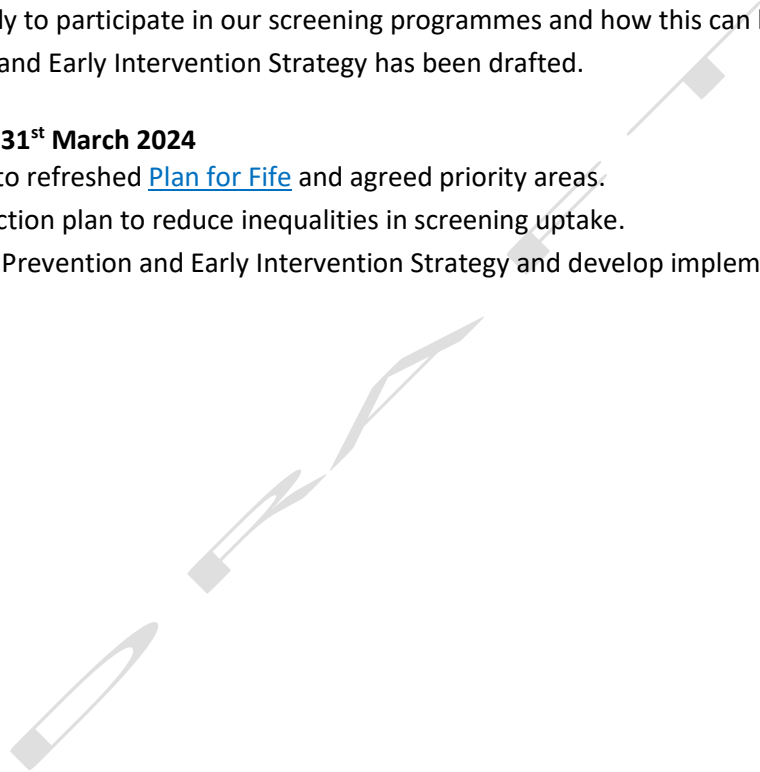
SP 1.10 Other relevant areas of work linked to priority 1 ambitions

Progress to 30 September 2023

- A workshop was held to explore both why communities living in more deprived parts of Fife are less likely to participate in our screening programmes and how this can be addressed.
- Prevention and Early Intervention Strategy has been drafted.

Planned Activity to 31st March 2024

- Contribute to refreshed [Plan for Fife](#) and agreed priority areas.
- Create an action plan to reduce inequalities in screening uptake.
- Finalise the Prevention and Early Intervention Strategy and develop implementation plans.

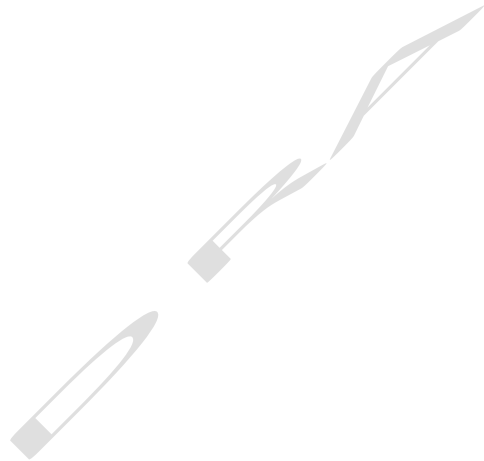


Priority 2: Improve the quality of health and care services

Ambitions

For all healthcare services provided by NHS Fife, we will:

1. Provide high-quality person-centred care.
2. Deliver services as close to home as possible.
3. Reduce reliance on inpatient beds by providing alternatives to admission to hospital.
4. Ensure timely access to services based on clinical need.
5. Prevent and identify disease earlier.
6. Support the delivery of seamless, integrated care and services across health and social care



Progress update

SP 2.1 What we said we would do: Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.

Progress to 30 September 2023

- Priority areas identified by Unscheduled Care Programme Board:
 - Flow Navigation Centre (FNC)
 - Interface and Complex Care
 - Scottish Ambulance Service interface
 - Front Door/Rapid Triage Unit
 - Ambulatory care pathways
- Improved timely discharge from hospital by increasing the number of patient discharges taking place at the weekend.
- Employed a solicitor to assist patients who require welfare guardianship.
- Testing the delivery of rapid access or 'hot' clinics to avoid attendance or admission to hospital.
- [2023-26 Home First Strategy](#) published with Action Plan.
- Expansion of the Emergency Department (ED) medical workforce agreed to support system resilience and delivery of timely effective patient care.
- Primary care improvements including embedding Community Treatment and Access Centres (CTAC).

Planned Activity to 31st March 2024

Review and update the work plan for the Unscheduled Care Programme ahead of the winter period.

- Monitor and report on the impact of the expansion of the ED medical workforce.
- Identify next steps following the FNC review.
- Review the learning from the Hot Clinics with a view to scaling this way of working for more specialties in Fife.



- Ensure actions from the Home First Strategy are progressed to reduce demand for acute hospital care. For example, ensuring that those who do not need admitted to an acute hospital bed are redirected and supported to be cared for in the right place.

SP 2.2 What we said we would do: Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service.

Progress to 30 September 2023

- The Single Point of Contact Hub (SPOCH) is working collaboratively with Rapid Cancer Diagnosis Service (RCDS) to implement the optimal colorectal cancer diagnostic pathway.
- Expansion of the SPOCH to support urgent suspected lung cancer referrals and parts of the bowel screening pathway.
- Initial findings show that the SPOCH has improved patient experience at the beginning of the pathway and has reduced the number of calls received by the Clinical Nurse Specialists.
- A nurse led Rapid Access Diagnostic Clinic (RADC) for suspected prostate cancer referrals test of change commenced in August 2023. This is funded by Cancer Research UK over a period of 18 months. The aim is to improve patient experience from triage, diagnostics, and decision to treat. Evaluation of the project is underway by Stirling University.
- Work ongoing to improve and implement the [Optimal Lung Cancer Pathway](#). Key achievements include same day/next day chest x-ray, introduction of enhanced vetting of referrals, and reduced waits for CT scan and MDT discussion.

Planned Activity to 31st March 2024

- The Cancer Framework Action Plan has identified actions for delivery by March 2024 which focuses on improvement of cancer care from prevention, treatment, end of life and survivorship.
- Continuing to test the Prostate Rapid Access Diagnostic Nurse-led Clinic and taking forward the evaluation of this approach.
- Implementation of [optimal diagnostic pathways](#) - with a focus on lung cancer and head of neck cancers as developed by the Centre for Sustainable Delivery (CfSD):
 - Lung: Increase outpatient bronchoscopy capacity, introduction of frailty scoring prior to the first outpatient appointment to ensure patients are provided with tailored



information relevant to their condition and exploring ways to provide timely good news for patients who do not have a lung cancer diagnosis.

- Head and Neck: plans are dependent on a funding bid to Scottish Government.
- Working with the national Scottish Cancer Network on the development of end-to-end pathways for prostate and head and neck cancers.
- Evaluation of the effectiveness of lifestyle interventions that can improve health and wellbeing for example, advice around sleep, nutrition, exercise and relaxation for patients referred to the RCDS who are not found to have any definitive diagnosis for their symptoms.
- Explore how we can reduce waiting times for systemic anti-cancer therapies in our oncology and haematology day unit.

SP 2.3 **What we said we would do:** Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.

Progress to 30 September 2023

- Embedded the new facilities following the opening of the National Treatment Centre - Fife Orthopaedics.
- Commenced a review of orthopaedics services which aims to deliver a patient centred, safe, flexible, and sustainable orthopaedic-trauma model which can plan for the changes in demand over the next 15-20 years.

Planned Activity to 31st March 2024

- Redesign orthopaedic pathways to improve patient experience and fully embed the opportunities for new ways of working.
- Continue the work of the orthopaedics review so that by summer 2024 we have developed plans to deliver a gold standard, 24/7 orthopaedic-trauma service with and for the people of Fife.



SP 2.4 **What we said we would do:** Further develop our day surgery service at Queen Margaret Hospital.

Progress to 30 September 2023

- Opened a Procedure Unit at Queen Margaret Hospital (QMH).
- Delivered the final stages of the project to improve and expand Day Surgery facilities at QMH which has provided additional capacity and improved patient experience.

Planned Activity to 31st March 2024

- Increase utilisation of day surgery space at QMH and continue to support clinical innovation for the benefit of patients.

SP 2.5 **What we said we would do:** Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.

Progress to 30 September 2023

- Commenced scoping work to expand ambulatory care services to enable more patients to be treated without an unnecessary in-patient hospital admission.

Planned Activity to 31st March 2024

- Prepare the business case for the ambulatory care service and consider as part of the medium-term financial plan and Annual Delivery Plan for 2024/25.

SP 2.6 **What we said we would do:** Redesign women's services aligned to the ambitions of the [Women's Health Plan](#).

Progress to 30 September 2023

- Local strategic leadership for the implementation of the Women's Health Plan is now confirmed. This is supporting an increasing focus on a women's life course approach to service planning across services in NHS Fife.



- An assessment covering a range of women’s health services has been undertaken. This has considered access to contraception, termination of pregnancy, menopause care, promoting positive approaches to menstrual health and pregnancy and has highlighted good practice and areas for further development.

Planned Activity to 31st March 2024

- Review provision of abortion services to ensure optimal geographical access.
- Work with primary care to develop guidelines and prescribing pathway for women experiencing early pregnancy bleeding.
- Explore with the Cardiac Rehab team, including staff and people using our services, to understand how services can be developed in response to women’s needs.

SP 2.7 What we said we would do: Implement Best Start for maternity and neonatal services.

Progress to 30 September 2023

- Increasing uptake of each ‘place of birth’ option as appropriate for those giving birth. This includes provision of midwife only care, home births and births in the Midwife led Unit which is part of the Victoria Hospital Birthing Unit.
- Participating as a path finder site for the implementation the new maternity and neonatal (perinatal) adverse event review process.

Planned Activity to 31st March 2024

- Continue remodelling services to work towards ensuring continuity of care by a primary midwife for those using our services.
- Submission of evidence and application for the Baby Bliss Charter Silver Award before the end of 2023.



SP 2.8 What we said we would do: Focus on waiting times and support people, where appropriate, to wait well for their procedure.

Progress to 30 September 2023

- Primary care improvements are ongoing including embedding the activity in Community Treatment and Access Centres (CTAC).
- Maximising use of planned care capacity through embedding Active Clinical Referral Triage, Patient Initiated Review and increasing the use of day surgery where possible.
- Outpatient communications (letters and website information) have been updated to provide information on the availability of [The Well](#) which can provide people with a range of support as they are waiting for treatment.
- A Waiting Well service is being tested in Orthopaedics. This service can refer people to [The Well](#). For patients who have had longer waits, a Waiting Well appointment with an Advanced Nurse Practitioner is being tested to provide a review of patients waiting for treatment.

Planned Activity to 31st March 2024

- Expand the Waiting Well service to other specialities where patients are experiencing long waits.
- Share our experiences through the work of CfSD with other Health Boards and learn from practice elsewhere.

SP 2.9 What we said we would do: Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.

Progress to 30 September 2023

- Completed 500 cases using Robotically Assisted Surgery (RAS) to support better outcomes for people including shorter length of stay.
- Pioneering developments in surgery such as the use of an innovative new device (iTind) in Urology to treat lower urinary tract symptoms associated with an enlarged prostate has been introduced. This is less invasive than traditional interventions with patients being treated as day-cases and returning home the same day.



Planned Activity to 31st March 2024

- Continue to embed provision of RAS procedures for Colorectal, Gynaecology and Urology patients.
- Explore availability of funding for a second robot to continue to grow the provision of RAS in NHS Fife.

SP 2.10 Other relevant areas of work linked to priority 2 ambitions

Progress to 30 September 2023

- Launched a project to improve the care and management of deteriorating patients in our hospitals.
- Testing approaches to improve safety and reduce the harm associated with usage of high-risk pain medicines.
- Commenced work to improve our approach to how we respond to patient complaints, including improving our response times.
- NHS Fife Charity funding support received to enhance staff and patient areas.
- Fife HSCP is developing a Prevention and Early Intervention Strategy to support overall health improvement and reduce the burden of disease in the population of Fife.

Planned Activity to 31st March 2024

- Progress plans for the deteriorating patient work.
- Spread improvement as part of the High-Risk Pain Medicines project.
- Agree and implement a new approach to patient complaint responses and reduce the number of outstanding complaints by March 2024.

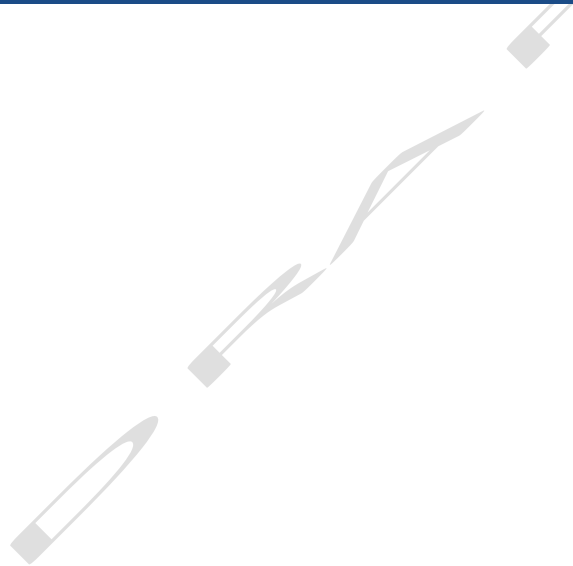


Priority 3: Improve staff experience and wellbeing

Ambitions

Our workforce:

1. is inclusive and diverse, reflecting Fife's communities.
2. is supported to develop new skills that help improve care for patients.
3. is heard and at the heart of transforming services.
4. works in partnership across health and social care, recognising interdependencies.
5. experiences compassionate leadership in a culture that supports wellbeing.



Progress update

SP 3.1 What we said we would do: Promote a range of career pathways with a focus on developing our workforce.

Progress to 30 September 2023

- Agreement on the Career Development Framework for Healthcare Support Workers and Assistant Practitioners (band 2-4) to support the development of the nursing workforce.
- Mass recruitment event in June 2023.
- Unregistered staff pools created within Acute Services to support underlying long-term vacancies.
- Investment in [Gateway Doctors](#) to replace junior locum spend.
- Additional ward administration staff in post to mitigate the workload associated with non-clinical clerical tasks for nursing staff.
- Reducing use of agency staffing by working towards a more substantive workforce and use of our own in-house staff bank.

Planned Activity to 31st March 2024

- Consider the strategic framework for nursing and midwifery by NHS Fife Board by March 2024.
- Undertake a further recruitment campaign for Mental Health Service.
- Scope opportunity to expand our international recruitment programme using existing vacancies across NHS Fife.
- Continue work on reducing agency nursing staff usage and increase scope of this work to include the locum medical workforce.



SP 3.2 What we said we would do: Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.

Progress to 30 September 2023

- Showcased a wide range of NHS careers at schools and careers fairs through in-person and virtual platforms, with a #TeamNHSFife approach.
- Through working closely with colleagues and local education providers, internship, and apprenticeship programmes are being established. These will support both development and progression of existing staff as well as recruitment of new staff to posts including Graduate Apprenticeships.
- Our collaborative efforts with Fife Council's Employability team resulted in the establishment of employability pathways, such as the Kickstart Scheme. This scheme has seen recruitment and development of 12 young people in a variety of entry-level roles. 7 of these individuals remain employed within NHS Fife.
- A Graduate Information Analyst was recruited through the Graduate Career Advantage Scotland (GCAS) paid work experience scheme, in collaboration with NES.
- Scoped opportunities and strengthened relationships with a variety of key partners, charities, and educational establishments, such as the [MCR Pathways Mentoring Scheme](#), which we plan to support.
- There has been significant work with Fife College and partners to provide mentorships for students.

Planned Activity to 31st March 2024

- Increase engagement with those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board and the Schools Co-ordinators.
- Participate in the Fife Council led recruitment initiative 'Progressive Life Chances', aimed at supporting disadvantaged individuals into employment.
- Enhance links with local educational providers to promote careers in NHS Fife. For example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and considering Graduate Apprenticeship opportunities with Heriot Watt University.



- Create opportunities for young people to engage with NHS Fife as part of the Young Person's Guarantee.
- Recruit an Employability Officer to support all our work and deliver against the Board's ambitions.
- In partnership with Fife College, provide a Foundation Apprenticeship in Health.
- Continue working with Fife College to offer Modern Apprenticeship (MA) Level 2 and 3 opportunities for NHS Fife Healthcare Support Workers.

SP 3.3 What we said we would do: Continue to support our staff with their physical health and mental wellbeing.

Progress to 30 September 2023

- NHS Fife's Occupational Health Service has developed a new mental health nursing service for staff, building on the fatigue management service introduced during the Covid-19 pandemic.
- The Chaplaincy team has worked with around 40 teams utilising [values based reflective practice](#) to help staff with their mental wellbeing in the workplace. This is in addition to existing staff spiritual care support.
- The 'Boost your Income' initiative has been delivered and evaluated. This programme supported staff with financial concerns and provided benefits advice to ensure staff are accessing all the benefits they are entitled too. Over the reporting period, 69 people have been supported and received an increase in their household income. This equated to over £160k. Uptake of this support has been lower than expected and next steps are being considered how staff with financial concerns can be supported.
- There has been a focus on menopause support for staff, with monthly sessions at Victoria and Queen Margaret Hospitals which are well attended and received by staff.
- The staff psychology support team have delivered multiple Leading with Compassion sessions to managers and senior leaders.
- Since December 2022, EnergyPods have been available which give staff the opportunity to boost their energy and take time out with a personalised guided power nap in comfortable surroundings. Permanent locations for the EnergyPods at the Victoria Hospital site have now been secured.



Planned Activity to 31st March 2024

- Review existing wellbeing activity and prepare an updated staff health and wellbeing action plan to ensure maximisation of resources to support staff wellbeing.
- Launch a new Cycle to Work scheme to support active travel and low carbon commuting.
- Explore how we can provide weight management support for staff.
- Increase opportunities for staff to be more physically active through working with the Fife Active Communities Officer and with Fife Sports and Leisure Trust.
- Scope how opportunities for staff to access Menopause support can be expanded for those who work out with Victoria Hospital and Queen Margaret Hospital.
- Develop the mental health support offered to staff.
- Open a refurbished Staff Hub in Whyteman's Brae Hospital in November 2023 and refurbish staff rest areas on the Cameron, Lynebank and Stratheden Hospital sites before the end of March 2024.
- Develop further plans to refurbish and create staff hubs within clinics and health centres.
- Identify how staff can be supported who have experienced adverse events in the workplace.

SP 3.4 **What we said we would do:** Set new international recruitment targets annually for Fife, focussing on key areas of shortage over the next five years.

Progress to 30 September 2023

- 17 posts successfully recruited via the international recruitment programme for 2023-24.

Planned Activity to 31st March 2024

- Work with Scottish Government and other stakeholders to identify plans for further international recruitment beyond March 2024, noting that no additional funding has been confirmed for 2024-25.
- Participate in the pilot for the NHS Scotland Pastoral Care Quality Award (PCQA) and will undertake the International Recruitment Pastoral Care Quality Charter.



SP 3.5 What we said we would do: Develop and launch a new Leadership Framework focussed on compassionate leadership and an open, transparent, and nurturing culture.

Progress to 30 September 2023

- Plans agreed to recruit a new senior manager for the workforce team to accelerate work around leadership, organisational culture, and wellbeing.
- The NHS Fife Psychology Service continued to deliver the *Compassionate, Connected and Effective Teams* workshop.

Planned Activity to 31st March 2024

- Finalise the Leadership Framework in conjunction with colleagues across NHS Fife by Spring 2024.
- Hold the first meeting of the newly created Systems Leadership Group in October 2023. The focus will be on engaging with senior teams to explore how we support delivering improvements in our culture and how we collectively plan for the future.
- Commence a programme of compassionate leadership development for the Acute Senior Leadership Team and the Executive Directors.

SP 3.6 Other relevant areas of work linked to priority 3 ambitions

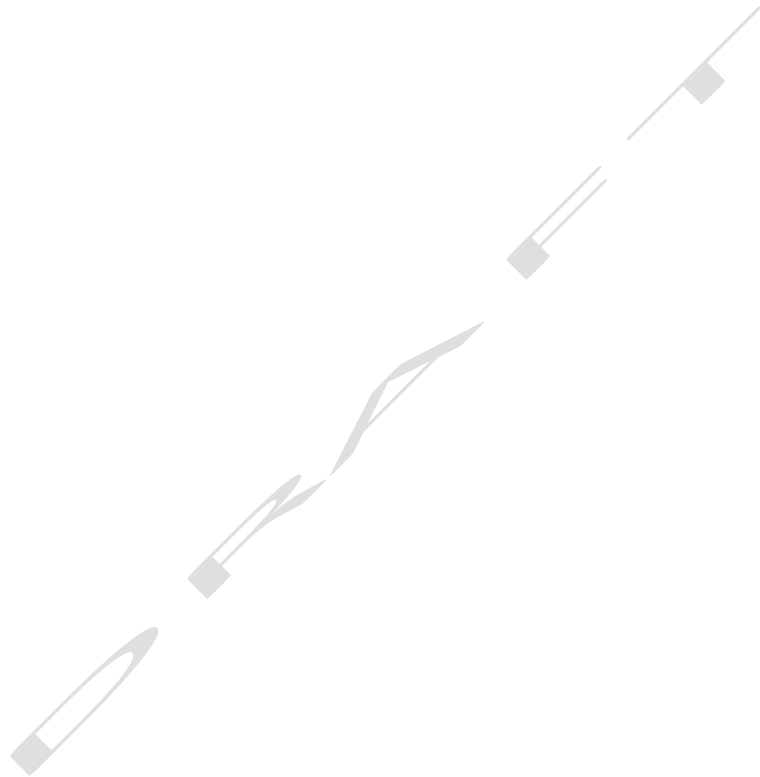
Progress to 30 September 2023

- Relaunch of Diverse Ethnicity Network with Coffee Connect sessions held in May 2023.
- Ethnically Diverse Staff Experience Survey opened in September 2023 and will run till 31 October 2023.
- Through the #SpeakingUp project, a further 21 confidential contacts were recruited and trained to offer support to staff who wish to speak up and raise concerns.
- Improved performance on iMatter: 78% of teams in NHS Fife now have an action plan. This reflects the best performance from a territorial board in NHS Scotland.
- NHS Fife Board has continued to engage staff through a programme of visits to a range of locations across Fife. Our Interim Chair has promoted the work of the board through a new Bitesize Briefing and regular updates to staff.



Planned Activity to 31st March 2024

- Complete analysis of the Ethnically Diverse Staff Experience survey.
- Establish a LGBTQ+ staff network.
- Finalise our Corporate Communication and Public Participation and Community Engagement strategies.



Recognising excellence and recognising staff achievements

Across NHS Fife, there are many talented colleagues who provide fantastic care for the population of Fife. It is not possible to share everyone's achievements, but examples include:

- Vicki Bennett and Simon Fevre were both recognised at the annual British Dietetic Association Awards celebrating outstanding individuals working within the dietetic profession from across the UK. Vicki was recognised with the Mary Turner Award for her outstanding work as a trade union representative, which Vicki combines with her role in Public Health. Simon was awarded with a Fellowship, the British Dietetic Association's highest honour, given in recognition of Simon's many years of committed and inspirational service to the dietetic profession.
- Debs Steven, Lead Pharmacist Pain Management, was awarded a Fellowship of the Royal Pharmaceutical Society for Distinction in the Profession of Pharmacy. Being appointed as a Fellow is one of the highest accolades that can be paid, as it recognises the distinction members have attained in their pharmacy career. As fellowship awards are based on nominations from members, it also signifies the high esteem in which colleagues are held by their peers.
- NHS Fife Children's community nursing team won the prestigious Children's Nursing & Midwifery Award at the Royal College of Nursing Nurse of the Year Awards. The team were recognised for the incredible support and care they provide to families whose children are diagnosed with complex and severe health conditions.

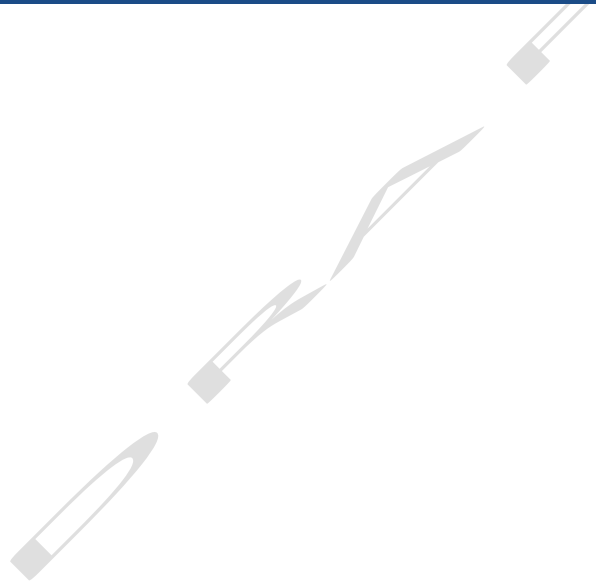
A [Celebrating Success](#) event was held in the summer 2023 where the fantastic work of all the medical trainees across NHS Fife was recognised. In September 2023, the [NHS Fife Staff Awards](#) was held acknowledging all of the outstanding work of NHS Fife staff.



Priority 4: Deliver value and sustainability

Ambitions

1. Provide the right services in the right places with the right facilities.
2. Ensure the best use of our buildings and land.
3. Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
4. Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
5. Deliver sustainable and effective resource allocation that supports value-based healthcare.



Progress update

SP 4.1 What we said we would do: Maximise the use of our buildings and land in line with service and community needs.

Progress to 30 September 2023

- A primary care premises review has been undertaken to understand the future requirements for space and facilities across GP Practices. The review identified 17 immediate, short, and medium-term recommendations. The immediate recommendations have now been completed with support of £2 million funding from Fife HSCP. This has resulted in the creation of an additional 61 consulting rooms across NHS Fife's primary care estate.
- The [Property and Asset Management Strategy \(PAMS\)](#) was submitted to Scottish Government. This outlined the investment required to address the challenges presented by the ageing estate.
- Analysis of our estate has shown that 62% of the estate is classed as green space. [NHS Fife Greenspace Strategy](#) was approved by the NHS Fife Board. The vision is to maximise the health promoting potential of the land and support the response to the climate emergency.
- An improved Day Surgery Unit Queen Margaret Hospital was opened as well as an improved A&E department with new signage and [web pages](#).
- NHS Fife are working with [Lucky Ewe](#) to explore a potential [Community Asset Transfer](#) (CAT) of land at Stratheden Hospital.

Planned Activity to 31st March 2024

- Complete the short- and medium-term actions from the primary care premises review in conjunction with the delivery of the Fife Primary Care Strategy.
- In conjunction with [Fife Climate Hub](#), planning will commence for a stakeholder event early in the 2024/25 financial year. This event will bring together a range of communities and groups with an interest in climate change across Fife and support the implementation of our Greenspace Strategy.



SP 4.2 What we said we would do: Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly.

Progress to 30 September 2023

- Scottish Government has requested NHS Boards develop plans for the NHS estate as a whole system to support prioritisation and allocation of resource. Supporting the development of the NHS Fife plan, a masterplan for the Victoria Hospital site has been drafted which will improve the experience of the site, build a green corridor supporting biodiversity, and support active travel.
- An upgrade of Ward 5 at the Victoria Hospital Kirkcaldy is underway. This is one of the oldest parts of the Victoria Hospital and will develop the ward into a fit for purpose clinical area.

Planned Activity to 31st March 2024

- Complete the refurbishment of Ward 5 by March 2024.
- Deliver additional capacity for the delivery of education within Cameron and Whyteman's Brae Hospitals.
- Continue to retrofit existing buildings to improve energy efficiency in line with commitments to reduce carbon emissions.
- Review the existing PAMS to ensure the focus on the refurbishment of the existing estate is in line with publication of new guidance expected by March 2024.
- Continue to update and develop the whole system plan for NHS Fife to support prioritisation and allocation of resources.



SP 4.3 What we said we would do: Redesign and develop mental health services in Fife, including fit-for-purpose inpatient and community-based services.

Progress to 30 September 2023

- Following publication of the NHS Scotland [Mental Health and Wellbeing Strategy](#) in summer 2023, Fife HSCP is developing an aligned strategic statement and associated delivery plan which responds to priorities for the population of Fife.
- Initial agreement has been prepared for the Mental Health Estates Project and is now progressing through internal governance.
- There has been commitment to funding for the next 3 years to improve the Mental Health estate across NHS Fife. Work has commenced to refurbish Ward 3 at Queen Margaret Hospital.

Planned Activity to 31st March 2024

- Engage the wider population of Fife and staff to support the development of the Fife Mental Health Services strategic statement and delivery plan.
- Finalise internal governance processes for the initial agreement of the Mental Health Estates Project.
- Complete refurbishment of Ward 3 at Queen Margaret Hospital and finalise plans for the next phase of work to improve the mental health estate across NHS Fife.



SP 4.4 What we said we would do: Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings.

Progress to 30 September 2023

- Investment of £1.8 million has been secured as part of a low carbon infrastructure programme. This has seen installation of solar panels, improvements to hot water systems, more accurate automated heating controls and optimisation of our fridge-freezers. This will make buildings more comfortable, reliable, and reduce carbon emissions.
- Reduction in use of medical gases and working with pharmacy colleagues to prepare to transition inhalers to non-greenhouse gas propellant inhalers.
- Published our [Climate Emergency and Sustainability Annual Report 2021/22](#) which outlines work towards achieving net-zero. The Climate Emergency and Sustainability Annual Report 2022/23 is being drafted. This suggests that since 2021/22, there has been reductions in Greenhouse Emissions of over 2%, reductions in medical gases of over 12% and a reduction in water usage of around 15%.

Planned Activity to 31st March 2024

- Complete the low carbon infrastructure investment programme with upgrades to windows at Whytemans Brae and Stratheden Hospitals.
- Secure funding for installation of LED lighting across the NHS Fife estates, a heat recovery system in the NHS Fife laundry and further funding for windows and insulation in the Fife College of Nursing.
- Finalise and publish of the Climate Emergency and Sustainability Report 2022/23.



SP 4.5 What we said we would do: Lower the environmental impact of travel by adapting the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.

Progress to 30 September 2023

- To support delivery of the 2025 target to decarbonise vehicles, plans are now agreed to increase the availability and usage of electric vehicles. Currently 44% of light vehicles and 6% of cars are electric. This number is expected to rise substantially between now and 2025.

Planned Activity to 31st March 2024

- Increase corporate electric vehicle charging infrastructure to support the transition to electric vehicles. Across Fife, there are already 61 charging points for corporate electric vehicles, and this will increase to 77 charging points by March 2024.
- Explore how to increase the availability of charging points for private vehicles (for example those belonging to staff, patients, and other visitors to NHS Fife) through collaborating with commercial companies.
- Encourage low carbon commuting through provision of a salary sacrifice scheme for staff to lease electric cars and expansion of the cycle to work scheme.



SP 4.6 What we said we would do: Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.

Progress to 30 September 2023

- Established the Electronic Health Record (EHR) Group to provide oversight to digital adoption in clinical settings.
- Conducted prioritisation workshop with Digital and Information (D&I) Board and EHR Group members.
- Extended data sharing arrangements with Scottish Ambulance Service to support sharing of electronic summaries.
- Appointment notifications being received by patients within Patient Hub for Pain Management and Vasectomy.
- Scanning of active health records for Cohort 1 complete.
- Federation between NHS Fife and Fife Council established on M365 platform to ease sharing of calendars and MS Teams.

Planned Activity to 31st March 2024

- Review the progress in delivering the existing Digital Strategy and present findings to the Clinical Governance Committee.
- Commence development of the future Digital Strategy and ensure alignment to national and local strategic priorities.
- Complete the prioritisation and planning to finalise the 2024-25 delivery plan via EHR Group and D&I Board.
- Implement Phase 1 and Phase 2 concurrently of the Laboratory Information Management System (LIMS).
- Commence the Hospital Electronic Prescribing Management Administration (HEPMA) project with replacement of Pharmacy Stock Control system.
- Finalise the Business Case for GP IT replacement programme.
- Other highlights of the work of the Digital Strategic Delivery Team are available in the [November 2023 Update](#).



SP 4.7 What we said we would do: Apply value-based healthcare principles that focus on achieving the outcomes that matter to people and targeting our interventions on what really makes a difference.

Progress to 30 September 2023

- A workshop bringing together a wide range of stakeholders from across NHS Fife was held in September 2023. This explored how we embed the aims and principles of value-based health and care in everything we do in Fife.

Planned Activity to 31st March 2024

- Following the workshop, an action plan has been developed to proactively support embedding value-based health and care in how we do things. For example, ensuring we include consideration of value-based health and care in all committee and board papers.

SP 4.8 What we said we would do: Use a structured approach to identify financial efficiencies, for example, through careful procurement of supplies and optimising the use of medicines.

Progress to 30 September 2023

- A £15.8m revenue overspend is reported for the first six months of the financial year for Health Board retained services. Despite the receipt of additional financial sustainability allocations for NRAC and New Medicines Funding from Scottish Government during June 2023, the Board financial position continues to track beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Planned Activity to 31st March 2024

- Assess and progress options to support financial recovery and minimise the overspend before the end of the financial year following the mid-year review.



Emergent opportunities and challenges

A range of opportunities and challenges are emerging as we consider longer term planning horizons. Below are some areas that we will be considering as we undertake our planning work.

1. Anchor Institution

We are producing an Anchor Strategic Plan that will be implemented over the next few years. This work represents a significant opportunity to achieve many of our ambitions in the Population Health and Wellbeing Strategy.

2. Changing risks associated with Covid-19

The risks associated with Covid-19 are changing. The success of the vaccination programme and increasing immunity means that the associated risk in the risk register will be reduced. Sustained reductions in this risk means that there are more options in how services are delivered and the focus can move to other strategic challenges.

3. Embedding Realistic Medicine and Value Based Healthcare learning

We are continuing to take forward work to help us to deliver more person-centred and responsive care that meets the needs of the population of Fife and considering how we can do things differently. Central to our approach is embedding the values and principles of Realistic Medicine and Values Based Healthcare which will help us deliver quality care designed around the needs of people.



4. Health and Care Staffing (Scotland) Act 2019 (HCSA /Safe Staffing)

Full implementation of the Health and Care Staffing (Scotland) Act will take place on 1 April 2024. This includes the commencement of monitoring and governance. Board reports are due to be submitted to the Scottish Government by 31 March 2025. NHS Fife must demonstrate how we have met the specific duties of the Act and provide information to the Scottish Ministers on the steps taken to comply with the legislation. The first Ministerial reports to Parliament are expected in April 2026.

The Common Staffing Methodology, as part of the Act, includes using the outputs of the staffing level tools and professional judgment to inform and ensure appropriate staffing in place for all staff covered within the scope of the Act.

5. New and Emerging Legislation

The Scottish Parliament continues to enact a range of legislation that will impact NHS Fife and the wider health and social care sector. For example, the creation of a Patient Safety Commissioner with a remit to ensure the safety of healthcare; a Housing Bill which may include a duty on the wider public sector (including NHS Scotland) to prevent homelessness; and the National Care Service. As legislation is enacted we will continually seek to provide good quality and appropriate care.



Appendix One: Glossary of abbreviations and acronyms

A&E	Accident & Emergency
ADP	Annual Delivery Plan
CAMHS	Child and Adolescent Mental Health Services
CARF	Citizens Advice and Rights Fife
CAT	Community Asset Transfer
CfSD	Centre for Sustainable Delivery
CPAG	Child Poverty Action Group
CT	Computed Tomography
CTAC	Community Treatment and Access Centres
CWT	Cancer Waiting Times
D&I	Digital and Information
DPH	Director of Public Health
ED	Emergency Department
eHNA	Electronic Health Needs Assessment
EHR	Electronic Health Record
FNC	Flow Navigation Centre
GCAS	Graduate Career Advantage Scotland
GHP	Green Health Partnership
GIRFE	Getting it Right for Everybody
HEPMA	Hospital Electronic Prescribing Management Administration
HSCP	Health and Social Care Partnership
ICJ	Improving Cancer Journey
iTIND	Second Generation Temporarily Implanted Nitinol Device

LED	Light-emitting diode
LGBTQ+	Lesbian, Gay, Bi, Trans. The plus stands for all other sexual orientations, gender identities or expressions, and sexual characteristics. Including (but not limited to) asexual, intersex, non-binary, pansexual, queer or questioning.
LIMS	Laboratory Information Management System
MA	Modern Apprenticeship
MAT	Medication Assisted Treatment
MDT	Multidisciplinary Team
MMR	Measles, mumps and rubella
NICE	National Institute for Health and Care Excellence
NRAC	New Medicines Funding
PAMS	Property and Asset Management Strategy
PCQA	Pastoral Care Quality Award
PHP6	Public Health Priority 6
QMH	Queen Margaret Hospital
RADAR	Rapid Access Detox Acute Referral
RADC	Rapid Access Diagnostic Clinic
RAS	Robotically Assisted Surgery
RCDS	Rapid Cancer Diagnosis Service
SPOCH	Single Point of Contact Hub
ToC	Test of Change
UNICEF	United Nations Children's Fund



Appendix Two: NHS Fife corporate risk register

Risk title (taken from risk register)	Score April 2023	Score Sept 2023	Target Risk Level	Trend ²
1. Population Health and Wellbeing Strategy	Mod 12	Mod 12	Mod 12 by 31/03/24	=
2. Health Inequalities	High 20	High 20	Mod 10 by 31/03/24	=
3. COVID 19 Pandemic	Mod 12	Mod 9	Mod 12 by October 2023	↓
4. Policy obligations in relation to environmental management and climate change	Mod 12	Mod 12	Mod 10 by 01/04/25	=
5. Optimal Clinical Outcomes	High 15	High 15	Mod 10 by 31/03/24	=
6. Whole System Capacity	High 20	High 20	Mod 9 by 30/04/24	=
7. Access to outpatient, diagnostic and treatment services	High 20	High 20	- ³	=
8. Cancer Waiting Times (CWT)	High 15	High 15	Mod 12 by 30/04/24	=
9. Quality & Safety	High 15	High 15	Mod 10 by 31/03/24	=
10. Primary Care Services	High 16	High 16	Mod 12 by 31/03/24	=
11. Workforce Planning and Delivery	High 16	High 16	Mod 8 by	=
12. Staff Health and Wellbeing	High 16	High 16	Mod 8 by 31/03/25	=
13. Delivery of a balanced in-year financial position	High 16	High 16	Mod 12 by 31/03/24	=
14. Delivery of recurring financial balance over the medium-term	High 16	High 16	Mod 12 by 31/03/24	=
15. Prioritisation & Management of Capital funding	Mod 12	Mod 12	Mod 8 by 1/04/26	=
16. Off-Site Area Sterilisation and Disinfection Unit Service	Mod 12	Mod 12	Low 6 by 01/04/26	=
17. Cyber Resilience	High 16	High 16	Mod 12 by	=
18. Digital & Information	High 15	High 15	Mod 8 by April 2025	=

² = risk stayed the same, ↓ risk falling, ↑ risk increasing

³ It is not possible to provide a target risk and date given the uncertainty over future availability of funding.

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

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




To find out more about accessible formats contact:

fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

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Meeting:	Fife NHS Board
Meeting date:	30 January 2024
Title:	Anchor Programme Update and Draft Strategy
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Sharon Crabb, Public Health Service Manager Neil McCormick, Director of Property and Asset Management David Miller, Director of Workforce Kevin Booth, Head of Financial Services & Procurement

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Operational Plan
- Government policy / directive
- Local policy

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

[The NHS Scotland Annual Delivery Plan Guidance](#) included a requirement for all NHS Boards to set out their initial approach to developing an Anchor Strategic Plan. The Anchor Strategic Plan for Fife (Appendix 1) covers five-years in line with the overarching Population Health and Wellbeing strategy and framed with reference to how it will support a 'prevention' public health approach and contribute to both community wealth building and reducing child poverty.

This Anchor Strategic Plan is presented to the Board for assurance.

2.2 Background

Anchor institutions are large organisations have an important presence in a place, usually through a combination of being large scale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets. They are called 'anchors' to reflect the deep roots within the communities they serve.

The Health Foundation's report into the role of the NHS as an anchor institution, [Building Healthier Communities](#), was published in August 2019 and underpins much of the thinking in relation to developing anchors work in Scotland.

The Scottish Government has established a workstream within the Place and Wellbeing programme which has an ambition to strengthen the positive impact of NHS Boards on the health of their local population. The overall aim is to support health bodies to be effective anchor institutions and to do this through procurement of goods and services, employment practices and through creative use of land and assets.

In April 2021, NHS Fife established an Anchor Institution Programme Board, chaired by the Chief Executive, with the aim of providing strategic leadership to the development of NHS Fife as a recognised Anchor Institution in order to support NHS Fife's key objective to continue to work to reduce poverty and inequality. In May 2022 the Portfolio Board agreed to establish a small operational group to meet regularly to progress our action plan.

This year, guidance was provided to territorial requesting that their Annual Delivery Plans include an Anchor Strategic Plan. The expectation was this should set out:

- How you are currently working in partnership, or intend to work in partnership, with other local anchors to progress your plan and/or develop joint plans; you should make specific reference to engagement with your Local Employability Partnership(s) and Community Planning Partnership(s).
- The actions you have taken and/or plan to take to:
 - maximise local, progressive procurement of goods and services.
 - provide fair work opportunities for new employment and for existing staff.
 - use and/or dispose of your land and assets for the benefit of the local community and local economy.
- The governance arrangements within the NHS Board to progress your Anchors Strategic Plan.
- Cross-reference to the relevant part of your Strategic Workforce Plan that sets out how you will 'enhance local supply pipelines and cement your role as an 'Anchor institution' for instance your approach to apprenticeships and community outreach'.

The draft NHS Fife Anchor Strategic Plan was presented to Public Health and Wellbeing Committee in September 2023 and submitted to Scottish Government in November 2023. Organisational Anchor ambitions are set out in the Annual Delivery Plan and in the Midterm Delivery Plan submissions.

Work has progressed within the national Anchors workstream to develop metrics which will be used by all Boards to measure progress and impact of their strategic plans. The metrics were issued to Boards in November 2023 with the request that Boards complete a baseline assessment and submit this to Scottish Government by 31st March 2024.

2.3 Assessment

NHS Fife has already developed some aspects of Anchor work, and the process of prioritising areas of focus had begun ahead of the strategy request. NHS Fife has agreed to follow the themes set out by the Health Foundation: purchasing more locally for social benefit, widening access to quality work, using buildings and spaces to support communities, reducing environmental impact, working more closely with local partners.

The Anchor Operational Group have repeated the local self-assessments over the last year, capturing progress and highlighting priority areas within the three focused Anchor dimensions. Updates have been provided to the Public Health and Wellbeing Committee as this work has progressed.

The Public Health and Wellbeing committee have received papers focussing on Youth employment (Jan 2023) and Community Benefits Gateway (May 2023). Bids made through the gateway are awaited and work continues with third sector agencies to strengthen the process. Links are continuing to be made to strengthen Community Wealth Building and Reducing Child Poverty intentions.

The Strategic Plan which has been developed focusses on three of the dimensions of an anchor institution. Progress to date and future aims within each of these dimensions is set out below.

Procurement

There are a number of priority areas the procurement team are progressing in 2023/24 and the following years of the strategic plan. Key progress has been made in the following elements during 2022/23:

Living Wage Accreditation – Following the third and final round of engagement with applicable contractors, the Boards application to the Living Wage Foundation was submitted on the 31st July 2023. Discussions with the Living Wage Foundation progressed well, and accreditation was achieved in August 2023. Work was undertaken by the communications team to highlight this achievement to our stakeholders.

Community Wealth Building – The Triage Subsite developed in partnership with Fife Voluntary Action (FVA) and Public Health in March 2023 to facilitate more diverse and a greater number of community benefit bids from the local communities of Fife. FVA are actively working with a number of interest groups to develop bids which if and when applicable will be redirected to the National site for registering. Once the bids are live procurement will liaise with existing suppliers to support prompt fulfilment.

Supporting and improving the cashflow in the local economy – Procurement have embarked on a workstream to reduce the length of time and the number of active queries outstanding on supplier invoices to support improved payment performance to suppliers in the coming months.

Land and Assets

The 2030 Greenspace Strategy which aims to identify the areas where we could encourage local access to our green spaces within a number of key themed areas in line with our Anchor objectives. This Strategy is built on a digital mapping system which has identified that 62% of our estate is greenspace.

The Property and Asset Management Strategy (PAMS) is also being developed in line with our Anchor objectives and was taken to the Board in September 2023.

We continue to work with the Scottish Government to identify if there are potential pilot areas within Fife that we could consider as part of the National work around Anchors and the use of our Land and Assets.

Workforce

Under the Widening Access to Quality Work theme, our focus is on building on our employability activity to enhance our ability to attract members of our local communities to commence their employment with NHS Fife through appropriate programmes to support and develop career pathways. Review of the programme aims were refreshed in 2021, the current emphasis is on the extended use of Apprenticeship programmes. Initially this has been focused on Modern Apprenticeship although opportunity for extending both Foundation and Graduate Apprenticeships will be a feature in future. In collaboration with Fife College, the Nursing Practice Education and Professional Development team have consolidated our initial Modern Apprenticeship Programme for Healthcare Support Workers. This commenced in January 2023 for a first cohort of 22 into a rolling programme of up to 3 cohorts a year for 20-25 places. Work which has been led through the Allied Health Professional teams is in progress to develop Foundation Apprenticeships in Radiology, Pharmacy and Physiotherapy and Occupational Therapy.

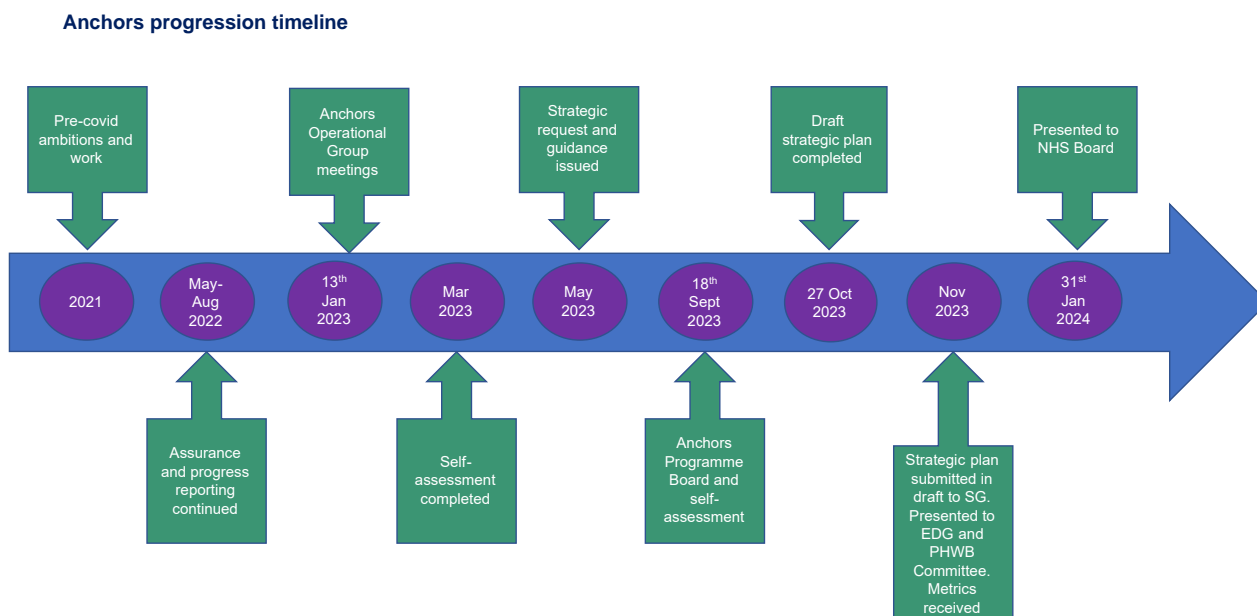
Successful links have been made with St. Andrews University, offering internship opportunities within our Estates and Facilities department.

Plans are being developed to add additional resource to our employability team to support coordination of organisational work activity as programmes expand across service areas. This will also allow us to build on the work that is being undertaken by our NHS Fife Schools Engagement Network to support NHS careers promotion activity. We are working with Fife Council and other partner organisations to consider recruitment adjustments to support entry level access to job opportunities. We have also commenced work with Department of Work and Pensions initially in support of their NHS Scotland Carer to Carpenter campaign in June 2023, and now looking at themes around work placement to build collaboration on their work coaching programme.

As our understanding of what it means to be an Anchor Institution develops, we have an emerging ambition to have Anchor themes threaded through the work of NHS Fife, building of links and networks with other partners and third sector agencies. This work is progressing but will take time. The self-assessment tool is used by the newly established Anchor Operational Group to track progress and generate priorities. Progress will be reported to the Anchor Programme Board and the programme will continue to provide regular updates to the Public Health and Wellbeing Committee.

The Anchor ambitions set out in the strategic plan will progress in tandem with the Population, Health and Wellbeing Strategy, over a five-year period. The inclusion of service delivery and exemplar employer dimensions will be threaded into the Anchor Strategy over the coming year, coupled with the metrics from employability, procurement and land and asset dimensions.

Figure 1 – Anchor ‘Strategy Development’ Engagement Timeline



2.3.1 Quality / Patient Care

The quality of some of our support services may be improved by being more directly linked to local businesses and organisations. No direct impacts on quality or patient care have been identified.

2.3.2 Workforce

Widening access to employment will have a positive impact on reducing health inequalities of the local population. In the longer term, anchor approaches are an opportunity to build capacity in key areas. Staff health and wellbeing may be improved by having more direct links into for example the local food economy, and by improving our impact on the environment.

2.3.3 Financial

The Anchors strategic plan does not have any direct cost implications. No additional financial costs have been identified.

2.3.4 Risk Assessment / Management

The development of a Strategy will provide a benchmark for NHS Fife to progress all aspects of being an Anchor Institution. Operationally updating the progression framework and reporting to the Anchor Programme Board. The strategic plan will contribute to mitigating health inequalities and is one of the management actions that contributes to addressing the health inequalities Corporate risk.

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

Operating as an Anchor Institution and contributing to community wealth building will impact positively on reducing health inequalities. An EQiA will be finalised once identified areas of action have been agreed.

2.3.6 Climate Emergency & Sustainability Impact

Scottish Government acknowledged climate action as being a key focus within Anchor work. However, for reporting purposes the Annual Delivery Plan guidance advises that existing monitoring mechanisms for climate response and sustainability will continue to be used and therefore there is no requirement to include climate reporting within the Anchor Strategy. The core of recognising ourselves as an Anchor Institution is impacting in a positive way on our local economy and environment. Although no direct reporting of progress is required at this stage; Scottish Government acknowledged there will be ongoing progress through other focused areas of work.

2.3.7 Communication, involvement, engagement and consultation

A national communications strategy for the Anchors workstream has been developed. This recognises that there is still limited understanding among wider staff groupings of the concepts of anchor institutions and how staff can contribute. Engagement and consultation particularly with our own staff groups is recognised as important, and this will form part of the strategy.

Presentations have been delivered to Senior Leadership Teams within Acute on 27th July 2023, HSCP on 7th August 2023 and AHP on 5th September 2023. Further engagement was made with Area Partnership Forum on 22nd November 2023 with future dates anticipated for Integration Joint Board and Area Clinical Forum.

2.3.8 Route to the Meeting

The Strategic Plan has previously been considered by The Executive Directors Group on 2nd November 2023 and most recently the Public Health and Wellbeing Committee on 6th November 2023.

2.4 Recommendation

Assurance

NHS Fife Board are asked to take assurance from the Anchors Strategic Plan and work which is underway to complete the baseline measurement.

3 List of appendices

The following appendix has been included with this report:

- Appendix No. 1, Draft NHS Fife Anchor Strategic Plan

Report Contact

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Fife Health
& Social Care
Partnership



Anchor Strategic Plan 2023–2028



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Executive summary

Building healthier communities in Fife

Welcome to the first Anchor Strategic Plan for NHS Fife and the Fife Health and Social Care Partnership (HSCP). Our services are rooted in Fife, and we are here through thick and thin, working within our communities. The differences in health and wellbeing across Fife are strongly related to poverty and these differences have become more marked since the pandemic. The first of our strategic priorities is a commitment that we will work to close the inequality gap, ensuring that all people in Fife can flourish.

Led by the work of the Health Foundation, it is now recognised more clearly that in addition to the services we provide, large Anchor organisations such as the NHS can bring additional social and economic value to the local populations where they are based. Specifically, there are opportunities through using procurement and spending power, workforce and training, and use of buildings and land for public benefit, which we can strengthen to influence and improve population health.

The recently published NHS Fife strategy, living well, working well and flourishing in Fife, contains a firm commitment to progress our Anchor ambitions. This plan sets out what NHS Fife and Fife HSCP will prioritise for action and how we will measure our progress. We are committed to collaboration with partner organisations in Fife, to maximise what we can do together in this place. It is a first step on a journey to embed an ethos and ongoing contribution to the wider wellbeing agenda across Fife with our public, third and voluntary sector and private sector partners.

Dr Joy Tomlinson
Director of Public Health
NHS Fife



Introduction

As a large organisation connected to our local area and community, we recognise that we can make a positive contribution as an anchor institution.

We said in our Population Health and Wellbeing Strategy that NHS Fife are committed to improving the health and wellbeing of our communities, improve the quality of health and care services we provide, improve our staff experience and wellbeing and deliver value and sustainability. Scan the QR code or visit nhsfife.org/strategy to read the strategy.

The Strategic Plan for Fife 2023 to 2026 sets out how health and social care services will evolve over the next three years and continues the journey to improve outcomes for the people of Fife, through the integration of health and social care. Scan the QR code or visit www.fifehealthandsocialcare.org.

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Background

The Health Foundation worked in partnership with the [Centre for Local Economic Strategies \(CLES\)](#) and [The Democracy Collaborative](#) to understand how NHS organisations act as anchor institutions in their local communities and can positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities. By working in partnership with the CLES and The Democracy Collaborative we now better understand how NHS organisations act as anchor institutions in their local communities and can positively influence the social, economic and environmental conditions in an area to support healthy and prosperous people and communities.

What makes an anchor institution?

NHS organisations are rooted in their communities. Through its size and scale, the NHS can positively contribute to local areas in many ways beyond providing health care.

As an anchor institution, the NHS influences the health and wellbeing of communities simply by being there. But by choosing to invest in and work with others locally and responsibly, the NHS can have an even greater impact on the wider factors that make us healthy.

Community Wealth Building

Community wealth building is a people-centered approach to local economic development to improve communities and their wellbeing, redirecting wealth back into the local economy, placing control and benefits into the hands of local people.

We know that if we concentrate on Scotland's Public Health Priorities, use our resources and by being an Anchor institution, we are pushing forward with Scotland's ambition of promoting a wellbeing economy. We are looking at our actions that can lessen inequalities, reduce child poverty and build wealth within our communities by having a firm focus on a "prevention" public health approach.



We employ people from local communities through fair and equitable employment practices and pay a living wage.



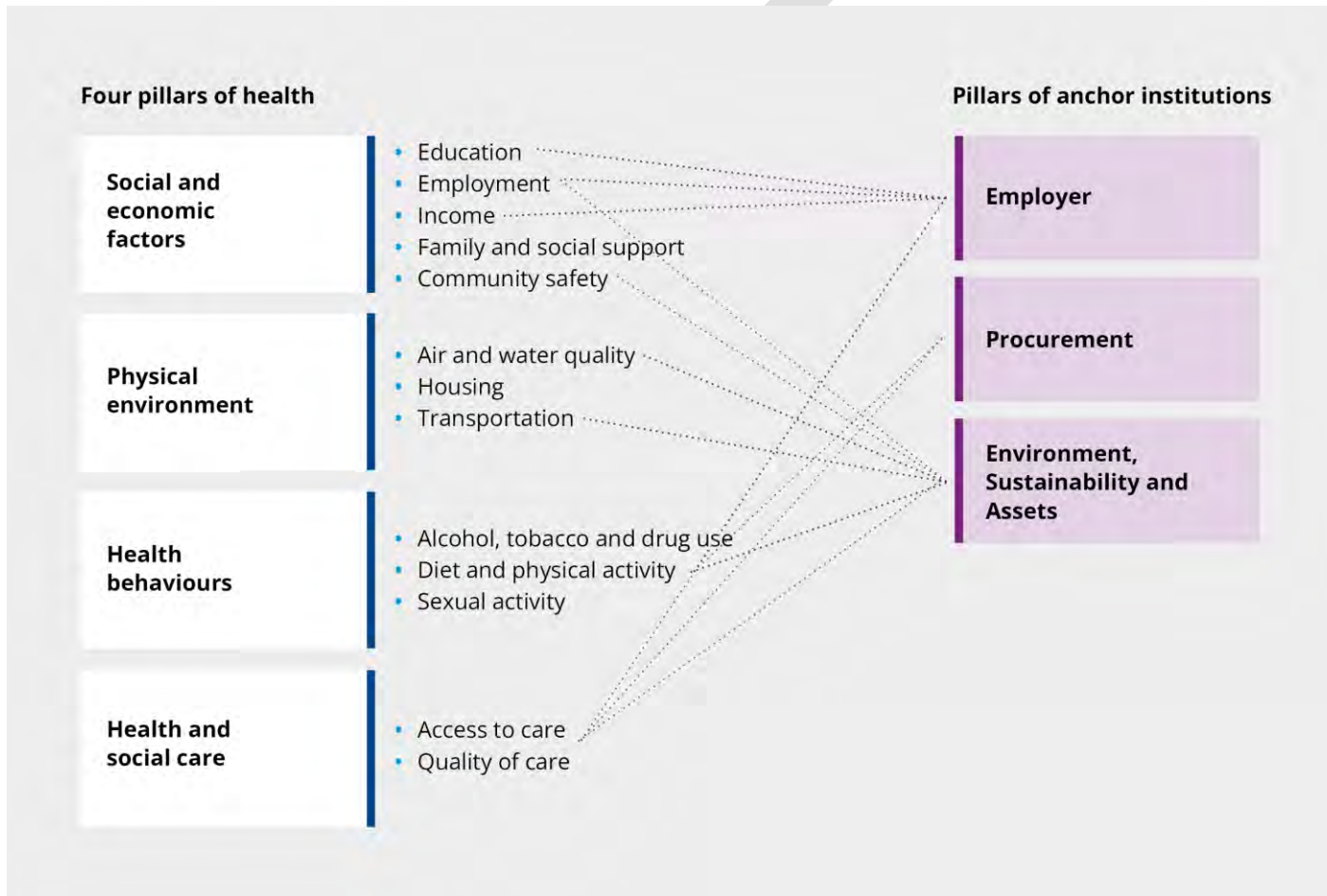
We use our land and buildings to support local communities and influencing health and wellbeing in education, housing and employment.



Purchasing goods and services locally where appropriate to support businesses in Fife.

Diagram 1 below shows how our Anchor work threads through all the 4 pillars of health; identifying factors that can influence how we stay healthy and how these link together.

Diagram 1: Influence of Anchor Institutions on pillars of health



Our focus through our Anchor work will be to continue taking positive steps to make this happen.

Fife as an Anchor Institution

As a large and well-established organisation, we are deeply rooted in the local community and understand that working together with our partners and local communities can help inject wealth back into our population within Fife, reduce health inequalities, and shape the health of our population. We can achieve this by sharing our resources and assets to maximize the wealth within our communities, influencing socio-economic determinants of health, providing fair employment opportunities, purchasing locally, using our procurement influences, and strengthening organisational and community partnerships.

As one of the largest employers in Fife, and a resource and service provider to a large proportion of people who live in Fife, we stand firm within our community. We recognise that we have always been an Anchor Institution with powerful relationships with other local partners and have been working on progressing Anchor ambitions since 2021. Therefore, have aligned our anchors work with existing strategies within NHS Fife, Fife Health and Social Care Partnership and external partners to continue to embed our anchor ambitions into future strategies. Diagram 2 demonstrates a timeline of NHS Fife’s Anchor journey.

We will continue to strengthen existing links and develop links with new partners and third sector agencies to better understand our communities and their needs. By engaging with them through community groups and working in collaboration we will pull on these priorities to make a real difference. Looking at our levers of influence will allow alignment initially with the three Anchor dimensions and our cross-cutting ambitions detailed in our Population Health and Wellbeing Strategy. We will include the other two dimensions in our future Anchor strategic plans.

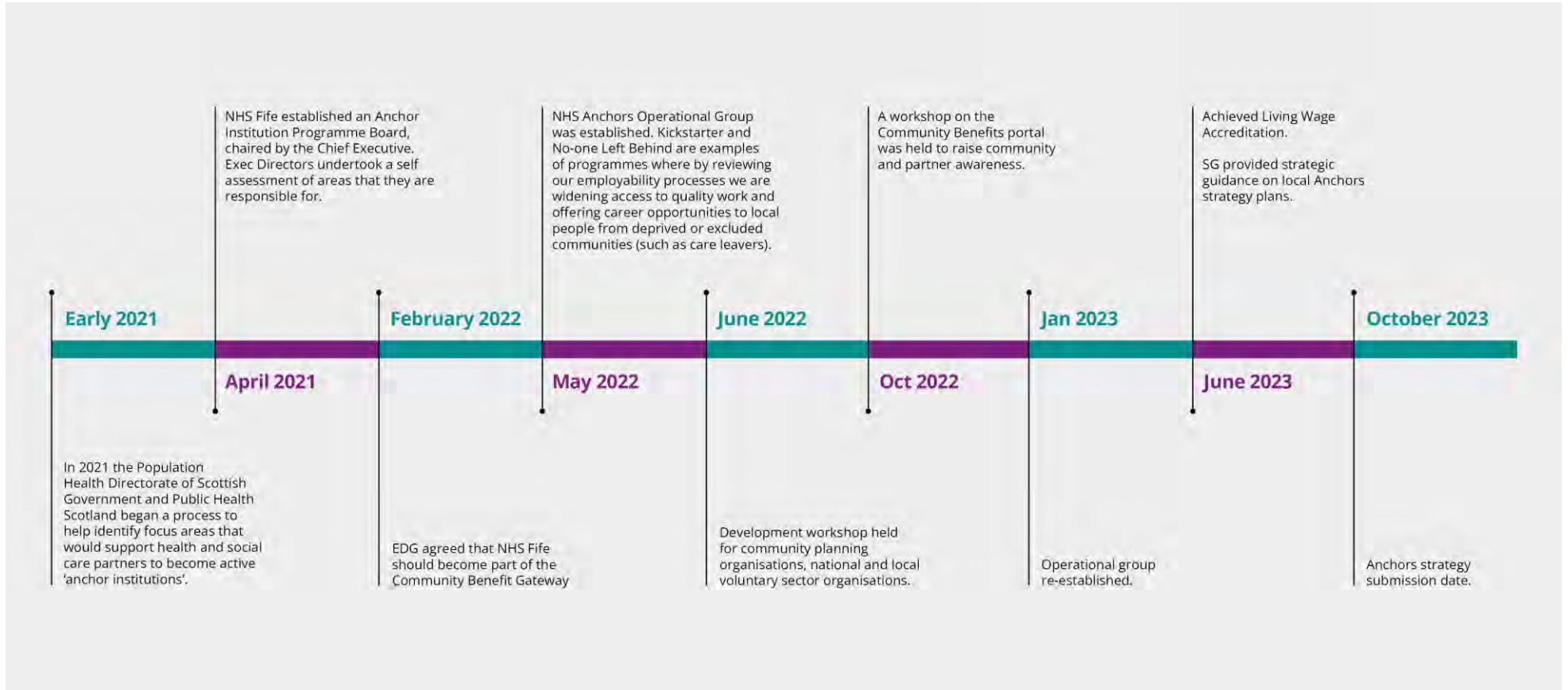
By working as an Anchor Institution we can have an impact on reducing health inequalities. Particularly through our policies and progressing with our ongoing Anchor ambitions for employability to offer fair meaningful jobs for all by paying the living wage, procurement and spend by buying and spending locally; supporting other local businesses to do the same; investing locally and encouraging others to do the same and using our land and assets for the common good of the local community.

Our ambitions will help to reduce poverty, improve population well-being, build wealth and invest in our local communities, bring our communities together and help address Scotland’s Public Health Priorities.

Anchor institution dimensions



Diagram 2: Timeline of programme



Food4Fife

Food is a basic human need. Fife produces some of the best food and drink in the world. The food sector supports and creates jobs the length and breadth of the Kingdom.

The people of Fife deserve to have access to the best produce Fife and Scotland has to offer, whether growing it themselves, buying it directly from local producers, choosing it at a retail outlet or being served it at school.

People increasingly want to know where their food has come from, who made it, the food miles involved, the environmental impact of its production and how it supports local jobs and communities. Increasing the ability to access locally produced food has enormous potential to enrich lives, improve diets, reduce and regenerate environmental damage and increase community wealth.

Our aim is to take steps to create a Fife that connects our communities to the ecosystems that support us and each other. To help us achieve this we have been working with Fife Council, Fife Environmental Partnership, Fife farmers and food businesses and Fife Community Climate Action Network, aiming to:

- Work to stop and prevent food insecurity for all by providing dignified, fair access to healthy affordable food.
- Grow food in Fife that is climate friendly and climate ready. This will reduce waste, redistribute excess, support “soil healthy” and biodiversity.
- Empower Fife’s food community and citizenship through communication and increased access to growing spaces, food skills and education.
- Use Fife’s public procurement for community wealth building, we will bring local food into our public buildings including schools, hospitals and learning institutions.
- Support local food producers and suppliers to create a food economy and culture that supports the living wage.
- Work in partnership across all parts of the food system, driving positive change through leadership and a Fife-wide food strategy.

Food4Fife plays an important part of NHS Fife’s ambitions to be an Anchor Institution, with particularly close links to our current priorities of sustainability, procurement and employability.



Anchor institution priorities

Employer

NHS Fife is committed to providing fair and equitable employment opportunities to all members of the community.

Employer Anchor Achievements:

- Achieved Living Wage Accreditation
- By working with our partners, a focus has been made on Modern Apprenticeship, both Foundation and Graduate Apprenticeships, including Healthcare Support Workers
- Employability activity continues and has been built on to attract all members of our communities including the harder to reach, this includes working with the Department of Work and Pensions to support their NHS Scotland Carer to Carpenter campaign in June 2023

NHS Fife ambitions are focused on promoting a range of career pathways and developing their workforce. The development and launch of a new leadership framework that emphasises compassionate leadership in an open, transparent, and nurturing culture will demonstrate NHS Fife's commitment to strengthen our focus on employability working towards NHS Fife becoming an exemplar employer. This will be achieved by committing to extending foundation apprenticeships into other areas within the organisation, allowing for a wider and more diverse workforce.

To support this, work will continue with NHS Fife Schools Engagement Network and Fife Council to promote NHS careers and consider recruitment adjustments to support entry-level access to job opportunities. Work with Fife Council and other partners will also continue with the development of employability through Progressive Recruitment and a Life Chances Approach for Fife, offering 13-week employment placements within NHS Fife.



Re-establishing links with the Developing the Young Workforce Fife Regional Board will strengthen the ambition to provide employment opportunities to young people.

Graphic design internship

Over the summer, our corporate communications service approached Fife College with a view to bringing in a graphic design intern. The internship, which was pitched at students from the college's HND visual communications course, resulted in numerous applicants of a very high standard being interviewed for the role.

Deni was appointed and joined the team for two months ahead of her continued studies at Duncan of Jordanstone College of Art and Design in Dundee. During her time with us, Deni worked closely with our experienced graphic designer, Jason, to enhance her existing design skills. She worked with specialist software to help create a variety of assets that were used by NHS Fife across various design projects, including conceptualising posters, creating eye-catching social media graphics, and learning more about the importance and impact of layout design, colour theory, and typography.

The internship was the first of its kind for our corporate communications service, but its success has ensured we will continue to work with Fife College to provide opportunities to local designers in future. Not only that, but the service will also be actively involved in the coming academic year, with members of the team being invited to speak to students as part of the HNC visual communications course.



Modern apprenticeship (MA) in pharmacy services

By working in partnership with NHS Lothian Pharmacy and Fife College we have been piloting a Modern Apprenticeship access qualification at SCQF L6. This qualification will aid the development of Pharmacy Support Workers to progress within their career and can also assist others within our communities to achieve entry qualifications that would support an application to become a Pre-Registration Trainee Pharmacy Technician.

We currently have eight staff within NHS Fife Pharmacy team enrolled, six undergoing a 10-week knowledge block course and two enrolled straight into the Modern Apprenticeship route.



Procurement

NHS Fife will help build wealth within our communities by using our purchasing power on goods and services to support and enhance community wealth building.

Procurement Anchor Achievements:

- A triage subsite for community benefits was developed by working in partnership with Fife Voluntary Action and Public Health
- By working in partnership with Fife Voluntary Action NHS Fife supported appropriate local community bids to be fed into the National Community Wealth Building Portal for matching

By recognising the value of achievements and the impact that can be made to community wealth building NHS Fife will strive to increase local, social enterprise and supported business spend in comparison to 2022/23. This will be achieved through a local review and supported by continuing to work closely with Fife Voluntary Action to raise awareness and promote the Local Community Wealth Building portal with suppliers to support the successful matching of bids.

NHS Fife will continue to consider and include community benefit clauses for all procurements of £50k and above. Consideration is being given to expanding the inclusion of community benefit clauses to all Public Contracts Scotland Quick Quotes (£15k+). This will widen the potential number of community benefits delivered and raise greater awareness of NHS Fife Anchor Institute ambitions with our suppliers.

To improve effectiveness, NHS Fife will develop the Procurement Officers wider understanding of the Boards Anchor Institution aims and ambitions, providing training to the team on community benefits, fair work practices and sustainable procurement practice. This will ensure better application of knowledge to future procurement activity and enabling engagement with our employees.



NHS Fife will continue to split suitable larger contracts into lots, potentially making them more manageable for smaller suppliers. This will encourage local small/medium sized enterprises, social enterprises and supported businesses to tender for future contracts. We will continue to encourage National Procurement to include “lots” where applicable during Commodity Advisory Panel meetings for any national contracts.

NHS Fife will continue to engage with local suppliers through attendance at local meet the buyer events and the P4H annual conference to communicate upcoming contract opportunities and encourage a wider number of local suppliers to tender for contracts with NHS Fife. The flow of funds within the local economy will continue to be supported by actively engaging with services and suppliers, resolving any order queries to ensure supplier invoices can be promptly paid.

Whilst NHS Fife has successfully achieved its Living Wage accreditation in 2023, we will progress towards maintaining the accreditation by ensuring Fair Work clauses, including payment of the real living wage and good employment practices are included in standard contract terms and conditions for all future applicable contracts. Procurement will also continue to promote NHS Fife accreditation to suppliers and encourage their engagement.

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Environment, sustainability and assets

NHS Fife will use and/or dispose of our land and assets for the benefit of the local community.

Environment, Sustainability and Assets Anchor Achievements:

- Worked with Scottish Government as a pilot site for Anchors Land & Assets dimension, to build on community Wealth within Fife
- Published our NHS Fife 2030 Greenspace Strategy
- Worked collaboratively with community groups to consider community asset transfers
- Liaising with Lucky Ewe with respect to a Community Asset Transfer (CAT) for land at Stratheden

By recognising the value of achievement made NHS Fife are committed to exploring further opportunities by continuing work with Scottish Government to develop potential pilot sites and with community groups from ambitions within our Greenspace Strategy; this includes making our land and assets more accessible. These actions will help to reduce preventable ill health and to offer every community access to outdoor cultural and leisure opportunities.

Working collaboratively with Food4Fife will allow the opportunity and connections to be made to seek local food and allotment groups who may want to develop projects on our land. NHS Fife are committed to extending this by advancing with other local food projects and preparing a bid to the second year of “Better Food for All.”

NHS Fife is committed to exploring renewable energy potential for all our identified greenspace sites by working closely with Community Energy Scotland. The ambitions will be strengthened by securing funding through Head of Capital Planning and NHS Facilities the Scottish Government for future energy and greenspace projects.

NHS Fife will progress with Promoting Climate Action Fife’s behaviour change programme to NHS Fife staff, patients, partners and communities.



Kathryn and Yasmine success

In summer 2022 Yasmine and I (Kathryn) had the privilege of carrying out a 2-month sustainability internship within the estates department at NHS Fife. Both students at the University of St Andrews at the time, we came across this opportunity on the university careers hub and were so excited to get sustainability experience within such an important public sector organisation in our local area.

This internship encompassed 2 projects; one which looked at reducing commuter emissions in partnership with MobilityWays and the other that involved using GIS technology to create a digital map of our estate to gain a better understanding of our greenspace. Both projects were extremely rewarding and provided great insight into not only the measures NHS Fife is taking to reduce its environmental impact, but also how the health board intends to implement these changes and the many processes involved.

Having graduated in June 2022 and upon completing the 2 month internship, in January 2023 I came back to work full time as a sustainability officer. I have already learnt so much and have enjoyed leading on a range of projects that aim to encourage more sustainable practice at the board. Yasmine graduated in June of this year and in September also came back to NHS Fife to work full time, taking a particular lead on developing our Environmental Management System.

We are both really enjoying being part of the sustainability team at NHS Fife and are so grateful for this opportunity to start our careers in the NHS doing something we are both extremely passionate about.



Monitoring and Evaluation

Our Anchors Operational Group will continue to meet regularly, this group offers wide representation from NHS Fife and Fife Health and Social Care Partnership. From these meetings we will continue to review our progress and build on our Anchors aspirations. We will also monitor our progress twice per year through self-assessment, using the Public Health Scotland Progression Framework. This will align with progress reporting to our NHS Fife Anchors Programme Board.

Anchor deliverables and milestones are reported and captured within NHS Fife Annual Delivery Plan and is focused in the NHS Fife Medium Term Plan. The route of reporting is made to the NHS Fife Executive Director Group, NHS Fife Public Health and Wellbeing Committee, NHS Fife Board and Scottish Government.

Communication and Engagement

As we progress through our Anchor journey, we will regularly report on the progress of our strategy with staff, partners and the public. We will communicate our Anchor ambitions more widely within our organisations as well as with within our partner groups. We have been able to engage with many of our Senior Leadership Teams, sharing progress and giving opportunity to explore what being an Anchor means to them and their teams. We have reached out to third sector agencies, being visible and exploring our shared visions and ambitions.

Our work will move forward with our partners and key organisations to drive forward our collective Anchor ambitions. Our key partners are, for example Fife Council, Fife Voluntary Action, local community partnership groups, other NHS Boards, Public Health Scotland and Scottish Government. It is important that we do this to make sure all our work is joined up and benefits our local communities in Fife.

We have begun building stronger relationships with local education settings, for example local high schools, colleges and universities. This is not only to widen opportunities for our exiting staff but also to provide opportunities for others who would consider employment and build a career within NHS Fife or key partner organisations.

By doing all of this we will provide assurance that we are achieving what we said we would and demonstrate our commitment to embed an Anchor culture to improve what we do.

We provide accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

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

To find out more about accessible formats contact:

fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

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Meeting:	Fife NHS Board
Meeting date:	30 January 2024
Title:	Annual Climate Emergency & Sustainability Report 2022/23
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Jimmy Ramsay, Head of Sustainability

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Emerging issue
- Local policy

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

- Effective

2 Report summary

2.1 Situation

Under paragraph 65 of the Policy for NHS Scotland on the Climate Emergency and Sustainable Development (DL (2021) 38), each NHS Scotland body must publish a report on its public website each year by 31 January summarising its progress against the aims of this policy using a template approved by the Scottish Government Health and Social Care directorates (SGHSC) for that purpose.

The report will be approved by the NHS Scotland body's Chief Executive and be provided to:

- The NHS Scotland body's staff
- The NHS Scotland's body's board members; and
- SGHSC

2.2 Background

The Scottish Government (SG) require a number of reports to be provided annually in respect to Climate Emergency and Sustainability:

Public Bodies Climate Change Report

Our return was made by the end of November 2023 in keeping with statutory requirements and a copy submitted to SG for information.

2.3 Assessment

The Draft Annual Climate Emergency and Sustainability Report 2022/23 is attached at Appendix 1.

Following support at the Public Health & Wellbeing Committee on 15 January 2024, the report is presented to the NHS Fife Board for approval in order to allow publication and to meet the requirements from the SG.

2.3.1 Quality, Patient and Value-Based Health & Care

This is a retrospective review of Climate emissions and approach to the Climate Emergency by NHS Fife.

There are no direct impacts on patient care.

There will be an increasing emphasis on sustainable care moving forward.

2.3.2 Workforce

n/a

2.3.3 Financial

n/a

2.3.4 Risk Assessment / Management

The report identifies the Climate Change Risk Assessment that has taken place.

There is an overall corporate risk identified in terms of delivering the requirements of the National Policy and Strategy.

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

An Impact Assessment has not been carried out.

2.3.6 Climate Emergency & Sustainability Impact

The report is provided on an annual basis and will allow NHS Fife to monitor progress towards the policy and strategy related to Climate Emergency & Sustainability.

2.3.7 Communication, involvement, engagement and consultation

There has been no specific activity in this area.

2.3.8 Route to the Meeting

The report has been considered by:

- EDG on 21 December 2023
- PH&WC on 15 January 2024
- NHS Fife Board on 30 January 2024

2.4 Recommendation

NHS Fife Board members are asked to approve the Annual Climate Emergency and Sustainability Report 2022/23 for publication.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, 'draft' Annual Climate Emergency & Sustainability Report 2022/23

Report Contact

Neil McCormick

Director of Property & Asset Management

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Property and Asset Management

NHS Fife Annual Climate Emergency and Sustainability Report

2022-2023

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Published March 2023

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1. Introduction

This is NHS Fife's annual Climate Emergency and Sustainability Report covering the financial year 2022/2023.

NHS Fife provides health care services to the 375,000 people who live in Fife and employs approximately 9,805 members of staff of which, 7,955 are WTE staff.

As part of NHS Fife's commitment to becoming a net zero health board by 2040, and to meet the requirements set out in the NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026, we have prioritised sustainability across many areas of our organisation. This has involved putting great effort into reducing greenhouse gas emissions as well as transitioning to more sustainable practices, where possible. This report aims to capture the board's progress and highlight the key areas we have been working on as part of our commitment to sustainability.

At NHS Fife, our key focus will always be the health and wellbeing of our staff and patients. However, as a key public sector organisation and anchor institution in Fife, we have the opportunity to demonstrate environmental stewardship by limiting our impact on the environment; creating a more sustainable health service for the people of Fife both now and for future generations to come.

2. Leadership and governance

NHS Fife has made significant progress towards meeting the requirements of the Climate Emergency and Sustainability Strategy by identifying and aligning staff roles and responsibilities towards the sustainability agenda.

In February 2023, guidance for the Annual Delivery Plan (ADP) was released and now includes a section on 'Climate Emergency and Environment'. This outlines our plans to deliver changes across seven key areas that will reduce greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks caused by climate change, and decrease NHS Fife's impact on the environment.

This year we have continued to build a dedicated and specified workforce to help us meet the commitments set out in the NHS Climate Emergency and Sustainability Strategy. This has involved creating two new Sustainability Officer roles and appointing a Head of Sustainability (July 2023). This has enabled NHS Fife to greatly increase our sustainability efforts and progress. To grow our team further, we plan to recruit an Energy Manager. The Energy Manager will support the board's energy transition strategy.

Towards the end of 22/23, we started developing a working group to help us complete the National Sustainability Assessment Tool (NSAT). The NSAT mandates that all health boards in Scotland monitor their sustainability progress across 16 key areas. The NSAT working group will bring together all the leads from across the organisation and offers a great opportunity to discuss areas where we are doing well and identify areas for improvement whilst monitoring our progress across the board and meeting reporting requirements. Commitment to this group will follow in 23/24.

The following table represents the current roles in the organisation:

Executive Director	Executive Input to Objective	Role
Non-Exec Director	Contributor and non-exec Board Champion for sustainability	The role is a non exec Board Champion and will ensure that the Board is aware of the key priorities and responsibilities within the strategy. The BC will also lead on the development of sustainable communities and adapt to the impact of climate change
Director of Property and Asset Management	Lead Executive	The role is Lead Executive (LE) and will create management time and capacity to co-ordinate the Strategy on a day-to-day basis. In addition, the LE will take responsibility for sustainable buildings and land, sustainable travel, and the reporting of progress.
Director of Public Health	Board lead for anchor Institute and Contributor	The role will ensure that the Board is aware of the key priorities and responsibilities within the strategy. and also lead the development of sustainable communities and adapt to the impact of climate change.
Medical Director	Contributor	Lead and develop the thinking and models around Sustainable Care into the future including: <ul style="list-style-type: none"> • Sustainable Care Pathways • Reducing harm and waste • Medicines • Green theatres • Supporting Primary Care
Director of Nursing	Contributor	
Director of Acute Services	Contributor	
Director of Health and Social Care Services	Contributor	
Director of Pharmacy and Medicines	Clinical Lead for Sustainability and Contributor	
Director of Finance and Strategy	Contributor	LE for Sustainable Goods and Services (circular economy) and consideration for PMO support for the programme and reporting regime.
Director of Workforce	Contributor	LE for engaging with NHS Fife staff to ensure that Climate Emergency and Sustainability is at the heart of all that we do including staff training, awareness, and communication.
Head of Sustainability	Contributor	Lead and promote improvements on NHS Fife's performance on climate change and sustainability.
Sustainability Officers	Contributor	Delivering projects and supporting NHS Fife to meet objectives.
Energy Manager (Proposed)	Contributor	Delivering energy projects and supporting NHS Fife to meet objectives.

3. Greenhouse gas emissions

NHS Fife aims to become a net-zero organisation by 2040 for the sources of greenhouse gas emissions set out in the table below. The table sets out the amount of greenhouse gas produced annually by NHS Fife.

Greenhouse gas emissions 2021/22 & 2022/23, tonnes CO2 equivalent

Source	Description	2021/22 – emissions	2022/23 – emissions	Percentage change – 2021/22 to 2022/23
Building energy	Greenhouse gases produced when providing electricity and energy heat for NHS buildings	20395	19864	-2.6%
Non-medical F-gas use	Greenhouse gases used for refrigeration and air conditioning	3033.9	312.32	-89.7%
Medical gases	Greenhouse gases used in anesthetics - nitrous oxide (N2O), Entonox (which contains nitrous oxide), desflurane, sevoflurane and isoflurane	1524	1338	-12.2%
Metered dose inhaler propellant	Greenhouse gases used as a propellant in inhalers used to treat asthma and chronic obstructive pulmonary disorder (COPD)	5786	6034	+4.29%
NHS fleet use	Greenhouse gases produced by NHS vehicles	502.08	468.44	-6.7%
Waste	The greenhouse gases produced by the disposal and treatment of waste produced by the NHS	1088.95	1150.44	+5.65%
Water	The greenhouse gas produced from the use of water and the treatment of wastewater (note this is only ten months usage due to an issue with billing)	103.6	70.5	-31.95%
Business travel	Greenhouse gases produced by staff travelling to work (not using NHS vehicles)	Not Available	Not Available	Not Available
Total greenhouse gases emitted		32433.53	29237.7	-9.85%
Carbon sequestration	The amount of carbon dioxide captured per by woodland, trees, grassland, and shrubs growing on NHS grounds	259.7	259.7	0
Greenhouse gas emissions minus carbon sequestration		32173	28978	-9.9%

4. Climate change adaptation

The climate is changing due to the greenhouse gases already emitted into the atmosphere. While efforts to reduce the rate and scale of climate change continue, we must also adapt to the new conditions we are facing.

The changing climate is increasing risks for health and health services. More information on these risks in the UK can be found in the UK Climate Change Committee's Health and Social Care Briefing available here: www.ukclimaterisk.org/independent-assessment-ccra3/briefings/

What are the main risks from climate change that the Health Board has identified through its Climate Change Risk Assessment?

1. Overheating - risk to electrical equipment, patient and staff health, delay in service provision.
2. Flooding and downpours - infrastructure damage, equipment damage, staff unable to commute to work, appointment and service cancellations, impacts on patient and staff health.
3. Structural damage from high winds - infrastructure damage, equipment damage, risk to patient and staff health.

What actions has the health board taken to reduce those risks?

The board has collaborated with local organisations such as Fife Council to assess similar risks and how to best approach these issues from a place-based approach. Based on the CCRA for NHS Fife's estates, we identified our key risks as listed above. From this analysis, we will create an action plan based on risk to prioritise those.

Climate change, Business continuity, and long-term organisational resilience.

When it comes to climate changes and business continuity as professionals, we are no longer planning for the incidents that may never happen; we are preparing for situations directly linked to global temperature changes that have a direct link to climate where there is increasing evidence of severe weather impacts.

Business Continuity Management (BCM) is an integral aspect of NHS Fife's management to ensure a continued services capability. NHS Fife undertakes business continuity impact analysis assessment across service areas to ensure planning has been considered for response preparedness.

Business Continuity (BC) planning is promoted by the resilience team & senior managers across all service areas to ensure that any risks that may pose a threat to normal service delivery are identified and planned for. Improvements to support managers in preparedness planning have progressed with the introduction of new action card templates that incorporate considerations to weather impacts mitigations & services response. BC plan testing and exercising is undertaken to support the quality of plans and to ensure response memory capabilities and situational awareness within the workforce.

What are we doing to be prepared for the impacts of climate and increase the resilience of our healthcare assets and services?

We have begun work on our Environmental Management System (EMS) implementation journey, and the creation of EMS policy/aspects and impacts will help us to better coordinate a consistent approach to climate risk management. We are taking a multidisciplinary approach to our climate adaptations by working closely with Fife Council and our Public Health resilience team.

5. Building energy

We aim to use renewable heat sources for all the buildings owned by NHS Fife by 2038.

NHS Fife has 46 buildings such as Hospitals, Health Centres & Clinics.

In 2022/23, 19864 tonnes of CO2 equivalent were produced by NHS Fife for the use of energy for buildings. This was a decrease of 2.6 % since the year before.

In 2022/23, NHS Fife used 96,401.634 kWh of energy. This was a decrease of 3.42% since the year before.

In 2022/23, NHS Fife generated 27,560 kWh of energy from renewable technologies (Jan – March 2023 only *(does not include Glenwood HC or IPCU, this data was unavailable at this time)*)

Building energy emissions, 2015/16, 2021/22 and 2022/23 – tCO2e

	2015/16 energy use	2021/22 energy use	2022/23 energy use	Percentage change 2015/16 to 2022/23
Building fossil fuel use	16041	14898	15211	-5.17%
District heat networks and biomass	218.1	166.8	65.6	-69.9%
Grid electricity	11969	5329	4587	-61.68%
Totals	28228.1	20393.8	19863.6	-29.63%

Building energy use, 2015/16, 2021/22 and 2022/23 – MWh

	2015/16 energy use	2021/22 energy use	2022/23, energy use	Percentage change 2015/16 to 2022/23
Building fossil fuel use	76626	69401	71114	-7.19%
District heat networks and biomass	7314	7236	3554	-51.4%
Grid electricity	24099	23059	21733	-9.82%
Renewable electricity	Not available	Not available	27.56	Not Available
Totals	108039	99695	96428	-10.7%

What did we do last year to reduce emissions from building energy use?

In 2020, a project funded through the Low Carbon Infrastructure Transition Programme with an award of £1.8 million was established. The project was completed in March 2023 and included:

- Installation of solar photovoltaic cells at Glenrothes Hospital, Queen Margaret Hospital and Victoria Hospital
- Installation of an up-to-date BMS (Building Management System) Front End Software Programme to centrally monitor and control heating and ventilation across all NHS Fife sites
- Insulation of heating pipes to reduce heat loss at Kirkcaldy Health Centre, Lynebank Hospital, Queen Margaret Hospital, Victoria Hospital and Whyteman’s Brae Hospital
- Installation of LED lighting at Kirkcaldy Health Centre, Linburn Health Centre, Leven Health Centre, Lynebank Hospital, Queen Margaret Hospital and the Victoria Hospital
- Coolnomix air conditioning system to improve control and efficiency was installed at Adamson Hospital, Kirkcaldy Health Centre, Linburn Health Centre, and Lynebank Hospital

What are we doing this year to reduce emissions from building energy use?

- Proposed grant from the SG to improve the building fabric at the Fife College of Nursing building, along with other measures such as insulation and VSD on fans.
- Installation of a waste hot water recovery system at the Victoria Hospital Laundry.
- Realignment of capital funds to target LED lights across the Estate.
- Replacement windows (Stratheden Hospital).

What projects are we planning for the longer term to reduce emissions from building energy use?

- A development scheme is underway looking at the Cameron Hospital site, to remove aged steam boiler plant and replace with an alternative.
- We have net zero route-maps for all properties and plan to use this information to prioritise and install ‘no regret’ measures such as LED lighting and building fabric upgrades.

6. Sustainable care

The way we provide care influences our environmental impact and greenhouse gas emissions. NHS Scotland has three national priority areas for making care more sustainable – anaesthesia, surgery and respiratory medicine.

6.1 Anaesthesia and surgery

Greenhouse gases are used as anaesthetics and for pain relief. These gases are nitrous oxide (laughing gas), Entonox (a mixture of oxygen and nitrous oxide), and the ‘volatile gases’ - desflurane, sevoflurane and isoflurane.

Through improvements to anaesthetic technique and the management of medical gas delivery systems, the NHS can reduce emissions from these sources.

NHS Fife’s total emissions from these gases in 2022/23 were 40, a decrease of 10 from the year before.

More detail on these emissions is set out in the tables below:

Volatile medical gas emissions, 2018/19, 2021/22, 2022/23 – tCO₂e

	2018/19 (baseline year)	2021/22	2022/23	Percentage change 2018/19 to 2022/23
Desflurane	95	9	-4	-104.2%
Isoflurane	6	1	0	-100%
Sevoflurane	51	40	44	-13.7%
Total	152	50	40	-73.7%

Nitrous oxide and Entonox emissions, 2018/19, 2021/22, 2022/23 – tCO₂e

Source	2018/19 (baseline year)	2021/22	2022/23	Percentage change 2018/19 to 2022/23
Piped nitrous oxide	188	217	217	+15.43%
Portable nitrous oxide	128	84	109	-14.84%
Piped Entonox	1064	1056	858	-19.36%
Portable Entonox	113	117	114	+0.88%
Total	1493	1474	1298	-13.06%

What did we do last year to reduce emissions from anaesthetic gases?

New approaches when carrying out anaesthetics have been implemented to reduce the need for desflurane such as making sevoflurane first choice and encouraging the use of regional and local anaesthetics where possible.

What are we doing this year to reduce emissions from anaesthetic gases?

All nitrous oxide manifolds will be removed. The focus on Entonox, is being led by a working group looking at usage across all services to reduce impact.

What are we doing this year to make surgery more sustainable?

This year we are using the implementation bundles provided by the centre for sustainable delivery to continue making progress with the national green theatre programme. These actions are being taken forward by the Green Theatre project group.

A structured approach to ensure the most appropriate and sustainable use of Entonox is in place. This focuses on minimisation of waste and leakage within the piped system, and robust oversight and guidance on the use of portable Entonox.

6.2 Respiratory medicine

Greenhouse gases are used as a propellant in metered dose inhalers used to treat asthma and COPD. Most of the emissions from inhalers are from the use of reliever inhalers – Short Acting Beta Agonists (SABAs). By helping people to manage their condition more effectively, we can improve patient care and reduce emissions.

There are also more environmentally friendly inhalers such as dry powder inhalers which can be used where clinically appropriate.

We estimate that emissions from inhalers in NHS Fife were 6034.96 tonnes of CO2 equivalent.

Inhaler propellant emissions, 2018/19, 2021/22, 2022/23 – tCO2e

Source	2018/19 (baseline year)	2021/22	2022/23	Percentage change 2018/19 to 2022/23
Primary care	5358.95	5675.96	5913.86	+10.35%
Secondary care	112.09	110.4	121.1	+8.04%
Total	5471.04	5786.36	6034.96	+10.31%

What did we do last year to reduce emissions from inhalers?

The Board reviewed the respiratory chapter of the east region formulary and within adult chapters, the first choice of inhaler will be dry powder inhalers, which represents a potentially significant environmental benefit.

What else did we do last year to make care more sustainable?

We are working to ensure that sustainability is embedded as a core business across several areas. In emergency care acute clinical colleagues are delivering a plan for green ED in line with Royal College standards.

The approach within the planned care setting, focusing on green theatres, is described above.

What else are we doing this year to make care more sustainable?

The Board will undertake work following the publication of the SG strategy on the Scottish Respiratory Quality Prescribing Guide and is well placed to respond to requirements with the current respiratory managed clinical network and supporting resources. The Board is prepared to focus on reducing the use of SABA inhalers over the coming months and years in line with national direction.

7. Travel and transport

Domestic transport (not including international aviation and shipping) produced 26% of Scotland's greenhouse gas emissions in 2021. Car travel is the type of travel that contributes the most to those emissions.

NHS Scotland is supporting a shift to a healthier and more sustainable transport system where active travel and public transport are prioritised.

What did we do last year to reduce the need to travel?

Last year we continued implementing our Agile Working Policy, enabling staff who can work from home to have the ability to do so. This also includes encouraging staff who have external meetings to take them online where possible, to reduce business travel and long journeys for in person meetings.

What did we do last year to improve active travel?

Last year we launched our partnership with Mobility Ways. This involved a staff survey and has given staff the opportunity to receive a personalised travel plan which outlines all the sustainable commuter options available to them based on their postcode data and place of work.

We have also launched the NHS Fife Lift share scheme to encourage staff to lift share to work instead of driving in a single occupancy vehicle. This scheme gives staff the opportunity to save money as well as reduce their environmental impact.

We are also in the process of finalising our NHS Fife active and sustainable Travel Strategy in collaboration with Travel Knowhow Scotland which provides the basis to implement the necessary behaviour change to encourage more active and sustainable travel within our workforce and our implementation plan across the next 6 years.

We offer free cycle training in collaboration with Greener Kirkcaldy to all staff. This involves beginner, intermediate and advanced cycle training.

What did we do last year to improve public and community transport links to NHS sites and services?

NHS Fife promotes existing discounts from public transport providers such as Stagecoach to its employees through the staff network.

What are we going to do this year to improve public and community transport links to NHS sites and services?

With the recent publication of the 2035 Regional Transport Strategy, SEStran are seeking to develop a Health and Transport Action Plan for the region. They are keen to engage with stakeholders and would welcome involvement from NHS Fife. This offers the opportunity to engage with region-wide resources and contribute to a joined up strategy relating to transport & health, including impacts on wider public health outcomes.

The draft of the 'Local Transport Strategy for Fife 2023-2033' sets out a vision that *'by 2033, Fife's transport system will support communities with affordable, seamless, and sustainable access to all aspects of our daily lives'*. Fair access to daily activities is one of four priorities within the strategy, noting that *'access to work, education, healthcare, and leisure is crucial for our wellbeing and our economy'*, with a commitment in Year 2-4 to explore options to improve supported bus services within Fife, including frequency and operating hours. The implementation of this strategy will directly impact NHS Fife and transport links to our sites and services.

What are we going to do this year to reduce the need to travel?

To reduce the need to travel we will encourage staff to adopt the travel hierarchy when making decisions about when is suitable to travel. This will outline that staff should only travel to work when necessary and work from home where possible.

What are we going to do this year to improve active travel?

This year we are hoping to make further progress with our Mobility Ways partnership and encourage more PTP (Personalised Travel Plan) sign ups.

We are going to keep pushing the Lift share scheme as a viable and preferable commuter option.

We worked with Greener Kirkcaldy to create a cycling action plan that we hope to implement in 2024. Within this, we focused on how to specifically increase the provision of cycling within our workforce. This will involve a programme of events such as

- Cycle training
- Led rides
- Dr Bike events
- Improving cycling facilities and infrastructure

We are going to revamp our cycle-to-work scheme to set this up as a year-round scheme for staff to use. We hope this new format will have a much greater uptake than the previous scheme which was only open for set windows each year.

We are working to remove all petrol and diesel fuelled cars from our fleet by 2025.

The following table sets out how many renewable powered and fossil fuel vehicles were in NHS Fife fleet at the end of March 2022 and March 2023:

	March 2022		March 2023		Difference in % Zero Emissions Vehicles
	Total vehicles	% Zero Emissions Vehicles	Total vehicles	% Zero Emissions Vehicles	
Cars	55	13%	58	22%	+9%
Light commercial vehicles	78	27%	72	37.5%	+10.5%
Heavy vehicles	0	0	0	0	0

March 2022				March 2023			
Class	Zero Emission Vehicles 2023	Diesel/Petrol	Total	Class	Zero Emission Vehicles 2022	Diesel/Petrol	Total
Cars	4	51	55	Cars	13	45	58
Vans	17	61	78	Vans	27	45	72
HGV	0	0	0	HGV	0	0	0
HB Total	21	112	133	HB Total	40	90	130

The following table sets out how many bicycles and eBikes were in NHS Fife's fleet at the end of March 2022 and March 2023:

	March 2022	March 2023	Percentage change
Bicycles	0	0	0
eBikes	0	0	0

8. Greenspace and biodiversity

Biodiversity

Biodiversity, or the wide variety of living organisms within an environment, has declined at a rapid rate in the last 50 years. Evidence demonstrates that these trends are attributed to human activities, such as land use change, habitat degradation and fragmentation, pollution and the impacts of climate change. The State of Nature report published in 2023 has highlighted the decline of nature across Scotland, with 11% of species now classed as threatened with extinction.

Public bodies in Scotland have a duty under the Nature Conservation (Scotland) Act 2004 ([Nature Conservation Scotland Act 2004](#)) to further the conservation of biodiversity, taking care of nature all around us. Furthermore, the Wildlife and Natural Environment (Scotland) Act 2011 ([Wildlife and Natural Environment Scotland Act 2011](#)) requires every public body to summarise their activities to meet this duty, through the production of a publicly available report.

What actions have been taken to identify, protect and enhance biodiversity across your organisation?

We are working with a range of partners including Fife Council, Fife Coast and Countryside Trust, Scottish Natural Heritage and the Fife Environmental Partnership to share sustainability opportunities, improve community links and gain biodiversity advice and methods of improvement. We also have connections with the Fife Biodiversity Partnership which allows NHS Fife to link in with the LBAP for Fife. This alongside our 2030 Greenspace Strategy will be crucial to protecting and enhancing biodiversity across NHS Fife. We plan to visit the Botanic Gardens in Edinburgh to gain insight into nature-based solutions we could implement at the board that would tackle climate risk whilst enhancing biodiversity. We take information from the Fife Environmental Partnership and liaise with the grounds and gardens teams to make improvements where we can. We are also in the early stages of developing a Green Health Partnership for Fife which adds additional potential for nature-based activities within the NHS Fife estate that will promote health and well-being for patients, staff and communities.

We carried out site greenspace audits in 2021 which highlighted available greenspace, concerns, and priorities for action moving forward. We had tree condition surveys carried out at Whyteman's Brae Hospital and Cameron Hospital in 2022 by BNTW Scotland Environmental Consultancy. These reported on overall tree condition, a quantified tree risk assessment, recommendation of risks to reduce the risk of harm and identification of future management requirements.

Over the past 3 years, we have carried out several projects aimed at increasing biodiversity including:

- Creating a garden at St Andrew's Community Hospital as well as a mixture of hedgerow and grassland planting around the site.
- Replanting at Cameron Hospital.
- Meadow land developed at QMH.
- Continual development of the Haven Garden at QMH with the support of an active group of volunteers.

- Horticultural Gardens at Stratheden continually developed and upgraded. Courtyards at this site have been rejuvenated and a dedicated walk-through of natural woodland has been created on site with the help of Elmwood College.
- Grass cutting reduced at Lynebank Hospital to let meadow area be created. A walking route has also been established and bird boxes and 7 feeders have been put in the walled garden.

What actions have been taken to contribute to the NHS Scotland Estate Mapping programme, or to develop an internal mapping programme?

In August 2022 NHS Fife mapped its entire estate using ESRI GIS technology. This digital map of our estate gave us an accurate and complete record of our natural capital; allowing us to understand where our greenspaces are and what types of greenspaces we have that will lead to better management in the future.

What actions have been taken by mainstream biodiversity across the organisation?

The development of our 2030 Greenspace Strategy has allowed us to identify shared opportunities, and partnership working and provided opportunities for any NHS Fife employee who wishes to be involved in greenspace/biodiversity improvement to have the opportunity to do so. Having this strategy alongside our mapped estate has mainstreamed our approach to greenspace and biodiversity moving forward and given us a framework to work within for greenspace development.

How have nature-based solutions been utilised to address climate and biodiversity emergencies?

After completing the CCRA, the NHS Fife board, as required by the Programme (SCCAP), is preparing strategic programmes for adaptation to climate change, based on the highest climate-related risks to the board. As part of this, we are exploring the use of nature-based solutions to tackle climate risks such as flooding as part of our adaptation plan.

What actions have been undertaken to raise awareness, engagement, and understanding of biodiversity and nature?

Alongside mapping our estate, we also created publicly available story maps and highlighted ways we have developed our greenspaces and enhanced biodiversity already as well as proposals for future development. These story maps are extremely interactive and engaging for people to look at meaning we can share the outputs of our work in a very visual and captivating way. We intend to continually update our story maps as we develop our greenspace and this will allow us to keep staff, patients, the wider community and any other stakeholders up to date and informed on what is going on about our green estate.

We published our 'NHS Fife 2030 Greenspace Strategy' in May 2023, and this outlines how we are going to develop our greenspace to bring an array of health and wellbeing benefits to patients and staff whilst addressing biodiversity loss and the climate emergency. This strategy will outline the ways we hope to develop our greenspace under six key themes to deliver a range of benefits to the board and the wider community.

We also have a section within our sustainability staff hub that outlines greenspace developments and other relevant information to keep staff informed and up to date.

We have a range of volunteering roles across NHS Fife, including gardening. Presently, we are engaging a garden volunteer at Queen Margaret Hospital to maintain and enhance the courtyard garden that serves two of our medicine of the elderly/rehab wards. A volunteer has also started at the Victoria Hospital Hospice to complement and supplement the work of their sessional gardener.

We have two volunteers at Glenrothes Hospital. Their role is to maintain and enhance the courtyard garden areas serving three medicine of the elderly wards. In addition to maintaining the gardens, they regularly make up lavender bags using cut lavender for distribution to both staff and patients. They also decorate recycled candle jars to generate funds (donations only) to purchase seeds and plants. One volunteer will be placed in St Andrews Community Hospital in the coming few weeks, again to do light gardening tasks to maintain the garden area.

NHS Fife has an allotment in Kelty that is looked after by a volunteer (previously a patient). All produce grown on the allotment is recycled for the benefit of patients attending the allotment as part of their ongoing therapy.

We are currently advertising on our website and with Fife Voluntary Action for volunteers to attend the gardens in Adamson Hospital, Cupar, and Cameron Hospital, Windygates.

At our Horticultural Gardens at Stratheden, we have nature signage that helps individuals explore the gardens easily and understand the work that is taking place there.

What surveys, monitoring, or assessment of biodiversity have been undertaken? If you have – have systems been developed to continue monitoring long-term?

As aforementioned, we carried out site greenspace audits in 2021 which highlighted available greenspace, concerns, and priorities for action moving forward.

Greenspace

The design and management of the NHS Scotland green estate for human and planetary health offers an opportunity to deliver a range of mutually beneficial outcomes. These include action on climate change (both mitigation and adaptation), biodiversity, health and well-being for patients and staff, community resilience building and active travel.

The table below outlines any key greenspace projects and their benefits.

Project name/ location	Benefits of project	Details of project
AU2 staff wellbeing courtyard at Victoria Hospital	Creating a attractive space for staff to relax and enjoy outdoor greenspace whilst at work. Planting materials, plant containers, and native species will all be considered as part of our commitment to sustainability and biodiversity.	At the design stage now
3-part garden upgrade at Cameron Hospital	Upgrade to a garden that will facilitate OT inpatient rehabilitation. Looking at ways to incorporate different planters, trees, and feeders that will enhance biodiversity whilst maintaining patient benefits.	At the design stage now
Renewables	Looking at the potential for renewable energy on sites to align with our greenspace strategy commitments. Solar car ports, battery storage.	Discussed internally only at this stage with a view to commitment

9. Sustainable procurement, circular economy and waste

Earth Overshoot Day marks the date when our demand for resources exceeds what Earth can regenerate in that year. In 2023, Global Earth Overshoot Day is on 2 August.

For the UK, the picture is more worrying. In 2023, the UK's Earth Overshoot Day is 19 May. The current level of consumption of materials is not sustainable and is the root cause of the triple planetary crises of climate change, biodiversity loss and pollution.

We aim to reduce the impact that our use of resources has on the environment through adopting circular economy principles, fostering a culture of stewardship, and working with other UK health services to maximise our contribution to reducing supply chain emissions to net zero by 2045.

What did we do last year to reduce the environmental impact of the goods and services we buy?

Provided various Sustainable Procurement training sessions, including the Sustainability Test, and the Sustainability Tools for procurement officers involved in tendering to ensure consideration of sustainability in specifications and scoring for all regulated procurements.

Review of single-use products within theatres, moving to reusable slide sheets and BP cuffs, resulting in procurement cost savings as well as environmental benefits.

What are we doing this year to reduce the environmental impact of the goods and services we buy?

This year we are introducing the warp-it system to NHS Fife. Warp-it is a web service and re-use platform, used by numerous public sector organisations for redistributing surplus furniture and equipment. If utilised, warp-it can bring an array of benefits to NHS Fife by reducing the requirement to purchase new, hence reducing procurement costs and manufacturing as well as reducing waste and associated disposal costs, which brings carbon savings and environmental benefits too. This system is in its infancy stages, but we are working on getting it engrained as a centralised way of moving surplus furniture and equipment around the organisation, and hope this will be fully operational by the end of 2023. The initial products used to test the system have already resulted in:

- Carbon Saved - 62 kg.
- Waste Avoided - 40 kg
- Savings - £228.00

Continuing to support Sustainable Procurement training requirements for procurement officers and expanding training to service users to provide Sustainability Awareness sessions to ensure enhanced specifications including sustainability considerations.

Most products in NHS Fife are procured nationally by National Procurement, therefore we will continue to work in partnership with them to deliver the transition to a circular economy through circular economy application in contracts and influencing procurement strategies toward circular approaches.

Continue to review single-use products across the wider organisation, to move to reusable products, to drive procurement cost savings and environmental benefits.

We aim to reduce the amount of waste we produce and increase how much of it is recycled.

The table below sets out information on the waste we produce and its destination for the last three years. *The figures below are displayed in tonnes (weight) with the CO₂e below:*

Type	2020/21 (tonnes)	2021/22 (tonnes)	2022/23 (tonnes)	Percentage change from 21/22
Waste to landfill	42.1 (18.89tCO ₂ e)	34.5 (15.4tCO ₂ e)	35.7 (15.93tCO ₂ e)	+3.5%
Waste to incineration	1176.6 (98.58tCO ₂ e)	1185 (86.92tCO ₂ e)	1290 (86.09tCO ₂ e)	+8.8%
Recycled waste	843.1 (1280.32tCO ₂ e)	691.1 (754.72tCO ₂ e)	713.9 (841tCO ₂ e)	+3.2%
Food waste	56.6 (0.5tCO ₂ e)	79.2 (0.71tCO ₂ e)	55.4 (0.49tCO ₂ e)	-30.1%
Clinical waste	714.9 (195.27tCO ₂ e)	846.9 (231.2tCO ₂ e)	758 (206.93tCO ₂ e)	-10.5%

We have set targets to reduce the amount of waste we produce, and the tables below provide information on our performance against those targets:

Reduce domestic waste by a minimum of 15%, and greater where possible compared to 2012/2013 – by 2025

Target – reduce domestic waste by	280 tonnes
Performance – domestic waste is reduced by.	Increased by 20 tonnes
Outcome	Not achieved yet
Further reduction required.	300 tonnes

Ensure that no more than 5%, and less where possible, of all domestic waste is sent to landfill – by 2025.

Target – reduce waste sent to landfill by 2025.	1771 tonnes
Performance – waste sent to landfill reduced by	1886 (tonnes)
Outcome	ACHIEVED
Further reduction required	0 (tonnes)

Reduce the food waste produced by 33% compared to 2015/16 – by 2025.

Target – reduce food waste by	20 (tonnes)
Performance – food waste reduced by	7 (tonnes)
Outcome	Currently achieved 35% in 2022/23
Further reduction required.	13 (tonnes)

Ensure that 70% of all domestic waste is recycled or composted – by 2025.

Target – recycle or compost.	1320 (tonnes)
Performance – recycled or composted.	759 (tonnes)
Outcome	Currently achieved 40% in 2022/23
Further increase required.	561 (tonnes)

What did we do last year to reduce our waste?

In the last year, we have concentrated on our audit programme which has achieved significant reductions in the clinical waste streams. Two specific achievements have been improved segregation (which has increased domestic waste to a degree) and a reduction in the ‘over-packaging’ of clinical waste.

Significant progress has been made in the promotion of waste reduction and recycling across disciplines.

What are we doing this year to reduce our waste?

NHS Fife have reinigorated their waste action plan. Amongst other things, the focus will be on ensuring segregation is returned to the pre-Covid position. A short life working group was established specifically to look at catering waste. A review of staffing is underway to release resources to create additional waste management assistance. NHS Fife has an established 'Green Theatre' group. We will continue our emphasis on audit and will strengthen the post-audit actions.

10. Environmental stewardship

Environmental stewardship means acting as a steward, or caretaker of the environment and taking responsibility for the actions that affect our shared environmental quality.

This includes any activities which may adversely impact land, air, and water either through the unsustainable use of resources or the generation of waste and pollution. Having an Environmental Management System (EMS) in place provides a framework that helps to achieve our environmental goals through consistent review, evaluation, and improvement of our environmental performance.

What steps did we take last year to develop and implement our EMS?

Between 2022-2023, the board joined an EMS group with other health boards to coordinate and facilitate the implementation process of an EMS. A sustainability officer was employed in October 2023 with the direct responsibility of creating and implementing the EMS.

In March 2023 we worked with a consultancy to start the process of building our EMS. They visited our main site, Victoria Hospital and completed an audit of the site to identify relevant aspects and impacts to start updating our register on the RIO system. They will update some aspects of the system and are working on building an implementation plan for our pilot site, Victoria Hospital.

What did we do last year to improve our environmental performance?

In this last year, NHS Fife has set up projects such as solar/PV installation and the Fife College of Nursing decarbonisation project. The board has installed more EV charging points across its main sites and aims to introduce more in due course. The board has also started to implement the green theatre's programme to lower emissions from theatres. See point 5 for building energy projects.

The board collaborated with Mobility Ways to help lower emissions from business travel and encourage employees to try greener forms of transport such as lift sharing and public transport.

What steps will we take this year to further develop and implement our EMS?

Following the employment of the dedicated EMS resource, the board will compile an aspects register and a legal register. Once these components are finished, the EMS team can move forward to write the EMS Policy and Procedure documents which will be signed off by the Chief Executive to be implemented across NHS Fife. Once the board makes progress on developing operational control of environmental procedures across the board, we will incorporate training and awareness of these procedures for all staff and communicate these changes and progress to our key stakeholders.

The board will start planning to hire two sustainability interns from the University of St Andrews for the Summer of 2024 to help with key EMS projects that NHS Fife aims to implement. Taking on interns allows the organisation to gain valuable insight and knowledge from a renowned institution leading in environmental and climate education. The board will also strengthen its connection with one of the best rated universities in the UK and provide opportunities for future employment with the board.

What are we doing this year to improve our environmental performance?

NHS Fife is currently undertaking a wide range of projects across its sectors, some examples that have not been mentioned previously include:

Sustainable buildings and land: Creation of net-zero roadmaps for all sites, laundry heat recovery, Warp-it program to recycle and repurpose furniture, NHS Fife 2030 Greenspace Strategy.

Sustainable Travel: Expanding electric fleet and charging points where possible, cycle to work scheme, and continuing with Mobility Ways collaboration to encourage sustainable travel.

Sustainable Care: Green inhalers and prescribing plan, implementing realistic medicine principles.

Sustainable communities: We are currently establishing community partnerships based on our Greenspace Strategy, collaborating with the local council on climate risk, adaptation and training programmes and internships.

11. Sustainable construction

Budgetary constraints, construction inflation, and zero carbon targets are enabling us to take more considered decisions around the form of construction developments. Refurbishment of existing assets is often more cost effective and reduces embodied carbon when compared to a new-build option. For these reasons, we are likely to be more selective in our decision making to build new assets moving into the future, whilst recognising there is sometimes still a clinical/technical need to do so.

For projects out with our delegated limits (currently £5m), they require to be developed and assessed using the Sustainable Design and Construction (SDaC) Guide (SHTN 02-01). This tool will help us to ensure that our construction projects are sustainable.

We have recently completed our National Treatment Centre which was awarded “very good” in accordance with BREEAM 2018 (predecessor to SHTN 02-01) and our two new proposed health and wellbeing centre’s at Lochgelly and Kincardine are being developed using SHTN 02-01.

12. Sustainable communities

The Climate Emergency undermines the foundations of good health and deepens inequalities for our most deprived communities.

The NHS touches every community in Scotland.

NHS Fife has a responsibility to use our abilities as a large employer, a major buyer and one of the most recognised brands in the world - an Anchor Institution - to protect and support our community’s health in every way we can.

What are we doing to act as an Anchor Institution for our local community?

NHS Fife has embedded Anchor Institution principles into the development of our Population Health and Wellbeing Strategy.

We have created an Anchor Institution Operational Group that will use the Progression Framework to monitor the implementation of key objectives.

The key objectives of the group are to:

- Increase local purchases to aid social benefit
- Widen access to quality work
- Service design and delivery
- To be an exemplar employer
- Use buildings and spaces to support communities
- Reduce NHS Fife's environmental impact
- Work more closely with local partners

We have developed a draft Anchor Strategy which will be published early next year. This strategy aims to support NHS Fife in maximising our social and economic impact in the local community.

What are we doing to improve the resilience of our local community to climate change?

NHS Fife has developed its Climate Change Risk Assessment and Adaption Plan to identify areas where we can mitigate the effects of climate change. We work in partnership with multiple agencies to achieve this and have recently combined our efforts by aligning the team at Fife Council to work together on climate adaptation within Fife.

13. Conclusion

Overall, it is evident that NHS Fife has made significant progress across many areas outlined in the NHS Scotland Sustainability Strategy and has excelled in its commitment to sustainability across the 2022/2023 financial year. We have made continued progress with transport, waste, and energy as well as many areas of sustainable care. Alongside reducing direct emissions, we have put great efforts into developing our Greenspace Strategy with direct links to the Population Health and Wellbeing Strategy.

This continued progress has been made through increasing staff resources to meet sustainability needs whilst planning further areas of focus and improvement. The strategy and detail that NHS Fife has presented in this report shows that the board is not only following climate adaptation policy but going beyond to support our local communities and staff wellbeing, whilst creating a more sustainable NHS for future generations. We acknowledge that the challenges we face will be arduous and challenging, but we are also confident that we possess the capacity to promote change and make significant progress over the coming years.

AUDIT & RISK COMMITTEE
(Meeting on 13 December 2023)

No issues were raised for escalation to the NHS Fife Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON WEDNESDAY 13 DECEMBER 2023 AT 1.30PM VIA MS TEAMS

Present:

Alastair Grant, Non-Executive Member (Chair)
Cllr Graeme Downie, Non-Executive Member (*from item 5.4*)
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Andy Brown, Principal Auditor Manager
Chris Brown, Head of Public Sector Audit (UK), Azets
Pauline Cumming, Risk Manager
Andrew Ferguson, Senior Audit Manager, Azets
Alistair Graham, Associate Director of Digital & Information (*item 5.3 only*)
Barry Hudson, Regional Audit Manager
Amy Hughes, Senior, Azets
Jocelyn Lyall, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
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 to aid production of the minutes.

1. Apologies for Absence

Apologies were received from member Aileen Lawrie (Non-Executive Member) and attendee Carol Potter (Chief Executive).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 31 August 2023

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

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates and the closed items on the Action List.

5. RISK

5.1 October 2023 Risk Management Development Session Outputs

The Director of Finance & Strategy presented the paper which sets out the key aspects of the discussion.

It was noted that there was a positive response in relation to the improvements made to risk management reporting and the introduction of the deep dives. It was noted that the Risk & Opportunities Group will be exploring further enhancements.

It was acknowledged that the Committee explored their risk management responsibilities and agreed to enhance that through requesting updates from the other Committees on their discussion on the corporate risk register to further support this.

It was acknowledged that an excellent presentation was provided from the Associate Director of Digital & Information in terms of further developing the dashboard.

The Director of Finance & Strategy stated that a number of actions from the session will be added to the Committee action list.

Action: Director of Finance & Strategy/Board Committee Support Officer

The Committee **approved** the note of the development session.

5.2 Corporate Risk Register

The Director of Finance & Strategy advised that the report was presented to the full NHS Fife Board at the November 2023 meeting for scrutiny.

It was reported that since the last report the strategic risk profile is unchanged, no risks have been closed, and two potential new corporate risks have been identified relating to the Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019, and Future Biological Threats including Pandemics, which will be added to the Corporate Risk Register for the next iteration.

A Haston, Non-Executive Member, requested an update on risk 9 – quality & safety. The Director of Finance & Strategy advised that the Chief Executive had commissioned an external review around triangulation of risks in this area and the purpose of the review was to explore if further management reporting around quality & safety was required, to provide greater assurance. It was advised that the previous Chief Internal Auditor has been commissioned to take this review forward.

The Committee took a **“reasonable” level of assurance** that all actions, within the control of the organisation, are being taken to mitigate the risks as far as is possible to do so.

5.3 Risk & Opportunities Group Progress Report

The Associate Director of Digital & Information confirmed updates on elements of the risk management improvement programme, particularly around the work of the presentation of the corporate risk register, the role of the deep dive and supporting further improvement in the operational risk management, which will be provided in due course.

A Haston, Non-Executive Member and the Chief Internal Auditor both expressed support for the ongoing work.

The Committee took **assurance** from the report.

5.4 Risk Management Policy Update

The Director of Finance & Strategy reported that the Risk Management Framework was approved at the September 2023 Board meeting. It was noted that there had been an outstanding action to update the Risk Management Policy and the Director of Finance & Strategy explained that once the previous Policy had been revised, there was considerable duplication and overlap with the content of the Framework.

Committee attendees commented that there was strong support from the Risk & Opportunities Group to expand the Framework document to capture essential content from the Policy, as detailed in the paper. It was also noted that this would prevent multiple sources of the same guidance, and that it could be managed within the Risk Management Team to ensure the Framework remains current.

A Haston, Non-Executive Member, questioned if there was a benefit of having two separate documents. In response, the Director of Finance & Strategy explained that the Framework now contained all new or additional content, which will enable easier engagement and guidance for staff.

The Committee took **assurance** from the update and **approved** the proposal within.

6. INTERNAL AUDIT

6.1 Delivering Excellence in Internal Audit

The Chief Internal Auditor presented on Delivering Excellence in Internal Audit and was thanked for an informative presentation.

6.2 Internal Audit Progress Report

The Regional Auditor Manager advised that the paper provides assurance on progress against the current internal audit plan. It was highlighted that there have been delays in finalising audits due to staff absences. It was further highlighted that the 2023/24 some revisions to the plan will be shared with the Committee members in January 2024.

The Committee took **assurance** on the progress on the delivery of the Internal Audit Plan.

6.3 Internal Audit – Follow Up Report on Audit Recommendations 2022/23

The Principal Auditor Manager provided a summary of the paper. It was advised that there are currently six actions that are older than one year, and extended review dates have been agreed with the appropriate officers; the detail is provided within appendix C. It was noted that extensions are routinely reviewed to consider how likely it is that actions will be implemented by the revised implementation date.

Members considered the content of appendix D – Recommendations less than 1 year and agreed to receive updates only on recommendations less than one year old that have a fundamental or significant priority, with the caveat that they could be signposted to the information, if required.

The Committee took **assurance** from the status of Internal Audit recommendations recorded within the AFU system.

6.4 Internal Controls Evaluation (ICE) Report 2023/24

The Chief Internal Auditor advised that a full review of all areas of governance has been carried out, which supports identifying any potential issues that may impact the governance statement. It was noted that the ICE report sits alongside the annual report and year end audits report.

It was advised that the report is positive with a real focus on improvement. The main challenges and improvement themes from the report included delivering financial sustainability; a requirement for broader strategic reform; realistic workforce plans; and a need to work closely with partners to address capacity and flow issues.

Key developments were highlighted, including the Population Health & Wellbeing Strategy and the continuing development of the Integrated Performance & Quality Improvement Report.

The Chief Internal Auditor advised that positive engagement continues with responsible officers, in terms of the actions, and that the position on all the previous years' recommendations is provided within the report. An overview was provided on progress on a number of key recommendations.

Following a question from A Haston, Non-Executive Member, the Director of Finance & Strategy provided clarity in relation to the table of assurances and financial sustainability action plan.

Following a query from G Downie, Non-Executive Member, the Director of Finance & Strategy confirmed that scenarios have been prepared in advance of the December SG budget statement, that discussions take place with other NHS Scotland Health Boards, and that the pressure areas are similar across the boards.

The Committee took **assurance** from the Internal Control Evaluation report.

7. EXTERNAL AUDIT

7.1 Annual Audit Plan 2023/24

A Hughes, Azets, spoke to the External Audit Annual Audit Plan. She highlighted the significant risks of material misstatement to the financial statements and provided an overview of these risks. An independence threat was also disclosed, and an explanation was provided on the safeguards in place to mitigate ahead of the assignment.

It was reported that the timelines set out within the paper will ensure that the Scottish Government deadline date for approval of the accounts, of 30 June 2024, will be met.

It was agreed that Azets will hold a training session for Committee members on their responsibilities for the Annual Accounts. The timeline for the session will be factored into the Committee workplan.

Action: C Brown, Azets/Board Committee Support Officer

The Committee **approved** the External Audit Annual Audit Plan.

8. GOVERNANCE MATTERS

8.1 National Fraud Initiative Assignment 2023 Participation

The Head of Financial Services & Procurement explained the process to raise awareness of board participation. It was noted that whilst there were no significant findings to report from NHS Fife there were a number of minor outcomes and a summary of these was provided to support the committees understanding of the process.

A Haston, Non-Executive Member, queried where the payroll-to-payroll multiple employment investigation sits and was advised that these matches are investigated by the Financial Services Team.

The Committee took **assurance** from the report.

8.2 Losses & Special Payments Quarter 2

The Head of Financial Services & Procurement advised that the report is provided to give assurance that losses and special payments continue to be tightly controlled in quarter 2. It was reported that there were 229 losses in the quarter, which is significantly higher than the previous quarter, however, the cost was notably down, primarily due to the significant reduction in clinical negligence payments.

Additional assurance was provided that any findings identified through the analytical review, which is carried out by the Financial Services Team, are forward to the next quarter to assist with the identification of any trends and associated risks that may be developing.

The Committee took **assurance** from the report.

8.3 Procurement Tender Waivers Quarter 2

The Head of Financial Services & Procurement reported that in quarter 2 the Procurement Team awarded five contracts of £50,000 or above. Of these contracts, one was subject to a waiver of competitive tender. A brief summary of the justification was presented and assurance was provided that the process was correctly followed as detailed in the Financial Operating Procedures.

The Committee took **assurance** that the procurement process for the waiver of competitive tenders was correctly applied in the period.

8.4 Financial Operating Procedures Review 2023

The Head of Financial Services & Procurement reported that the 2023 review has concluded as planned. He advised that the Financial Operating Procedures form part of the internal controls system.

Confirmation was provided that key individuals across NHS Fife were consulted during the review to ensure that appropriate expertise was utilised. A number of key sections were highlighted having had significant amendments. The patient private funds management section in particular had been considerably revised and it was noted that there was an internal audit assignment carried out in conjunction, and work is ongoing to ensure that those involved in patient funds management at ward level are aware of the changes in current practice that need to be followed. It was also highlighted that a deeper dive has been carried out on the Patient and Public Expenses Payment Policy, and a new section has been added to cover leases to ensure that there is a revised control to align with the adoption of IFRS16.

It was advised that the next review is scheduled for 2025, and an interim update will be provided if any significant changes come to light.

The Committee took **assurance** from the report.

8.5 Review of Draft Annual Workplan 2024/25

The Director of Finance & Strategy advised that the draft workplan sets out the priorities for the Committee for 2024/25 and this will be regularly reviewed to ensure that it remains current.

The Committee **approved** the proposed Annual Workplan 2024/25.

9. FOR ASSURANCE

9.1 Audit Scotland Technical Bulletin 2023/3

The Committee took **assurance** from the bulletin.

9.2 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will take place on **Thursday 14 March 2024** from 2pm – 4.30pm via MS Teams.

CLINICAL GOVERNANCE COMMITTEE

(Meeting on 12 January 2024)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 12 JANUARY 2024 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Aileen Lawrie, Area Clinical Forum Representative
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Lynne Parsons, Area Partnership Forum Representative
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Peter Donaldson, Information Security Manager (*for item 6.2*)
Fiona Forrest, Deputy Director of Pharmacy (*deputising for Ben Hannan*)
Susan Fraser, Associate Director of Planning & Performance (*for item 7.1*)
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership
Jocelyn Lyall, Chief Internal Auditor (*for item 6.1*)
Tanya Lonergan, Head of Nursing (*deputising for Lynn Barker*)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Elizabeth Muir, Clinical Effectiveness Manager
Gill Ogden, Head of Nursing (*deputising for Norma Beveridge*)
Nicola Robertson, Associate Director of Nursing
Dr Shirley-Anne Savage, Associate Director of Quality & Clinical Governance

The minutes were produced from the recording of the meeting, by Hazel Thomson, Board Committee Support Officer, who was not in attendance at the Committee itself.

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

A welcome was extended to Lynne Parsons, Employee Director, who is joining the Committee as the new Area Partnership Forum representative; Fiona Forrest, Deputy Director of Pharmacy, who is deputising for Ben Hannan; Tanya Lonergan, Head of Nursing, who is deputising for Lynn Barker; Gill Ogden, Head of Nursing, who is deputising for Norma Beveridge; Jocelyn Lyall, Chief Internal Auditor, who joined the meeting to speak to item 6.1 – Internal Control Evaluation on behalf of Margo McGurk; and Peter Donaldson, Information Security Manager, who joined the meeting to speak to item 6.2 – Cyber Resilience Deep Dive, on behalf of Alistair Graham.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

1. Apologies for Absence

Apologies were received from member Sinead Braiden (Non-Executive Member), and routine attendees Lynn Barker (Associate Director of Nursing), Norma Beveridge (Associate Director of Nursing), Alistair Graham (Associate Director of Digital & Information), Ben Hannan (Director of Pharmacy & Medicines), Dr Iain MacLeod (Deputy Medical Director, Acute Services Division) and Margo McGurk (Director of Finance & Strategy).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 3 November 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.

The Chief Executive provided an update for action no. 1, concerning 'the work being undertaken in relation to reviewing the effectiveness of the Organisational Learning Group'. Clarification was provided that the Chief Executive had not requested a formal review of the Organisational Learning Group and was questioning the approach to receiving and improving the managerial assurance from the group. It was therefore agreed to close this action from a committee perspective, as there is no commissioned formal review.

In terms of action no. 2, comments section, it was clarified that it is the 'Adverse Events Lead', and not the 'Adverse Manager', who is taking forward this action.

The Chair and Medical Director agreed to have a discussion outwith the meeting in relation to the level of detail required for the Committee to take assurance on the learnings that are happening from Adverse Events. It was agreed to close this action.

Action: Medical Director

The updates will be made to the action list.

Action: Board Committee Support Officer

5. ACTIVE OR EMERGING ISSUES

5.1 Reinforced Autoclaved Aerated Concrete (RAAC)

Assurance was provided from the Director of Property & Asset Management that a national drive is underway to identify reinforced autoclaved aerated concrete within all NHS Scotland estates. It was advised that the NHS Fife Health & Safety Team have been investigating reinforced autoclaved aerated concrete on our sites and

have identified 26 potential blocks (elements of buildings) within our estate that have been passed to the National Programme for further assessment. An overview was provided on the mitigations that have been put place to protect staff, patients and visitors. It was also noted that longer term this work will form part of the Scottish Government programme of redress.

Questions were welcomed and an explanation was provided on the process and phases of work for deteriorating areas, including risk assessments, reporting, and relocating staff and patients. The Director of Property & Asset Management agreed to consider building this into standard business continuity plans.

Action: Director of Property & Asset Management

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

5.2 Notification to Health & Safety Executive (HSE) of Work in Atmosphere Containing Radon

The Medical Director provided background detail on assessing Radon within the workplace, and advised that, in an area within Kinghorn Medical Practice, the level had just exceeded the Health & Safety Executive (HSE) requirement. It was reported that remedial work is being undertaken and it is expected that this will be fully addressed at the next levels check. It was also noted that the affected area is not used on a daily basis by staff or patients within the Practice. Comment was made in relation to the ability of staff feeling comfortable in reporting concerns, and assurance was provided that the issues were swiftly addressed and an alternative space to work was offered.

Confirmation was provided that ventilation systems will be reviewed in other sites, and the Director of Property & Asset Management agreed to confirm that ventilation systems are checked on a regular basis.

Action: Director of Property & Asset Management

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

6. GOVERNANCE MATTERS

6.1 Internal Controls Evaluation Report 2022/23

The Chair welcomed the Chief Internal Auditor to the meeting, who introduced and spoke to the report. It was advised that the report contains a full review of all areas of governance and provides early warning of any issues that may impact the Governance Statement and would need to be addressed before year-end. The report sits alongside the Annual Report and standalone audits.

An overview of the key themes from the report was provided, as detailed in the paper, and it was highlighted that the environment is challenging in terms of delivering the strategy. Assurance was provided that previous internal audit recommendations for clinical governance arrangements have all been implemented, which was a positive outcome.

It was confirmed that the Health Improvement Scotland Inspection Report and learning review will go the March Committee meeting. Furthermore, it was stated

that the Committee will continue to improve, carry out due diligence, and that the hard work of the Committee is recognised within the report. The Chair noted a number of actions around the Digital and Information Strategy, Inspection reports, and ICO incidents for disclosure for the Committee within the report and requested that this was reviewed and added to the Committee workplan to ensure that these are completed by year end.

Action: Associate Director of Quality & Clinical Governance

The Committee took **assurance** from the report.

6.2 Corporate Risks Aligned to Clinical Governance Committee, including Deep Dives: Covid-19 and Cyber Resilience

The Chair welcomed the Information Security Manager to the meeting, for discussion on the deep dive.

The Medical Director reported that an update on optimal clinical outcomes, and adjustments to the quality & safety risk, will come to the March Committee meeting. It was also reported that a future risk is in development around wider threats such as pandemics and other biological incidents, and this will also come to the March Committee meeting.

The Associate Director of Quality & Clinical Governance provided an update on moving the corporate risk register forward, which will include consideration on capturing operational risks in order to escalate these to Board level. An update was also provided on the role of the Risk & Opportunities Group in terms of new risks and risks to be removed and the new approach to deep dives, which was also discussed at the last Audit & Risk Committee meeting. It was advised that a risk management framework has been developed, which will also support a culture of risk and will be promoted through the Risk & Opportunities Group.

The Committee took a “**reasonable**” **level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

The Director of Public Health reported that the Covid-19 risk has achieved the risk target and that there has been a period of stability with reviewing this risk for a number of months. The main points from the paper were highlighted. It was also noted that other NHS Scotland Health Boards may follow a similar direction for de-escalating the Covid-19 risk.

The Committee took **assurance** on the Deep Dive and **agreed** on the recommendation to close the Covid-19 Pandemic risk on the Corporate Risk Register and transfer oversight to the Public Health Assurance Committee.

The Medical Director advised that the Cyber Resilience Deep Dive articulates the actions being undertaken to mitigate the risk of the organisation being overcome by targeted and sustained cyber-attacks, which could impact the ability to deliver a full health service. It was noted that there are aspects that are outwith NHS Fife’s control, such as cloud services, which are hosted by other Health Boards and National Services Scotland (NSS), and it was advised that improvement work with them is being undertaken.

The Information Security Manager provided an update on the work being undertaken to protect NHS Fife from cyber-attacks, as detailed in the paper. It was advised that the work is reported through the Information Governance & Security Group, who report directly into the Committee and the Digital & Information Board.

Questions followed, and it was reported that there are challenges in terms of recruitment and retention into digital roles. It was also reported that the reduced likelihood of the impact of the risk is through having good business continuity and disaster recovery options.

The Area Partnership Forum Representative requested that a staff-side representative be added to the policy group and that was agreed to be explored.

Action: Associate Director of Digital & Information

The Committee took **assurance** from the Cyber Resilience Deep Dive.

6.3 Clinical Governance Oversight Group Assurance Summary from October & December 2023 Meetings

The Associate Director of Quality & Clinical Governance advised that the assurance summaries are presented to the Committee, following an audit recommendation. It was advised that the mortality report in hospital acquired Covid-19 cases will come to the March Committee meeting. It was also advised that the independent review of audiology will be brought to the Committee in due course.

The Associate Director of Quality & Clinical Governance agreed to consider strengthening the assurance aspects of the report, particularly around how assured the Clinical Governance Oversight Group are around actions, planned improvements and timescales.

Action: Associate Director of Quality & Clinical Governance

The Committee took **assurance** from the summaries.

6.4 Review of Draft Annual Workplan 2024/25

The Medical Director and Associate Director of Quality & Clinical Governance agreed to consider the points raised in an email from the Chair in relation to specific items on the workplan.

Action: Medical Director/ Associate Director of Quality & Clinical Governance

The Committee considered and **approved** the proposed workplan for 2024/25; and **approved** the approach to ensure that the workplan remains current.

6.5 Delivery of Annual Workplan 2023/24

The Health Improvement Scotland Report and learning review, and the future risk, which is in development around wider threats such as pandemics and other biological incidents, agreed to be added to the workplan for March 2024.

Action: Board Committee Support Officer

The Committee took **assurance** from the tracked workplan.

7 STRATEGY / PLANNING

7.1 Population Health & Wellbeing Strategy Mid-Year Review

The Associate Director of Planning & Performance joined the meeting for this item and advised that the report details the progress on the implementation of the organisational strategy, and the key points from the report was provided. An overview was also provided on the planned next steps.

A comment was made around minimising and avoiding repetitive work for staff in reporting of data, and it was advised that timelines for the Mid-Year Report differ from the Annual Delivery Plan, and that work is planned through the Programme Board to align timescales and various reporting schedules, including reporting to the Scottish Government. Suggestion was made to have a workplan. The importance of the Mid-Year report being presented to the Committee was highlighted.

The Committee took **assurance** from the mid-year report and the first six months of work to implement the NHS Fife Population Health & Wellbeing Strategy.

7.2 Medical Appraisal and Revalidation Framework 2024-27

The Medical Director explained that the aim of the Medical Appraisal and Revalidation Framework is to set out our plans to deliver high level appraisal and continue to train appraisers, which was noted as challenging, particularly within secondary care. It was also advised that the framework will ensure that every single member of permanent and employed medical staff in Fife have access to the annual appraisal. It was noted that this does not include junior doctors, as they are assessed through their training programme, however, they will still be re-validated.

An overview on the key points from the framework was provided, and it was confirmed that the framework has been through the Medical Appraisal Revalidation Group.

Following questions, an explanation was provided around the process for doctors being re-validated and it was advised that multi-sourced feedback is provided from NHS Education for Scotland (NES). The approach for supporting doctors to revalidate was also explained.

The Committee took **assurance** from the Medical Appraisal and Revalidation Framework 2024-27.

8 QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR)

The Director of Nursing provided an update on the performance for in-patient falls and the improvement work that is ongoing, including shared learning and the educational aspects. An update was also provided on performance for infection control.

The performance for pressure ulcers was discussed, with it being noted that performance was significantly higher in October 2023 and that a review is being carried out. It was advised that levels have now returned to normal, and the work that is being carried out to improve the performance for pressure ulcers was fully explained. Further detail, for assurance, was requested around pressure ulcers, in terms of providing additional information in the IPQR with breakdown of grades of pressure ulcer damage similar to the falls charts to support understanding of the severity of harm. The Director of Nursing agreed to take this forward.

Action: Director of Nursing

It was reported that work continues to improve our closure of actions in relation to adverse events, and that actions are specific, measurable, achievable, relevant and timebound (SMART).

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 spoke to the report and advised that there are no areas of concern to highlight to the Committee.

The Director of Nursing agreed to provide further information to the Chair around the detail on Covid-19 mortality.

Action: Director of Nursing

Following questions, it was advised that the performance target for CDI is on track, and that the numbers for C-Diff are very small. It was also reported that LanQIP is being used to record hand hygiene, and that infection control audits are carried out.

The Committee took **assurance** from the report.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Story

The Director of Nursing presented a patient story, which was focused on the complexities of the cancer care journey.

Following discussion, it was advised that the approach of staff can positively support cancer patients' feelings throughout their journey. It was also confirmed that the oncology team receive clinical supervision, and that the spiritual care team work closely with staff who are delivering cancer care.

The Committee took **assurance** from the presentation and the experience for both staff and patients on the cancer care journey.

9.2 Patient Experience & Feedback Report

The Director of Nursing highlighted the complexity scoring tool, which is currently being launched. An overview on performance was provided, as detailed in the paper, The patient experience flashcard was also highlighted, which is provided as

an appendix, and a request was made for the flashcard to cover the same reporting period. It was advised that work is underway to address aspects of the category of complaints, including staff attitude and disagreement treatment. A comment was made in relation to capturing the detail around complaints escalated to the Scottish Public Services Ombudsman (SPSO) including the detail regarding their status, themes and progress against recommendations and actions. One of the outcomes from the new complexity scoring tool will include that monitoring.

It was advised that a brief summary from the SPSO is provided within the Patient Experience & Feedback Quarterly Reports, with the next quarterly report to be presented to the Committee in March 2024.

The Committee took **assurance** from the report.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Medical Appraisal and Revalidation Annual Report 2022/23

The Medical Director explained that the number of doctors who had an appraisal under secondary care is affected by the turnover of staff within that group, and that a large number were not eligible for appraisal. The Medical Director agreed to provide narrative around performance for revalidation, in the next report.

Action: Medical Director

Following a question, an explanation was provided on the doctors who did not revalidate, when eligible to do so, and is detailed in the report.

It was advised that the report was also presented to the Staff Governance Committee, where there had been good discussion on its conclusions.

The Committee took **assurance** from the report.

10.2 Participation & Engagement Annual Report 2022/23

The Director of Nursing advised that the report is presented to provide assurance on the public engagement and consultation work undertaken in 2022/23. It was further advised that a Public Participation & Community Engagement Strategy is being developed by Corporate Communications and will include the outcomes and plans from the Health Improvement Scotland (HIS) self-assessment.

The Committee took **assurance** from the report and **noted** future steps.

10.3 Research & Development Progress Report & Strategy Review 2023-25

The Committee **noted** the report, and it was **agreed** to bring this item back to the Committee in March 2024, for assurance, under the active/emerging section. A request was made for questions or comments to be sent in advance to the Medical Director.

Action: Members/Medical Director/Board Committee Support Officer

10.4 Research, Innovation and Knowledge Annual Report 2022/23

The Committee **noted** the report, and it was **agreed** to bring this item back to the Committee in March 2024, for assurance, under the active/emerging section. A request was made for questions or comments to be sent in advance to the Medical Director.

Action: Members/Medical Director/Board Committee Support Officer

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and that there were no escalations to the Committee other than Health and Safety Subcommittee covered on the agenda today.

- 11.1 Area Clinical Forum held on 7 December 2023 (unconfirmed)
- 11.2 Area Medical Committee held on 10 October 2023 (unconfirmed)
- 11.3 Area Radiation Protection Committee held on 14 November 2023 (unconfirmed)
- 11.4 Cancer Governance & Strategy Group held on 2 November 2023 (unconfirmed)
- 11.5 Clinical Governance Oversight Group held on 24 October 2023 (confirmed) & 12 December 2023 (unconfirmed)
- 11.6 Digital & Information Board held on 19 October 2023 (unconfirmed)
- 11.7 Fife IJB Quality & Communities Committee held on 2 November 2023 (unconfirmed)
- 11.8 Health & Safety Subcommittee held on 8 December 2023 (unconfirmed)
- 11.9 Infection Control Committee held on 6 December 2023 (unconfirmed)
- 11.10 Information Governance & Security Steering Group held on 10 October 2023 (unconfirmed)
- 11.11 Research, Innovation & Knowledge Oversight Group held on 11 December 2023 (unconfirmed)
- 11.12 Resilience Forum held on 10 October 2023 (confirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters to escalate to the Board.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 1 March 2024 from 10am – 1pm via MS Teams

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 16 January 2024)

The Committee agreed the discussion on the financial situation for NHS Fife should be escalated to the NHS Fife Board for awareness.

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 16 JANUARY 2024 AT 9.30AM VIA MS TEAMS

Alistair Morris
Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Margo McGurk, Director of Finance & Strategy
Alastair Grant, Non-Executive Director	Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director	Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health	Janette Keenan, Director of Nursing
Lynne Parsons, Employee Director	

In Attendance:

Ben Hannan, Director of Pharmacy & Medicines
Claire Dobson, Director of Acute Services
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Nicky Connor, Director of Health & Social Care
Jocelyn Lyall, Chief Internal Auditor (*Item 6.2 only*)
Susan Fraser, Associate Director of Planning and Performance (*Item 7.2 only*)
Kerrie Donald, Executive Assistant (*Minutes*)

Chair's Opening Remarks

Members were advised that the meeting will be recorded via MS Teams for the purposes of the minute.

1. Apologies for Absence

Apologies were noted from member Aileen 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 November 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. QUALITY / PERFORMANCE

5.1 Reform, Transform, Perform Framework

The Chief Executive presented on the emerging 'Reform, Transform, Perform' Framework to the Committee, which is being developed to support our response to the local and national financial challenges and outlook facing NHS Scotland.

The Chief Executive highlighted that the Executive Team and colleagues across NHS Fife have a wide set of skills and expertise to support a multi-professional approach to establishing our response and recovery plan. It was noted that a communication to all NHS Fife staff from the Chief Executive would be circulated to set out the extent of the financial challenge and next steps for NHS Fife.

The Chair thanked the Chief Executive for the presentation, noting his support for the proactive approach being taken. The Chair further noted that the Chief Executive's message to NHS staff should also be communicated to MPs and MSPs.

There was full and lengthy discussion about the financial challenges to be addressed, common across all NHS territorial boards in Scotland. A Grant and J Kemp, Non-Executive Directors, acknowledged the difficult financial challenges facing NHS Fife, however praised the decision to use the current skills and expertise within NHS Fife to build and improve on the situation.

The Chief Executive highlighted that the Director of Pharmacy & Medicines would be working alongside senior NHS Fife staff to create a plan on how NHS Fife will move forward with this new Framework. In the discussion, a number of Executive Directors acknowledged the significant challenge for NHS Fife, but provided assurance that the organisation's values and commitment to delivery quality and safe care will always remain at the core of any approach.

The Committee took **assurance** from the approach outlined in the presentation.

5.2 Integrated Performance & Quality Report

The Director of Acute Services confirmed that the Flow Navigation Centre has now transitioned to the Acute Services Division from the Health and Social Care Partnership, with work ongoing to review methods through which flow and navigation can reduce demand at the front door, ensuring patients are seen at the right place, the right time and by the right person.

New outpatient referrals remain a challenge, with a small number of patients who have been waiting over two years; however, it is hoped this backlog will be cleared as soon as possible.

It was reported that challenges continue with 31 and 62 day cancer targets, noting a dip in performance on the 31 day target, with 10 breaches attributed to lack of surgical and theatre capacity. Cancer 62 day targets have improved in performance, though demand and complexity remain a challenge.

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, noting an increase in terms of the 5% target. This, however, remains within controlled limits. It was reported that a multidisciplinary approach continues, with predicted

date of discharge and continued support with performance and flow of discharge. Challenges across the system have risen with closures of care homes and community hospitals due to Winter pressures.

The Chair praised the team for their continued efforts to work effectively against a background of constant demand and pressure within Acute and Health and Social Care.

The Committee took **assurance** from the report, discussing, examining and considering the NHS Fife performance as summarised in the IPQR.

5.3 Financial Performance Report at 30 November 2023

The Deputy Director of Finance provided an in-depth review of the current financial position, noting that, at the end of November 2023, NHS Fife are reporting an adverse variant of £19m.

Following a query from A Grant, Non-Executive Director, the Director of Finance & Strategy confirmed National Services Scotland (NSS) negotiate agency contract costs to ensure all NHS Boards are paying the same rate for framework agency staff.

The Committee took **assurance** from the report.

5.4 Funding for Critical Posts

The Chief Executive presented the paper, highlighting the request to support three new posts within the Paediatric Middle Grade Workforce, Clinical Risk Nurse/Midwife and Orthopaedic Advanced Nurse Practitioner, which present a significant clinical risk for NHS Fife if not supported. A final post, a proposed Whistleblowing Co-ordinator, is also reported to the Committee for awareness, however funding to progress with this is not requested at this time.

Following a query from J Kemp, Non-Executive Director, the Chief Executive advised that whilst permission from Scottish Government for funding of the new posts is not required, an open and transparent discussion regarding the cost pressures of the posts would be had with Scottish Government and would be reflected within the financial plan for 2024/25.

The Committee **approved** the following posts: Paediatric Middle Grade Workforce, Clinical Risk Nurse/Midwife and Orthopaedic Advanced Nurse Practitioner.

The Committee **acknowledged** the desirability of the additional post, the Whistleblowing Co-ordinator, but noted that funding is not available at this time.

5.5 Decarbonisation of NHS Fife Fleet

The Director of Property & Asset Management presented the paper, noting the proposed plan for compliance with the 2025 and 2030 target dates for the use of electronic vehicles for NHS fleet.

Following a query from A Grant, Non-Executive Director, it was confirmed all NHS fleet vehicles must be fully electric, not hybrid, by the target dates. The Director of Property & Asset Management further confirmed NHS Fife has applied for infrastructure funds from Transport Scotland and Switched on Fleet.

The Committee took **assurance** from the report.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee, including Deep Dive: Prioritisation & Management of Capital Funding

The Director of Finance & Strategy presented the paper, noting a proposal to increase the risk score in relation to the current and future financial position for the next Committee, once discussed and approved with the Executive Team.

Action: Director of Finance & Strategy

It was reported that the Risk and Opportunities Group are working to further improve the deep dive process, highlighting that factors such as the creation of new risks, materially deteriorating risks or escalation of risks would trigger a deep dive.

The Chair thanked the Director of Finance & Strategy for the update and highlighted the importance of having valuable deep dive sessions.

The Director of Property & Asset Management provided an overview of the deep dive risk for this session, noting that whilst limited capital funding is available for 2024/25, measures are in place to ensure capital funding is used effectively.

Following a query from J Kemp, Non-Executive Director, it was agreed a corporate risk should be developed to reflect how services can be sustained without additional capital funding. The Director of Finance & Strategy agreed to develop the risk and present to the Executive Directors' Group before coming to the next Committee.

Action: Director of Finance & Strategy

The Committee took **assurance** from the report, noting that all actions, within the control of the organisation, are being taken to mitigate these risks.

6.2 Internal Control Evaluation Report 2023/24

The Chief Internal Auditor joined the meeting and provided an in-depth review of the report, noting the financial challenges that have been discussed at today's meeting are reflected within the report. The Committee noted the conclusions of the mid-year review of internal controls.

The Chair thanked the Chief Internal Auditor for discussing the report and noted the report would provide encouragement to teams across the organisation.

The Committee took **assurance** from the report.

6.3 Review of Draft Annual Workplan 2024/25

The Director of Finance & Strategy presented the draft annual workplan for 2024/25 noting the plan will continually be updated to reflect the ongoing work with the development of the Reform, Transform, Perform Framework.

The Committee **approved** the draft workplan.

6.4 Delivery of Annual Workplan 2023/24

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Fife Capital Investment Group Reports 2023/24

The Deputy Director of Finance presented the report, highlighting work is ongoing to ensure all capital equipment is received and receipted before the end of the financial year.

The Committee took **assurance** from the Fife Capital Investment Group Report

7.2 Population Health & Wellbeing Strategy – 2023/24 Mid-Year Review

The Associate Director of Planning and Performance provided an overview of the paper, noting the progress made on the associated actions and the plans for the remainder of 2023/24. The paper further reports the planned approach for the development of an annual report and strategy delivery plan for 2024/25, which will be presented to the NHS Fife Board in May 2024.

The Committee took **assurance** from the paper.

7.3 Annual Delivery Plan 2024/25 & Medium Term Financial Plan 2024-27

The Director of Finance & Strategy presented the paper, indicating the timeline for submitting the Annual Delivery Plan and Medium Term Financial Plan.

The Committee took **assurance** from the report.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Annual Procurement Report 2022/23

The Director of Finance & Strategy presented the report, noting the requirement to publish the report under Procurement legislation. The Director of Finance & Strategy praised the Procurement team for their significant efforts over the last 18 months, highlighting that the enhanced capability within the team has significantly improved Procurement activity across the organisation.

The Committee **endorsed** the report for submission to NHS Fife Board for approval.

9. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

- 9.1 Fife Capital Investment Group held on 8 November 2023 (unconfirmed)
- 9.2 IJB Finance, Performance & Scrutiny Committee held on 10 November 2023 (unconfirmed)
- 9.3 Primary Medical Services Sub-Committee held on 5 December 2023 (unconfirmed)
- 9.4 Procurement Governance Board held on 1 December 2023 (unconfirmed)
- 9.5 Pharmacy Practices Committee held on 27 October 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

The Committee agreed the discussion on the financial situation for NHS Fife should be escalated to the NHS Fife Board for awareness.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 12 March 2024** from 9.30am – 12pm via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 15 January 2024)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 15 JANUARY 2024 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance & Strategy
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Susan Fraser, Associate Director of Planning & Performance
Dr 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 and extended a welcome to Fiona Forrest, Deputy Director of Pharmacy, who is deputising for Ben Hannan at today's meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

1. Apologies for Absence

Apologies were received from routine attendee Ben Hannan, Director of Pharmacy & Medicines.

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 6 November 2023

In terms of the previous minute, item 7.1 – IPQR, paragraph 5, clarification was provided that this comment was in relation to the activity projection. The minute to be updated before submitting to the Board.

Action: Board Committee Support Officer

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

4. Matters Arising / Action List

The Director of Health & Social Care provided a verbal update on action no. 1 around the early intervention work carried out in schools in relation to Child & Adolescent Mental Health Services (CAHMS). It was reported that there is input into all schools across Fife and that there is a representative at all educational led child wellbeing meetings. An overview was provided on the pilot programme in relation to offering support to schools, and it was advised that the early intervention service have been providing education in schools, and an update was provided on the work that is being undertaken. In addition, it was reported that training is being provided for mental health ambassadors within schools.

It was advised that the High-Risk Pain Medicines - Patient Safety Programme action is duplicated on the action list. This would be corrected for the next iteration.

Action: Board Committee Support Officer

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

5. GOVERNANCE MATTERS

5.1 Internal Controls Evaluation (ICE) Report 2022/23

The Director of Finance & Strategy advised that there were no significant issues within the ICE report to feedback to the Committee, and that the increasing risk around the financial position has been highlighted. It was further advised that an updated report, to include the year-end work, will come back to the Committee as part of the annual accounting sign-off process.

Following a comment, it was advised that further work will be undertaken in relation to the scrutiny of the financial plan and Annual Delivery Plan, which will enable sight of the full context and shared level of understanding of the challenges ahead, and that this will be carried out in parallel with risks.

It was questioned if further detail will be added to the report, in terms of the Committee's risk reduction approach, and the Director of Finance & Strategy agreed to feedback to the team.

Action: Director of Finance & Strategy

The Committee is asked to take **assurance** from the report.

5.2 Corporate Risks Aligned to Public Health & Wellbeing Committee

The Director of Public Health advised that the deep dive on health inequalities will be presented under agenda item 8.1.

An overview on the content of the paper was provided, and it was reported that there is no change to the risk rating. It was advised that an update is also provided from the Audit & Risk Committee Development Session held in October 2023 on the review of

the effectiveness of the new Corporate Risk Register process. It was also noted that there is a commitment from the Risk & Opportunities Group to continue to review, revise and refine the risk management approach.

Following a question, progress on the roll-out of the risk dashboard was provided, and the Director of Finance & Strategy agreed to confirm the timeline for roll-out to Committees.

Action: Director of Finance & Strategy

Following questions, it was advised that the health & inequalities deep dive paper sets out the rationale for recommending a change to the target risk level for health & inequalities. The Director of Health & Social Care agreed to review the timeline for the primary care services risk, before the next Committee meeting in March 2024.

Action: Director of Health & Social Care

A request was made for the report to be more explicit in terms of the consequence of finance and performance.

The Committee took a **“reasonable” level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

5.3 Review of Draft Annual Workplan 2024/25

The Director of Public Health presented the draft annual workplan for 2024/25 and noted that consideration of corporate risks has been made explicit within the workplan, which was a recommendation from the Risk & Opportunities Group. It was also noted that suggestions for Development Sessions have been included, and the Chair highlighted the importance of Development Sessions for the Public Health & Wellbeing Committee, given its relative newness in the Board governance structure.

Discussion took place around the Committee’s role in terms of broader public health topics, and the importance of ensuring that these are focussed for the Committee. It was noted that there is a challenge in balancing efficiency and ensuring good governance and due diligence. It was also noted that areas of escalation or emerging issues would be brought to the Committee.

The Committee **considered** and **approved** the proposed workplan for 2024/2025; and **approved** the approach to ensure that the workplan remains current.

5.4 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

6. STRATEGY / PLANNING

6.1 Population Health & Wellbeing Strategy Mid-Year Review

The Associate Director of Planning & Performance advised that the report details the progress of the implementation of the strategy and covers how the strategy is being delivered and monitored through the Programme Management Office, the management

of risk through the Corporate Risk Register and the work that is ongoing around quality indicators.

A proposal was made to change the statement from 'ensuring universal access to immunisations, including influenza and Covid-19', to 'ensuring equitable access to routine seasonal and selective immunisation programmes throughout the life course'. This was **agreed** by the Committee.

The key points from the report were provided, and an overview was also provided on the planned next steps. It was noted that supporting impact and indicators will be included in the next iteration of the report.

A question was raised on meeting timelines, and it was reported that the next review will detail what has been completed and what needs to continue, and that this will be made explicit in the Annual Report planned for May.

The Committee took **assurance** from the Mid-Year Report and the first 6 months of work to implement the NHS Fife Population Health and Wellbeing Strategy.

6.2 Post Diagnostic Support for Dementia

The Director of Health & Social Care advised that, as part of the Scottish Government Transition and Recover agenda for mental health services, everyone diagnosed with dementia should receive 12 months of post diagnostic support, and that funding has been made available to support that delivery.

It was reported that there have been challenges with delivery, and an overview of the improvement actions was provided, as detailed in the paper. An overview on the pillar model was also provided, and it was advised that it is expected by the end of August 2024 waiting lists will have reduced further. The associated risks were highlighted, and it was advised that they require to be quantified once funding is known.

The impact of suspending the service during the Covid-19 pandemic was questioned, and the learning that was taken from this. The challenges were outlined, including difficulties with engaging on MS Teams for some people, and it was advised that support was in place, albeit the 12 months programme was not delivered during this time. It was also advised that there have been enhancements to the carers' support package. In addition, it was reported that actions have been taken around improving the quality of data, to support the improvement of performance.

Following questions, the differences between Alzheimers Scotland and in-house support in terms of efficiency or effectiveness was explained, and it was advised that there is a clinical triage pathway between services. It was also explained that there are benefits to both group work and individual consultation.

It was noted that NHS Fife was the second top Board in the national report for post diagnostic support, and it was queried if this position has been sustained.

The Committee took **assurance** on the actions being taken to improve access to post diagnostic support. The Committee also **agreed** to be provided with a report in 6 months' time to give assurance on progress.

6.3 Mental Health Strategy Implementation

The Director of Health & Social Care advised that the update and implementation of the strategy provides assurance that the refreshed draft mission, vision, values and priorities are aligned to the Population Health & Wellbeing Strategy, the Health & Social Care Strategic Plan, and national outcomes. It was also advised that the strategy covers mental health delivery across all of our local authority areas.

It was reported the strategy is in draft, and that further work will be carried out in terms of performance standards and metrics, and that the final strategy will be brought back to the Committee, once the strategy is approved by the Integration Joint Board (IJB).

Following a comment, the Director of Health & Strategy agreed to feedback to the team in terms of what can be done to make the strategy vibrant and stand out.

Confirmation was provided that the direction of travel for community-based services will be included within the delivery plans.

The Committee took **assurance** on the progress being made towards the development of a new Mental Health and Wellbeing Strategy and Delivery Plan for Fife.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on performance for Child & Adolescent Mental Health Services (CAHMS) and Psychological Therapies (PT), and improvement actions. It was reported that there is an improvement trajectory for CAHMS, and that the trajectory for PT remains variable on a month-to-month basis, however, improvement actions are in place. An explanation was provided on the early intervention work within schools for CAHMS.

A request was made to report on the wider mental health aspects, and it was advised that work is being undertaken in relation to the mental health strategy and reviewing the national performance indicators, and agreement was made to bring this back to the Committee.

Action: Director of Health & Social Care

An update was provided on smoking cessation, and the lag in data being published, was explained. The smoking cessation service within Antenatal was described and it was noted that this is a unique service and will be evaluated.

The Director of Health & Social Care also provided an update on performance for vaccinations and advised that a lot of work has been carried out to improve uptake, and it is expected that there will be an improvement on performance, once the data from December 2023 is available. It was noted that uptake has been low across all NHS Scotland Boards for frontline health care workers.

The Director of Public Health advised that there was no new published data for immunisation: 6-in-1 and MMR2, and that an update will be included in the next iteration of the report.

The Committee took **assurance**, discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

7.2 Dental Services & Oral Health Improvement

The Director of Public Health spoke to the paper and highlighted the wider changes that have recently taken place, including the introduction of the new Dental contract in November 2023 and the challenges resulting in reduced activity levels within independent dental practices. An overview was also provided on the key points within the paper. It was advised that the public health dental service is working incredibly hard to ensure that dental services are sustainable.

Following a question about the potential benefit from repeating the inspection programme for children more frequently, it was advised that only a representative sample is provided in the national dental inspection programme, and that there would be limited benefit in doing so as there is clear understanding about the actions which are needed. There would also be challenges in terms of capacity to roll this out to all children. Assurance was provided on next steps and engagement with education services in terms of oral health for children.

It was questioned if there is national work around patients registering and the uptake in health checks and treatments. In response, it was advised that the information that private practices hold is limited, and we do not have access to it. It was also advised that people who are registered may still choose not to attend for preventive care, and that the numbers registered may not be completely up to date as names are kept on the list for two years.

The Committee took **assurance** from the report, that NHS Fife is following due process within the limited powers available.

7.3 Eating Well & Having a Healthy Weight and Staying Physically Active

The Director of Public Health advised that eating well, having a healthy weight and staying physically active was recognised as a national public health priority in 2018. An overview on the content of the report was provided. It was noted that financial pressures in the public sector may influence a reduction in health facilities in Fife.

The Committee took **assurance** from the paper.

8. INEQUALITIES

8.1 Health & Inequalities Deep Dive

The Director of Public Health advised that paper provides an update on progress to address health & inequalities. Also included within the paper is an update on the actions to mitigate the impact of health & inequalities, and an overview was provided on several management actions that have been progressed locally. It was also advised that as

previously highlighted there have been challenges with finalising the metrics, which has delayed fully implementing the evaluation framework within the Population Health and Wellbeing Strategy which would also contribute to monitoring this risk.

An overview was provided on the deep dive, at appendix 1, and recommendation was made to adjust the target risk rating.

Suggestion was made to have a development session around the root causes for the inequality elements, with it being noted that this links into the eating well, having a health weight and staying physically active priorities.

Discussion took place on enhancing the Integrated Performance & Quality Report in terms of measures for the root causes which are specific to NHS Fife.

The Committee took **assurance** that we are robustly overseeing and managing the risk of health & inequalities and **agreed** the current and target risk level ratings.

8.2 Participation & Engagement Annual Report

The Director of Nursing advised that the report is presented to provide assurance on the public engagement and consultation work undertaken in 2022/23. It was further advised that a Public Participation & Community Engagement Strategy is being developed by Corporate Communications and will include the outcomes and plans from the Health Improvement Scotland (HIS) self-assessment.

It was confirmed that engagement will be measured through joined up working, including with the Inequalities Team and Health & Social Care Partnership.

The Committee took **assurance** from this report and noted future steps.

9. ANNUAL REPORTS / OTHER REPORTS

9.1 Annual Climate Emergency and Sustainability Annual Report 2022/23

The Director of Property & Asset Management presented the report and provided a detailed overview on the table within, which sets out the amount of greenhouse gas which is produced annually by NHS Fife. It was advised that gradual and consistent reductions in building energy use are being carried out, and that our reduction in energy has largely been around reducing electricity. It was also noted that waste reduction can be significantly reduced at a low cost.

Comment was made around the UK Government's compulsory change from internal combustion to electric vehicles, and the possibility of targets being reviewed, and resource requirement.

The Committee took **assurance** and **considered** the content in terms of finalising the Draft Annual Climate Emergency and Sustainability Report 2022/23.

10. LINKED COMMITTEE MINUTES

The Committee noted the linked committee minutes:

10.1 Equality and Human Rights Strategy Group held on 10 November 2023 (confirmed)

It was advised that the matter for escalation regarding discrimination and racism in the workplace was discussed in detail at the previous week's Staff Governance Committee.

10.2 Public Health Assurance Committee held on 18 October 2023 (confirmed) & 6 December 2023

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

There was no other business.

Date of Next Meeting - Monday 4 March 2024 from 10am – 12pm via MS Teams.

STAFF GOVERNANCE COMMITTEE

(Meeting on 11 January 2024)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 11 JANUARY 2024 AT 10.00 AM VIA MS TEAMS

Present:

Colin Grieve, Non-Executive Member (*Deputising as Chair for Sinead Braiden*)
Kirstie MacDonald, Non-Executive Member and Whistleblowing Champion
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Wilma Brown, Interim Co-Chair, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF)
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Isla Bumba, Equality & Human Rights Lead (*for agenda Item 5.4 only*)
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance (*for agenda Item 6.1 only*)
Janette Keenan, Director of Nursing
Jocelyn Lyall, Chief Internal Auditor (*for agenda Item 9.2 only*)
Neil McCormick, Director of Property & Asset Management (*for agenda Item 7.1 only*)
Dr Chris McKenna, Medical Director
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Jackie Millen, Workforce Development & Engagement Officer (*for agenda Item 10.2 only*)
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Lakshmi Anderson, Executive Assistant to the Director of Workforce (*Minutes*)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and thanked all staff, including the Committee, for their hard work over the Festive period, during a very busy 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 members Sinead Braiden (Chair) and routine attendee Margo McGurk, Director of Finance & Strategy. It was noted that

Mansoor Mahmood, Non-Executive Member, had recently resigned from the Board. The Chair wished Mansoor Mahmood well in his future endeavours and thanked him for his contribution during his term as a member of the Committee.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Thursday 9 November 2023

The minutes of the meeting held on Thursday 9 November 2023 were **agreed** as an accurate record, subject to one minor change in respect of Item 5.2 on Page 3.

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce highlighted the three risks aligned to the Committee as at 21 December 2023, referenced in Appendix 1 of the paper, whilst also noting the associated mitigations in place. The new risk related to the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 had been approved at the last Board meeting. It was advised that whilst 'Pharmacy Workforce' had been earmarked as the subject matter for the next Deep Dive, this may change based on further discussions to be had around sickness absence to be discussed during the IPQR item.

In response to a question from the Chair on how Deep Dives are determined, the Chief Executive advised that operational governance mechanisms such as the Executive Directors Group and the Risks & Opportunities Group, are used as routes to determine the most appropriate Deep Dive, further informed by the knowledge and intelligence within operational teams.

In response to a query from the Chair, the Director of Workforce agreed that it would be beneficial for the Committee to have sight of the online Risk Summary Dashboard reporting tool previously demonstrated at EDG and the Audit & Risk Committee. The Head of Workforce Planning & Staff Wellbeing commented that this could potentially be included in a future Committee Development Session.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took a reasonable level of **assurance** from the report, that all actions within the control of the organisation are being taken to mitigate the risks highlighted in the report as far as it is possible to do so. The Committee also **noted** the intended developments on the content and process associated with Deep Dive Reviews and Risk Summary Dashboard.

5.2 Delivery of Annual Workplan 2023/2024

The Director of Workforce spoke to the paper, which provided a progress update on the Committee's delivery of its programme of work for 2023/2024.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Workplan for 2023/2024 since its last presentation to the Committee on 9 November 2023.

5.3 Proposed Annual Workplan 2024/2025

The Director of Workforce presented the Proposed Annual Workplan for the new financial year 2024/2025, clarifying that this would need to be further reviewed and updated on an ongoing basis, as the progression of a number of workstreams would be dependent on the resources available and emerging issues.

The Committee took **assurance** from the report and **considered** and **endorsed** the content of the proposed Staff Governance Committee Annual Workplan for 2024/2025.

5.4 Diverse Ethnicity Staff Survey Report

The Equality & Diversity Lead joined the meeting for consideration of this agenda item.

The Director of Nursing spoke to the report, advising that the survey that had been conducted last year had been presented to EDG, prompting discussions and focus on the actions that needed to be taken in response to the feedback obtained.

The Equality & Diversity Lead then shared a detailed presentation on the results of the survey, which highlighted key themes, trends and suggestions for progressing actions. The Committee acknowledged the interesting and informative content of the presentation.

Responding to a query from W Brown, Interim Co-Chair, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF), the Equality & Diversity Lead confirmed that the Survey had received 75 responses, which, although a small number compared to the NHS Fife workforce, was illustrative of a good starting point.

L Parsons, Employee Director, queried whether Confidential Contacts and Chaplaincy services could be utilised to support staff in reporting incidents of discrimination and also if there were opportunities that could be explored to explicitly communicate with patients and family members about expected behaviours when interacting with staff.

W Brown, Interim Co-Chair, H&SCP LPF, commented favourably on the report and suggestions offered to address alleged discriminatory behaviour, including communications outlining expected behaviours as well as the utilisation of alerts to identify persons who consistently displayed discriminatory behaviour to staff. It was queried whether the survey offered geographical insight into where respondents had lived for majority of their lives and if this might perhaps influence

whether staff were likely to voice concerns, or indeed more likely to need additional support to build confidence to speak up.

The Equality & Diversity Lead responded that the survey did not identify this information. The importance of staff-led support initiatives such as the Peer Support Network and the Diverse Ethnicity Network (DEN) was acknowledged.

K MacDonald, Non-Executive Member and Whistleblowing Champion, sought clarification on whether incidents reported would be recorded and visible, and additionally how awareness is being raised among staff on the support available to highlight concerns, particularly when such actions might be contrary to their cultural norms. It was also queried as to whether appropriate induction materials were available to assist new recruits. The Equality & Diversity Lead advised that staff were encouraged to log incidents so that these could be tracked and that it was her understanding that the induction programme for international recruits included an appropriate focus on cultural awareness.

A Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF), expressed concern on elements of the survey feedback, which indicated that ethnic minority staff might be afraid of reporting incidents of discrimination for fear of reprisal, and stressed that due consideration needs to be given to what can be done to allay these concerns. Whilst it was acknowledged that the utilisation of alerts might be a good idea to identify discriminatory behaviour, it was noted that the information governance (IG) aspects around this would need to be robust.

The Chief Executive thanked the Equality & Diversity Lead for an excellent presentation and cautioned that any process associated with the utilisation of alerts would need to be carefully reviewed from a legal and IG perspective, particularly if it was proposed that this utilised patient record systems. The Medical Director expressed concern on the utilisation of alerts and advised that whilst this suggestion could be evaluated further from an IG perspective, it was a matter that fell under his purview as Caldicott Guardian and is not one for decision at this Committee.

The Head of Workforce Planning & Staff Wellbeing informed the Committee that actions around the issues identified from the survey, including training, communication and pastoral care, were being progressed by the newly formed Equality Sub-Group.

Offering an update on the career progression support offered to international recruits, the Director of Nursing advised that four international recruits had signed up for the Windrush Leadership Programme sponsored by the Nursing & Midwifery Council (NMC). In addition, the Practice & Professional Development (PPD) team are evaluating how current leadership programmes could be adapted to support international recruits.

The Committee **discussed** the report and took assurance from the matters covered in the discussion.

6. STRATEGY / PLANNING

6.1 Population Health and Wellbeing Strategy Mid-Year Report

The Associate Director of Planning & Performance presented the first Mid-Year report, which provides a progress update on the implementation of the Population Health & Wellbeing Strategy for the period April to September 2023 and outlines plans for the period October to March 2024. Reflecting the changing landscape of the NHS, the report also outlines proposed changes to the wording in the 'what we will do' actions in the Mid-Year report, agreed in consultation with relevant stakeholders. It was clarified that the wording changes do not affect Strategy Priority (SP) 3 deliverables, which relate to staff experience and wellbeing.

The Committee was advised that the Annual Report, (which is expected to be produced in May 2024), will include a refreshed set of deliverables based on organisational priorities and the commitments made within the Annual Delivery Plan. The Annual Report will also describe medium- to long-term changes and how these may impact services.

L Parsons, Employee Director, commented that the report was well laid out and clearly incorporates the organisation's values and principles whilst reflecting the work that is ongoing to meet strategic priorities. W Brown, Interim Co-Chair, H&SCP LPF, queried if there were any metrics available on public engagement in relation to SP 1 and also if anything further could be done to increase staff uptake of health & wellbeing services. In response, the Associate Director of Planning & Performance advised that there has been considerable engagement with the public and staff and an endeavour will be made to include engagement metrics in the next report.

The Chief Executive commented that whilst this was not a performance report, there might be an opportunity to balance out the qualitative descriptions contained within the report with evidence.

K MacDonald, Non-Executive Member and the Whistleblowing Champion, commented favourably on the assurance provided by the report and requested that the annual report includes an achievement of key outcomes so that the impact of services provided can be monitored. The Associate Director of Planning & Performance advised that impact indicators would be included in the Annual Report.

In response to a comment on the actions being undertaken to increase the uptake of staff Health and Wellbeing offers, the Head of Workforce Planning & Staff Wellbeing advised that consideration was being given to conducting a Staff Health & Wellbeing survey this year, in addition to refreshing the Health & Wellbeing pages on StaffLink, which would assist in evaluating the use of services currently being offered.

The Committee took **assurance** from the report and **discussed** and **agreed** the changes in the 'what we will do' actions in the mid-year report.

7. NHS FIFE PROJECTS / PROGRAMMES

7.1 Reinforced Autoclaved Aerated Concrete (RAAC)

The Director of Property & Asset Management joined the meeting to provide a detailed explanation of the report. It was advised that of the 26 blocks within NHS Fife Estate that have been passed to the National Programme for further assessment, 21 have been identified as having a high or medium risk of containing RAAC and these 21 have been surveyed to date. One block has been removed from the Programme due to being derelict and unused. Following surveys, 16 blocks have been identified as having no RAAC discovered, whilst five have RAAC discovered within. Five blocks have not as yet been surveyed as the National Programme is prioritising high and medium likelihood risk areas before moving to low risk areas.

The five blocks where RAAC has been discovered have been categorised into those with no immediate cause for concern (three blocks) and blocks where further investigation is required (two blocks). Discussions are ongoing nationally as to how these investigations can be done consistently across Scotland. Risk assessments have been undertaken in the three blocks where further investigation is required, as identified by the Health & Safety Manager and this has resulted in several mitigating actions being put in place. Following further review of the Estate, three additional blocks have been recommended for inclusion in the National Survey Programme. A list of all buildings being surveyed across the NHS Estate in Scotland has been published on the NHS National Service Scotland website.

In response to a question from the Chair as to who would carry out reinspection of risk areas, the Director of Property & Asset Management advised that it would either be the external surveyor that had conducted the original surveys or alternatively members of the team would be trained internally.

The Chair also queried the plans in place for the inspection of the temporary mitigating actions that had been implemented. The Director of Property & Asset Management advised that it was expected that the mitigating actions would be reviewed when the external surveyor returned to complete the survey of additionally identified areas and at this time points for action in the existing report as well as low risk areas identified would also be evaluated.

The Committee took **assurance** from the report and the mitigating actions in place to ensure the safety of staff and building users.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Workforce spoke to the report, which gave details on performance around Sickness Absence, Personal Development Performance Review (PDPR) and Vacancy rates. It was reported that sickness absence has increased from 6.93% in September to 7.39% in October. For the same period, short-term

absence has decreased from 3.24% to 3.08% and long-term absence has increased from 3.69% to 4.30%. The Director of Workforce commented that more needs to be done in the space of identifying the causes of sickness absence and increasing staff uptake of the organisation's Health & Wellbeing offering and support.

It was noted that PDPR compliance has increased slightly by 0.5% in November.

There was no change reported in Medical & Dental WTE (whole time equivalent) vacancies from the June 2023 figure of 30.2. Nursing & Midwifery WTE vacancies significantly decreased for this reporting quarter, dropping from 507.7 WTE to 282.1 WTE. AHP (Allied Health Professionals) WTE vacancies have decreased to their lowest level since March 2022. There are a number of workstreams to progress work in this area, which are dependent on available resources.

Responding to a query from W Brown, Interim Co-Chair, H&SCP LPF, on the lessons that had been learned from the Rapid Recruitment initiative in June 2023, the Director of Workforce advised that the availability of adequate resources, a more joined-up overall approach and mitigations in place to combat any delays would be key to successfully executing any similar future programmes. It was advised that a survey had also been conducted to collate feedback from lessons learned.

Recognising the impact of the above metrics on staff and patient wellbeing, L Parsons, Employee Director, highlighted the importance of exploring additional actions to support these areas.

The Director of Workforce confirmed that a paper outlining actions to effect improvements in the IPQR metrics would be brought back to the Committee, following consultation with relevant stakeholders.

Action: Director of Workforce

The Committee took **assurance** from the report and **considered** NHS Fife's performance, as summarised in the IPQR.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Draft Staff Health and Wellbeing Action Plan 2023-2025

The Head of Workforce Planning & Staff Wellbeing advised that the Action Plan had been developed in line with the timescale of the three-year Workforce Plan and the Staff Health & Wellbeing Framework and with input from the Staff Health & Wellbeing Group, Occupational Health, Psychology, Health Promotion and the Healthy Working Lives Team. It sets out a balanced approach on how ambitions will be achieved, taking into account current resources and pathways. It was emphasised that the future focus will require to be on evaluation and metrics, to ensure the best use of available resources.

The Committee took **assurance** from the report and **endorsed** the Draft Staff Health & Wellbeing Action Plan for publication.

9.2 Internal Control Evaluation Report

The Chair welcomed the Chief Internal Auditor to the meeting and invited her to speak to the agenda paper. It was highlighted that the report includes a full review of the five governance areas and is aimed at providing an early warning of any issues that may impact on the governance statement and which need to be addressed before year end. In consideration of the increasingly challenging environment, it was reiterated that whilst operational improvements remain important, the focus needs to be on genuinely strategic solutions and transformation. The report highlighted ongoing good work in areas such as updates to the Committee on the Annual Delivery Plan, which allow for monitoring of workforce aspects and demonstrate an organisation wide strategic focus. Additionally, improvements were noted in the areas of iMatter, Agenda for Change Appraisals and the completion of Core Skills Training; however, it was also acknowledged that there is a lot of work to be done to improve engagement. An important message in the report is the work being done to address and improve sickness absence.

It was advised that the Internal Audit Report that provides an opinion on the process to develop the Workforce Plan in compliance with legislation, the content of the plan itself, the arrangements for monitoring and assurance and any future required developments on Workforce Planning is due to be issued within the next week. Once management responses to the recommendations have been received, it will be shared with the Committee. The importance of developing and monitoring Workforce Plans to find strategic solutions to ever increasing workforce pressures was reiterated.

Within the area of risk it was highlighted that risk scores and the achievement of the target scores within realistic timeframes need to be constantly monitored. Additionally, it must be ensured that risks reflect the current controls and the controls mitigate workforce risks as far as possible.

Whilst not highlighted as a risk, the Committee was informed of the recommendation relating to the Staff Governance Standard to ensure that any Scottish Government feedback on areas the Board needs to focus on is actioned and the relevant assurance is provided to the Committee.

The Director of Workforce offered his appreciation for the level of scrutiny detailed within the report and affirmed the commitment to any actions recommended.

The Committee took **assurance** from the report and **noted** the content of the Internal Control Evaluation report.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Medical Appraisal & Revalidation Annual Report 2022/2023

The Chair invited the Medical Director to speak to the report, which described NHS Fife's performance in relation to Medical Appraisal and Revalidation.

It was advised that whilst the Board continues to respond well to its statutory obligations in this area, the recruitment of appraisers within secondary care remains a challenge.

Referring to the appraisal rate of 55.88% among Secondary Care Specialty & Specialist (SAS) doctors detailed in the report, the Medical Director clarified that owing to the fluid nature of the workforce, this figure included a number of new employees and should therefore not be considered as non-compliance.

The Committee took **assurance** from the report and **noted** the contents of the Medical Appraisal and Revalidation Annual Report 2022/2023 and the Medical Appraisal and Revalidation Strategic Framework.

10.2 iMatter Report 2023

The Chair welcomed Jackie Millen, Workforce Development & Engagement Officer, to the Committee and invited her to speak to the report. It was highlighted that whilst the report reflected an increase in all three Key Performance Indicators (KPIs), the questionnaire rate (66%) and action plan engagement rate (67%) were the highest achieved among all 14 NHS Scotland Territorial Boards. It was also advised that the NHS Fife iMatter team had been approached by other Boards to share resources developed locally to support their respective 2024-2025 campaigns.

Key achievements noted in the national report included acknowledgement of the Board's iMatter eLearning programme (now offered on a national level) and iMatter Manager Action Planning Information sessions, amongst others. In the Survey Report, the question related to recommending NHS Fife as a good place to work reflected an increase of 2 points as compared to 2022-2023, whilst the question related to recommending an employee's team as a good one to be part of, reported an increase of 1 point over the same period.

To promote continuous improvement, a questionnaire had been issued to a sample of iMatter teams to gather information on the experience of the previous year and improvements that could be implemented in the campaign moving forward. Early indications from survey responses pointed to the need for additional support in the Action Planning stage. It was advised that more Directorate Administrators would be recruited in all areas to promote more local access support for managers and survey participants. If this was successful, Directorate Administrators would be encouraged to hold campaigns within their respective areas during the Manager Team Confirmation and Questionnaire stages of the process, to foster ownership among teams, whilst also releasing resources within the iMatter Team, which could be used to offer support with the Action Planning stage of the campaign.

Nominees from the Committee were requested for participation in the video sessions being planned to launch the 2024-2025 iMatter campaign.

The Director of Workforce acknowledged the hard work undertaken by all stakeholders in making the 2023-2024 campaign a success and committed his support to the 2024-2025 campaign.

The Committee took **assurance** from the report and **noted** the improved outcomes from the 2023/2024 iMatter programme.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

11.1 Area Partnership Forum held on 22 November 2023 (unconfirmed)

The Chair questioned whether item 5.3 in the Area Partnership Forum Minutes (Agenda for Change Reduced Working Week Update) should be captured as an emerging risk. The Director of Workforce confirmed that this would be captured as a Workforce Planning risk and escalated as appropriate.

Action: Director of Workforce

11.2 Acute Services Division and Corporate Directorate Local Partnership Forum held on 9 November 2023 (unconfirmed)

11.3 Health and Social Care Partnership Local Partnership Forum held on 26 July 2023 (confirmed)

11.4 Strategic Workforce Planning Group held on 28 November 2023 (unconfirmed)

11.5 Health and Safety Sub Committee held on 8 September 2023 (unconfirmed)

11.6 Equality & Human Rights Strategy Group held on 10 November 2023 (confirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 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.

12.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters for escalation to the NHS Fife Board.

13. ANY OTHER BUSINESS

There was no other business.

14. DATE OF NEXT MEETING

Wednesday 6 March 2024 at 10.00 am, via MS Teams.

INTEGRATION JOINT BOARD

**INTEGRATION JOINT BOARD
(Meeting on 29 September 2023)**

No issues were raised for escalation to the Board.



CONFIRMED

**MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB)
FRIDAY 29 SEPTEMBER 2023 AT 10.00 AM**

- Present** Arlene Wood (AW) (Chair)
Graeme Downie (GD) (Vice-Chair)
Fife Council – David Alexander (DA), Dave Dempsey (DD), Rosemary Liewald (RLie), Lynn Mowatt (LM), Sam Steele (SS)
NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), John Kemp (JK)
Chris McKenna (CM), Medical Director, NHS Fife
Janette Keenan (JK), Director of Nursing, NHS Fife
Wilma Brown (WB), Employee Director, NHS Fife
Debbie Fyfe (DF), Joint TU Secretary, Fife Council
Ian Dall (ID), Service User Representative
Kenny Murphy (KM), Third Sector Representative
Morna Fleming (MF), Carer Representative
Paul Dundas (PD), Independent Sector Representative
Simon Fevre (SF), Staff Representative, NHS Fife
- Professional Advisers** Nicky Connor (NC), Director of Health and Social Care/Chief Officer
Audrey Valente (AV), Chief Finance Officer
Lynn Barker (LB), Associate Director of Nursing
Christine Moir (CMo), Chief Social Work Officer, Fife Council
- 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
Vanessa Salmond (VS), Head of Corporate Services
Hazel Williamson (HW), Communications Adviser
Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION
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1	CHAIRPERSON’S WELCOME / OPENING REMARKS / APOLOGIES	
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Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board meeting including Cllr Graeme Downie who was appointed Vice-Chair of the Board at the Fife Council meeting on 21 September 2023.

Arlene Wood advised that today is the final IJB meeting for both Wilma Brown, NHS Employee Director and Simon Fevre, NHS Staff Side representative. Wilma stands down as Employee Director with effect from 1 October and Simon retires from the NHS during October. On behalf of the Board Arlene Wood thanked both for their valuable contribution to the IJB over the years and wished them well in their future endeavours.

NO	TITLE	ACTION
	<p>Congratulations were given to the Children and Young People’s Community Nursing Service who recently won the prestigious Children's Nursing and Midwifery Award at this year's RCN Scotland Nurse of the Year Awards. The team were recognised for the incredible support and care they provide to families, whose children are diagnosed with complex and severe health conditions. The team also provide palliative support for patients who are unable to access the specialist services in an urban setting.</p> <p>Apologies have been received from Margaret Kennedy, Sinead Braiden, Amanda Wong, Helen Hellewell, Jackie Drummond and Joy Tomlinson.</p> <p>Those present were reminded that they should mute their mobile phones for the duration of the meeting and also mute their microphone when not talking and that, in an effort to keep to our timings for this meeting, all questions and responses should be as succinct as possible.</p> <p>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 proceedings.</p>	
2	<p>DECLARATION OF MEMBERS’ INTERESTS</p> <p>There were no declarations of interest.</p>	
3	<p>MINUTES OF PREVIOUS MEETING & ACTION NOTE 28 JULY 2023</p> <p>The Minute and Action Note were both approved as accurate records.</p>	
4	<p>CHIEF OFFICER UPDATE</p> <p>Arlene Wood handed over to Nicky Connor who advised that an IJB update had been circulated to members yesterday. Key highlights for the Board covered the following areas.</p> <p>Fiona McKay was delighted to attend and present the awards at the Peer Support Network Celebration and Awards at Fife Voluntary Action on Wednesday 27 September 2023.</p> <p>The NHS Fife Staff Award ceremony takes place this evening (Friday 29 September 2023) and Health and Social Care partnership staff are shortlisted in several categories.</p> <p>There will be further co-production sessions later in the year regarding the National Care Service. At present none of these are taking place in Fife but enquiries are being made to support local voices to be heard. Vanessa will circulate information to IJB members.</p> <p>Leadership continues to be a core priority as the Extended Leadership Team (ELT) meet regularly. Kenny Murphy, CEO at Fife Voluntary Action provided an overview on the voluntary sector at the ELT meeting in August.</p> <p>The larger Integration Leadership Team (ILT) next meets in November. The group consists of almost 200 people and includes staff from the health and social care partnership as well as the third and independent sectors. This is part of our ongoing work to support wider connection across the system in support of Integration.</p>	VS

NO	TITLE	ACTION
4	CHIEF OFFICER UPDATE (CONT)	
	<p>Nicky Connor and Fiona McKay recently took part in the Alcohol and Drug Partnership (ADP) stakeholder event at Rothes Halls. The ADP Strategy underpins our Strategic Plan and is a key focus for the partnership.</p> <p>This year's winter vaccination campaign has started and IJB members are asked to champion and promote this wherever possible to encourage uptake.</p> <p>Nicky Connor expressed her thanks to all staff and the people of Fife for their ongoing support and thanked Simon Fevre and Wilma Brown for their dedication and valuable contribution over their time with the IJB and the Local Partnership Forum.</p>	
5	STRATEGIC PLANNING & DELIVERY	
	<p>5.1 Fife Health and Social Care Partnership (FHSCP) - Winter Planning 2023/24</p>	
	<p>This report had been discussed at the Quality & Communities Committee (Q&C) on 7 September 2023, the Finance, Performance & Scrutiny Committee (FP&S) on 15 September 2023 and the IJB Drop-In Session on 27 September 2023. Arlene Wood introduced Lynne Garvey who presented this report. Lynne covered the main highlights in the report including the increasing referrals to the Discharge Hub, day of discharge planning for patients, the Front Door Team which has been established and the increased number of discharges from hospital which have been achieved. The workforce continues to be agile and flexible to cope with increasing demand. Lynne confirmed that the plan is achievable within the current financial envelope.</p>	
	<p>Arlene Wood then introduced in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities Committee) and Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at their meeting.</p>	
	<p>Rosemary Liewald advised that Q&C were assured by the report. Alastair Grant, on behalf of FP&S congratulated all involved in this report and took assurance from the contents.</p>	
	<p>Discussion took place around data being reported using differing dates, Lynne Garvey explained that this was due to the different sources of information with some taken from nationally published documents produced by Public Health and others sourced from operational data used on a daily basis.</p>	
	<p>It was confirmed that additional winter funding previously provided by the Scottish Government is now included within the Partnership's financial envelope for the full year to allow for year-round planning.</p>	
	<p>Cllr. Downie asked for further reassurance regarding the position of GPs as the first point of contact for patients and it was important this was support. Chris McKenna provided information on the 53 GP practices in Fife including recruitment issues, delivery of the new GP contract and the</p>	

NO	TITLE	ACTION
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5	STRATEGIC PLANNING & DELIVERY (CONT)	
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	5.1 Fife Health and Social Care Partnership (FHSCP) - Winter Planning 2023/24 (Cont)	
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work ongoing in conjunction with Acute and Social Care colleagues to best meet increasing demand.

Discussion took place around funding, covid 19 pressures and whole system working to ensure sustainability throughout the year.

The Board took assurance that actions are being taken to address the predicted forthcoming winter pressures and note last winter's performance despite significant pressures. The Board also noted that the paper was supported by the Finance, Performance & Scrutiny Committee perspective in terms of them being assured that the services can deliver improved performance and outcomes within the current financial envelope supporting best practice. The actions proposed to address winter this year have been supported by Quality & Committees Committee who agreed the actions support quality clinical care whether in a hospital or homely setting and noted that a lot of the actions to address winter sit under the Home First agenda which has been informed through engagement with staff, people and the wider public.

	5.2 Performance Framework Update	
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This report had been discussed at the IJB Development Session on 25 August 2023 and the Finance, Performance & Scrutiny Committee on 15 September 2023. Arlene Wood introduced Fiona McKay who presented this report which had been shaped by feedback from the previous meetings it had been taken to. Heads of Service are working to identify their key areas alongside the Ministerial Strategic Group (MSG) Indicators and Health & Social Care Outcomes.

Arlene Wood then invited Alastair Grant as Chair of Finance, Performance & Scrutiny to comment on discussions at that meeting. Alastair Grant advised the committee considered this was a significant refresh of the framework which would drive service improvement.

The report was well received and discussion took place around national returns, potential unmet need and work currently being undertaken by William Penrice on a Strategic Needs Assessment.

The Board approved the Performance Framework .

	5.3 IJB/HSCP Resilience Assurance Annual Update	
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This report had been discussed at the Quality & Communities Committee on 7 September 2023 and the Finance, Performance & Scrutiny Committee on 15 September 2023. Arlene Wood introduced Lynne Garvey who presented this report which focused on the IJB's role as Category 1 Responders. A working group has been established focussing on training,

NO	TITLE	ACTION
5	STRATEGIC PLANNING & DELIVERY (CONT) 5.3 IJB/HSCP Resilience Assurance Annual Update multi-disciplinary exercises and workshops for business continuity plans. At the IJB Drop-In session earlier in the week, it was requested that clarity on IJB responsibilities are included within the report. Arlene Wood asked that Nicky Connor write to both Fife Council and NHS Fife to highlight the changes in the role of the IJB as Category 1 Responders and to share the framework. Arlene Wood then invited in turn Rosemary Liewald (for Sinead Braiden, Chair of Quality & Communities Committee) and Alastair Grant, Chair of Finance, Performance & Scrutiny to comment on discussions at their meeting. Both committees welcomed the report and had robust discussion on the content. The Board discussed and were assured of the significant steps which have been undertaken by the Health and Social Care Partnership to ensure that the IJB can fulfil their duties as Category 1 responders. The Board also approved the Resilience Framework presented and that a letter is provided to both Fife Council and NHS notifying them of this change in status for the Health and Social Care Partnership to Category 1 responders	NC
6	LIVED EXPERIENCE & WELLBEING 6.1 Lived Experience Arlene Wood handed over to Lynn Barker who introduced a video entitled My Rehabilitation Journey along with Lynne Garvey, who advised on the importance of stroke care as people can have a diverse range of needs following a stroke and the care provided needs to be adapted to meet these needs. Stroke patients account for some 7% of NHS beds in Fife and a person's rehabilitation journey is key to supporting good outcomes. The video showcased Bruce and Fiona's journeys following their lived experience of having a stroke. Bruce's recovery was helped by his love of music and staff encouraging him to practice playing a piano which is kept on the unit. He now plays regularly for staff and patients and showed off his skills in the video. Once he returns home Bruce is going to keep in touch with other patients to support each other. Fiona arrived at the unit unable to stand or walk and following intensive work with staff she is aiming to leave the unit walking unaided by crutches or sticks, which was unthinkable in her early days. Board members expressed their praised the inspiring work done by the unit and the fantastic work undertaken by all the staff involved. Arlene Wood, on behalf of the IJB, thanks everyone involved in the video and staff who support rehabilitation on a daily basis.	

NO	TITLE	ACTION
7	INTEGRATED PERFORMANCE	

7.1 Fife Integration Joint Board Draft Audited Annual Accounts for the Financial Year to March 2023

This report had been discussed at the Audit & Assurance Committee on 13 September 2023. Arlene Wood introduced Audrey Valente who presented this report which had been recommended for assurance by Audit & Assurance Committee. Audrey Valente expressed her thanks to the Finance team who had been involved in preparing the accounts and also the team from Azets, who recently took on the external audit role for the partnership.

Chris Brown from Azets outlined the content of the independent auditor's report which had also been considered at the Audit & Assurance Committee. The report summarised the financial statements.

Chris Brown thanked Audrey Valente and her team for the high-quality draft accounts and working papers and acknowledged the vast amount of work which goes into this process. There were no material adjustments or significant weaknesses in the accounts.

Arlene Wood then invited Dave Dempsey, Chair of Audit & Assurance Committee to comment on discussions at Committee. The Committee received the full accounts at their meeting and echoed the thanks to all involved in producing these.

Discussion took place around the situation in relation to financial stability across Scotland, which Chris Brown confirmed was similar to Fife. Morna Fleming provided feedback on formatting of the report which included difficulty in reading several tables due to colours used and duplication of information on savings relating to prescribing. Questions were asked about Care at Home and CAHMS waiting times and it was agreed to have a more in-depth discussion on performance at a future IJB Development Session.

FM

Arlene Wood thanked Chris Brown for his input to the meeting.

The Board were assured that the Audited Annual Accounts and the External Audit Annual Audit Report have been reviewed, discussed, and endorsed by the Audit and Assurance Committee. The Board also noted and discussed the draft Annual Accounts and External Audit Annual Audit Report and approved the Audited Annual Accounts for signature.

7.2 Finance Update

This report had been discussed at the Finance, Performance & Scrutiny Committee on 15 September 2023. Arlene Wood introduced Audrey Valente who presented this report which shows a forecasted deficit of £4.893m as at 31 July 2023. Currently the key areas of overspend are Hospital & Long-Term Care, GP Prescribing, Family Health Services, Older People Residential and Daycare and Adult Placements. These overspends are offset by the underspends in Community Services, Adults Fife Wide and Adults Supported Living. There was also an update in

NO	TITLE	ACTION
7	INTEGRATED PERFORMANCE (CONT) 7.2 Finance Update (Cont) relation to savings which were approved by the IJB in March 2023 and use of Reserves brought forward from March 2023. Reserves of £10m have been earmarked to cover delayed savings although to date only £8m of this has been utilised. Item 9.2 in Appendix 1 of the report gives details of the proposed Recovery Plan. Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at Committee. The committee welcomed the report, discussed it in detail and were content to remit it to the IJB. Audrey Valente reminded IJB members that a report relating to transformation would be presented to the IJB at its meeting on 24 November 2023. The Board were assured that there is robust financial monitoring in place, they approved the financial monitoring position as at July 2023 and approved the use of the reserves and proposed recovery actions as at July 2023. 7.3 Reimagining Third Sector Commissioning Update This report had been discussed at the Finance, Performance & Scrutiny Committee on 15 September 2023. Arlene Wood introduced Fiona McKay who presented this report. The partnership supports 72 separate organisations and, now that there is dedicated support in place, most of these were spoken to when preparing this report. This aligns to the Strategic Plan and outcomes and has been discussed at the Strategic Planning Group on several occasions. Arlene Wood then invited Alastair Grant, Chair of Finance, Performance & Scrutiny Committee to comment on discussions at Committee. The committee had welcomed the report and commended the organisations which had been involved. The report was well received and should reduce duplication in services provided. The Board were assured of the current position and the work that will continue to develop the support to our third sector organisations. The Board also discussed the progress and gave feedback on the programme.	
8	GOVERNANCE & OUTCOMES 8.1 Update on Membership of IJB This report had been provided to advise Members of changes in the Voting and Stakeholder Membership of the Integration Joint Board. Arlene Wood introduced Vanessa Salmond who presented this report which details recent changes in members of the IJB. Since the report was finalised Fife	

NO	TITLE	ACTION
8	GOVERNANCE & OUTCOMES (CONT)	
	8.1 Update on Membership of IJB (Cont)	
	Council had confirmed that Mary Lockhart would take up the vacant position as voting member on the Board.	
	The Board noted the changes in membership as outlined in the report.	
	8.2 Records Management Annual Report 2023.	
	This report had been discussed at the Audit & Assurance Committee on 13 September 2023. Arlene Wood introduced Audrey Valente who presented this report which provides evidence to substantiate that progress towards completion of the agreed Records Management Action Plan is on track to be delivered by 2024.	
	Arlene Wood then invited Dave Dempsey, Chair of Audit & Assurance Committee to comment on discussions at Committee. Dave Dempsey advised the Committee felt this was a good report and thanked all those involved in its preparation.	
	The Board were assured that activities associated with the IJB Records Management Plan and associated Action Plan are being progressed.	
9	LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS	
	9.1 Local Partnership Forum (LPF) Annual Report 2022-2023	
	This report had been developed by the Local Partnership Forum and discussed by them at regular meetings and a recent LPF Development Session. Arlene Wood introduced Simon Fevre who presented this report on behalf of the LPF co-chairs. LPF meetings involve trade unions, staff representatives and Senior Leadership Team members and meets on a regular basis to discuss issues relating to staff and staff governance. The Annual Report highlights areas the LPF have been involved in and the significant staff contribution throughout the year. This is the first year that a Summary Report has been produced and this will be used to engage with staff and promote the work of the LPF.	
	Nicky Connor thanked Simon Fevre and Roy Lawrence and all those involved in producing this report. Nicky also thanked all members of the Local Partnership Forum for all that they do to support staff throughout the year.	
	Discussion took place around the inspirational nature of the report, the welcomed focus on staff health and wellbeing and praise for all partnership staff.	
	The Board reviewed and discussed the LPF Annual Report and Summary Report and approved it for publication.	

NO	TITLE	ACTION
10	MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED	
	Audit & Assurance Committee Dave Dempsey advised the committee had discussed the accounts and other reports which had come to today's IJB and had a view of the Internal Audit Plan. There was nothing to escalate from these meetings.	
	Finance, Performance & Scrutiny Committee Alastair Grant advised that all reports discussed at this meeting had been on today's agenda and there was nothing further to escalate.	
	Quality & Communities Committee Rosemary Liewald (for Sinead Braiden) advised the committee were looking forward to updates going forward on Methil Care Village. Also seeking further assurance on Community OT Waiting times.	
	Local Partnership Forum (LPF) Simon Fevre advised that the meeting due to be held on 27 September 2023 had been cancelled due to industrial action. A development session had been held on 21 September 2023 where finance and transformation were covered in detail.	
	Strategic Planning Group (SPG) Fiona McKay advised the SPG had received progress report on the Home 1 st , Advocacy and Commissioning Strategies and flash reports on the remaining strategies in development.	
11	AOCB	
	The meeting was closed by the Chair confirming dates of the next meetings.	
12	DATES OF NEXT MEETINGS IJB DEVELOPMENT SESSION – FRIDAY 27 OCTOBER 2023 INTEGRATION JOINT BOARD – FRIDAY 24 NOVEMBER 2023	

FIFE PARTNERSHIP BOARD
(Meeting on 21 November 2023)

No issues were raised for escalation to the Board.

THE FIFE COUNCIL - FIFE PARTNERSHIP BOARD – REMOTE MEETING

21 November, 2023

10.00 am – 10.35 am

PRESENT: Councillors David Ross (Convener), David Alexander and Linda Erskine; Ken Gourlay, Chief Executive, Fife Council; Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health, Alistair Morris, Chair of NHS Fife Board, NHS Fife; Lisa Cooper, Head of Service, Primary & Preventative Care Services, Health and Social Care Partnership; Janet McQueen, DWP Partnership Manager, Department of Work & Pensions; Kenny Murphy, Chief Executive, Fife Voluntary Action; Jim Metcalfe, Principal, Fife College; Chief Superintendent Derek McEwan, Police Scotland and Kenneth Barbour, Area Commander, Scottish Fire & Rescue Service.

ATTENDING: Gordon Mole, Head of Business & Employability, Economy Planning and Employability Services; Coryn Barclay, Research Manager and Sinead O'Donnell, Policy and Delivery Manager, Communications & Engagement, Communities & Neighbourhoods; Stuart Booker, Quality Improvement Officer and Michelle Hyslop, Committee Officer, Committee Services.

APOLOGY FOR ABSENCE: David Crawford, Chair, Fife College.

36. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 17 August 2023.

Decision

The Board agreed to approve the minute.

37. FIFE'S UK SHARED PROSPERITY INVESTMENT PLAN GOVERNANCE UPDATE

The Board considered a report by the Head of Business and Employability updating partners on the governance arrangements for Fife's UKSFP Investment Plan.

Decision

The Board considered and endorsed the governance arrangements for Fife's UKSPF Investment Plan.

38. CHILDREN'S SERVICES PLAN 2023-26

The Board considered a report by the Chair of Children in Fife which presented the Fife's Children's Services Plan for 2023-2026, The plan would be the basis for contributing to the delivery of the Plan for Fife which is focused on improving

the outcomes and experiences of children, young people and families across Fife.

Decision

The Board: -

- (1) endorsed the Fife Children's Services Plan 2023-2026; and
- (2) agreed that the Fife Partnership Board would review and approve any future updates to the Fife Children's Services Plan and the Fife Children's Services Annual Report.

39. 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 to set out improvements to the monitoring approach.

Decision

The Board: -

- (1) considered the progress and challenges highlighted in the second review period which covered the period of 2022-2023; and
- (2) noted the plans to refine and improve the monitoring approach in 2024 as set out in section 3 of the report.

40. SCOTTISH ENTERPRISE POSITION STATEMENT - VERBAL UPDATE

The Board were briefed on the status of Scottish Enterprise attendance at future meetings of the board. Councillor Ross noted that he had written a letter to Adrian Gillespie, Chief Executive of Scottish Enterprise asking them to reconsider the decision for Scottish Enterprise's planned withdrawal from community planning partnership representation in Fife.

Decision

Councillor Ross agreed to circulate a copy of the letter that was written to Adrian Gillespie, Chief Executive (Scottish Enterprise) and the response received.

41. DATE OF NEXT MEETING

Decision

The next Board meeting would take place on 13 February 2024.

Fife NHS Board

Confirmed

MINUTE OF THE AUDIT & RISK COMMITTEE MEETING HELD ON THURSDAY 31 AUGUST 2023 AT 2PM VIA MS TEAMS

Present:

Alastair Grant, Non-Executive Member (Chair)
Aileen Lawrie, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Member

In Attendance:

Kevin Booth, Head of Financial Services & Procurement
Andy Brown, Principal Auditor (deputising for Jocelyn Lyall)
Chris Brown, Head of Public Sector Audit (UK), Azets (*from item 8*)
Pauline Cumming, Risk Manager
Tony Gaskin, Chief Internal Auditor
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Carol Potter, 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 attendees Barry Hudson, Regional Audit Manager, and Jocelyn Lyall, Chief Internal Auditor.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 23 June 2023

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

4. Action List / Matters Arising

The Audit & Risk Committee **noted** the updates and the closed item on the Action List.

5. GOVERNANCE – INTERNAL AUDIT

5.1 Internal Audit Progress Report

The Principal Auditor explained that there had been a slight delay in finalising the audits from the previous year, which are now expected to be completed by December 2023.

It was reported that the evidence in relation to the implementation of actions from the Internal Audit Annual Report 2023/24 has been distributed to the relevant Directors.

It was also reported that the vacancy for the Regional Audit Manager for NHS Tayside and NHS Forth Valley has been advertised, and interviews will be held in September 2023.

The Principal Auditor thanked Tony Gaskin for his service and support and wished him well for his retirement.

The Committee **discussed** and took **assurance** on the progress of the delivery of the Internal Audit Plan.

5.2 Internal Audit – Follow Up Report on Audit Recommendations 2022/23

The Principal Auditor spoke to the report and advised that there are currently 11 remaining actions from past report recommendations that have remained open longer than one year. A focus will be on those actions, and it was advised that review dates have been extended and agreed by the appropriate officer. It was noted that it is expected that all 11 actions will be implemented by the revised review dates, including 3 which are flagged with an amber status.

The Principal Auditor highlighted the changes to the revised Audit Follow up Protocol, at appendix G, and advised that the main change is to the authorisation required for extensions, to link these more explicitly to the risk assessment of the findings and recommendations of the original report.

To provide greater assurance to the Committee, it was agreed a discussion around the timings of Internal Audit reports going first to the Executive Directors' Group and then the Committee would be arranged between the Chief Executive, Director of Finance & Strategy, Principal Auditor and Chief Internal Auditor. This would help with oversight over outstanding action points.

Action: Principal Auditor

The Committee took **assurance** and **considered** the current status of Internal Audit recommendations recorded within the Audit Follow Up system.

6. GOVERNANCE MATTERS

6.1 Losses & Special Payments Quarter 1

The Head of Financial Services & Procurement spoke to the report and advised that there had been a significant decrease in losses compared to quarter 4 of the previous

financial year, however he noted that quarter 4 2022/23 was an outlier as a result of a number of Year End entries. It was advised that the Treasury team carried out their quarterly analytical review to provide additional assurance, and that their findings were highlighted in the paper and will be carried forward into quarter 2 to assist with the identification of any developing trends.

The Committee took **assurance** from the report.

6.2 Procurement, Waiver of Competitive Tenders Q1

The Head of Financial Services & Procurement provided background detail to the Procurement Waiver of Competitive Tenders process and highlighted that approval is signed off by the Head of Procurement and then countersigned by both the Director of Finance & Strategy and the Chief Executive. The required, restricted criteria, in order for the Procurement Department to issue a Waiver of Competitive Tender in place of following the required Procurement Journey as stipulated by the Scottish Government, as detailed within the paper, was outlined.

The quarter 1 position was provided, and the sole Waiver of Competitive Tender which following approval the Procurement Department implemented in the quarter, was summarised to the committee.

The Committee took **assurance** that the Procurement process for the Waiver of Competitive Tenders was correctly applied in the period.

7. RISK

7.1 Corporate Risk Register

The Director of Finance & Strategy informed the Committee that the version of the Corporate Risk Register presented reflects the change to the review cycle process. Moving forward not all corporate risks will continue to be formally reviewed and reported upon every two months and have moved to a triannual reporting schedule. It was advised that any significant changes to those risks would be escalated through the responsible Director.

The Director of Finance & Strategy advised that the report details the latest position in relation to the operation of the risk management process, and an overview on that position was provided.

The Director of Finance & Strategy provided an update on risk 13 - delivery of a balanced in-year financial position - and reported that a formal quarter 1 review of the financial position has concluded, which has been submitted to the Scottish Government. A detailed paper will be presented to the Finance, Performance & Resources Committee at their meeting on 19 September 2023. It was noted that there was no change to the risk rating, however, there will be a change to the detail provided on mitigation actions.

The Risk Manager provided an update to risk 17 - cyber resilience - and advised that an audit has been carried out and a final report will be available from 1 September 2023. In terms of risk 18 - digital & information - it was advised that the mitigations for that risk

will include a reference to workforce planning. The register will be updated for the next iteration.

Action: Risk Manager

The Chief Internal Auditor made positive comments on the progress of the Corporate Risk Register, and the Risk Manager reminded members that there is an Audit & Risk Committee Development Session on Thursday 12 October 2023 to review the effectiveness of the new Corporate Risk Register process.

It was agreed levels of assurance, for those risks within our control, will be added to the next iteration of the Corporate Risk Register.

Action: Risk Manager

The Committee took a “reasonable” level of **assurance** that all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

7.2 Risks & Opportunities Group and Progress Report

The Risk Manager provided a verbal update and advised that the focus of the Risk & Opportunities Group has been acknowledging feedback from the Governance Committees and taking forward considerations and recommendations. The groups have also been focussing on the risk matrix and descriptors, which is a work-in-progress at present.

The Risk Manager reported that the group will also be considering opportunities, and that a session has been arranged in October 2023 to discuss opportunities, and risks, within the Population Health & Wellbeing Strategy.

The Board Secretary highlighted the positive discussions at recent meetings of the Risks & Opportunities Group and provided assurance that the group is working well.

It was reported that work is ongoing around enhancing the risk guidance for Governance Committee papers and SBAR template, to strengthen the content of the risk assessment & risk management sections.

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

7.3 Risk Management Framework Update

The Director of Finance & Strategy provided an overview on the main points from the document, and highlighted the work that has been undertaken in relation to the risk improvement programme. She also highlighted the risk appetite and governance structure that underpins the framework, and responsibility and accountability arrangements.

The Committee took **assurance** from and endorsed the updated framework for Board approval.

8. FOR ASSURANCE

8.1 Audit Scotland Technical Bulletin 2023/2

The Head of Financial Services & Procurement advised that the main focus for the report is predominately around the Annual Accounts process, in particular the Good Practice Note that was issued in relation to the remuneration report.

The Committee took **assurance** from the Bulletin.

8.2 Corporate Calendar – Proposed Audit & Risk Committee Dates 2024/25

The Board Secretary presented the paper and advised that the full Corporate Calendar will go to the Board at the September 2023 meeting for approval, and diary invites will follow. It was noted the date for the Annual Accounts meeting in June 2024 is subject to change depending on the issue of the new financial year guidance.

The Committee **agreed** the proposed dates for 2024/25.

8.3 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to highlight to the Board.

10. ANY OTHER BUSINESS

10.1 Chief Internal Auditor Retirement

The Director of Finance & Strategy paid warm tribute to the Chief Internal Auditor, for whom this was his last working day before his retiral. The Committee thanked the Chief Internal Auditor for all his invaluable support and service over the years and wished him well for his retirement.

11. DATE OF NEXT MEETING

The next meeting will take place on **Thursday 14 December 2023** from 2pm – 4.30pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 3 NOVEMBER 2023 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Janette Keenan, Director of Nursing
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive

In Attendance:

Lynn Barker, Associate Director of Nursing
Sue Cameron, Head of Resilience (*deputising for Dr Joy Tomlinson*)
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
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division
Margo McGurk, Director of Finance & Strategy
Lynne Parsons, Employee Director (*part*)
Nicola Robertson, Associate Director of Nursing
Dr Shirley-Anne Savage, Associate Director of Quality & Clinical Governance
Dr Aylene Kelman, Clinical Director Health & Social Care Partnership (*observing*)
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 meeting is being recorded to aid production of the minutes.

The Chief Executive was pleased to announce that, at the recent Scottish Health Awards 2023, Dr Jo Bowden won the Doctor Award, whilst Dr Andrew Blaikie took home the prize for Global Citizenship. Dr Kerri Davidson and highly specialist physiotherapist Pierette Melville were also honoured by being shortlisted for the Doctor and Allied Health Professional awards respectively. The Chief Executive acknowledged that, for the Doctor of the Year award, there were only three Doctors across Scotland that reached the final, and it was extremely gratifying that two of the three were from Fife.

1. **Apologies for Absence**

Apologies were received from members Sinead Braiden (Non-Executive Member), Aileen Lawrie (Area Clinical Forum Representative), Joy Tomlinson (Director of Public Health) and routine attendees Susan Fraser (Associate Director of Planning & Performance), Norma Beveridge (Associate Director of Nursing), John Morrice (Consultant Paediatrician) and Elizabeth Muir (Clinical Effectiveness Manager).

2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

3. **Minutes of the Previous Meeting held on 8 September 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 No 1 - Deep Dive: Off-Site Area Sterilisation and Disinfection Unit Service

The Director of Property & Asset Management provided a verbal update on the discussions that took place with the Board in relation to the Off-Site Area Sterilisation and Disinfection Unit Service. He noted the difficulties that were discussed, including the national position and scarcity of capital funding. It was advised that the Decontamination Group will discuss further at their meeting on 10 November 2023.

It was agreed to close this action, on the basis that risk oversight would form part of business-as-usual activities. It was also agreed to hold a future Board Development Session on the topic more generally, as suggested by the Board.

Action: Director of Property & Asset Management

4.1 **Computerised Tomography (CT) Scanner Update**

The Director of Acute Services provided an update on the recent CT scanners failure and advised that immediate mitigations had been put in place since the incident. It was also advised that a positive meeting took place with the supplier Siemens around going forward and detailed the mitigation actions that they have put in place, as detailed in the paper.

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

5. **Patient Story**

The Director of Nursing gave a presentation on an incident in which a patient suffered a fall, which impacted greatly on their clinical outcome, noting the learning from this. The Chair noted the importance of the committee reflecting on individual patient experiences as part of their business.

The Committee took **assurance** from the learning detailed in the presentation.

6. ACTIVE OR EMERGING ISSUES

6.1 Letter to Cabinet Secretary re. Countess of Chester Hospital Inquiry

The Medical Director advised that the letter is presented to the Committee to note the actions that the Board took in relation to the Cabinet Secretary's letter and the request within that letter.

The Chief Executive added that no response from the Scottish Government has been received, to date, and that this was mirrored across other NHS Scotland Health Boards. It was noted that at a recent Board Chairs' meeting, it was recognised that there are a range of styles, and a range of approaches, in terms of feedback from NHS Scotland Health Boards in relation to the response to the Cabinet Secretary's letter.

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

6.2 Letter from Chief Medical Officer re. Report of the Transvaginal Mesh Case Record Review

The Medical Director spoke to the letter. It was noted that the procedures have raised a significant concern for a number of years and that there are now various pathways in place to support women. The Medical Director advised that there are recommendations within the letter and reminders for doctors/clinicians in terms of good documentation, consent, and good medical practice.

It was reported that further assurance will be provided within our Board response to the letter in due course, and that teams are working through the recommendations within the letter, including a series of actions that will be put in train through the Medical Leadership Teams across the Health & Social Care Partnership and Acute Services.

7. GOVERNANCE MATTERS

7.1 Corporate Risks Aligned to Clinical Governance Committee, including Deep Dive: Digital & Information

The Medical Director reported that Risk 3: Covid-19 should probably now relate to the impact or management of another pandemic, rather than the consequence of the current. It was advised that this risk will be updated in due course, given the changes in our planning for any potential future pandemics. The Chair was supportive of closing the Covid-19 risk as a corporate risk and moving the risk to a wider infectious disease biohazard, and she queried the timescale. The Medical Director agreed, noting that this is a priority for the Director of Public Health.

It was reported that a deep dive took place on Risk 4: Optimal Clinical Outcomes at a recent Development Session, and that an update to the risk will be brought back to the Committee in January 2024, following comments and feedback at that session.

In terms of Risk 9: Quality & Safety, it was advised that consideration is being given to potentially reducing the risk level to moderate. However, it was noted that given the issues in relation to the Countess of Chester Hospital Inquiry, the Chief Executive

is currently commissioning a review of governance arrangements around the internal triangulation of any safety concerns raised, and therefore the risk level has remained at high.

Risk 16: Off-Site Area Sterilisation and Disinfection Unit Service was covered under agenda item 4.

For Risk 17: Cyber Resilience, it was reported that our Network and Information Systems (NIS) audit improved significantly this year, and that the impact and consequences of this risk are going to be considered in due course in relation to potentially improving the risk rating.

C Grieve, Non-Executive Member, commented that the update was generally positive, and the Chair agreed. Staff were thanked for their efforts in this regard.

The Committee took a “**reasonable**” level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

Deep Dive: Digital & Information

The Associate Director of Digital & Information spoke to the deep dive on Risk 18: Digital & Information. It was reported that the root causes are detailed in the paper, and an overview was provided, including partnership working and financial challenges. It was also reported that the Digital & Information Strategy 2019 – 2024 has been repositioned into a new strategy that is aligned to our Population Health & Wellbeing Strategy and that it provides mitigation in terms of the risk. The refreshed Digital & Information Strategy will provide the evidence to reduce the risk rating to moderate, through a number of management actions.

Following a question from A Haston, Non-Executive Member, around the timescale for the action in relation to the assessment of existing capabilities, an explanation was provided on reaching the target date of January 2024, with it noted that there are planned workshops through the Digital & Information Board in relation to automation and artificial intelligence, and actions from those workshops will include capability assessments.

The Chair queried NHS Fife’s position on the National Digital Maturity Assessment, particularly around the capabilities element. In response, it was advised that the national assessment is linked to our assessment of existing capabilities, and that work is in progress around the validation of the data.

A Haston, Non-Executive member, commented on the consequence risk rating 5 being extreme, and queried how that was set. The Associate Director of Digital & Information advised that there had been periods of system unavailability due to third party suppliers, and that the risk rating would be considered for review for the next iteration.

Following a question from the Chair, it was advised that the funding ratio for Digital and Information falls below recommended investment levels for benchmarking across the four home nations.

The Committee took **assurance** from the deep dive.

7.2 Clinical Governance Oversight Group Assurance Summary from August 2023 Meeting

The Associate Director of Quality & Clinical Governance advised that the summary addressed a request from an internal audit recommendation to provide additional assurance to the Committee, and that the summary captures discussions from the Clinical Governance Oversight Group meeting in August 2023.

A Haston, Non-Executive Member, questioned how the agenda for the Clinical Governance Oversight Group meetings are set. It was advised that the group have a workplan which informs the agenda, and any emerging issues are brought forward.

Members welcomed the summary, noting the helpful detail within.

The Committee took **assurance** from the paper.

7.3 Delivery of Annual Workplan 2023/24

The Associate Director of Quality & Clinical Governance highlighted updates to the workplan since the previous meeting.

The Chair requested that a rationale around the deferment of the Mental Health Estates Initial Agreement be added to the workplan. The Medical Director advised that this item had been deferred due to financial constraints and he explained that there was no requirement to prioritise the business case. The Director of Finance & Strategy explained the financial position and advised that the Initial Agreement is part of a larger business plan for mental health. It was also noted that interim improvements to the mental health estate is underway meantime.

**Action: Associate Director of Quality & Clinical Governance /
Board Committee Support Officer**

The Committee took **assurance** from the tracked workplan.

8. STRATEGY / PLANNING

8.1 Annual Delivery Plan Quarter 2 Performance 2023/24

The Director of Finance & Strategy advised that the report describes performance against improvement actions which were agreed in the Annual Delivery Plan, using a Red Amber Green (RAG) status that was prescribed by the Scottish Government. The differentiation that the report describes actions, rather than outcomes, was highlighted.

The Director of Finance & Strategy explained that improvement actions that are completed or on track, such as in relation to staff absence and supporting staff return safely back to work, may take a significant period of time to see any impact. The Director of Nursing added that national input is awaited for some of the deliverables at red status.

Assurance was provided that the Executive Directors' Group are working towards triangulating the Annual Delivery Plan Quarterly Reports with the Integrated Quality & Performance Report and the Population Health & Wellbeing Strategy Outcomes Report. An illustration was provided to explain the triangulation.

Following a question from the Chair, regarding the suspended/cancelled deliverables, the Director of Pharmacy & Medicines explained the Hospital Pharmacy Redesign and advised that there are plans for medicine automation, which will be affected by capital availability. It was noted that this work is ongoing through the Digital Medicines Board. It was also advised that there is hospital transformation work being published by the Scottish Government, which will require the Directors of Pharmacy and Directors of Acute Services to look at the clinical aspects and explore how they modernise moving forward. The Deputy Medical Director provided assurance that there is a large amount of work ongoing with the relevant stakeholders and that this will be fed into the Clinical Governance Oversight Group, before going to the Committee. The Director of Pharmacy & Medicines noted that this deliverable is superseded, as opposed to suspended/cancelled, and agreed to update for the next iteration of the report.

Action: Director of Pharmacy & Medicines

Members commented that the report was very helpful.

The Committee took **assurance** on the Quarter 2 update submitted to the Scottish Government.

8.2 Cancer Strategic Framework Delivery Plan 2023/24

The Medical Director advised that the paper provides an update from the Cancer Transformation Team on how we will best deliver the transformative work across the whole system. The challenges were highlighted, and it was reported that there is a commitment for the innovative and transformative work, alongside business-as-usual.

A Haston, Non-Executive Member, queried the practicalities of using the delivery plan as a working document and keeping track of actions. In response, the Associate Director of Quality & Clinical Governance explained that the team work hard to keep the actions on track, and she agreed to provide more detail on the underlying work for the next iteration, to provide greater assurance to the Committee. It was agreed future reports will provide a progress update section against the actions on the plan.

Action: Associate Director of Quality & Clinical Governance

The Committee took **assurance** from the paper.

8.3 Alignment of NHS Fife Cancer Framework and the National Cancer Strategy 2023-2033 and Cancer Action Plan for Scotland 2023-2026

The Medical Director reported that the National Cancer Strategy is a helpful document and ambitious in terms of transformation and delivery. It was advised that the NHS Fife Cancer Framework was developed before the national strategy was published, due to expertise within the Cancer Transformation Team, and that there are similar themes. It was advised that the detail around progression towards genomics is limited, however, there is sufficient detail around new and emerging technologies within the NHS Fife strategy.

A Haston, Non-Executive Member, questioned the emphasis on psychological support and therapies as part of the mental health aspect to the strategy. The Director of Health & Social explained the improving cancer journey pathway work, the linked work with skilled professionals, and joined-up working with agencies. The Deputy Medical Director added that the journey pathway work also includes people with long term conditions.

The Chair queried the specifics around workforce numbers and achievement dates within the National Delivery Plan and what that means to Fife. The Medical Director agreed to provide further detail on the workforce plans, noting the complexities, and agreed that further detail will be worked on for the Committee and the NHS Fife Cancer Framework.

Action: Medical Director

The Committee took **assurance** from the papers.

8.4 Clinical Governance & Strategic Framework Delivery Plan 2023/24 – Mid-Year Report

The Associate Director of Quality & Clinical Governance highlighted the key points from the report and advised that the new Risk Management Framework is now complete and published, after receiving Board approval. It was also highlighted that the deteriorating patients' workshop and realistic medicines workshop were both delivered successfully, with positive feedback received on both. The Chief Executive added that elements of the realistic medicines workshop were presented to the Board at their recent Development Session, and that there is an ambition and appetite to drive realistic medicines forward. The Chief Executive thanked all involved in the workshops.

It was advised that a lot of work has been undertaken, and continues, in relation to reviewing the effectiveness of the Organisational Learning Group, and an update will be brought back to the next Committee meeting.

Action: Associate Director of Quality & Clinical Governance

The Chair questioned how the Committee can ensure that the voice of lived experiences around safety, quality, care experience and harm is heard at Committee level. The Chief Executive agreed to consider how to take this forward, outwith the meeting.

Action: Chief Executive

The Committee noted the excellent progress made.

The Committee took **assurance** from the report.

8.5 Incident Management Framework

The Director of Nursing spoke to the report on behalf of the Director of Public Health.

A Haston, Non-Executive Member, acknowledged the large amount of work that has been carried out in developing the framework. C Grieve, Non-Executive Member, agreed and questioned the training and exercise elements. The Head of Resilience advised that the next steps are the training and exercise elements at the right levels

across all our workforce, including senior managers. It was also advised that training plans are being developed, and that training is already available for incident response.

The Chief Executive added that major incidents training has previously taken place. The Deputy Medical Director expanded on the work that is ongoing in relation to the training and exercise elements, and provided assurance that there is an ongoing process in looking at how major incidents are dealt with in the Acute settings. The Director of Acute Services added that there is a strong linkage between the Resilience Team and the Acute Senior Leadership Team, and that there are clear plans and processes in place, and clear decision making structures.

The Head of Resilience advised that business continuity incidents, and emergency response, forms part of incident management, and that a rolling programme has been introduced. It was also advised that bite-sized update sessions have been provided as a support mechanism for managers in relation to emergency planning and contingencies.

The Chief Executive acknowledged all the hard work of the Resilience Team, noting that the team itself has also been strengthened through various appointments.

The Director of Nursing confirmed that the Incident Management Framework was approved by the Executive Directors' Group.

The Committee **acknowledged** the Incident Management Framework as the new management strategy for oversight and escalation of incidents within NHS Fife.

9. QUALITY/PERFORMANCE

9.1 Integrated Performance & Quality Report (IPQR) including Deep Dive: In-Patient Falls

The Director of Nursing provided an overview on the in-patient falls position statement and the IPQR, as detailed in the paper.

The Chair queried if there were any concerns or risks associated with the Local Adverse Event Review (LAER) and Significant Adverse Event Review (SAER) closure rate. The Director of Nursing advised that a significant amount of work has been carried out on managing the adverse events reviews, and that there had been significant changes to improve the closure rate. The Medical Director added that the timelines for reviews are monitored carefully within the Adverse Events Teams. He also advised that there is a rapid and quick understanding on any adverse events that have happened, with Executive-level oversight, and that mitigating actions are put in place immediately.

C Grieve, Non-Executive Member, acknowledged the hard work that has taken place, as reflected within the IPQR.

A Haston, Non-Executive Member, thanked the team for the deep dives, which she noted provides a greater improvement on understanding and the work that has been undertaken.

The Committee took **assurance** and examined and considered the NHS Fife performance as summarised in the IPQR. The Committee also took **assurance** from the deep dive.

9.2 Medicines Safety in NHS Fife: Review and Improvement

The Director of Pharmacy & Medicines reported that the paper is presented to the Committee to provide assurance on the review and improvement work that is being continued to ensure the safest medicines in Fife. It was also reported that close working is carried out to ensure there is a robust governance for medicines throughout the organisation for all aspects of use. It was advised that the report highlights some of the medicine safety programme work.

It was advised that a Medicine Response Group has been formed, which meet weekly, and that a Medicines Bulletin is produced, which includes shared learning. It was highlighted that there is a multidisciplinary improvement plan and that the Safer Use of Medicines Group is being rebranded into the Medicine Safety & Policy Group and will link in with the High-Risk Pain Medicines Programme. The Director of Pharmacy & Medicines also highlighted some of the key statistics from the report.

A Haston, Non-Executive Member, questioned the medicine incident statistics, and if assurance can be provided that Fife is not an outlier. In response, it was advised that there is no national reporting and learning system, however, assurance was provided that the Director of Pharmacy sits on the NHS Lothian Area Drug & Therapeutics Committee and has visibility of their approach in terms of numbers. Assurance was also provided that NHS Fife has good examples of reporting no harm incidents. The Director of Pharmacy & Medicines also confirmed that the Medicines Safety Group, which is multidisciplinary, have oversight and ownership of actions.

The Medical Director highlighted the importance of shared learnings and noted that NHS Fife has a positive culture towards medicine safety.

The Chair questioned if the medicine related hospital admissions numbers within the national report, is a similar position in Fife. In response, it was advised that this is a complex area, and a brief explanation was provided on the affecting factors.

K MacDonald, Non-Executive Member, commented positively on the report.

The Committee took **assurance** with regards to the current position with medicines safety in Fife and the summary of actions for the next 12-month work plan.

9.3 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing reported that the surgical site surveillance programme is still paused.

It was also reported that there had been a safe delivery of care inspection since the last report, and the report has since been published on the Health Improvement Scotland (HIS) website. An update on the report and its related action plan will come to the next Committee meeting.

It was advised that cleaning compliance is above the target at 95.9%. In terms of hand hygiene, it was reported that a local solution is being explored. It was also noted that three wards in community hospitals are presently closed due to Covid.

The Chair queried the reconciling information in the HAIRT report with the unannounced inspection report, particularly around the healthcare environment, cleanliness and maintenance, and hand hygiene aspects. The Director of Nursing advised that the environment in Ward 5 had influenced the scoring. It was also advised that issues were highlighted around escalation processes and work is ongoing to improve this, and that the Infection Control Team are supporting training with volunteers and staff in relation to hand hygiene.

The Committee took **assurance** from the report.

10. DIGITAL / INFORMATION

10.1 Digital & Information Strategy 2019-24 Update

The Associate Director of Digital & Information provided an update and reported that the deliverables have been reviewed, as per appendix 1. It was advised that a further 25 additional deliverables, as detailed in appendix 3, emerged during the strategic period, with a number of those relating to the pandemic response and the requirements for the National Treatment Centre. An update was also provided on the assessment range, progress of the deliverables and themes, as detailed in the paper. It was noted that an agile model is required within Digital & Information that can align to emerging priorities and support the delivery of technology to benefit patients and staff.

A Haston, Non-Executive Member, highlighted that the paper states 'that the scale of demand for digital solutions does not match the available funding or resourcing, and that ranking is a key requirement for all initiatives'. She questioned how the ranking will be prioritised. The Associate Director of Digital & Information provided an explanation and noted the importance of being able to pivot and be agile to the requirements of the clinical services and teams and advised that this is being addressed. It was also advised that the decision-making matrix has been reviewed for ranking. The Chief Executive highlighted the link to the strategy and advised that a balance is required around our ambition, clinical risk, and the financial consequences.

Following a question from the Chair, the Associate Director of Digital & Information stated that there is a commitment from the Digital & Information Board for a workshop to help support the overt commitment on balancing what will be taken forward.

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

11. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

11.1 Patient Experience & Feedback Report

The Director of Nursing was pleased to advise that the stage 2 complaints response rate is at its highest position, compared to the previous two years. She stated that this was reflective of all the hard work that the services and Patient Experience Team have

taken forward. An overview on the assessment and workforce planning sections of the report was provided.

C Grieve, Non-Executive Member, questioned if a level of detail will be available around the complexities, in terms of risks, now that the complexity scoring tool is embedded. In response, the Director of Nursing explained that testing is being carried out to ensure the criteria is correct, and that work is ongoing in relation to NHS Lothian's experience on the tool. The Chief Executive explained the stage 2 process for complaints and the work that is being carried out to review response letters.

Following a query from K MacDonald, Non-Executive Member, around safety issues following complaints, the Director of Nursing confirmed that actions are put in place as quickly as possible, and that learnings are shared. Discussion took place on collaboration and shared learnings across the various areas. The Director of Nursing agreed to provide further detail on shared learnings in the next quarterly report.

Action: Director of Nursing

Following a query from the Chair, the Chief Executive confirmed that any harms that are identified through complaints or adverse events would be added to Datix.

The Committee took **assurance** from the report.

12. ANNUAL REPORTS / OTHER REPORTS

12.1 Mid-Year Resilience Assurance Report

The Head of Resilience provided a brief overview on the contents of the report.

C Grieve, Non-Executive Member, highlighted that the Resilience Team are now working with key stakeholders to enable associated framework guidance, and he questioned if the guidance was an existing framework. In response, the Head of Resilience explained that the approach to the framework was re-strategised. It was also advised that there is a policy for business continuity management systems, and that a systems approach is being explored to support that policy.

The Chief Executive highlighted that the Incident Management Framework attached to the report was slightly out-of-date.

The Chair requested further detail in the report with regards to Turas training compliance.

Action: Head of Resilience

The Chair acknowledged the hard work of the Resilience Team.

The Committee took **assurance** from the report.

12.2 Hospital Standardised Mortality Ratio (HSMR) Update Report

The Medical Director highlighted the HSMR for NHS Fife during 2022/23 was 0.95.

Following a query from the Chair, the Medical Director agreed to seek clarity on the reason Queen Margaret Hospital is excluded from the data.

Action: Medical Director

The Committee took **assurance** that HSMR is monitored as a key quality performance indicator and took **assurance** that the HSMR for NHS Fife is in keeping with the national average.

12.3 Infection, Prevention & Control Annual Report 2022

The Director of Nursing highlighted the excellent work of the Infection, Prevention & Control Care Home Team, and advised that they won the 'Team of the Year' award at the recent NHS Fife Staff Awards.

Following a question from A Haston, Non-Executive Member, the Director of Nursing advised that there were no requests from internal audit in relation to infection, prevention & control, and that this is covered in the HAIRT report, which is the standard reporting template.

A Haston, Non-Executive Member, requested a summary graph from 2019, to include a target, be added to the report, to make it easier to analyse the data. The Director of Nursing agreed to take the request forward to the team.

Action: Director of Nursing

The Chair queried the escherichia coli bacteraemias (ECB) data in relation to NHS Fife being higher than the Scottish average. It was advised that this data is variable, and it was noted that NHS Fife was below the national average the previous quarter.

The Committee took **assurance** from the report.

12.4 Volunteering Annual Report 2022/23

The Director of Nursing advised that the report provides a flavour of the work undertaken during 2022/23 and describes the plans for the service moving forward. The report also highlights the invaluable work of our volunteers and their huge commitment and dedication.

An overview on the workforce of the volunteering team was provided.

The Director of Pharmacy & Medicines highlighted that volunteering roles can help with people's confidence to get back into employment, and that this demonstrates how NHS Fife contributes beyond its functions, and as an Anchor Institution.

The Committee took **assurance** from the report.

13. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

13.1 Area Clinical Forum held on 5 October 2023 (unconfirmed)

13.2 Area Medical Committee held on 8 August 2023 (unconfirmed)

13.3 Area Radiation Protection Committee held on 10 May 2023 (unconfirmed)

- 13.4 Cancer Governance & Strategy Group held on 17 August 2023 (unconfirmed)
- 13.5 Clinical Governance Oversight Group held on 22 August 2023 (confirmed)
- 13.6 Fife Area Drugs & Therapeutic Committee held on 16 August 2023 (unconfirmed)
- 13.7 Fife IJB Quality & Communities Committee held on 30 June 2023 (confirmed) & 7 September 2023 (unconfirmed)
- 13.8 Health & Safety Subcommittee held on 8 September 2023 (unconfirmed)
- 13.9 Infection Control Committee held on 9 August 2023 (confirmed) & 4 October 2023 (unconfirmed)
- 13.10 Medical Devices Group held on 13 September 2023 (unconfirmed)
- 13.11 Research, Innovation & Knowledge Oversight Group held on 3 October 2023 (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 the Board.

It was agreed to highlight to the Board the work underway on complaints and IPQR developments.

15. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 12 January 2024 from 10am – 1pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 14 NOVEMBER 2023 AT 9.30AM VIA MS TEAMS

Alistair Morris Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Margo McGurk, Director of Finance & Strategy
Alastair Grant, Non-Executive Director	Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director	Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health	Aileen Lawrie, Area Clinical Forum Representative

In Attendance:

Ben Hannan, Director of Pharmacy & Medicines
Claire Dobson, Director of Acute Services
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Nicky Connor, Director of Health & Social Care
Fiona Forrest, Deputy Director of Pharmacy (*observing*)
Kevin Booth, Head of Financial Services & Procurement (*item 5.5 only*)
David Miller, Director of Workforce (*item 5.1 only*)
Kerrie Donald, Executive Assistant (Minutes)

Chair's Opening Remarks

Members were advised that the meeting will be recorded for the purposes of the minute.

1. Apologies for Absence

Apologies were noted from member Lynne Parsons (Employee Director) and Janette Keenan (Director of Nursing).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 19 September 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. QUALITY / PERFORMANCE

5.1 Bank & Agency Staffing

The Director of Workforce joined the meeting and presented the paper. A report has been created to detail all bank shifts booked for the next few months and has been circulated to teams for review. The outcome from the review of shifts will be discussed in detail at the Bank and Agency Programme Board.

The Chair noted his concern at the limited progress against the savings target and a discussion ensued on the potential impact and consequences.

The Deputy Director of Finance highlighted the positive impact on medical staffing in relation to the investment in gateway doctors noting for the second month in a row, there has been no required spend on agency locums and also the junior doctor rota has remained compliant. This could deliver a £600k saving between November 2023 and the end of March 2024.

Following a deep dive into nursing staff requests, it was noted requests for supplementary staffing continue at the same rate as the beginning of the year with very little change noted.

Following a query from the Chair, the Medical Director described the remuneration levels where junior doctor rotas become non-compliant.

The Director of Acute Services highlighted various actions which have been taken to support delivering compliance including service managers incorporating a wellbeing role to ensure junior doctors are taking their breaks on time however feedback has advised while doctors are taking their breaks.

Following a query from A Grant, Non-Executive member, the Director of Finance & Strategy highlighted most boards in Scotland are facing significant financial challenge and NHS Fife should continue to implement the mitigating actions currently in place to ensure Fife can be as close as possible to achieving the financial forecast within the opening financial plan.

Following comments from Committee members, the Director of Workforce highlighted the length of time to recruit has been raised nationally noting as part of the anchor work across Scotland, the whole recruitment system including JobTrain is being reviewed to assess what works and what needs to be improved. The Director of Health & Social care further noted support and training on rostering and financial governance is given on a regular basis further noting patient safety is always the priority.

The Committee took **assurance** from the paper.

5.2 Financial Performance & Sustainability Report

The Director of Finance & Strategy provided an in-depth review of the current financial situation noting at the end of September 2023 (Quarter 2), NHS Fife are reporting £15.2m overspend with a projected Health Board forecast outturn of £23m if pressure systems continue.

The Chair, highlighted letters have been received from the Director of Health Finance and Governance, Scottish Government regarding current and forecast financial position noting the Chief Executive has responded to ensure Scottish Government are fully aware of the position.

Following a query from the Chair regarding repayment of brokerage, the Director of Finance & Strategy advised as part of the Medium Term Financial Plan, NHS Fife have confirmed they will not be in a position to repay brokerage until the Board is in recurring financial balance.

The Chair thanked the Director of Finance & Strategy for the report and the wider executive team noting the actions currently being pursued to manage the forecast financial position.

The Committee took **assurance** from the report.

5.3 Integrated Performance & Quality Report

The Director of Acute Services reported significant challenges with 4-hour emergency access in September 2023 mainly due to hospital capacity. A reduction in the 12 week treatment time guarantee was also reported noting an improvement in patients seen within the 12 weeks, which reflects the number of patients being referred as urgent. However, it was highlighted this then has a knock on effect for patients waiting on routine procedures.

It was reported challenges continue with 26, 52 and 78 weeks noting these are trending upwards as capacity does not meet the demand however there is focus on productive opportunities such as ensuring patients still require the procedure they are listed for and are completing patient initiated reviews. A reduction in outpatients was reported for August 2023 however demand remains unrelenting and long waits continue to increase. Gaps within Gastroenterology and Urology were noted as areas of particular concern however work with the National Elective Coordination Unit on validating outpatient waiting lists has commenced.

Following a query from the Chair, the Director of Acute Services noted a paper is being prepared regarding the prediction of future waiting times which will be brought to the Committee in due course.

Action: Director of Acute Services

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, highlighting a 0.1% increase from the previous month however noted challenges continue. It was reported the partnership continues to improve discharges to support whole system flow into community areas noting one of the key areas causing challenge is in relation to accessing care home beds however, joint

working with independent providers continues to ensure support is provided for patients with complex needs.

The Director of Health & Social Care confirmed the expansion of the Hospital @ Home Service is being progressed by the Unscheduled Care Board (co-chaired with the Director of Acute Services).

Following a query from the Chair, the Director of Health & Social Care noted the sustainability of the independent sector has been escalated to Scottish Government for ongoing discussions however no care homes in Fife have been highlighted as having any significant challenges. It was further highlighted any care homes who do experience challenge are encouraged to engage with the Partnership early to provide support and stabilisation where that is possible.

The Committee took **assurance** from the report, and discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

5.4 Financial Improvement & Sustainability Programme Progress Report

The Deputy Director of Finance noted the content of the paper was covered during the discussion on agenda item 5.2.

The Chair noted himself and Non-Executive Director A. Grant visited the Finance team and commended the team on their positive and innovative attitude to the challenges currently within the system.

The Committee took **assurance** from the report.

5.5 Procurement Key Performance Indicators

The Head of Financial Services & Procurement joined the meeting and provided an overview of the paper.

The Committee took **assurance** from the report.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the paper noting Risk 13 'Delivery of a balanced in-year financial position' has been updated to reflect the increasing level of challenge.

It was reported the Risk and Opportunities Group are working to further improve the deep dive process. It was further highlighted the Associate Director Digital & Information, and the team have created a dashboard reporting layer which will be incorporated into the next report.

The Chair welcomed the introduction of the new dashboard to add to the effectiveness of risk reporting.

The Committee took **assurance** from the report.

6.1.1 Deep Dive: Cancer Waiting Times

The Director of Acute Services presented the deep dive paper highlighting due to an increase in patient referrals and complex cancer pathways, NHS Fife is experiencing a deterioration in cancer waiting times 62 and 31 day performance which is impacting on patient experience.

The Director of Acute Services described the actions within the paper which are being progressed to address this.

Following a query from the Chair, the Medical Director noted the complex landscape of cancer treatment, highlighting the delivery of cancer investigations is continually evolving due to innovation and change nationally which inevitably has an impact on Boards.

Following a query from J Kemp, the Director of Acute Services noted the additional funding received for cancer waiting times is received on a non-recurring basis however the staff and consumables costs associated with delivering planned care are recurring.

The Committee took **assurance** from the deep dive.

6.2 Review of General Policies & Procedures

The Head of Corporate Governance presented the paper noting work has commenced to consolidate a number of the policies into a single Estates policy.

The Director of Director of Property & Asset Management noted all out of date policies are in the process of being reviewed and will be completed before the end of December 2023.

The Committee took **assurance** from the report.

6.3 Delivery of Annual Workplan 2023/24

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan Quarterly Performance Report 2023/24 – Q2

The Director of Finance & Strategy introduced the report noting the report highlighted the RAG status noted within the report describes the planned deliverables/actions rather than outcomes.

The Chair highlighted the 200 deliverables within the ADP and whether some further prioritisation is required. The committee discussed this and noted the range of deliverables and that some were more challenging and will take more time to deliver in full.

The Chief Executive noted the ADP report will be developed further to include information on impact over time.

The Committee **discussed** and took **assurance** from the Annual Delivery Plan 2023/24.

7.2 Fife Capital Investment Group Reports 2023/24

The Deputy Director of Finance presented the report highlighting funding from NHS Education for Scotland (NES) has been confirmed to commence the ScotCOM Medical Education Programme. It was noted discussions have taken place with Scottish Government to confirm the revenue funding received from NES will be transferred to Capital funding, with the majority being received in 2024/25.

The Medical Director further noted an update on the development of the project would be provided at the next Committee.

Action: Medical Director

The Committee took **assurance** from the Fife Capital Investment Group Report.

8. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

- 8.1 Fife Capital Investment Group held on 27 September 2023 (unconfirmed)
- 8.2 IJB Finance, Performance & Scrutiny Committee held on 15 September 2023 (unconfirmed)
- 8.3 Primary medical Services Sub-Committee held on 5 September 2023 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

9.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

10. ANY OTHER BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 16 January 2024** from 9.30am – 12pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 6 NOVEMBER 2023 AT 10AM VIA MS TEAMS

Present:

Alistair Morris, Non-Executive Member (Chair to item 7.3)
Arlene Wood, Non-Executive Member (Acting Chair from item 7.3, except item 7.5)
Mansoor Mahmood, Non-Executive Member
Lynne Parsons, Employee Director
Janette Keenan, Director of Nursing
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive
Dr Joy Tomlinson, Director of Public Health

In Attendance:

Nicky Connor, Director of Health & Social Care
Sharon Crabb, Public Health Services Manager (*item 6.3 only*)
Lee Cowie, Interim Senior Manager for Mental Health (*item 7.2 only*)
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Pharmacy & Medicines
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Fay Richmond, Executive Officer to the Chair & Chief Executive
Andrew Summers, Interim Head of Psychology (*item 7.3 only*)
Lorna Watson, Deputy Director of Public Health (*deputising for Dr Joy Tomlinson*)
Lucy Denvir, Consultant in Public Health (*observing*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and advised that Lucy Denvir, Consultant in Public Health would be joining as an observer.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

1. Apologies for Absence

Apologies were received from Dr Chris McKenna, Medical Director.

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 4 September 2023

The minute 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 **Corporate Risks Aligned to Public Health & Wellbeing Committee, including Learnings from Deep Dives**

The Director of Public Health advised that a review of the effectiveness of the new Corporate Risk Register process was discussed at a recent Audit & Risk Committee Development Session, and that Audit & Risk Committee Members were assured by the process. The Director of Finance & Strategy added that there were discussions at the session around the Audit & Risk Committee being required to evidence scrutiny and take assurance from the Governance Committees on the corporate risks, and that it is not the role of the Audit & Risk Committee to carry out deep dives. The Chair advised that he has carried out one-to-ones with the Audit & Risk Committee Members, under the auspice of the Non-Executive appraisal process, to encourage robust scrutiny at the Audit & Risk Committee meetings, to be able to provide the Board with the assurance required for corporate risks.

The Committee took a “**reasonable**” **level of assurance** that all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

5.2 **Delivery of Annual Workplan 2023/24**

Following a question from A Wood, Non-Executive Director, the Chief Executive confirmed that learnings from the deep dive are the learnings from undertaking the process, and that the Risk & Opportunities Group are carrying out that work and will report thereon to the Audit & Risk Committee. That being the case, it was agreed to remove the ‘learnings from deep dives’ under the Corporate Risks aligned to the Committee section within the workplan.

Action: Board Committee Support Officer

It was agreed assurance summaries be presented to the Committee from the Equality & Human Rights Strategy Group and the Public Health Assurance Committee meetings.

Action: Director of Nursing / Director of Public Health

The Committee took **assurance** from the tracked workplan.

6. **STRATEGY / PLANNING**

6.1 **Population Health & Wellbeing Strategy 2023/24 - Mid-Year Review**

The Director of Finance & Strategy reported that the paper presents the first mid-year review for the new Population Health & Wellbeing Strategy. It was highlighted that the

paper is still a work-in-progress in terms of aspects of the content. It was also advised that the report will focus on substantive progress statements in relation to the actions around the key ambitions within the different strategic priorities detailed in the strategy, and that what we want to achieve up until the end of March 2024 will also be added.

It was reported that an impact indicator is still to be developed and added to the review, and that this will be aligned to other NHS Scotland Health Boards strategic work through an analytics insight pack, which will be provided from the Scottish Government.

Feedback from members was provided. It was noted that the document was easy to read and well presented. Members observed that realistic and achievable objectives were still required. It was explained that a balance is required by ensuring that the review is high-level, and that programme delivery and objectives would be described through the Annual Delivery Plan and other routine reports. It was also noted that strategic programme boards take forward aspects of the strategy and that the level of detail is still in development. It was agreed that a caption be added to the next iteration of the review, which relates to the specific learning from engagement sessions.

Action: Director of Finance & Strategy

M Mahmood suggested carrying out early intervention within schools in terms of mental health and was directed to the 'Our Minds Matters Framework' for further information in this area. The Director of Health & Social Care agreed to ask the Child & Adolescent Mental Health Services (CAHMS) for further information around early intervention work carried out in schools.

Action: Director of Health & Social Care

The Committee took **assurance** from the report, noting that the report remains in development and will be finalised for Board consideration in November 2023.

6.2 Annual Delivery Plan (ADP) Quarter 2 Performance Report 2023/24

The Director of Finance & Strategy advised that the report describes performance against improvement actions which were agreed in the Annual Delivery Plan, using a Red Amber Green (RAG) status that was prescribed by the Scottish Government. The differentiation that the report describes actions, rather than outcomes, was highlighted. It was explained that a deliverable recorded as on track may, however, not be at the point of delivering the full intended outcome. The Chair highlighted the importance of delivering the ADP.

A Wood, Non-Executive Member, questioned if there were any public health elements that will not be delivered and subsequently create risks, and she also queried who has carried out that mapping. In response, it was advised that risks arising from non-delivery, or potential delays on aspects of the ADP, would be included within operational risk registers, or escalated to the corporate risk register if significant. The Director of Public Health highlighted non-deliverables include those which rely on external factors such as lack of resources or funding, and gave examples of non-deliverables which would be held as a risk at a national level. The Director of Health & Social care highlighted the example of the joined up working for some areas of the ADP. The Director of Finance & Strategy agreed to carry out mapping.

Action: Director of Finance & Strategy

The Chair stated that the Scottish Government will not accept non-delivery of the ADP based on lack of resources or funding. The Director of Finance & Strategy provided assurance that there is a commitment to deliver the ADP, and she highlighted that there will be areas that will be extremely challenging. The Chair suggested scaling down the deliverables and prioritising the most challenging ones. The Chief executive explained that prioritising deliverables is an inherent function of the day-to-day responsibilities of the Executive Team, and that any extremely challenging deliverables would be brought to the Committee for escalation to the Board, and potentially also brought to the attention of the Scottish Government.

The Committee **discussed** the Quarter 2 update submitted to the Scottish Government and took **assurance**.

6.3 Anchor Programme Update and Developing Strategy

The Director of Public Health introduced this item, and advised that the Scottish Government, as part of the ADP, requires the creation of a strategic delivery plan for Anchor commitments, with a draft to be submitted by 30 October 2023. A short extension to the submission timeline has been agreed until the 6th November., The final version will be submitted following presentation to Board.

S Crabb, Public Health Services Manager, who has been leading the development of the Anchor strategic plan for Fife, joined the meeting and was welcomed to the discussion.

The Public Health Services Manager reported that there has been a specific ask from the Scottish Government to report on three out of the five dimensions of the Anchor work, which are workforce, procurement, and environmental sustainability & land and assets. It was advised that the plan has been aligned with the Population Health & Wellbeing Strategy in terms of ambitions and commitments over the next four years and beyond. It was also advised that work is in progress around deliverables and milestones, and metrics, and that a tool will be developed to monitor progress. An overview on the contents of the plan was provided. It was reported that the Anchor Operational Group meet on a fortnightly basis and report into the Anchor Programme Board, and that the Anchor Institution work is promoted and refreshed to the Senior Leadership Teams on a regular basis.

Following a query from A Wood, Non-Executive Member, the Public Health Services Manager confirmed that the image on page 9 of the draft plan will be replaced with another that is more appropriate to the context of the document.

M Mahmood, Non-Executive Member queried the effectiveness of the plans detailed on page 9, for under privileged people accessing healthy food. In response, an overview was provided on the various projects that are being explored. It was advised that there is really good partnership working taking place, particularly within the Health & Social Care Partnership. Safe and affordable food is a concern, however there is a real effort to support this. The new Good Food Nation policy was also highlighted.

The Committee took **assurance** from the work progressed by the Anchor Operational Group and **noted** the planned timeline to submit the strategy to Scottish Government.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on smoking cessation, noting that the data is slightly out-of-date, and she provided assurance that all the actions from the previous year's report, in terms of connecting into maternity services and using data to target proactively within communities, are being addressed. It was highlighted that there are 33 clinics in the communities, and that the mobile unit is up and running and particularly targeting areas with the highest inequality. It was also reported that there is a new smoking cessation lead.

The Director of Health & Social Care also provided an update on the Covid and Flu Vaccination Programme, and she explained the reasons for being slightly below the national average on uptake. It was noted that there is a challenge with relying on the population to opt-in with the portal, and that priority groups are being identified to enable proactiveness and send out invitations; this is being overseen by the Immunisation Programme Board and actions are being taken to increase the uptake.

The Chair highlighted a specific incident and asked if there was any shortage of vaccines in a particular area. The Director of Health & Social Care advised that it may have been due to short-term logistical challenges, as there is a good national supply in general.

The Director of Public Health spoke to the immunisation section of the report: childhood 6 in 1, and reported a slight improvement in vaccine uptake, however, it was noted that this remains very slightly below target. It was advised that it is expected the increased uptake is due to the quality improvement work that has been undertaken, however caution is required as it is too soon to be certain this is a trend. In terms of the immunisation: MMR2, it was advised that there has also been a small improvement in uptake.

A Wood, Non-Executive Member, questioned the measures within the report, in relation to the activity projection, and asked if an additional column could be added to provide the reasons for measures that are not being achieved.

The Committee took **assurance**, discussed, examined, and considered the NHS Fife performance as summarised in the IPQR.

7.2 Child & Adolescent Mental Health Services (CAMHS) Performance Update

Lee Cowie, Interim Senior Manager for Mental Health, was welcomed to the meeting and provided an update on CAMHS performance. It was reported that, due to reduced staffing levels, caused mainly by vacancies, the Scottish Government requested an updated trajectory, with the aim of achieving the target by March 2024.

The key points from the paper were highlighted and it was reported that referral numbers in the service have shown a very slight increase from the previous years. The Interim Senior Manager for Mental Health explained the significant effort the service has put in place to ensure that children and young people are receiving the right support by the right service. It was also highlighted that the clinical activity within the service

has remained very high, and an explanation was provided on the balance between new appointments and review appointments. An overview was provided on the statistics, and it was noted that significant efforts have been made to ensure no-one waits over the 35-week threshold.

It was reported that the 18-week Referral to Treatment Target (RTT) sits very close to the national average. It was advised that the largest impact on improvement and being able to sustain services is around staffing, and the ability to recruit within specialist roles. The initiatives that have been undertaken to address the reduced capacity was described.

Assurance was provided that the service remains on track to achieve the projected trajectory, the RTT, and sustainable target by March 2024.

The Chair highlighted that the actions are being influenced by targets, and he questioned the quality aspect of the service. In response, assurance was provided that a quality service is a priority and that improvement areas are being addressed.

Following questions from A Wood, Non-Executive Member. Assurance was provided on the support in place for young people who have mental health related issues that require support and have not been accepted by CAHMS. Further detail was also provided on waiting times, review appointments and therapeutic letters.

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

The Chair left the meeting due to internet connection issues on MS Teams. The meeting remained quorate. A Wood, Non-Executive Member, took on the role of Acting Chair for the remainder of the meeting (with the exception of item 7.5, which was covered earlier on the agenda).

7.3 Psychological Therapies (PT) Standard Update

Andrew Summers, Interim Head of Psychology, was welcomed to the meeting, and provided an update on Psychological Therapies in terms of the challenges and work being taken forward.

It was highlighted that PT covers a range of complexities and that the targets only capture a percentage of activity. An explanation was provided in relation to how targets compare differently across Scotland.

It was reported that access to PT has increased, and that there has also been progress on the longest waits. It was noted that there is a slight slippage against the Referral to Treatment Target (RTT), and the main reasons affecting performance were outlined.

The Interim Head of Psychology reported that there are a number of actions to address the recruitment issues. The improvement actions, as detailed in the paper were also highlighted.

A Wood, Non-Executive Member, queried the driver for the reduced uptake in computer Cognitive Behavioural Therapy (cCBT). It was advised that there has been a decrease

in the number of referrals requesting the cCBT option. It was also advised that digital exclusion is an issue and is being addressed.

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

7.4 Alcohol and Drugs Partnership Strategy Development Overview

The Director of Health & Social Care provided an update and advised that the paper provides an overview on the engagement work across Fife, with people with lived experience, to help inform the development of the Fife Alcohol and Drugs Partnership Strategy. It was reported that the strategy will be aligned to the Population Health & Wellbeing Strategy and the Integration Joint Board strategic aims.

The Committee took **assurance** that there is alignment to the Population Health and Wellbeing Strategy and that there is strong engagement from NHS Fife teams in the development of this strategy, which will be shared with the Public Health and Wellbeing Committee, following approval at the Alcohol and Drugs Partnership in April 2024.

7.5 Development of a Green Health Partnership

Lucy Denvir, Consultant in Public Health, was welcomed to the meeting for this item.

A presentation was provided on the slides within appendix 2, and it was highlighted that there are a number of strategies and plans that the development of the Green Health Partnership connects with.

Following a question from the Chair, the Consultant in Public Health confirmed that the programme is a River Leven wide programme, being led by the Scottish Environment Protection Agency (SEPA), and that the first stage of focus for NHS Fife will be on the Levenmouth area. It was advised that there are additional needs in that area and a lot of interest, particularly from third sector organisations who are keen to make really good links.

Following a question from A Wood, Non-Executive Member, it was confirmed that the development of a Green Health Partnership contributes to the work of the Anchor Institutions Strategy, through the work of the Green Space Strategy.

The Committee **endorsed** support for the initiative in principle. It was **agreed** the Steering Group would report back on progress next year.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Public Health Screening Programmes Annual Report 2023

The Director of Public Health advised that a Committee Development Session took place on 24 October 2023, and that detailed discussion on the content of the report took place at that session, with some members of the screening programmes team. It was highlighted that the report demonstrates the commitment of the team and wider staff who deliver the national screening programmes in Fife. It also describes the work which is being planned to address inequalities. It was noted that work is underway for a draft Equity in screening implementation group is being established in Fife. This is

guided by the national Equity in Screening Strategy, which is being used to inform elements of addressing the health inequalities corporate risk.

The Chair queried the frequency of reporting to Committee and was advised that a mid-year report will be provided. It was also advised that the Integrated Performance & Quality Report aspects are still being worked through.

The Committee took **assurance** from the report.

8.2 Pharmaceutical Care Services Annual Report 2022/23

The Director of Pharmacy & Medicines advised that the report is produced annually as part of the regulations that cover community pharmacies in Scotland. It was advised that the report is linked to the content within the Director of Public Health Annual Report.

The Director of Pharmacy & Medicines advised that the report is a summary of the services provided and includes an analysis of where there is potentially a lack of adequate provision. A Wood, Non-Executive Member, questioned who identifies the gaps and how localities get involved in providing feedback. The Director of Pharmacy & Medicines explained the process for gathering feedback from localities and noted that the Participation & Engagement Team will reconvene in January 2024 to explore how to engage meaningfully and actively. It was also explained that any gaps in provision would go through the pharmacy consultation process.

An overview on the contents of the report was provided.

The Committee **endorsed** the contents of the report and **approved** the report for publication. The report will go onward to the Board for information.

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

9.2 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.

10. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting - Monday 15 January 2024 from 10am – 12pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 9 NOVEMBER 2023 AT 10.00 AM VIA MS TEAMS

Present:

Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Mansoor Mahmood, Non-Executive Member
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Wilma Brown, Interim Co-Chair Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF) (*part*)

In attendance:

Lynn Barker, Associate Director of Nursing (*deputising for Janette Keenan*)
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Lynne Garvey, Head of Community Care Services (*deputising for Nicky Connor*)
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
David Miller, Director of Workforce
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Lakshmi Anderson, Executive Assistant to the Director of Workforce (*observing*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A warm welcome was extended to Lynne Parsons to her first meeting of the Staff Governance Committee as the Board's new Employee Director. Lakshmi Anderson was also welcomed as an observer to the meeting.

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 members Janette Keenan (Director of Nursing), Andrew Verrecchia (Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum), and attendee Nicky Connor (Director of

Health & Social Care). It was advised that Kevin Reith, (Deputy Director of Workforce) is now seconded to the Interim Director of Workforce role in NHS Forth Valley, on a full time basis.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Thursday 14 September 2023

The minutes of the meeting from Thursday 14 September 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 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce reported that the paper sets out an update on the corporate risks since the last report. It was advised that there has been no change to the two risks linked to the Committee, and both risk levels remain unchanged and currently assessed as high.

It was reported that one new risk has been identified on the preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019, and, following discussions at the Executive Directors' Group, wording for this risk has been drafted. The Director of Workforce requested approval for the wording of the new risk before it is presented to the Board. The Chair agreed that this risk should be flagged to the Board, given the requirements for compliance. It was noted that this risk reflects a national direction of travel and further guidance from the Scottish Government is still to be issued.

It was agreed the topic for the next Deep Dive will be attendance management.

Action: Director of Workforce

The Committee took **assurance** from the report.

5.2 Bank Agency Programme Update

The Director of Workforce advised that a detailed update on the Bank and Agency programme was recently presented to the Committee. A further update was provided, and it was advised that, following the implementation of the new initiatives to reduce temporary staffing, the financial position has not yet improved, which has been due to the time required to embed the new initiatives. It was noted that agency staff were not required for some areas recently, and that a focus going forward is to reduce dependencies on bank staff. In addition, it was reported that the paper outlines the initiatives that are underway to reduce the reliance on supplementary staffing, and it was noted that there had been positive feedback from staff around the measures being trialled.

W Brown, Interim Co-Chair Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF) noted she was pleased that conversations are taking place with staff to make realistic plans for appropriate staffing and highlighted the need to ensure that there is rigour around requests for bank and agency staff, and to identify what is realistic for delivery of services.

The Director of Acute Services highlighted the medical workforce element and advised that there has been success in reducing the number of locums across all the Directorates. In addition, some of the Junior Doctor locums have been converted into Gateway Doctor posts, which has resulted in significant savings.

Members recognised the considerable work that has been undertaken to date. The importance of understanding the causes and need to use bank staff was highlighted, and a suggestion was made to carry out further work at a local level around this. A suggestion was also made to enhance initiatives that are working well, such as rapid recruitment, to close the vacancy gap more quickly. The Director of Workforce was supportive, and he outlined the lessons learned that will be taken forward for rapid recruitment, in terms of timeframes and resources. It was also noted that the allocation of funding is still to be advised from the Scottish Government for next year's international recruitment.

The Head of Community Care Services explained that the pipeline for vacancies for some specialist roles are small, and that there is a complex system within Health & Social Care, which means addressing the recruitment challenges is a significant piece of work.

Following a comment from the Chair in relation to the Safe Staffing legislation, it was noted that more work is required around this. It was also highlighted that there are currently two transformational business cases within the Health & Social Care Partnership, which may impact on staffing, and that exploring different models, particularly within Acute Services, may be required to deliver services.

The Director of Workforce thanked Maxine Michie, Deputy Director of Finance, for her contribution towards producing the report.

The Committee took **assurance** from the report.

5.3 Whistleblowing Quarter 2 Report

The Head of Workforce Resourcing & Relations reported that no Whistleblowing concerns were received in Quarter 2. Two anonymous concerns received are being managed within the services they were lodged within.

The key points from the report were highlighted, and it was noted that an engagement session had taken place on confidential contacts, along with training sessions. It was advised that the next steps will be to set up a support network for the confidential contacts to provide ongoing help and guidance.

An overview was provided on the initiatives which have been introduced, and it was noted that an action plan will be produced to reimplement the Whistleblowing Standards throughout the organisation.

The Committee took **assurance** from the report, which confirms there were no Whistleblowing concerns received in Quarter 2; two anonymous / unnamed concerns were received; no whistleblowing articles were published in the local newspapers; assurance was provided of awareness of the standards, and details of the Whistleblowing training undertaken during Quarter 2 was given.

5.4 Delivery of Annual Workplan 2023/2024

The Chair noted that the previous two NHS Fife Equality & Diversity Strategic meetings had been cancelled and questioned the reasons. In response, it was advised that there had been issues with attendance, and the next meeting is scheduled to take place on 10 November 2023. It was also advised that the workforce equality issues, previously discussed at Committee, are being progressed and that the possibility of a lesbian, gay, bisexual and transgender (LGBT) network is being explored, which will form part of the new Workforce Equality sub group actions.

The Committee took **assurance** from the updated Workplan.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan (ADP) Quarter 2 Performance Report 2023/2024

The Associate Director of Planning & Performance advised that the report describes performance against improvement actions that were agreed in the ADP. An overview was provided on the ADP 2023/24 progress summary, at Appendix 1. The three deliverables at risk were highlighted as staff bank reconciliation, promoting employability priorities around the workforce aims for delivering the Anchor strategy, and creating and nurturing a culture of person-centred care.

Following a question from the Chair, the Head of Workforce Planning & Staff Wellbeing explained that a member of staff within the Employability Team shortly returns from maternity leave, and that this will support employability actions, alongside the addition of a new Band 5 support role to be recruited to that team. It was reported that aspects of the employability agenda, including improving our engagement with the Fife Developing Young People Network and the Armed Forces Talent Programme in terms of improving engagement, have been progressing in the interim. It was noted that both link into our Anchor Institution ambitions.

The Head of Workforce Resourcing & Relations provided an update in relation to the Bank and Agency consolidation aspect, noting the financial challenges, and advised that models are being explored that will allow the movement of nurse bank into staff bank.

The Committee took **assurance** from the report.

6.2 Population Health & Wellbeing Strategy 2023/2024 Mid-Year Review

The Director of Finance & Strategy provided a verbal update and advised that the mid-year review is still in the process of being developed and that the Executive

Directors' Group are looking at a range of options in terms of bringing more detail on the progress against our ambitions and Corporate Objectives. It was noted that there is a slight cross-over with the previous reporting information given in regard to the Annual Delivery Plan.

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

7. NHS FIFE PROJECTS / PROGRAMMES

7.1 Primary Care Improvement Plan 2023/24

The Head of Community Care Services advised that the Primary Care Improvement Plan 2023/2024 is required to be submitted to the Scottish Government. The Plan has been discussed at the Executive Directors' Group, and it was advised that it is currently going through the Integration Joint Board Committees, for their delegated delivery function. It was also advised that the Plan underpins the delivery of the General Medical Services contract and is very closely aligned to the work of the Population Health & Wellbeing Strategy and the Anchor ambitions.

It was reported that the key objective of the plan is to reduce General Practitioner workloads, to allow them to focus on their expert role as medical generalists, and to build a multidisciplinary team around them. It was noted the detail is provided in Appendix 1. It was further reported that the plan has been developed in collaboration with multiple key stakeholders, and that oversight of the plan is with the General Medical Services Implementation Group, who have a wide stakeholder membership.

It was advised that there is a risk due to the workforce implications, and that workforce models are being explored, along with looking at utilising digital technology as far as possible. It was noted that there was a slight delay in progressing due to awaiting the Scottish Government's guidance on transitional payments.

The Committee took **assurance** from the report to inform the commitment to continue to deliver the General Medical Services contract via the Primary Care Improvement Plan for 2023/2024.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Workforce reported a slight increase in sickness absence, for both short and long term absences, with an overall rate of 6.91%. It was noted that there has been progress made in terms of managers being empowered to take decisions around attendance management and having conversations with staff to support their return to work. It was agreed to have a Deep Dive on attendance management at a future meeting and the Chair and Director of Workforce will agree a timescale outwith the meeting.

Action: Director of Workforce

It was reported that Personal Development Performance Review (PDPR) compliance has increased very slightly to 41.3%. It was noted that the target will be changed on the next iteration of the report to 55% from 60% for the year-end. The importance of holding meaningful PDPRs with staff was highlighted.

Action: Director of Workforce

It was advised that vacancies have been added as an additional metric to the IPQR and this data will continue to evolve in its presentation. W Brown, Interim Co-Chair H&SCP LPF, made comment that the new metric was positive in terms of focussing discussions and making decisions.

The Committee took **assurance** from the report and considered the NHS Fife performance, as summarised in the IPQR.

8.2 Staff Governance Annual Monitoring Return 2022/23

The Head of Workforce Resourcing & Relations advised that the Staff Governance Annual Monitoring Return for 2022/23 is to be submitted to the Scottish Government by 4 December 2023. It was reported that the return has been populated by both Local Partnership Forums Annual Reports and from individuals involved in some of the key work.

The Chief Executive added that the document will be refined, to join up the individual aspects, before it is submitted.

The Committee took **assurance** from the report. Members **considered** the content of the Staff Governance Annual Monitoring Return for 2022/2023, and subject to making any further amendments, noted that the Chair of Staff Governance Committee and the Employee Director will approve the final return, prior to submission to the Scottish Government by 4 December 2023.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Workforce Policies Update

The Head of Workforce Resourcing & Relations advised that the paper provides an update on the development work that has been undertaken by the Human Resources (HR) Policy Group, since the previous year. It also includes an update on the Once for Scotland Workforce Policies Programme. In addition, an update was provided on the briefing sessions that are being undertaken, as detailed in the paper.

The Committee took **assurance** from the report, which confirms the work undertaken by the HR Policy Group in developing and maintaining HR policies within scope and an update on the Once for Scotland Workforce Policies Programme.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Health and Social Care Partnership Local Partnership Forum Annual Report 2022/2023

The Head of Community Care Services reported that a different approach has been taken this year and that the report highlights the commitment for strong staff governance and celebrating success. It was noted that the summary of the report has been shared with all staff.

The Head of Community Care Services also highlighted that the Local Partnership Forum have been very supportive and positive, and recognition was given to every Director within the Directorates, highlighting the amazing work that is being carried out by staff. A warm thank you was provided to Simon Fevre, who has recently retired, for his contribution and guidance in the development of the report.

The Committee took **assurance** from the report and to note the content.

10.2 Whistleblowing Annual Performance Report 2022/2023

The Head of Workforce Resourcing & Relations advised that this is the second Whistleblowing Annual Performance Report, and that the report will continue to be developed in line with national guidance.

The key points from the report were highlighted, and it was advised that the infographic on page 11 of the report shows, at a glance, an overview of whistleblowing. It was noted that the performance report highlights activity during 2022, with some activity continuing into 2023, and summarises new activity for 2023/24.

K MacDonald, the Board's Whistleblowing Champion, provided a verbal update and highlighted the importance of learning from the implementation of the Standards. It was advised that learning points and recommendations from the Independent National Whistleblowing Officer (INWO) and Internal Audit have been taken on board and that improvements will be reflected in future reports. Assurance was provided that when concerns reach Board-level, they are listened to. Furthermore, assurance was provided that there is evidence of leading by example in terms of trying to promote a positive open culture and that there are a number of points that are being taken forward for improvement and consideration, with any changes being actioned.

K MacDonald thanked all involved in the development of the report, including all the Confidential Contacts who are supporting staff raise concerns. A suggestion was also made to hold a future Development Session on the role of Confidential Contacts.

Action: Director of Workforce

It was advised the updated report, to include within K MacDonald's assurance statement given verbally at today's meeting, will be circulated to the Committee, and will be presented at the November 2023 Board meeting.

Action: Head of Workforce Resourcing & Relations

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

10.3 Nursing & Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2022/2023

The Associate Director of Nursing advised that the reports are provided to the Committee to provide assurance that the Nursing & Midwifery and Allied Health Professionals are supported to meet the needs of their registration and revalidation requirements.

The Committee took **assurance** from the reports and **noted** the content.

10.4 Training Compliance Report 2022/2023

The Director of Workforce provided an overview of the report and highlighted the key points. It was advised that manual handling compliance has reduced and that there is a continued commitment to improve the position. It was also noted that further work is required within Corporate Departments and that work is being undertaken to improve levels in that area. Assurance was provided that the position is as expected across all training modules.

M Mahmood, Non-Executive Member, questioned if training courses can be carried out in staff's own time. In response, it was advised that staff must carry out training within their work time, and that some courses require face-to-face training, such as basic life support. It was also advised that there is a blended approach of online and face-to-face training, and that a cascade approach, to ensure staff have time to complete training, is being explored.

W Brown, Interim Co-Chair H&SCP LPF, commented that opportunities for training may reduce during the busier Winter months. The Director of Workforce agreed to bring an update back to the Committee in relation to the different approaches that are being explored in terms of flexibility, each aimed at improving overall compliance.

Action: Director of Workforce

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

10.5 Volunteering Annual Report 2022/2023

The Associate Director of Nursing advised that the report highlights the recognition of the valuable work of all our volunteers in terms of service delivery and supporting our teams, patients, families and carers, and their huge commitment to NHS Fife.

It was highlighted that the volunteering team, of two Volunteering Leads and an Administrative Assistant, have been supporting circa 80 volunteers to reintegrate within clinical areas and settings across Fife, post Covid.

The Committee made positive comments on the fantastic work of our volunteers, noting the huge contribution they provide to many services.

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

11. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

- 11.1 Area Partnership Forum held on 20 September 2023 (unconfirmed)
- 11.2 Health and Safety Sub Committee held on 8 September 2023 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 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.

12.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters for escalation to the NHS Fife Board.

13. ANY OTHER BUSINESS

There was no other business.

14. DATE OF NEXT MEETING

Thursday 11 January 2024 at 10.00 am, via MS Teams.

Fife Integrated Performance & Quality Report

**Position (where applicable) at October 2023
Produced in November 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.
- 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) 2023/24, 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
14 November 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

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.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC	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	Sep-23	41	○	▼	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Sep-23	30.2%	●	▼	▼	●
	HSMR	N/A	Year Ending	Mar-23	0.96	●	—	—	●
	Inpatient Falls	6.95	Month	Sep-23	6.90	○	▼	▲	●
	Inpatient Falls with Harm	1.44	Month	Sep-23	1.85	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Sep-23	0.80	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Sep-23	3.5	○	▲	▲	● QE Jun-23
	C Diff - HAI/HCAI	6.5	Month	Sep-23	3.5	○	▲	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	Month	Sep-23	17.4	○	▲	▲	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%	Month	Sep-23	54.8%	○	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	33%	Month	Sep-23	7.1%	○	▼	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Sep-23	15.8%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-23	100.0%	●	▲	▲	●
	4-Hour Emergency Access (A&E)	95%	Month	Oct-23	74.1%	○	▲	▲	● Sep-23
	4-Hour Emergency Access (ED)	82.5%	Month	Oct-23	66.7%	●	▲	▲	● Sep-23
	Patient TTG % <= 12 Weeks	100%	Month	Sep-23	40.0%	●	▼	▼	● Jun-23
	New Outpatients % <= 12 Weeks	95%	Month	Sep-23	43.3%	●	▼	▼	● Jun-23
	Diagnostics % <= 6 Weeks	100%	Month	Sep-23	48.9%	●	▲	▼	● Jun-23
	Cancer 31-Day DTT	95%	Month	Sep-23	92.2%	○	▲	▼	● QE Jun-23
	Cancer 62-Day RTT	95%	Month	Sep-23	65.4%	○	▼	▼	● QE Jun-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Oct-23	89.0%	●	▲	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Oct-23	9.7%	●	▼	▲	● Sep-23
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Oct-23	6.1%	○	▲	▲	● Sep-23
	Antenatal Access	80%	Month	Sep-23	82.5%	●	▲	▼	● CY 2022
Finance	Revenue Resource Limit Performance	(£22m)	Month	Oct-23	(£17.703)	●	—	—	●
	Capital Resource Limit Performance	£11.998	Month	Oct-23	£3.553m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Sep-23	6.93%	○	▲	▲	● YE Jun-23
	Personal Development Plan & Review (PDPR)	80%	Month	Oct-23	42.1%	●	▲	▲	●
	Vacancies - Medical & Dental	N/A	Quarter	Jun-23	9.6%	●	▲	▼	●
	Vacancies - Nursing & Midwifery	N/A	Quarter	Jun-23	11.4%	●	▲	▼	●
	Vacancies - AHPs	N/A	Quarter	Jun-23	8.3%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	YTD	Jun-23	54	●	—	—	● YT Dec-22
	CAMHS Waiting Times	90%	Month	Sep-23	71.2%	○	▲	▼	● QE Jun-23
	Psychological Therapies Waiting Times	90%	Month	Sep-23	69.6%	○	▲	▼	● QE Jun-23
	Drugs & Alcohol Waiting Times	90%	Month	Aug-23	78.3%	●	▼	▼	● QE Jun-23
	Flu Vaccination (Winter, Age 65+)	85%	Month	Oct-23	35.6%	●	▲	—	●
	COVID Vaccination (Winter, Age 65+)	85%	Month	Oct-23	34.3%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Jun-23	93.8%	○	▲	▼	● QE Jun-23
	Immunisation: MMR2 at 5 Years	92%	Quarter	Jun-23	89.8%	○	▲	▼	● QE Jun-23

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 & Actual Activity and Long Waits

Better than Projected | Worse than Projected
 Better/Worse may be higher or lower, depending on context

		Month End			Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Apr-23	May-23	Jun-23	Jun-23	Jul-23	Aug-23	Sep-23	Sep-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	67.9%	69.1%	70.6%		71.8%	73.1%	74.6%			
	Actual	64.7%	66.5%	71.3%		69.0%	72.2%	65.0%			
	Variance	-3.2%	-2.6%	0.7%		-2.8%	-0.9%	-9.6%			
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	5,121	5,121	5,121	15,363	15,363	15,363
	Actual	4,640	4,985	4,768	14,393	5,048	5,422	5,118	15,588		
	Variance	-481	-136	-353	-970	-73	301	-3	225		
Elective Activity New Outpatients	Projected	7,573	7,372	7,364	22,309	7,565	7,340	7,432	22,337	22,274	22,308
	Actual	6,092	7,583	7,550	21,225	6,414	7,942	7,224	21,580		
	Variance	-1,481	211	186	-1,084	-1,151	602	-208	-757		
Elective Activity TTG	Projected	1,138	1,139	1,139	3,416	1,144	1,144	1,145	3,433	3,487	3,492
	Actual	957	1,204	1,242	3,403	918	1,294	1,077	3,289		
	Variance	-181	65	103	-13	-226	150	-68	-144		
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	94	79	63	63	10	0
	Actual	164	171	171	171	152	165	165	165		
	Variance	24	49	62	62	58	86	102	102		
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	0	0	74	74	212	352
	Actual	0	0	1	1	1	2	2	2		
	Variance	0	0	1	1	1	2	-72	-72		
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	213	276	339	339	849	1358
	Actual	73	92	85	85	117	186	255	255		
	Variance	-4	5	-65	-65	-96	-90	-84	-84		
Long Waits TTG > 104 weeks	Projected	17	15	16	16	21	43	67	67	173	351
	Actual	14	15	20	20	20	20	17	17		
	Variance	-3	0	4	4	-1	-23	-50	-50		
Long Waits TTG > 78 weeks	Projected	99	128	159	159	203	258	305	305	547	893
	Actual	79	88	84	84	99	127	133	133		
	Variance	-20	-40	-75	-75	-104	-131	-172	-172		
Arthroplasty 4 joint sessions	Projected				25.0%				25.0%	25.0%	25.0%
	Actual	6.0%	12.0%	12.0%	10.0%	17.0%	14.0%				
	Variance				-15.0%						
Same Day Procedures Knee Arthroplasty	Projected				1.9%				1.9%	1.9%	1.9%
	Actual	0.0%									
	Variance				-1.9%						
Same Day Procedures Hip Arthroplasty	Projected				4.3%				4.3%	4.3%	4.3%
	Actual	15.2%									
	Variance				-4.3%						
Cancer Waiting Times 31-Day	Projected				93.8%				94.1%	94.3%	94.5%
	Actual	97.9%	94.5%	97.6%	96.5%	94.7%	90.6%				
	Variance				2.7%						
Cancer Waiting Times 62-Day	Projected				81.9%				82.8%	85.0%	85.4%
	Actual	84.4%	75.3%	74.4%	77.5%	77.9%	77.1%				
	Variance				-4.4%						
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	85.0%		85.0%	85.0%	70.0%			
	Actual	85.3%	84.8%	76.2%		71.0%	66.5%	68.4%			
	Variance	0.3%	-0.2%	-8.8%		-14.0%	-18.5%	-1.6%			
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	230	218	228	228	235	200
	Actual	249	268	224	224	201	179	197	197		
	Variance	36	59	8	8	-29	-39	-31	-31		
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	113	133	98	98	42	0
	Actual	43	48	70	70	82	90	91	91		
	Variance	-28	-41	-46	-46	-31	-43	-7	-7		
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%		65.2%	65.1%	73.5%	73.5%		
	Actual	56.2%	58.5%	55.5%		53.4%	54.3%	54.8%	54.8%		
	Variance	-11.3%	-10.9%	-10.6%		-11.8%	-10.8%	-18.7%	-18.7%		
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460	1408	1497	1480	1480		
	Variance	560	714	572	572	520	609	592	592		
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1625	1591	1569	1569	1680	1604
	Actual	1128	1136	1173	1173	1227	1260	1219	1219		
	Variance	-266	-439	-487	-487	-398	-331	-350	-350		
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	201	183	165	165	111	57
	Actual	248	286	273	273	262	262	251	251		
	Variance	-7	49	54	54	61	79	86	86		

d. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
Major & Extreme Adverse Events	<i>50% of Action from Major and Extreme Adverse Events to be closed within time</i>	50%	30.2%
<p>There were 13 actions relating to LAER/SAER closed on time in September 2023, from a total of 43, which equates to a performance of 30.2%: a decrease on the 48.4% seen in August and the lowest since January 2023. There were 41 Major/Extreme adverse events reported in September out of a total of 1,450 incidents. 66.6% of all incidents were reported as 'no harm'. Over the past 12 months, Pressure Ulcer developing on ward has been the most common major/extreme reported incident followed by Patient Fall. On average, 47.3 actions have been closed per month in 2023 compared to 39.8 over the same period in 2022. There was a total of 343 actions open at the end of September, with 82 (23.9%) being within time.</p>			
HSMR		1.00	0.96
<p><i>(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)</i></p> <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 Falls (inpatient) rate by 15% in FY 2023/24 compared to baseline (YE Sep-21)</i>	6.95	6.90
	<i>Reduce Falls with Harm (inpatient) rate by 10% in FY 2023/24 compared to baseline (YE Sep-21)</i>	1.44	1.85
<p>The number of inpatient falls in total was 190 in September, down only very slightly from 192 the month prior, which equates to a rate of 6.90 falls per 1,000 Occupied Bed Days (OBD). Performance remains just within the target range of < 6.95. The number of falls within Acute Services increased from 94 in August to 103 in September. This equates to a rate of 7.88 per 1,000 OBD (7.59 in August). The number of falls within HSCP decreased from 99 to 87 in the same period. This equates to a rate of 6.01 per 1,000 OBD (6.62 in August). The majority of falls in the last 3 months (77.9%) were classified as 'No Harm' whilst 18.3% were classified as 'Minor Harm' and <3% were classified as 'Moderate Harm'. Falls classified as 'Major/Extreme Harm' accounted for 1.6% of the totals falls. The number of inpatient Falls with Harm was 51 in September, 14 more than the month prior, and this equates to a rate of 1.85 falls per 1,000 OBD: thus, performance for September is outwith the target range of < 1.44 though is within control limits.</p>			
Pressure Ulcers	<i>Reduce pressure ulcer rate by 20% in FY 2023/24 compared to the rate in FY 2022/23</i>	0.89	0.80
<p>The total number of pressure ulcers in September 2023 was 22, equating to a rate of 0.80 per 1,000 Occupied Bed Days (OBD). This is equal to the rate seen in August 23 and thus performance remains within the target range of < 0.89. The number of pressure ulcers in Acute Services was 19 in September which is the same as the previous month (24-month average is 24 and rate is 1.49). In the same timeframe, the number of pressure ulcers in HSCP also remained the same at 3 (24-month average is 7 and rate is 0.21). Most pressure ulcers continue to be in Acute Services with 62 between Jul-Sep 2023 compared with 12 in HSCP.</p>			

SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	18.8	3.5
<p>The SAB infection rate decreased from 14.0 in August 2023 to 3.5 in September The lowest rate since December 2022.</p> <p>Of the 47 HAI/HCAI reported in the last 12 months, 10 have been categorised as 'VAD'; 10 have been categorised as 'Other' or 'Not Known' and 9 have been categorised as 'Device Other Than VAD'.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	6.5	3.5
<p>The C Diff infection rate remained at 3.5 September. There were 7 infections reported in September 2023, 2 HAI/HCAI/Unknown, 5 Community</p> <p>The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards at 13.4 and this was equal to the Scottish average.</p>			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024</i>	33.0	17.4
<p>The number of HCAI infections decreased from 11 in August 2023 to 5 in September and the rate of infection decreased from 38.4 to 17.4 HAI/HCAI per 100,000 Occupied Bed Days (OBD).</p> <p>Urinary Catheter related infections have been responsible for 29 of the 107 infections in the last year (27.1%) and remains a key focus for improvement work although the 'Not Known' category accounts for 24 infections (22.4%).</p> <p>The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending March 2023, showed that NHS Fife (with a quarterly infection rate of 29.7) lay in the mid-range of Mainland Health Boards (as has been the case for the last 6 quarters) and was below the Scottish average of 37.3.</p>			
Complaints – Stage 2	<i>At least 33% of Stage 2 complaints will be completed within 20 working days by March 2024</i>	33%	7.1%
<p>There were 30 stage 2 complaints received in September, with 100% acknowledged within timescales for the second month in a row, with 28 closed. Of those closed, 28 (7.1%) were within timescales, the lowest figure since January 2023. With 16 greater than 40 days after due date, 12 of which were closed greater than 80 days after due date. 19 complaints were due to be closed in the month, 3 (15.8%) of which were closed on time.</p> <p>60.2% of live complaints have been open for more than 40 days with 31.9% open for more than 80 days, this is an increase of 0.8% from August.</p> <p>31% of live complaints are awaiting statements with 30.2% approval of final response.</p>			

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
4-Hour Emergency Access	<p>National Standard: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</p> <p>Local target by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer</p>	95.0%	74.1%
A&E (all sites)			
<p>Performance in October increased from 73.4% to 74.1% which is below the 95% national target but just above the 24-month average of 73.9% and higher than in October 2022 (68.9%).</p> <p>Unplanned attendances decreased from 7828 in September to 7061 in October and average per day decreased to 228 (-33 compared to month previous; +4 compared to year previous). Planned attendances saw an increase from 385 in September to 407 in October.</p> <p>There were 542 8-hour breaches recorded in October (only 4 less than was reported in September, but 114 less than the year previous); and 12-hour breaches increased by 47 to 123 (compared to 182 in Oct 2022).</p> <p>In terms of Breach reasons, 'Wait for a bed' saw a slight increase from 771 to 785 (highest since Mar-23); as a percentage of total breaches in October, this accounted for 42.9% (previous 12 months averaged 34.9%). 'Wait for diagnostic test or results' decreased from 197 to 160: 'Wait for first assessment' decreased by almost a third from 695 to 494.</p>			
ED (VHK only)			
<p>Performance in October increased from 65.1% to 66.7%. Unplanned attendances decreased slightly from 5958 in September to 5501 in October (-457 compared to month previous; +32 compared to year previous).</p> <p>Planned attendances in October were 178 (same as in September).</p>			
Patient TTG (Waiting)	<p><i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i></p>	100%	40.0%
<p>Monthly performance against the 12-week guarantee decreased from 41.0% in August 2023 to 40.0% in September, the lowest since August 2021.</p> <p>Waiting list numbers continue to trend upwards for waits of over 12 weeks with a rise of 875 since April 2023, with a small improvement in numbers of patients treated within 12 weeks. The number of patients waiting over 26 and 52 weeks continues to trend upwards. The number of patients waiting over 78 weeks increased from 127 in August to 133 in September. Waits over 104 weeks decreased to 17 which is below projected figures.</p> <p>The overall waiting list increased by 3.4% from August to September.</p>			
New Outpatients	<p><i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i></p>	95%	43.3%
<p>Monthly performance against the over 12 weeks standard continues to decrease, reducing from 44.7% in August 2023 to 43.3% in September. Waits for over 12, 26, 52 and 78 weeks have all increased: Patients waiting over 78 weeks increased by 37.1%, although this remains below the projected figures. Waits over 104 weeks remained at 2.</p> <p>The largest number of over 78 weeks waits are in Gastroenterology (99) & Neurology (123)</p> <p>The overall waiting list increased by 1.7% from August to September.</p>			
Diagnostics	<p><i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i></p>	100%	48.9%
<p>Monthly performance against the 6-week standard improved from 47.2% in August 2023 to 48.9% in September. This is the second consecutive monthly improvement and the highest performance since May 2023 for patients waiting less than 6 weeks. The number of those waiting over 6 weeks decreased from 4939 in August to 4769 in September and the waiting list overall decreased slightly from 9352 in August to 9326 in September.</p> <p>Endoscopy saw an improvement in performance against the 6-week standard (from 47.2% to 52.5%). The number of patients waiting over 6 weeks for an Endoscopy continues to decrease with 392 waiting at the end of September down from 397 in August. The waiting list also continues to decrease from 753 in August to 720 in September (the lowest figure since January 2023).</p> <p>In Imaging there was a small improvement in the overall number of patients waiting over 6 weeks, down to 5384. The numbers waiting over 6 weeks in MRI (215) and Ultrasound (4054) decreased whilst in CT there was an increase to 158. Overall, the waiting list has increased to 8606 in September; MRI saw numbers increase from</p>			

		Target	Current
<p>1422 in August to 1555 in September the highest figure recorded since July 2021. CT saw a decrease to 1090 the lowest figure since Jan 2023 the fourth successive month of decrease; Ultrasound saw a slight decrease to 5961.</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%	92.2%
<p>Monthly performance in September 2023 increased from 90.6% in August to 92.2% which is below target. The number of eligible referrals decreased from 138 in August to 115 in September, the lowest since April 2023. There were 9 breaches in September 2023, 6 attributable to Urology (5 for 'Prostate', 1 for 'Other') and 3 attributable to 'Breast'. The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.</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%	65.4%
<p>Monthly performance in September 2023 decreased from 77.1% in August to 65.4% in August, the lowest since December 2022. The number of eligible referrals decreased from 83 in August to 81 in September. There were 28 breaches in September 2023 with 15 of these (53.5%) attributable to Prostate. The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.</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%	6.1%
<p>The percentage of bed days lost to 'standard' delays decreased slightly to 6.1% between September and October 2023. This is above the 5% target but just below the 24-month average of 6.4%. The number of bed days lost to 'Code 9' delays in October decreased by 13 compared with September (a reduction of less than 2%). The number of bed days lost 'Excluding Code 9' increased by 8 in October compared with September (< 1%). Comparing year-on-year, the numbers in delay at census point was less for Oct-23 than in Oct-22 (15% less for 'Standard' delays; 21% less for 'Code 9' delays). Acute, Community and MH/LD all saw lower numbers of both 'Code 9' and 'Standard' delays than were seen in Oct-23.</p>			

FINANCE



To deliver value and sustainability

6



Moderate

Forecast

Current

Revenue Expenditure

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

(£22m)

(£17.703m)

A £17.703m revenue overspend is reported at the end of October for Health Board retained services and reflects as previously reported the Scottish Government additional funding relating to NRAC parity and New Medicine Funding which has been allocated to support achieving financial balance.

There is no change to the main drivers of the overspend previously reported although for the first time since the beginning of the financial year we have seen a reduction in supplementary staffing expenditure across both medical and nursing staff groups. However, spend on supplementary staffing, external SLAs, ongoing Covid Legacy costs and the cost of surge continue to provide financial challenge particularly within the Acute Services Division. Moreover, Inflation and the cost-of-living pressures remain higher than the levels identified in the Financial Plan and we continue to be challenged to deliver the in year savings programme. We are currently working with Scottish Government colleagues and have requested additional support and benchmarking data from their Finance Delivery Unit on several high expenditure areas.

Current projections continue to indicate a forecast outturn of £22m which is significantly more than our current approved financial plan position of £10.9m overspent. Following our Q1 and Q2 reviews with Scottish Government, they have requested we continue to identify more actions between now and the financial year end to improve our forecast outturn and move towards break even.

Capital Expenditure

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

£11.998m

£3.553m

The Capital Forecast for October 2023 reflects our core capital allocation of £7.764m as advised by Scottish Government plus anticipated allocations for several specific projects as discussed at FCIG reflecting a total capital expenditure plan of £11.998. A relatively low level of capital expenditure has been incurred for the period which is not unusual at this relatively early stage in the financial year. The majority of capital expenditure generally occurs in the latter half of the financial year. Spend to October includes completion of the refurbishment works within theatres at QMH, statutory compliance works and the implementation of LIMS and HEPMA.

Additional Finance detail will be provided in a separate SBAR submitted by Finance Directorate

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%

6.93%

Sickness absence has increased from 6.91% in August to 6.93% in September, which is just above the average of 6.52% for the displayed 24-month period. Short-term absence has increased from 2.91% in August 2023 to 3.24% in September. There has been a decrease in long term absence from 3.99% In August to 3.69% in September 2023, which is the lowest figure since April 2023.

Most sickness absence episodes and hours lost related to mental health related reasons for absence. (28.4%)

One Directorate, Community Care has an absence rate above 9% and Planned Care Directorate has a rate above 8%.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%, local target 55%

80%

42.1%

Compliance has increased to 42.1% in October, the highest reported since inclusion in IPQR, an increase of 0.8% from month prior.

Compliance was highest in HSCP, Primary & Preventative) at 55.5% whilst in Acute Services, WCCS was at 52.9%. One area showed compliance of <30% - Emergency Care (24.4%)

The number of reviews held in October fell to 266 (from 353), the lowest count since December 202, however is 65% higher than the corresponding month in the 2022/23 performance year.

Performance remains at approximately half of the national standard of 80%, although has increased towards the local target of 55%.

Reduce the number of vacancies in the following professions:

Vacancies

Medical & Dental (M&D)	9.6%
Nursing & Midwifery (N&M)	11.4%
Allied Health Professionals (AHPs)	8.3%

(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

Medical & Dental WTE vacancies decreased from 35 in March 2023 to 30.2 in June 2023 (11.1% to 9.6%). The largest % of vacancies falls within General Psychiatry.

Nursing & Midwifery WTE vacancies has decreased for the last 3 quarters, 622.5 in December 2022 to 507.7 in June 2023 (12.9% to 11.4%). 72% of vacancies are for qualified staff Band 5 - Band 7.

AHP WTE vacancies have decreased to their lowest level since March 2022. The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

PUBLIC HEALTH & WELLBEING



To improve health and wellbeing

5



High

		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	118 (Jun-23)	53 (Jun-23)
<p>There were 21 successful quits in May 2023, which is 19 short of the monthly target but 23% more than was achieved in May 2022. Achievement against trajectory is 55.7%, slightly less than was achieved in April 23.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending December 2022, showed that NHS Fife was in the upper-range of all Mainland Health Boards, with a rate of 66.7% against a Scottish average of 60.8%.</p> <p>For all quit attempts, the quit success rate in specialist services is significantly higher than other services.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	71.2%
<p>Monthly performance increased from 69.4% in August 2023 to 71.2% in September.</p> <p>For the tenth month running, no young people are having to wait more than 35 weeks for treatment, though the number of those waiting between 19-35 weeks increased from 90 in August to 91 in September, this is the eighth month in a row in which it has increased. The percentage of those waiting less than 18 weeks increased from 66.5% in August to 68.4% in September, this is a positive shift towards the goal of 90-95% waiting being within this timeframe.</p> <p>The number of referrals received in September was 281, a 24.3% increase from August, the highest figure since March 2023.</p> <p>The waiting list saw an increase (288 in September compared with 269 in August).</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	69.6%
<p>Monthly performance increased from 64.8% in August 2023 to 69.6% in September.</p> <p>The number of those waiting over 52 weeks has decreased to 270 in September, although the numbers waiting between 19 to 35 weeks increased from 650 to 698. The overall waiting list decreased from 2757 to 2699. Between August and September 2023, referrals for all ages decreased by 8% (from 985 to 903). NHS Fife remains in the mid-range of Health Boards, albeit at the lower end of the range, as of the last quarterly PHS publication in June (for the quarter ending Mar 2023) and was below the Scottish average (79.8% compared to 71.9%).</p>			
Immunisation: Influenza and COVID	<i>Achieve 85% uptake for both Winter vaccinations (Influenza and Covid-19) for 65+ population by end of Mar-24</i>	85%	FV 35.6% CV 34.3%
<p>Flu Vaccine</p> <p>Uptake for Influenza vaccination for ages 65+ was 35.6% at the end of October and vaccination numbers continue to increase steadily.</p> <p>The priority group with the highest uptake continues to be Care Home residents at 75.2%. Uptake for all Health Care Workers was 20.8%.</p> <p>Uptake for all priority groups was 23.0% by end of October which is lower than Scottish average of 34.0%.</p> <p>Uptake for Children overall was 27.6% with the highest uptake being the Primary School cohort at 53.2%.</p> <p>COVID Vaccine</p> <p>Uptake for Covid-19 vaccination for ages 65+ was 34.3% at the end of October and vaccination number continue to increase steadily.</p> <p>The priority group with the highest uptake continues to be Care Home residents at 75.2% (same priority group as for Flu vaccine). Uptake for Frontline Health Care Workers is 16.8%.</p> <p>Uptake for all priority groups was 23.3% by end of October which is lower than the Scottish average of 34.0% (coincidentally same as for Flu vaccine).</p>			

Immunisation: 6-in-1	<i>At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age</i>	95%	93.8%
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(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

The 6-in-1 vaccine protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and Hepatitis B. It is offered at 8, 12 & 16 weeks of age, and uptake is evaluated in the population when children are 12 months of age (based on completion of all 3 primary doses). Uptake among children turning 12 months in the quarter ending 30th June 2023 in Fife (children born 1st April to 30th June 2022) was 1.3% higher than children turning 12 months in the previous quarter, increase from 92.5% to 93.8%.

Whilst quarterly fluctuations are always greater at a local level than at a national level, it is noted that there was only a 0.1% increase between these quarters nationally. Uptake at 12 months for 6-in-1 in NHS Fife was the second lowest of all mainland NHS Boards with the highest uptake being 97.2%.

Further data points evaluated at 12 months will be needed to confirm if this is the start of a continuing improvement trend in Fife. However, we can calculate from data published in the PHS 'wider impacts' dashboard that for the 1,470 children turning 16 weeks between January and June 2023 in Fife, at the point of latest analysis (25 September), 94.6% of these more recent birth cohorts had completed 3 doses of the 6-in-1 vaccination, suggesting that improvements have been taking effect. By the time they reach the 12-month evaluation point, uptake among children in this 6-month birth cohort would be expected to be higher due to additional catch-up vaccination opportunities.

The service has continued to offer drop-in clinics over the summer across all areas within Fife for children that have missed out on their scheduled appointments. Our increase in data shows that offering this and a more targeted approach has helped to support an increase in uptake.

Additionally at 12 months of age, PCV saw an increase of 1.1%; Rotavirus increase of 2.2% and MenB increase of 0.7%.

Immunisation: MMR2	<i>At least 92% of children will receive their MMR2 vaccination by the age of 5</i>	92%	89.8%
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(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

MMR vaccination protects against Measles, Mumps and Rubella and dose 1 is offered just after 12 months and dose 2 at 3 years 4 months of age. Population uptake of MMR2 (2nd dose) is evaluated at 5 years of age. For children turning 5 years of age between 1st April and 30th June 2023 (born 1st April to 30th June 2018), uptake improved by 3.4% to 89.8% from the previous quarter of 86.4%.

This is in the context of a 0.1% decrease at a national level. Uptake at 5 years for MMR2 in NHS Fife was in the mid-range of all mainland NHS Boards with the highest uptake being 94.6%.

Whilst still below the local target of 92% (based on uptake in Scotland in 2022) and the national target of 95% uptake, and with further data points needed to confirm the trend, the direction of travel is encouraging. The actions undertaken through the Immunisation Quality Improvement Group are likely to have contributed to this improvement, as they have had a particular focus on 2nd dose MMR vaccination. This has included provision of additional clinic capacity where required, proactive letters to parents/carers of all children in Fife who have not completed 2 doses of MMR2, and improvements in communications with health visitors when children are not brought to their appointment.

This is important in the context of the publication of the CMO letter 'Averting the resurgence of measles in Scotland in 2023' and the increase in community transmission of measles in England.

Additionally at 5 years of age, MMR1 saw an increase of 2.4%; Hib/MenC uptake increased by 2.3% and 4-in-1 saw an increase of 3.4%.

e. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	14
HSMR	15
Inpatient Falls	16
Pressure Ulcers	17
HAI/HCAI: SAB, C Diff, ECB	18
Complaints (Stage 2)	20

Finance, Performance & Resources: Operational Performance

4-Hour Emergency Access	22
Patient Treatment Time Guarantee (TTG)	24
New Outpatients	26
Diagnostics	27
Cancer	28
Delayed Discharges	30

Staff Governance

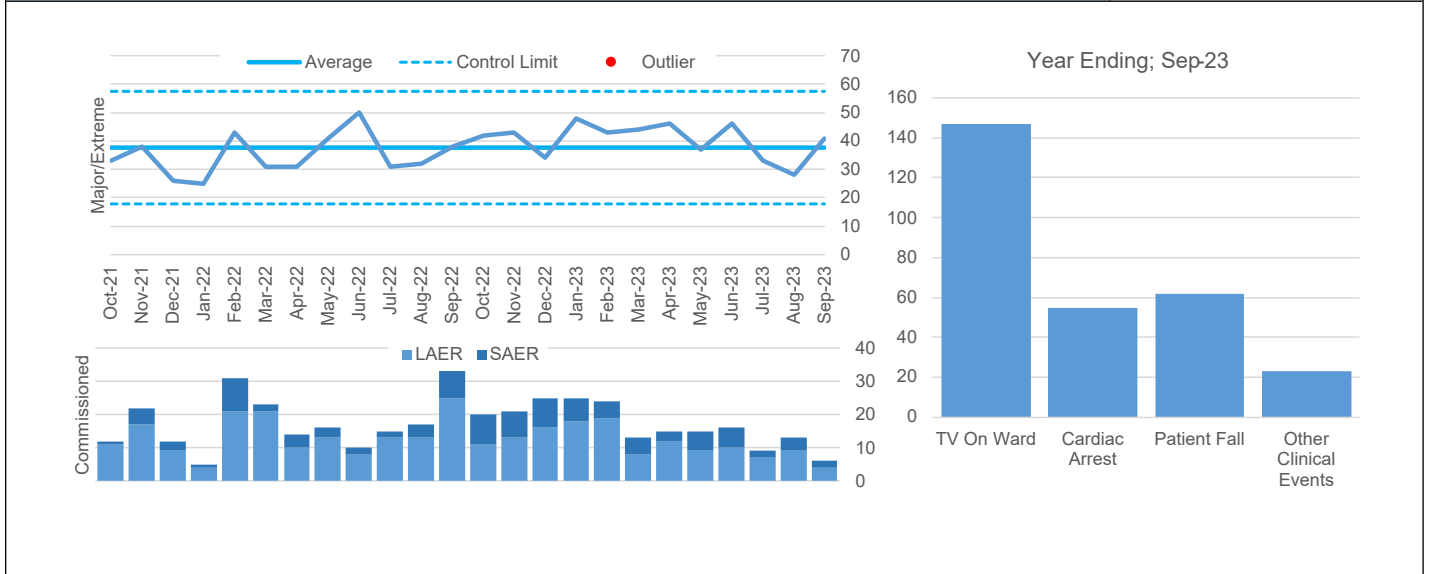
Sickness Absence	32
PDPR Compliance	32
Vacancies	37

Public Health & Wellbeing

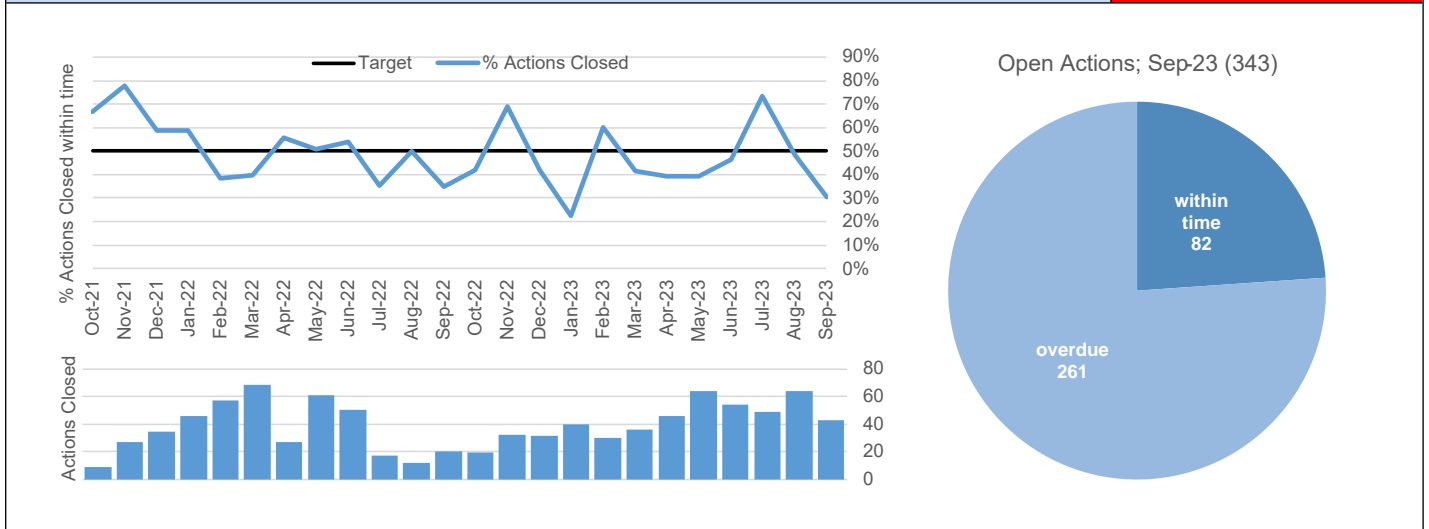
Smoking Cessation	35
CAMHS 18 Weeks Referral to Treatment	36
Psychological Therapies 18 Weeks Referral to Treatment	37
Immunisation: Flu, Covid	38
Child Immunisation: 6-in-1, MMR2	39

CLINICAL GOVERNANCE

Adverse Events	Number 41
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Actions from Significant and Local Adverse Event Reviews	Closure Rate 30.2%
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Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Clinical Governance Strategic Framework - Adverse Events					Mar-24
Key Milestones	Publication of updated Adverse Events Policy				Apr-23
	Adverse Events Management Resource Pack uploaded to Blink				Dec-23
	Deliver bespoke training session, where requested, to complement the e-learning package for review teams				Aug-23
	Facilitate short life working group to identify changes required to Datix action module				Mar-24
	Review and refresh of Datix Action Module to support improvement to the theming of action types to enhance identification and inform on themes of learning				Dec-23
	Implementation of updated Adverse Events policy and related procedures				Jan-24

HSMR

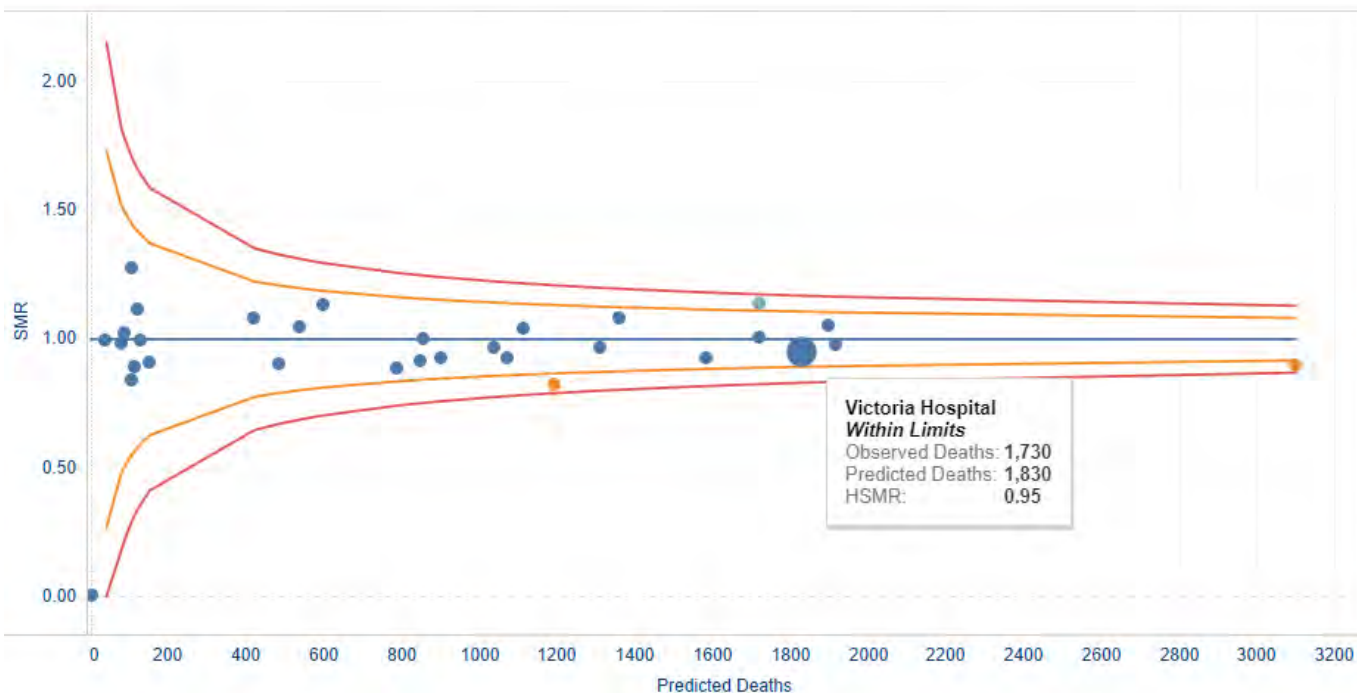
Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.
 (n.b. data is published quarterly so below is a repeat of the information reported in last month's IPQR)

Performance
0.96

Reporting Period: April 2022 to March 2023

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

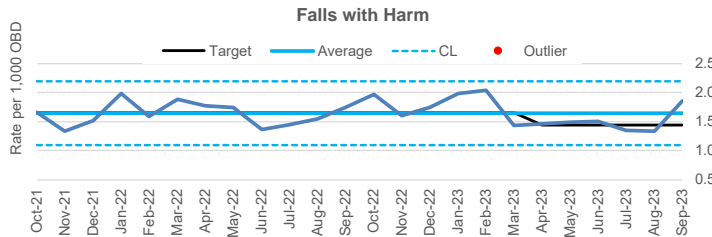
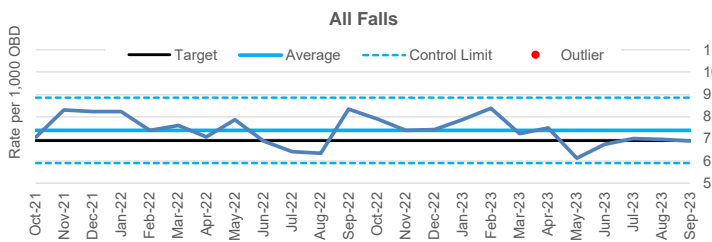
Data for 2021 and 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending December 2022 showing a ratio below the Scottish average.

Inpatient Falls

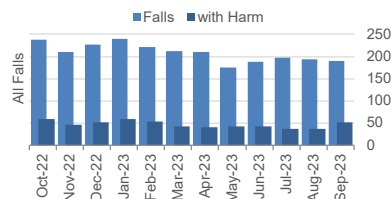
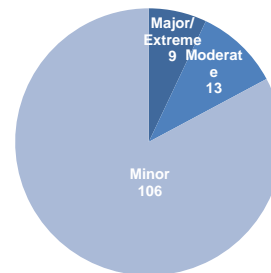
All Falls
 Reduce All Falls rate across Acute & HSCP by 15% Target Rate (by end March 2024) = 6.95 per 1,000 Occupied Bed Days (OBD)
Performance 6.90

Falls with Harm
 Reduce Falls with Harm rate across Acute & HSCP by 10% Target Rate (by end March 2024) = 1.44 per 1,000 Occupied Bed Days (OBD)
Performance 1.85

Local Performance



Falls with Harm; QE Sep-23

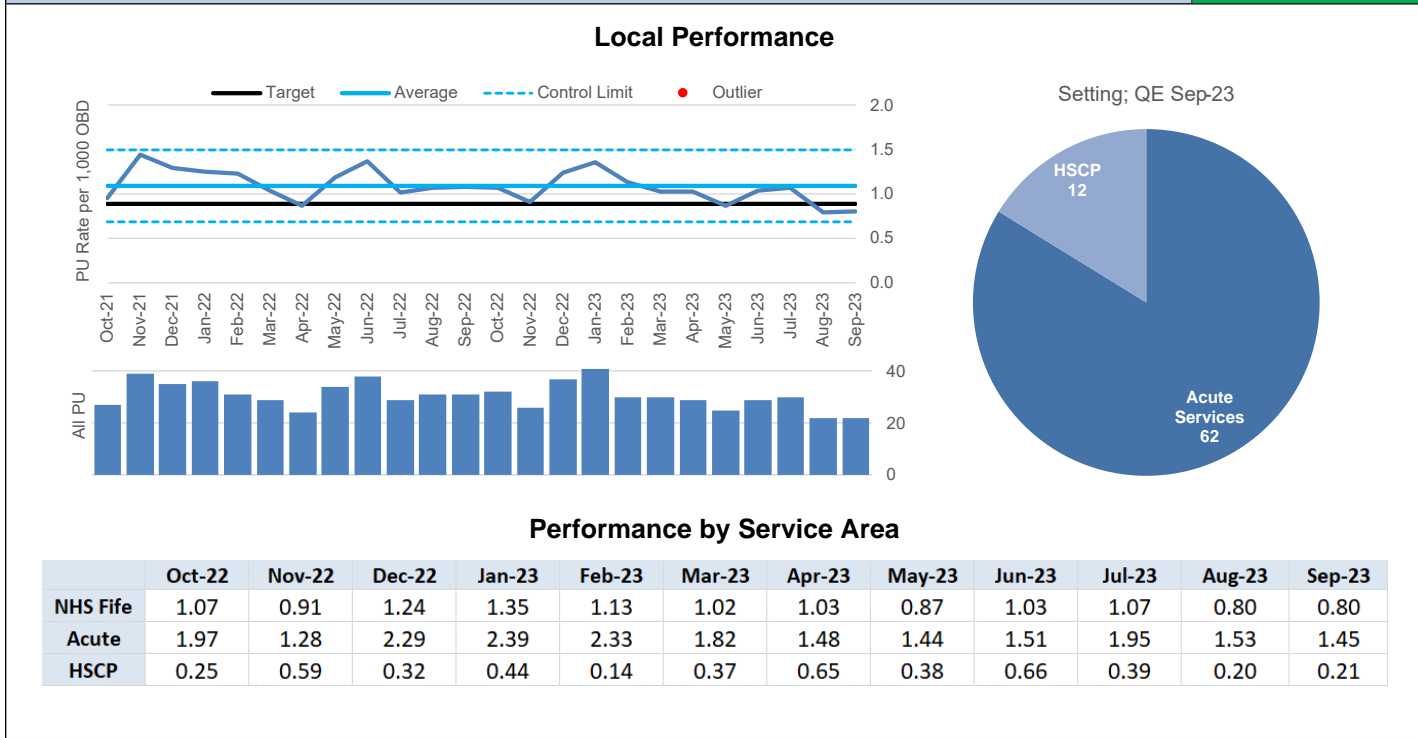


All Falls Performance by Service Area

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	7.90	7.37	7.44	7.88	8.39	7.24	7.50	6.12	6.75	7.02	6.97	6.90
Acute	7.53	8.21	7.20	8.22	9.73	6.52	8.90	5.70	6.76	6.33	7.59	7.88
HSCP	8.24	6.64	7.65	7.58	7.28	7.82	6.33	6.48	6.89	7.68	6.62	6.01

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Reduce Falls across all hospital inpatient setting		Mar-24
Key Milestones	Review and confirm falls link practitioners for each ward area on every hospital site.	Dec-23
	Ensure that falls related data is discussed and displayed in the ward to strengthen awareness across multi-disciplinary team.	Dec-23
	Rollout revised Falls toolkit including related policies e.g.: Boarding, Supervision, Bed rail.	Nov-23
	Support shared learning from incidents and share good practice	Dec-23
	Align all NHS work with the newly updated SPSP National Inpatient Falls driver diagrams	Dec-23
	Develop a national Falls education module within TURAS system	Mar-24
	Rollout new patient information leaflet and endeavour to audit the impact and benefit for patients	Dec-23
	Consider a Falls Co-ordinator Role to support the rollout of the revised toolkit and the Link Practitioners	Mar-24

<h2 style="text-align: center;">Pressure Ulcers</h2> <p style="text-align: center;"><i>Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting</i></p> <p style="text-align: center;">Target Rate (by end March 2024) = 0.89 per 1,000 OBD</p>	Performance 0.80
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Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended	Proposed	
Reduce Pressure Ulcers (PU) developed on case load across all health care settings						Mar-24
Key Milestones	Acute TVNT - Provide training to over 1000 staff					Mar-24
	Acute TVNT - Re-launch the service (updating service spec, training resources, TVN link programme)					Jul-23
	Embed the use of the CAIR resource					Mar-24
	Embed the revised HIS Pressure Ulcer Standards (October 2020)					Mar-24
	Review of services and options for new service design					Mar-24

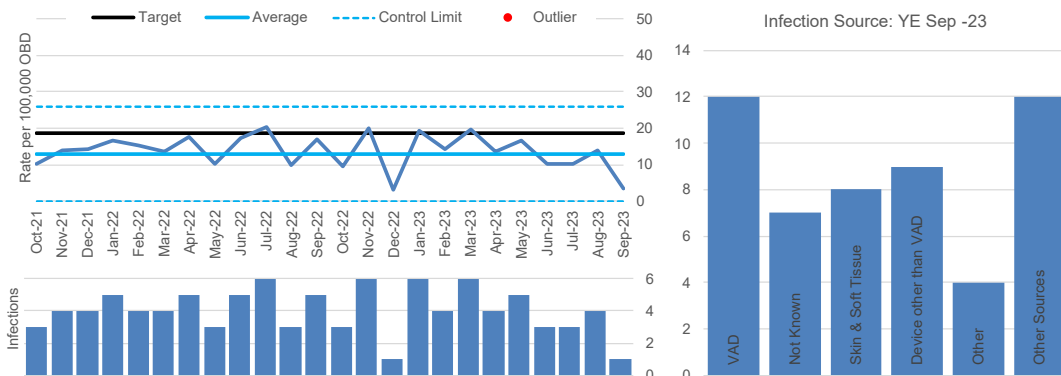
HAI/HCAI

SAB

Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

Performance 3.5

Local Performance



National Benchmarking

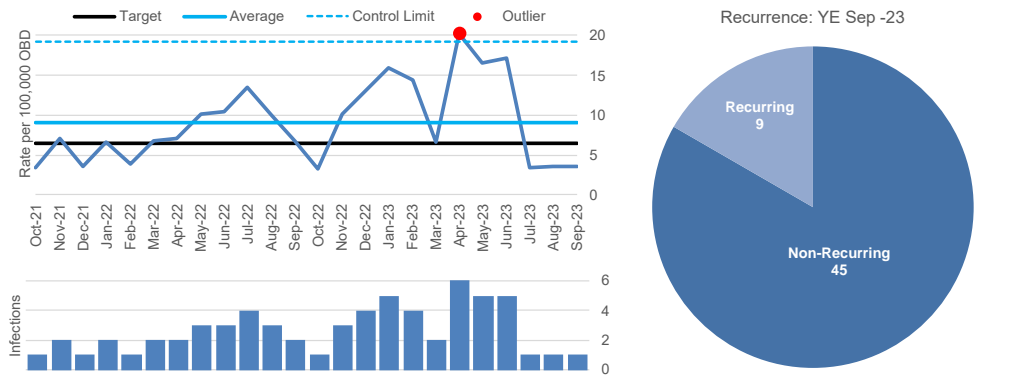
Quarter Ending	2020/21		2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	10.9	17.9	
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	19.2	19.1	

C Diff

Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

Performance 3.5

Local Performance



National Benchmarking

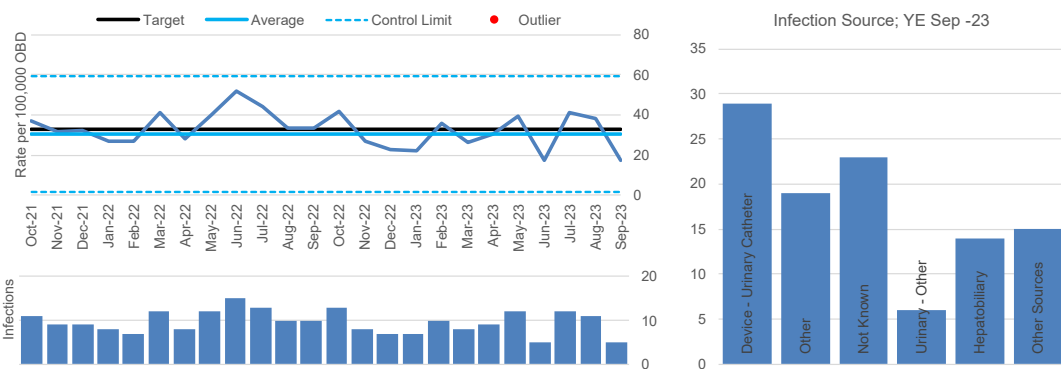
Quarter Ending	2020/21		2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	8.7	13.4	
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	13.5	13.4	

ECB

Reduce Hospital Infection Rate by 25% (baseline 2018/19) by the end of 2022/23

Performance 17.4

Local Performance



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9	30.4	27.9	
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2	34.5	37.3	

CLINICAL GOVERNANCE

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Implement IPC Workforce Strategy 2022-24					Sep-24
Key Milestones	Complete a GAP analysis of the NHS Fife IPCT with regards to recommendations for local Boards				Apr-23
	Awaiting updates to national deliverables which are currently delayed. Recommendations 1, 9, 10,12, 14 and 15				Mar-24
	Engage with other key stakeholders outlined in the strategic plan (HPT and AMR) to begin discussions to determine roles and remits				Nov-23
	Oversight Board shall include an options appraisal of models of support for Primary Care and strategic plan developed. Including a subgroup, with collaboration with all key stakeholders (GP and Dental)				Dec-23
	Delivery date of September 2023 - SG to lead on discussions to improve quality and coverage of national - level workforce data for a functional IPC programme at the national and facility level				Mar-24
	Business case for additional resources and funding to be developed for consideration and Board approval				Mar-24
	Final implementation paper to be presented to February 2024 ICC				Feb-24
Implement IPC Interim Strategy 2023-25					Apr-25
Committed to controlling, reducing, and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) to maintain individual safety within our healthcare settings.					Apr-24
Key Milestones	Aim for the pilot of the eCatherter insertion and maintenance bundle to have been completed and plan for role out to other areas in NHS Fife				Mar-24
	Complete QI project with D&I to improve data capture of ePVC				Dec-23
	Support roll-out of eCatheter insertion and maintenance bundles				Dec-23

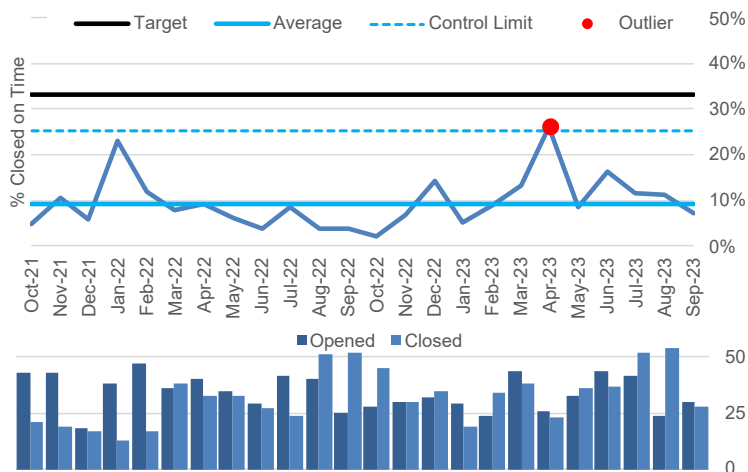
Complaints | Stage 2

At least 33% of Stage 2 complaints are completed within 20 working days by March 2024

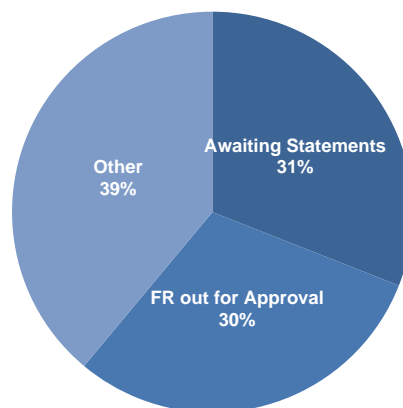
Performance

7.1%

Local Performance



Open Complaints; Sep -23



Performance by Service Area

		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	Opened in Month	28	30	32	29	24	44	26	33	44	42	24	30
	% Acknowledged on time	96.4%	93.3%	96.9%	100.0%	95.8%	97.7%	96.2%	97.0%	93.2%	90.5%	100.0%	100.0%
	Due in Month	21	30	27	32	30	28	38	29	35	43	46	19
	% Closed on time	4.8%	3.3%	14.8%	6.3%	13.3%	14.3%	15.8%	6.9%	17.1%	16.3%	10.9%	15.8%
	Closed in Month	45	30	35	19	34	38	23	36	37	52	54	28
Acute	% Closed on time	2.2%	6.7%	14.3%	5.3%	8.8%	13.2%	26.1%	8.3%	16.2%	11.5%	11.1%	7.1%
	Closed in Month	29	22	26	17	23	23	16	27	23	43	36	16
HSCP	% Closed on time	0.0%	9.1%	19.2%	5.9%	13.0%	13.0%	31.3%	7.4%	21.7%	11.6%	16.7%	6.3%
	Closed in Month	16	7	9	2	10	15	7	9	14	6	18	12
	% Closed on time	6.3%	0.0%	0.0%	0.0%	0.0%	13.3%	14.3%	11.1%	7.1%	0.0%	0.0%	8.3%

Key Deliverable		End Date
Off track	At risk	On track
Complete	Suspended	Proposed
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets		Mar-24
Key Milestones	PET to meet regularly with Acute and H&SCP to discuss Model Complaint Handling process improvements to assist with meeting target	Dec-23
	Implement complexity scoring system to categorise complaints	Dec-23
	Supportive escalation process to be implemented to highlight delays within the Model Complaint Handling Process	Dec-23
	New weekly complaint report to be created and shared with services to provide data and highlight delays within the Model Complaint Handling Process	Dec-23
	Testing of focused Multidisciplinary Team Meeting (MDT) within Acute to respond to complex complaints in a view to negate the requirement for statements and reduce service response time	Dec-23
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		Apr-24
Key Mileston	Review current Patient Experience Team's funded establishment to recruit a Bank Band 4 Patient Experience Officer 0.26 WTE	Oct-23
	Perform workforce review of Patient Experience Team	Dec-23

CLINICAL GOVERNANCE

Digital Solution for reporting Live Patient Experience (Complaint) data		Apr-24
Key Milestones	Meet with Information Services to discuss and develop Dashboard	Apr-23
	Liaise with other Health boards regarding their Dashboards	May-23
	Discuss and agree data to be displayed with Acute, Corporate and H&SCP	Dec-23
	Discuss and agree data to be displayed within Patient Experience Team screen	Dec-23
	Identify test area prior to roll out	Dec-23
	Education and training	Dec-23
	Test implementation of dashboard	Nov-23
	Communication, promotion and raise awareness of dashboard	Jan-24
	Roll out Dashboard within NHS Fife	Jan-24

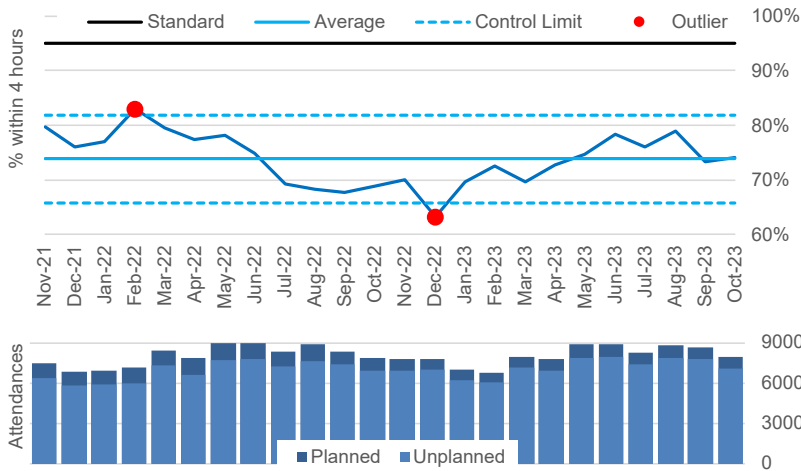
OPERATIONAL PERFORMANCE

4-Hour Emergency Access

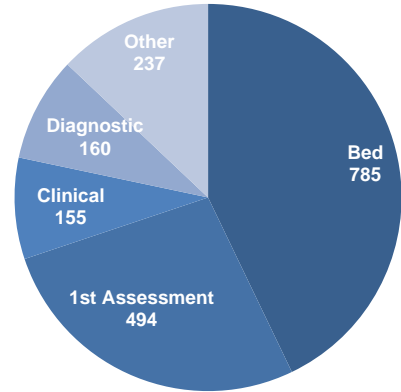
At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Performance
74.1%

Local Performance



Breach Reasons: Oct23



National Benchmarking

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	68.9%	70.1%	63.2%	69.6%	72.6%	69.6%	72.7%	74.5%	78.4%	76.0%	78.9%	73.3%
Scotland	67.6%	67.5%	62.1%	68.7%	69.6%	68.0%	69.3%	70.8%	72.6%	72.7%	71.3%	70.0%

Key Deliverable

End Date

Off track

At risk

On track

Complete

Suspended

Proposed

Develop and scope ambulatory models of care supporting early supported discharge and admission prevention

Nov-23

Key Milestones

Relocation of Haematology Day Unit to VHK site and increase treatment capacity to provide a sustainable service meeting legislative guidelines and future-proof patient services for Haematology patients in Fife	Apr-23
Outcome report and future demand/capacity planning based on results of the 22/23 Ambulatory Care SLWG	Apr-23
Detail requirements by specialty and workforce requirements to support	Apr-23
Scope option appraisals and submit for approval	Jun-23
Approval	Nov-23

Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach

Mar-24

Key Milestones

ED Staffing model proposal to EDG	Jan-24
In collaboration with HSCP, 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	Mar-24
In collaboration with HSCP, 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	Dec-23

Improve Same Day Emergency Care and rapid assessment pathways

Jun-24

Key Milestones

Sustainable staffing model in RTU	Jan-24
Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	Sep-23
Expansion of ECAS out of hours	Jun-24
Increase to 7-day service OPAT	Jun-24

OPERATIONAL PERFORMANCE

Develop a workforce and delivery model that is financially sustainable		Dec-23
Key Milestones	Establish a Finance and Workforce Group	Jun-23
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	Dec-23
	Develop options appraisal for submission to FNC SOG.	Dec-23
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	Dec-23
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	Dec-23
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time		Dec-23
Key Milestones	Establish a Pathways Group	Jun-23
	Establish a FNC Clinical Governance Group	Jun-23
	Improve and increase number of pathways FNC can access: Review existing pathways in and out of the Flow Navigation Centre (FNC) and identify new opportunities and areas for expansion	Jul-23
	Develop robust verification process to identify opportunities for pathway development/improvement	Jul-23
	Progress pathway development/improvement after ratification at FNC Clinical Governance Group	Sep-23
	Review list of identified pathways for development and present prioritisation for progression to the FNC Strategic Oversight Group (SOG) for ratification	Dec-23
	Develop internal communication plans to ensure people access are in the right place, at the right time	Oct-23
	Test, evaluate, and implement pathways using a data driven and QI approach	Dec-23
Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		Dec-23
Key Milestones	Establish a Data and Digital Group	Jun-23
	Develop an improvement plan for data collection and reporting ensuring confidence and assurance in the data: Scrutinise the current methods of data collection and reporting and identify opportunities for improvement with Flow Navigation Centre and Planning and Performance teams - Understand local and national sources for data collection - Review business case submitted by FNC for implementation of Trak Care interface with Adastra to improve data collection - Submit exploration conclusions and recommendations to Flow Navigation Centre (SOG for ratification)	Dec-23
	Work with FNC Clinical Care Governance and Assurance (CCGA) group on agreement of definitions for 'front door', 'redirection', and 'admission avoidance' to provide consistency and clarity for data	Jul-23
	Draft KPI's to be submitted to FNC SOG	Dec-23
	Develop KPI dashboard for FNC following approval	Dec-23
Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients		Dec-23
Key Milestones	Work with the FNC Pathways Group to identify opportunities for scheduling in line with pathways development	Dec-23
	Work with the FNC to ensure they are technically able to book appointments for patients in to MIU / ED	Sep-23
	Work with FNC Clinical Governance group to identify digital requirements within manual process for scheduling Hot Clinics	Dec-23
	Embrace use of digital technology for virtual consultations through increasing the use of Near Me: Review referral processes within FNC and identify opportunities for appropriate use of Near Me - Provide training to refresh / upskill staff in use of Near Me	Dec-23

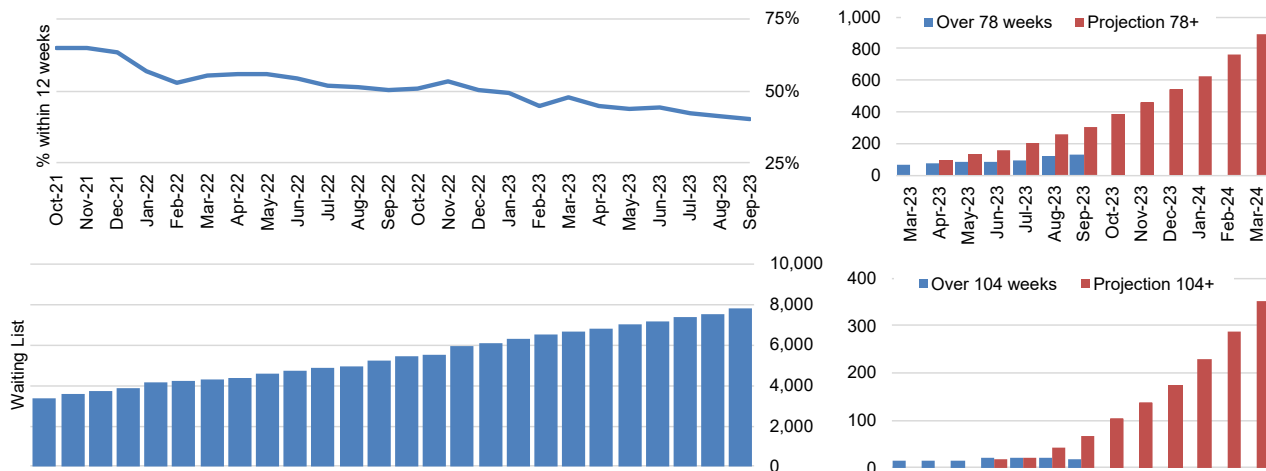
OPERATIONAL PERFORMANCE

Patient TTT

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

Performance
40.0%

Local Performance



National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Five	65.0%	52.0%	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%	45.1%
Scotland	37.8%	35.6%	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%	32.2%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Enhance Theatre efficiency					Mar-24
Key Milestones	Improve ERAS visibility and development of robust mechanisms for reporting				Mar-24
	Engagement with national drives toward standard high volume same procedure lists (Cataracts)				Mar-24
	Reduce unwarranted variation and adopt minimum standards per procedure across theatre productivity, day case activity and start and finish times				Dec-23
	Roll-out of Buddy Health digital platform in Orthopaedics for Preassessment				Dec-23
Develop, Enhance and re-invigorate Regional Networks					Dec-23
Key Milestones	Development of regional working with OMFS				Dec-23
	Regional Network with Tayside for Vascular				Dec-23
	Regional working with Tayside for Plastic Surgery				Dec-23
	Regional Working with Lothian for routine surgery of childhood				Dec-23
	Good links with Lothian and SE Networks for Cancer				Dec-23
	Regional working with Forth Valley for Breast Service				Mar-24
	Refresh small volume SLAs to streamline decision making				Dec-23

OPERATIONAL PERFORMANCE

Operationalise NTC		Mar-24
Key Milestones	Operationalise Lothian patients being treated in NTC	Nov-23
	Development of a regional network to help support image guided injection	Mar-24
	Identify high volume pathways for redesign	Mar-24
Maximising Scheduled Care capacity		Mar-24
Key Milestones	Explore re-allocation QMH to reduce high volume backlog in specialties	Mar-24
	Deliver actions within System Flow Improvement Plan to protect planned care capacity (SSSU)	Mar-24
	Identify and remove barriers to optimise BADS procedures within a day case setting in QMH	Mar-24
	Capital investment to create procedure room in QMH Day Surgery facility	Sep-23
Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation		Nov-23
Key Milestones	Contact with NECU team	Apr-23
	Procure Electronic system for administrative Validation	Apr-23
	Agree implementation plan with Digital team	Oct-23
	Date set for NECU team to present to Senior Leaders in Acute Division	Sep-23
	Obtain NECU protocols	Sep-23
	Amend local systems and processes in line with NECU protocols	Oct-23
	Implement Digital solution	Nov-23
Embedding potential alternatives for treatment		Apr-24
Key Milestones	Meet with HSCP to look at waiting well options - using orthopaedics as test	Apr-23
	Test access to 'The Well ' for orthopaedics	May-23
	Evaluate data from initial test of Change for Orthopaedics to understand resource implications	Dec-23
	Develop a plan of how to scale up test of change	Dec-23
	Access to 'The well' for priority specialities	Mar-24

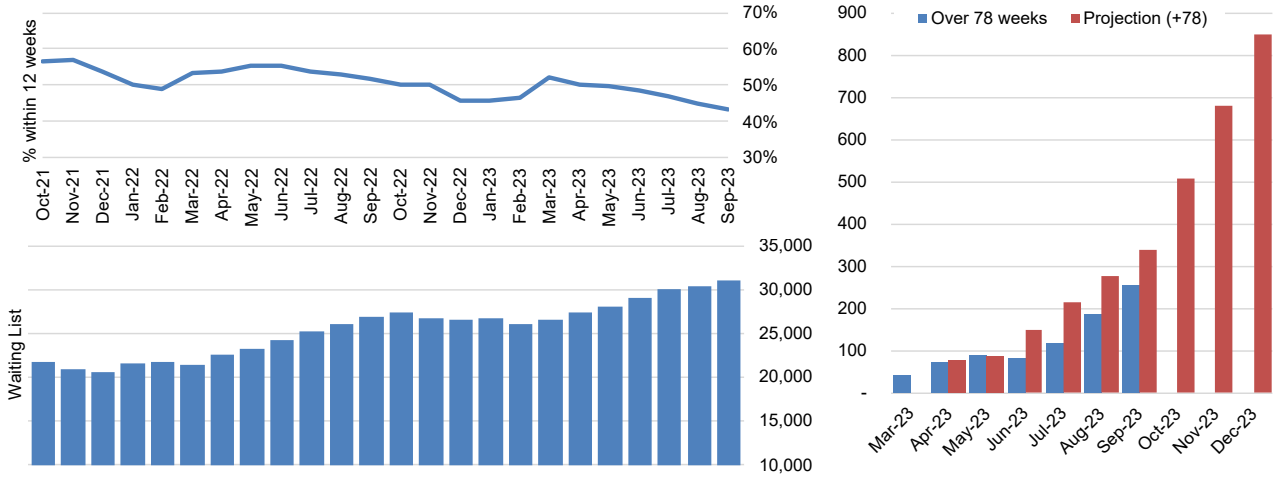
OPERATIONAL PERFORMANCE

New Outpatients

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

Performance
43.3%

Local Performance



National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	57.0%	52.6%	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%	48.1%
Scotland	48.0%	48.5%	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%	45.5%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Review and redesign Outpatient capacity to maximise capacity and timely access					Oct-23
Key Mileston	Engagement with national ENT Access QI project				Feb-24
	Review processes to optimise space and templates in line with Royal College recommendations				Oct-23
Implement robust ACRT processes					Dec-23
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable				Apr-23
	Establish implementation group and prioritise services				May-23
	Work with 11 services to map patient pathways				Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)				Dec-23
Implement robust PIR processes					Dec-23
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable				Apr-23
	Establish implementation group and prioritise services				May-23
	Work with 11 services to map patient pathways				Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)				Dec-23

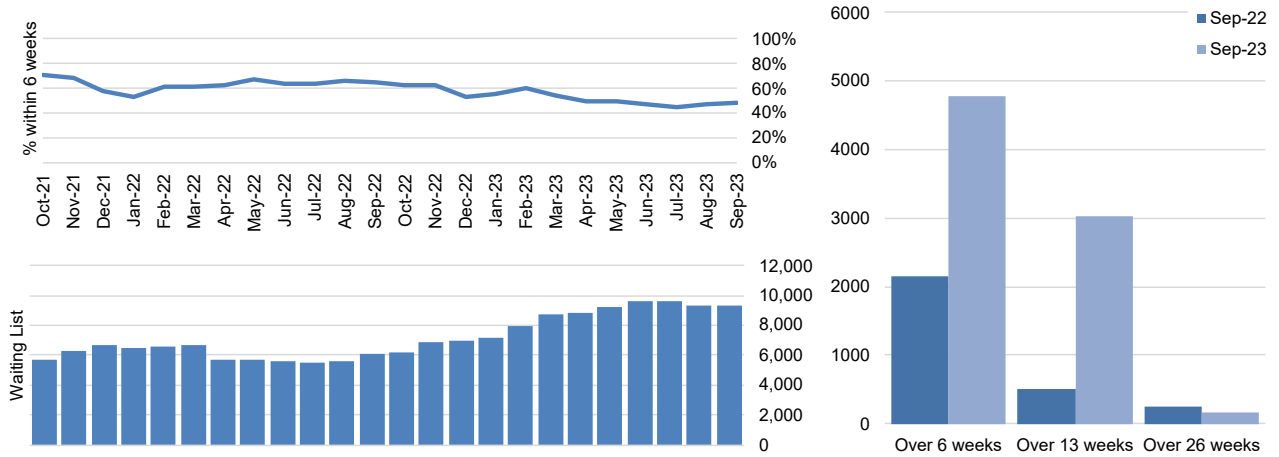
OPERATIONAL PERFORMANCE

Diagnostics Waiting Times

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

Performance
48.9%

Local Performance



National Benchmarking

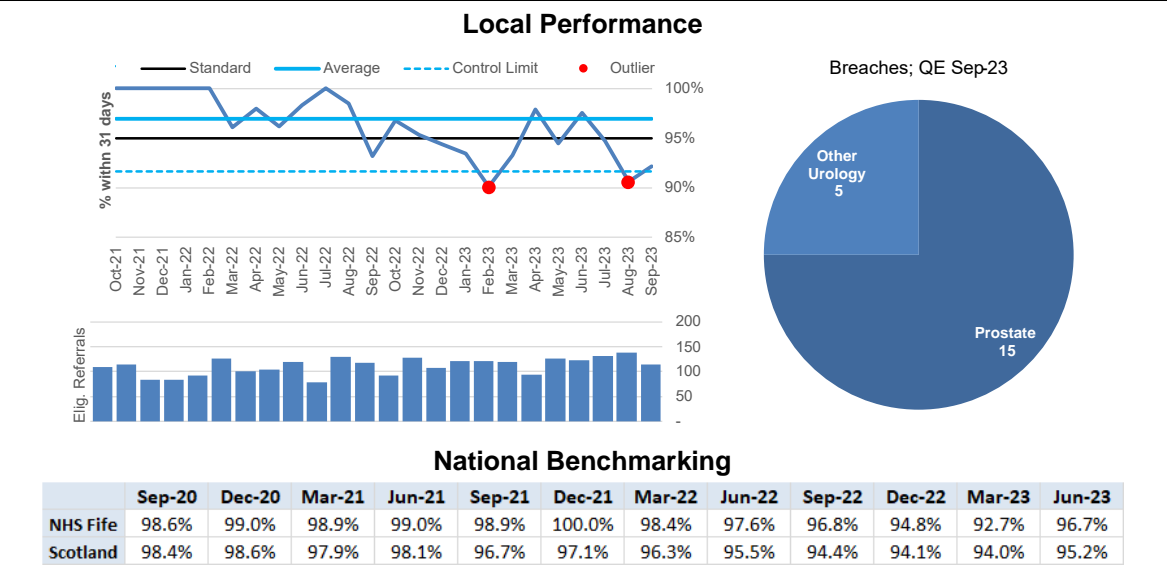
	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	96.0%	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%
Scotland	55.9%	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Expanding Endoscopy capacity and workforce					Mar-24
Key Milestones	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs				Dec-23
	Testing and delivery of improved booking processes				Dec-23
	Implementation of Nurse Cystoscopy pathway				Dec-23
	Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff				Dec-23
	Development of existing RCDS pathways				Mar-24
	Review and re-vetting of Surveillance backlog				Mar-24
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&US)					Mar-25
Key Milestones	Confirm waiting times funding allocation for 2023/24				Dec-23
	Determine capacity gap for MR,CT,US based on WT funding for additional activity				Dec-23
	Access funding streams e.g. cancer waiting times funding to support the delivery of additional activity in CT				Dec-23
	Develop equipment and workforce plan				Mar-24

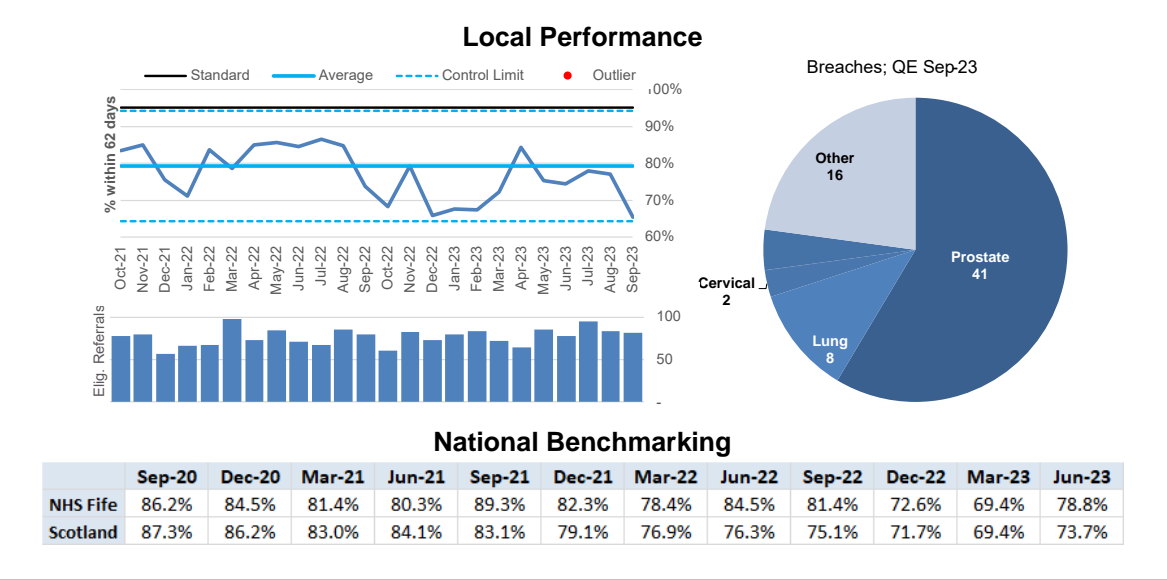
OPERATIONAL PERFORMANCE

Cancer

31-Day DTT
95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment
Performance 92.2%



62-Day RTT
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral
Performance 65.4%



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times					Mar-24
Key Milestones	Work toward implementation of the Effective Breach Analysis SOP				Mar-24
	Undertake a deep dive in relation to prostate performance and explore a nurse led model within the service				Oct-23
	To embed the Realistic Medicine Framework into Cancer Services				Mar-24
	Continue to review cancer pathways to reduce waits between steps in the pathway, including agreement of specific milestones to improve efficient escalation				Mar-24
	Review protocol and guidance for GP direct access to CT				Oct-24
	Scope the opportunity for community pharmacists to develop a referral pathway for lung and head & neck				Dec-23
	Audit GP referrals				Mar-24
	Introduce ACRT into cancer services				Mar-24
	Develop the Regrading Framework				Dec-23
	Ensure all MDT Terms of Reference are up to date				Dec-23
Improved digital tracking solution				Mar-24	

OPERATIONAL PERFORMANCE

To ensure routine adherence to optimal diagnostic pathways		Mar-24
Key Mileston	Recruit to additional cancer lung posts	Dec-23
	Measure improvement	Dec-23
	Recruit to urology posts	Aug-23

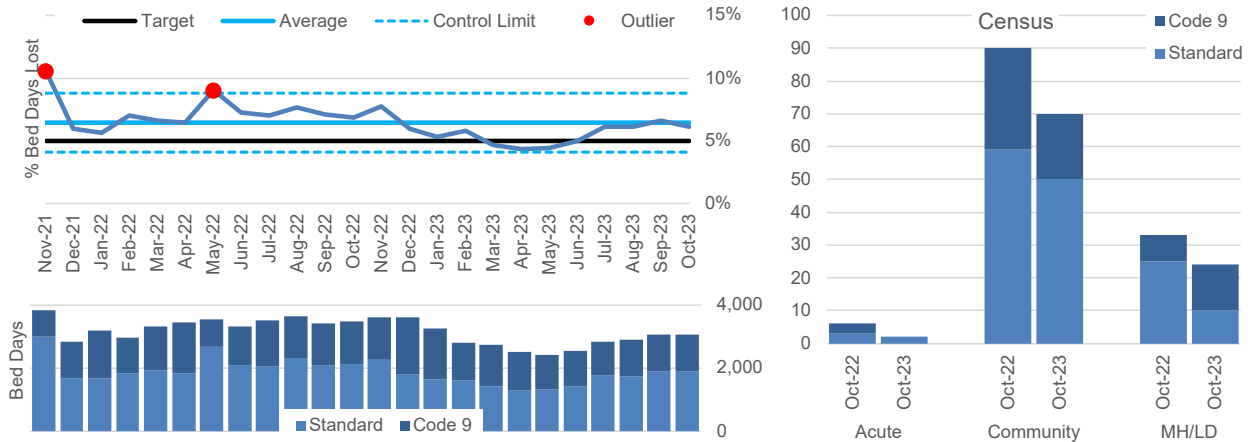
OPERATIONAL PERFORMANCE

Delayed Discharges (Bed Days Lost)

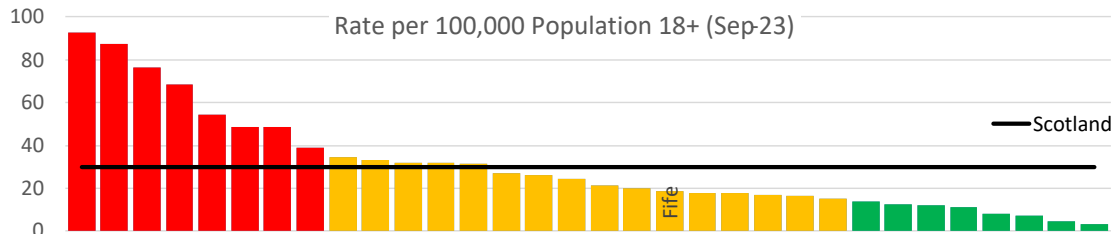
We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

**Performance
6.1%**

Local Performance



Standard Delays at Census by Local Authority of Residence



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub					Nov-23
Key Milestones	Develop and evaluate weekend discharge support team to improve flow across 7 days including criteria led discharge capability				Nov-23
Key Milestones	Improved use of electronic systems to improve flow including electronic bed requests				Nov-23
Key Milestones	Effective use of PDD data to pre plan occupancy of discharge lounge				Nov-23
Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty					Mar-24
Key Milestones	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics				Dec-23
Key Milestones	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home				Dec-23
Key Milestones	To build the capacity of the existing MCN service to include an MCN for Frailty				Dec-23
Key Milestones	To increase direct referrals from Scottish Ambulance Service to the Community Respiratory Service for exacerbations of chronic respiratory conditions to reduce unnecessary admissions to acute hospitals				Dec-23
Key Milestones	Review and redesign of Assessment and Rehabilitation Centre model				Mar-24

OPERATIONAL PERFORMANCE

Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix		Dec-23
Key Milestones	Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to identify and assess early those requiring support from Care at Home to return to their own home, ensuring PDD's are met	Oct-23
	Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner. This critical service will support timely hospital discharge and prevention of admission to hospital or long term care whilst meeting the current demands (Nov23) move to DwD on first driver	Nov-23
	Transformation of Community Nursing roles to meet the needs of the community: increase number of ANPs (role in identifying and treating frailty) and unregistered B4; fully utilising B2&3 and working closely with Care at Home to support where possible and reduce footfall	Dec-23
	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach	Dec-23
Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting		Dec-24
Key Miles	Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife	Dec-24
Home First: people of Fife will live long healthier lives at home or in a homely setting		Dec-24
Key Milestones	Continue to build the SPOA model within Specialist Palliative Care Services, working with the ambulance service to prevent unnecessary admission to hospital for end of life patients	Oct-23
	Enhance integration and collaboration with Hospital at Home and Acute Services to ensure early supported discharge of step down referrals are facilitated in a timely manner	Dec-23
	Implement measurement and reporting tool for the successful implementation of the Home First vision	Dec-23
	Look at frequent admission patients and explore reasons for failed admission to strengthens discharge planning	Dec-23
	Enable Prevention and Early Intervention through creation of new pathways and single point of access to coordinate care in the community	Dec-24

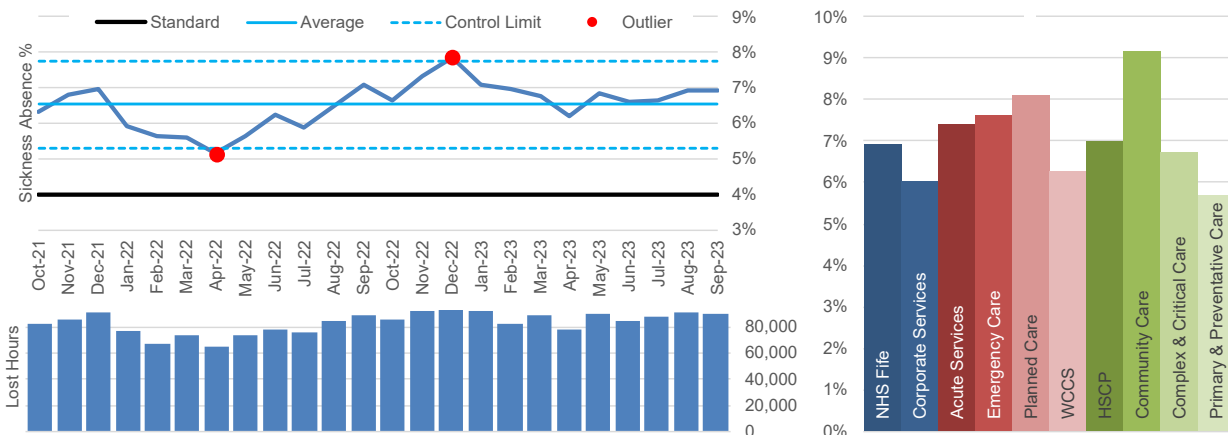
STAFF GOVERNANCE

Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance
6.93%

Local Performance (sourced from East Region Workforce Dashboard)



National Benchmarking (sourced from SWISS)

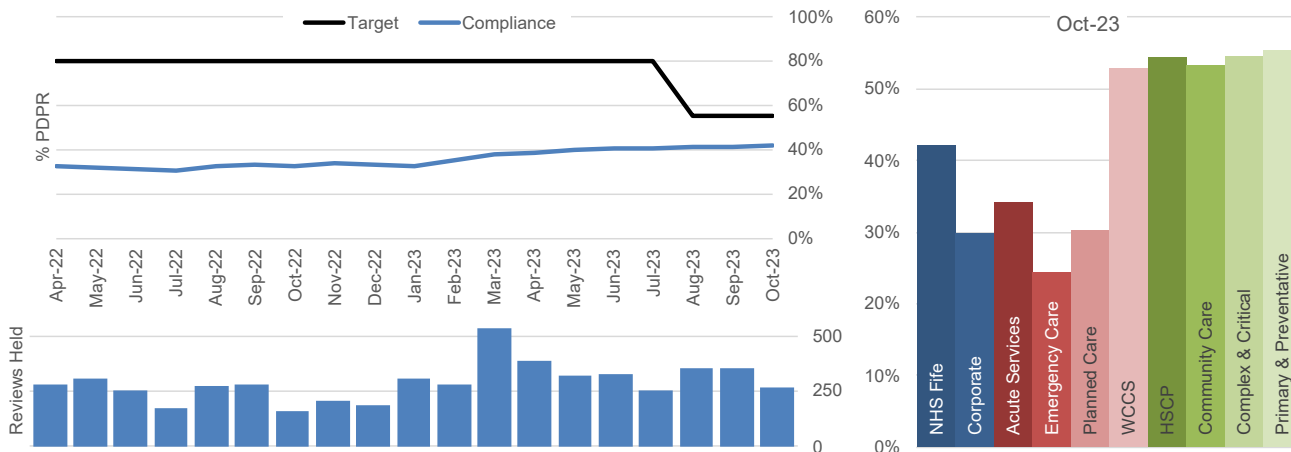
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	5.19%	6.26%	7.43%	7.98%	7.26%	6.85%	6.97%	5.84%	7.00%	5.86%	6.03%	5.35%
Scotland	5.54%	5.73%	6.17%	6.47%	6.65%	7.37%	6.87%	5.60%	6.25%	5.55%	5.94%	5.87%

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance
42.1%

Local Performance

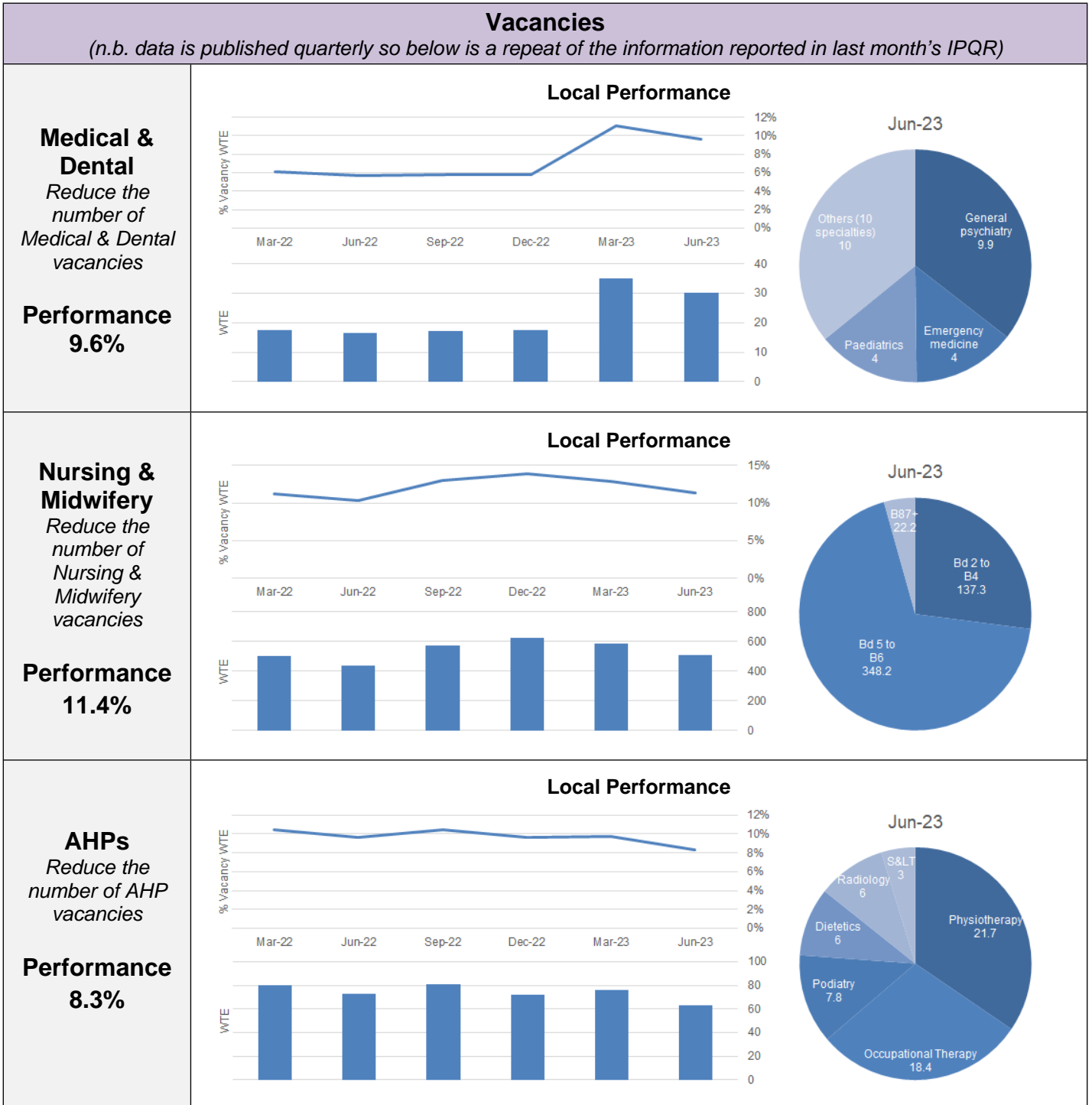


	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	32.5%	33.6%	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%	41.2%	41.3%
Corp.	26.6%	26.2%	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%	29.8%	29.7%
Acute	34.7%	36.7%	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%	34.4%	33.8%
HSCP	34.4%	35.5%	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%	53.6%	54.5%

STAFF GOVERNANCE

Vacancies

(n.b. data is published quarterly so below is a repeat of the information reported in last month's IPQR)



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation					Dec-24
Key Milestones	Bank & Agency Programme Board established, and project plan developed				Apr-23
	Plans delivered to exit off contract Agency use				Jun-23
	Escalation Process revised to reflect Agency utilisation changes				Jun-23
	Bank Consolidation proposals finalised, and implementation commenced				Mar-24
	Bank Model changes fully in place and operating as Business as Usual				Mar-24

STAFF GOVERNANCE

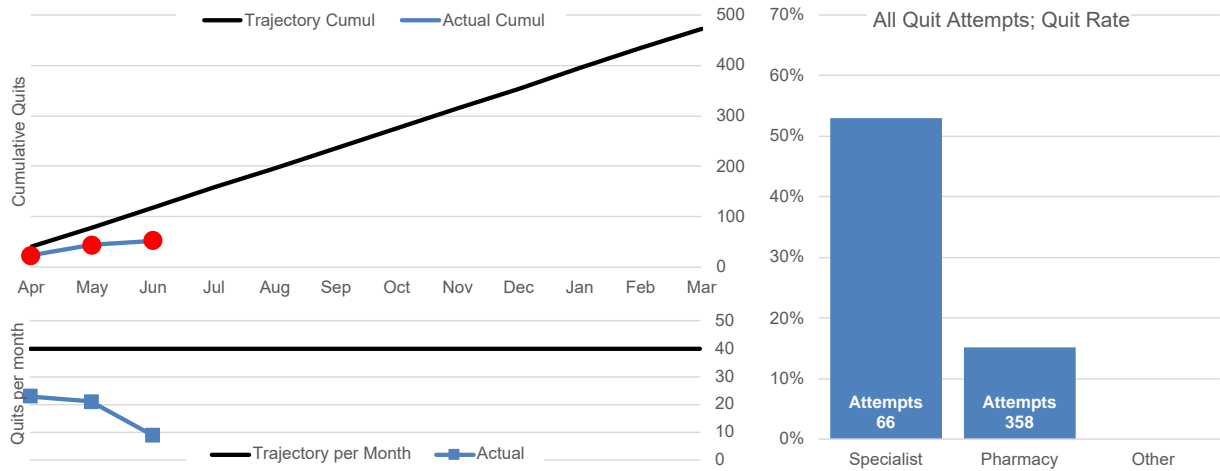
Delivering Anchor Institution workforce aims - Promoting employability priorities		Mar-25
Key Milestones	Identification of future Modern Apprenticeship programme numbers for 2023/24	Jul-23
	Representation on new national workstreams agreed	Aug-23
	Employability Model of delivery review completed	Sep-23
	Review of MA target numbers in line with key stakeholders	Oct-23
	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities	Mar-24
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		Mar-27
Key Milestones	Performance Oversight Group established to oversee Shared Services Agreement	Apr-23
	Internal Recruitment Performance Reporting established	Sep-23
	Review of International Recruitment programme to inform 24/25 ambitions	Jan-24
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes		Mar-24
Key Milestones	Development of Workforce Dashboard reporting to support Bank & Agency programme	Jul-23
	Creation of online Workforce information overview accessible within NHS Fife	Mar-24
	Review of Workforce Analytics as part of Directorate service change proposals completed	Mar-24
	Coordination of recruitment activity with Graduate Apprenticeship Schemes	Dec-23
	Develop proposals for business-as-usual support for the eRostering system	Aug-23
	Production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements	Mar-24
Development of improved digital processes i.e. online pre-employment and management referrals programmes		Dec-25
Key Milestones	Pilot for pre-employment module live within NHS Fife	Jun-23
	Evaluation of initial pre-employment module activity and planning for further phasing within NHS Fife	Sep-23
	Evaluation of next phase of pre-employment module activity and planning for further phasing within NHS Fife. Agreement of initial cohort for management referrals	Dec-23
	Evaluation of pre-employment module activity and of initial cohort for management referrals	Mar-24

Smoking Cessation

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

Performance
53

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



National Benchmarking

		2023/24											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	23	21	9									
	Actual Cumul	23	44	53									
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	57.5%	55.7%	44.9%									
Scotland	Achieved												

Key Deliverable

End Date

Off track

At risk

On track

Complete

Suspended

Proposed

Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24

Mar-24

Key Milestones

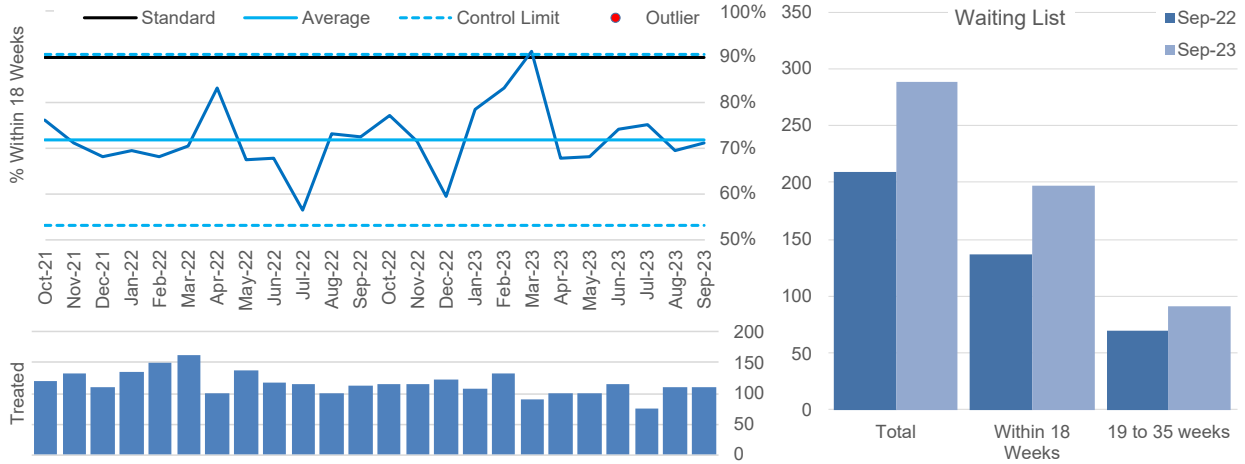
Remobilise face to face service provision across GP practices by engaging with Practice Managers to assess working arrangements, accommodation, appointment system	Mar-24
Remobilise face to face service provision within community venues; contact community venues to assess accommodation, costings, working arrangements, appointment system. Ongoing review and improvement of service provision	Mar-24
Engage with and offer service to all pregnant mums identified as smokers at booking appointment	Mar-24
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-24
Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage	Mar-24
Development and review of text messaging system	Mar-24
Deliver financial inclusion referral pathways for pregnant women and families with young children	Mar-24
Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s	Mar-24

CAMHS 18 weeks RTT

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

Performance
71.2%

Local Performance



National Benchmarking

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	73.0%	72.6%	77.2%	71.6%	59.3%	78.5%	83.2%	91.1%	67.7%	68.0%	74.1%
Scotland	66.4%	69.5%	69.0%	67.4%	75.9%	74.3%	73.8%	74.5%	71.7%	72.4%	77.0%

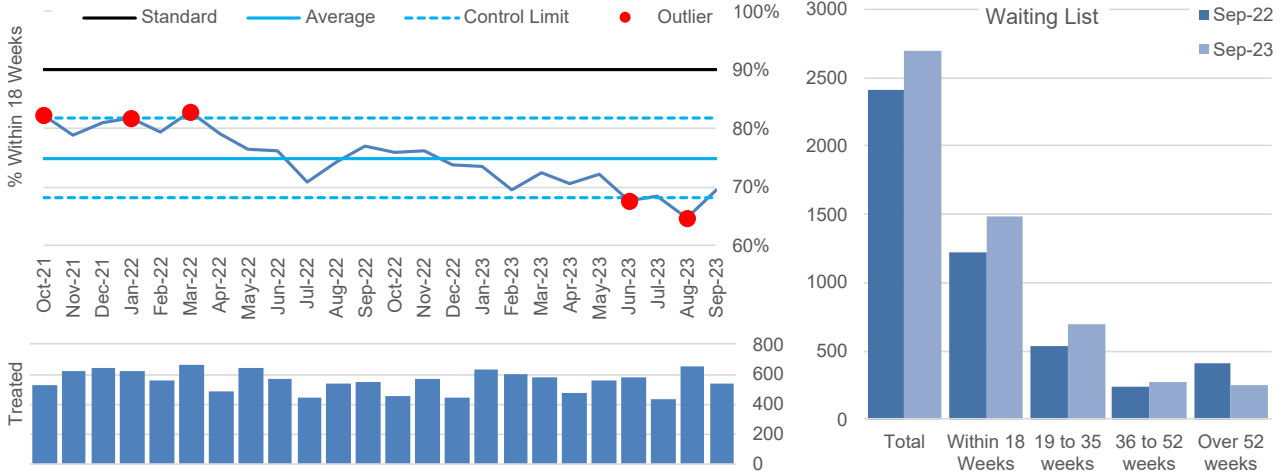
Key Deliverable		End Date
<div style="display: flex; justify-content: space-around;"> Off track At risk On track Complete Suspended </div>		Proposed
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard		Mar-24
Key Milestones	Implementing caseload management to ensure throughput, reduce bottlenecks and maintain capacity	Sep-23
	Maintaining early intervention services to ensure young people who require specialist CAMHS can achieve timely access	Mar-24
	Ongoing recruitment to ensure workforce is at full capacity	Mar-24
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.		Mar-24
Key Milestone	Implement CAMHS improvement plan derived from gap analysis against the national service specification	Mar-24
	Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement	Mar-24
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people		Mar-24
Key Milestones	Work will continue on reducing the ASD waiting list which will be achieved as a result of additional staffing and reallocation of staffing resources from streamlining assessment pathways	Dec-23
	Implement learning from partnership test of change alongside colleagues in education	Dec-23
	Co-produce and deliver pre and post diagnostic support to children, siblings and families	Jan-24
	Fully operationalise Triage model aligned to National ND Specification	Mar-24
	Implement neurodevelopmental pathway, combining existing Neurodevelopmental teams to embed a single point of access for NDD	Mar-24

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

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
NHS Fife	74.3%	77.0%	75.8%	76.1%	73.8%	73.4%	69.6%	72.5%	70.5%	72.3%	67.5%
Scotland	81.6%	81.2%	80.9%	80.6%	82.4%	80.6%	79.4%	79.3%	79.4%	78.5%	78.5%

Key Deliverable

End Date

Off track

At risk

On track

Complete

Suspended

Proposed

Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard

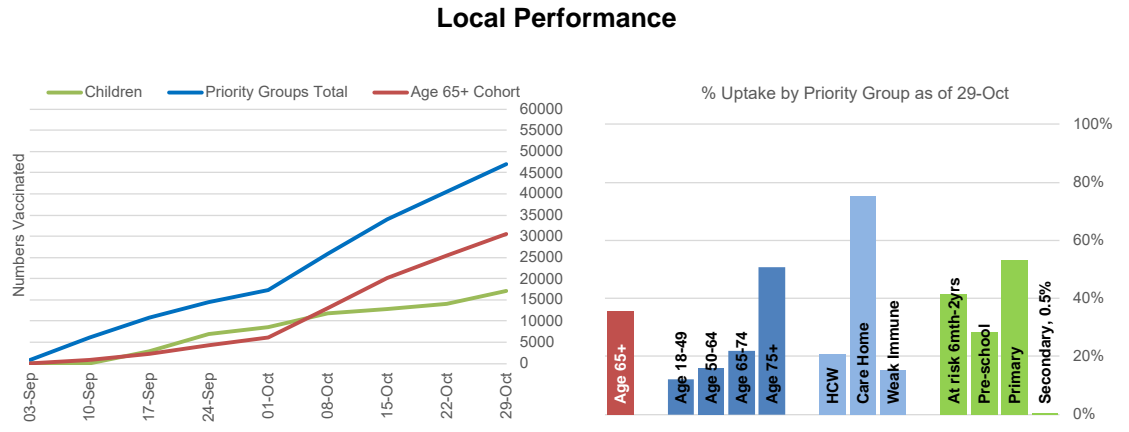
Mar-24

Key Milestones

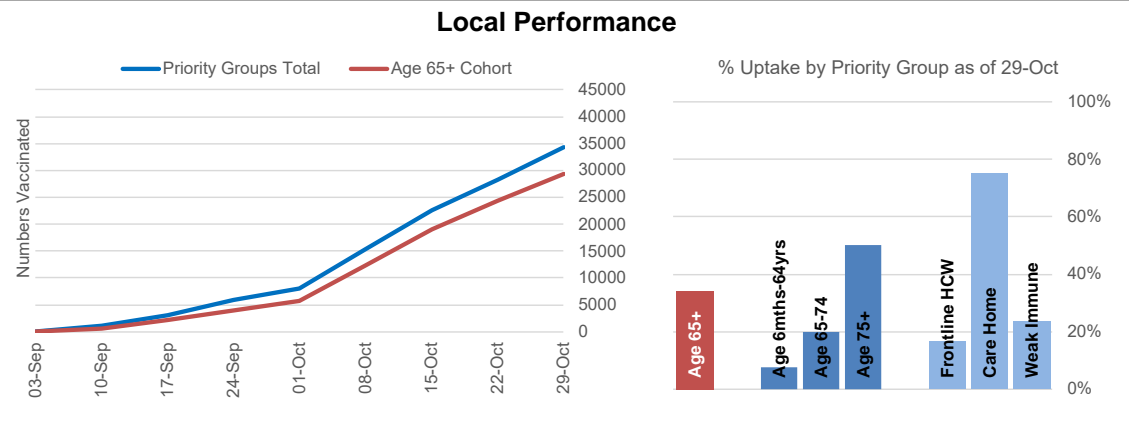
Recruitment to increase capacity	Mar-24
Service development and redesign	Mar-24
Training and CPD activities to increase capacity	Mar-24
Demand-capacity monitoring across all services	Mar-24

Immunisation: FVCV

Flu
Uptake of the Influenza vaccination for 65+ population of Fife to reach 85% by end of December 2023
Performance 35.6%



Covid
Uptake of the Covid-19 vaccination for 65+ population of Fife to reach 85% by end of December 2023
Performance 34.3%



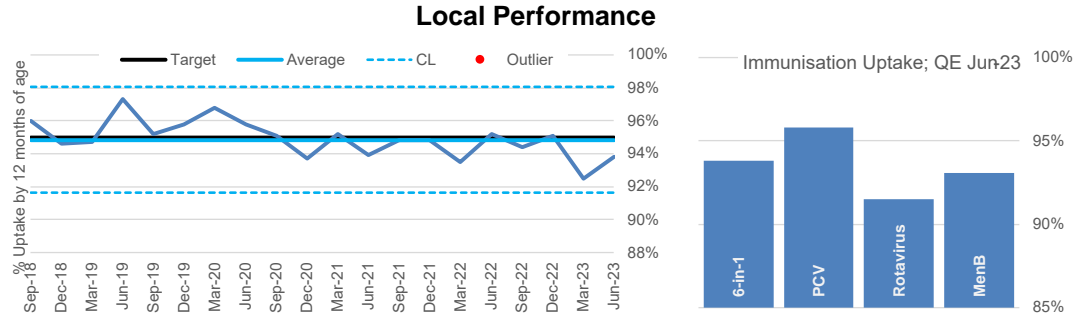
Key Deliverables	End Date
Off track At risk On track Complete Suspended Proposed	
Delivery of Winter Vaccination Programme	Mar-24

Child Immunisation

(n.b. data is published quarterly so below is a repeat of the information reported in last month's IPQR)

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

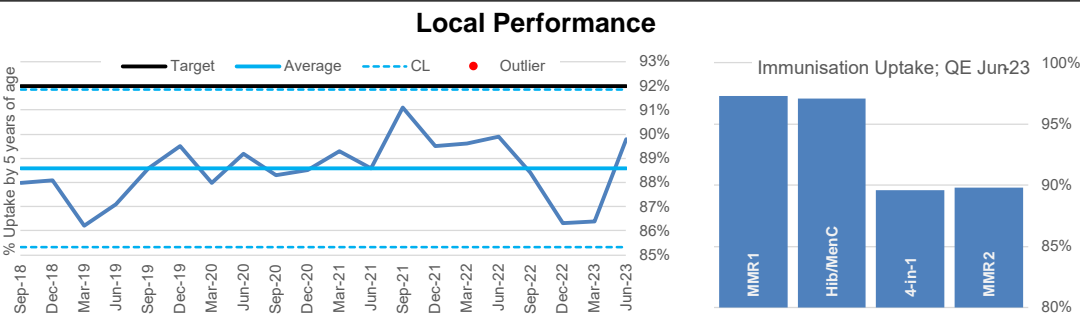
Performance 93.8%



Quarter	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%	92.5%	93.8%
Scotland	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%	95.2%	95.3%

MMR2
At least 92% of children will receive their MMR2 vaccination by the age of 5

Performance 89.8%



Quarter	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%	86.4%	89.8%
Scotland	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%	89.8%	89.7%

Key Deliverables				End Date	
Off track	At risk	On track	Complete	Suspended	Proposed
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population					Mar-24
Key Milestones	EQIA action plan implementation				Mar-24
Key Milestones	Outreach model and strategy				Nov-23
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever-evolving immunisation need					Mar-24
Key Milestones	Integration of Primary Care Nursing and Admin teams				Jan-24
Key Milestones	Workforce education strategy & training programme				Mar-24
Targeted actions to improve the quality of our Immunisation services					Mar-24
Key Milestones	Children's immunisation QI group				Mar-24
Key Milestones	Learning from Adverse Events				Mar-24
Key Milestones	Implementation of 15 step review of community clinics and other quality assurance tools				Mar-24
Key Milestones	Development of robust clinical pathways and process of SOP review				Mar-24
Develop plans to make sure CIS delivers on key operational priorities					Mar-24
Key Milestones	Maternity immunisations				Mar-24
Key Milestones	S3 to S2 changes				Nov-23
Key Milestones	Preparation for children's 18-month visit				Nov-23
Key Milestones	Communication strategy to stakeholders				Nov-23