Fife NHS Board

Tue 28 November 2023, 10:00 - 13:00

Acting Chair - Alistair Morris

10:00 - 10:10
10 min

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

AM

10:10 - 10:10
0 min

2. DECLARATION OF MEMBERS' INTERESTS

AM

10:10 - 10:10
0 min

3. APOLOGIES FOR ABSENCE - G Downie and M Mahmood

AM

10:10 - 10:10
0 min

4. MINUTE OF PREVIOUS MEETING HELD ON 26 SEPTEMBER 2023

(enclosed) *AM*

Item 04 - Minute 20230926 FINAL.pdf (15 pages)

10:10 - 10:10
0 min

5. MATTERS ARISING / ACTION LIST

(enclosed) *AM*

Item 05 - Action List.pdf (1 pages)

10:10 - 10:30
20 min

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Up-date

(verbal) *CP*

6.2. Patient / Staff Story

(Presentation) *CP*

10:30 - 10:45
15 min

7. CHAIRPERSON'S REPORT

7.1. Chairperson's Update

(verbal) *AM*

7.2. Committee Membership

(enclosed) *AM*

- Item 07.2 - SBAR Chair Report - Committee Membership.pdf (2 pages)
- Item 07.2 - Board Standing Committees November 2023.pdf (1 pages)

7.3. Board Development Session - 31 October 2023

(enclosed) *AM*

- Item 07.3 - Board Development Session Note 20231031.pdf (1 pages)

10:45 - 11:15
30 min

8. PERFORMANCE

8.1. Whole System Overview

(presentation) *CP*

8.2. Integrated Performance & Quality Report - September 2023 Position

(enclosed) *CP*

- Item 08.2 - SBAR IPQR Board November 2023.pdf (4 pages)
- Item 08.2 - IPQR Position at September 2023 v3.1.pdf (44 pages)

8.3. Financial Performance & Sustainability Report - September 2023

(enclosed) *MM*

- Item 08.3 - SBAR Financial Performance & Sustainability Report.pdf (10 pages)

11:15 - 11:55
40 min

9. GOVERNANCE

9.1. Governance Committee Chairs' Reports

(verbal) *AM*

9.2. Corporate Risk Register Update

(enclosed) *MM*

- Item 09.2 - SBAR Corporate Risk Register Update.pdf (9 pages)
- Item 09.2 - Appendix 2 NHS Fife Corporate Risk Register.pdf (17 pages)
- Item 09.2 - Appendix 3 Assurance Principles.pdf (1 pages)

9.3. Whistleblowing Annual Report 2022/23

(enclosed) *DM*

- Item 09.3 - SBAR NHS Fife Board Whistleblowing Annual Report 2022-2023 28.11.23.pdf (3 pages)
- Item 09.3 - NHS Fife Board Whistlblowing Annual Performance Report 2022-2023 Final Version 9.11.23.pdf (15 pages)

9.4. Whistleblowing Quarter 2 Report for 2023/24

(enclosed) *DM*

- Item 09.4 - NHS Fife Board Whistleblowing Quarter 2 Report 2023-2024 - 28.11.23.pdf (7 pages)

11:55 - 12:05
10 min

10. ANNUAL REPORT

10.1. Pharmaceutical Care Services Report 2022/23

(enclosed) *BH*

- Item 10.1 - SBAR PCSR for Fife NHS Board 281123.pdf (4 pages)
- Item 10.1 - Nov 2023 Pharmaceutical Care Services in NHS Fife.pdf (52 pages)

12:05 - 12:10
5 min

11. STATUTORY AND OTHER COMMITTEE MINUTES

11.1. Clinical Governance Committee dated 3 November 2023 (unconfirmed)

(enclosed)

- Item 11.1 - CGC Minute Cover Paper.pdf (1 pages)
- Item 11.1 - Clinical Governance Committee Minutes (unconfirmed) 20231103.pdf (13 pages)

11.2. Finance, Performance & Resources Committee dated 14 November 2023 (unconfirmed)

(enclosed)

- Item 11.2 - Finance Performance Resources Committee Minutes (unconfirmed) 20231114.pdf (7 pages)

11.3. Public Health & Wellbeing Committee dated 6 November 2023 (unconfirmed)

(enclosed)

- Item 11.3 - PHWC Minute Cover Paper.pdf (1 pages)
- Item 11.3 - Public Health Wellbeing Committee Minutes (unconfirmed) 20231106.pdf (8 pages)

11.4. Staff Governance Committee dated 9 November 2023 (unconfirmed)

(enclosed)

- Item 11.4 - SGC Minute Cover Paper.pdf (1 pages)
- Item 11.4 - Staff Governance Committee Minutes (unconfirmed) 20231109.pdf (9 pages)

11.5. Communities & Wellbeing Partnership dated 6 October 2023 (unconfirmed)

(enclosed)

- Item 11.5 - CWP Minute Cover Paper Oct 2023.pdf (1 pages)
- Item 11.5 - CWP Minute 23 10 06 unconfirmed.pdf (3 pages)

11.6. East Region Programme Board dated 8 September 2023 (unconfirmed)

(enclosed)

- Item 11.6 - ERPB Minute Cover Paper.pdf (1 pages)
- Item 11.6 - East Region Programme Board Minutes (unconfirmed) 20230908.pdf (10 pages)

11.7. Fife Health & Social Care Integration Joint Board dated 28 July 2023

(enclosed)

- Item 11.7 - IJB Minute Cover Paper.pdf (1 pages)
- Item 11.7 - IJB 280723 Final Minute.pdf (8 pages)

11.8. Clinical Governance Committee dated 8 September 2023

(enclosed)

- Item 11.8 - Clinical Governance Committee Minutes (confirmed) 20230908.pdf (11 pages)

11.9. Finance, Performance & Resources Committee dated 19 September 2023

(enclosed)

Item 11.9 - Finance Performance Resources Committee Minutes (confirmed) 20230919.pdf (6 pages)

11.10. Public Health & Wellbeing Committee dated 4 September 2023

(enclosed)

Item 11.10 - Public Health Wellbeing Committee Minutes (confirmed) 20230904.pdf (8 pages)

11.11. Staff Governance Committee dated 14 September 2023

(enclosed)

Item 11.11 - Staff Governance Committee Minutes (confirmed) 20230914.pdf (8 pages)

12:10 - 12:15
5 min

12. FOR ASSURANCE:

12.1. Integrated Performance & Quality Report - August 2023 Position

(enclosed) *MM*

Item 12.1 - IPQR Position at August 2023 v1.0.pdf (36 pages)

12:15 - 12:15
0 min

13. ANY OTHER BUSINESS

12:15 - 12:15
0 min

14. DATE OF NEXT MEETING: Tuesday 30 January 2024 at 10.00 am in the Boardroom, Staff Club, Victoria Hospital

Fife NHS Board

MINUTE OF THE FIFE NHS BOARD MEETING HELD ON TUESDAY 26 SEPTEMBER 2023 AT 10:00 AM VIA MS TEAMS

ALISTAIR MORRIS
Acting Chair

Present:

A Morris **(Chairperson)**
C Potter, Chief Executive
S Braiden, Non-Executive Director
W Brown, Non-Executive Director
A Grant, Non-Executive Director
A Haston, Non-Executive Director
J Keenan, Director of Nursing
J Kemp, Non-Executive Director
A Lawrie, Non-Executive Director
K Macdonald, Non-Executive Director Whistleblowing Champion (part)
M Mahmood, Non-Executive Director
M McGurk, Director of Finance & Strategy
C McKenna, Medical Director
J Tomlinson, Director of Public Health
A Wood, Non-Executive Director

In Attendance:

N Connor, Director of Health & Social Care
F Forrest, Deputy Director of Pharmacy *(observing)*
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
L Parsons, Employee Director Elect *(observing)*
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 and Fiona Forrest, who are both observing 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 noting that two long-standing members of the Board have recently intimated their intentions to step down. On behalf of the Board, Wilma Brown was thanked by the Chair for her long service on the Board and he wished her well in her next endeavours. A thank you was also given to Cllr David

Graham, who resigned from the Board at the end of August 2023, for his contributions during his membership term.

The Chair congratulated Lynne Parsons, who has recently been elected by her peers as Staff-Side Chair of the Area Partnership Forum, noting she will serve on the Board in that capacity, as Employee Director, for an initial membership term of four years from 1 October 2023.

The Chair congratulated Jennifer Kane, who was honoured at a ceremony to commemorate 75 years of NHS Scotland. Jennifer works as a clerical assistant in the children's ambulatory care unit and this year marks her 50th year of service. She was invited to meet First Minister, Humza Yousaf, at a special reception at Edinburgh Castle, where exceptional frontline staff members were recognised for their invaluable contribution to our NHS's legacy. Also celebrated at the event from NHS Fife were rotational Pharmacy Technician Jamie Anderson, Children's Community Nurse Gill Deaves, and Sexual Health Nurse Specialist Susan Paxton.

The Chair also congratulated the pupil support nursing team, who won the prestigious 'Health and Wellbeing' prize at the Children's Health Scotland Awards. The team was recognised for its work with children and families in schools for children with complex additional support needs, during a ceremony at the Balmoral Hotel in Edinburgh.

The Chair further congratulated the NHS Communications Team, who are finalists at the first ever #CommsHero awards. Their hard work on the 'Switch to the Nurse Bank' campaign has earned them a well-deserved spot as finalists in the Lastminute.com award category. The Last minute.com award category celebrates the extraordinary superpowers of communication professionals in their reactive communication campaigns. The awards will be taking place as part of the #CommsHero conference at the end of the current month.

The Chair advised that one of our partners, the University of St Andrews, has been ranked the best higher education institution in the UK in both *The Guardian* and *The Sunday Times* league tables. It is the first time that any UK university, other than those of Oxbridge, has led both major UK higher education league tables in the same year and staff, students and colleagues at St Andrews were congratulated on their superb achievement.

The Chair highlighted that Victoria Hospital in Kirkcaldy has been Highly Commended for Obstetrics Training by the Royal College of Obstetricians and Gynaecologists (RCOG). The Victoria Hospital has been recognised by the RCOG as one of the top 10 performing units for Obstetric training across all four nations, which is quite an achievement.

Finally, the Chair highlighted that Non-Executive Board Members recently visited Victoria Hospital to see the fantastic work that is being undertaken across the hospital. Board Members had the opportunity to speak with staff in a number of services, including the Emergency Care Ambulatory Service, the Laundry and Radiology. On behalf of the Board, the Chair thanked all staff involved in the tour for taking time from their busy days to speak to Board members and to show them the work of each service.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Apologies For Absence

Apologies for absence were received from C Grieve, Non-Executive Director.

4. MINUTE OF PREVIOUS MEETINGS HELD ON 25 JULY 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 took the opportunity to echo comments made by the Chair in his introductory remarks in recognising and thanking W Brown, Non-Executive Director, for her contribution to the Board and for her unwavering commitment to ensuring the voice of our staff is heard during her tenure as Employee Director. It was fitting, therefore, that W Brown would be attending the forthcoming Staff Achievement Awards as one of her final duties as Employee Director.

The Chief Executive reported on the following:

- arrangements for the appointment of the Chair of NHS Fife have now been advertised and all the information in relation to the appointment can be found on the NHS Fife website. The closing date for applications is 5pm on 2 October 2023.

- as noted above, the NHS Fife Staff Awards ceremony has been arranged and will take place on 29 September 2023. The Chief Executive thanked the many people who took the time to nominate an inspiring individual or team. It was advised that hundreds of nominations were received, which reflects all the amazing work and outstanding people that make up Team NHS Fife. It was noted that the finalists have now been revealed and she looked forward to celebrating with the winners at the ceremony later this week.

- the Chair and Chief Executive were joined by Jenni Minto, MSP, Minister for Public Health and Women's Health, at Queen Margaret Hospital to launch the NHS Scotland Spiritual Care Framework. They met spiritual care representatives from Fife and other Boards, to discuss the new framework, which is about acknowledging hopes and fears and building resilience to cope with the challenging and changing circumstances that are ever prevalent in the NHS.

- the Chief Executive attended a Civic Reception in the Glen Pavilion to celebrate the city status of Dunfermline. The Chief Executive was joined by the Director of

Acute Services, where they met emergency service colleagues, local councillors, community groups and inspiring young people from schools across the city. It was noted that they saw the unveiling of the new Dunfermline City Tartan, designed by Savannah Mortimer of Queen Anne High School, at the event. The Chief Executive is pleased to be working with local authority colleagues to have a commemorative display of the tartan within the reception area of Queen Margaret Hospital.

- following an invite from Dr Fiona Henderson, on behalf of the Fife Local Medical Committee, the Chief Executive attended a meeting of the Fife GP Sub Committee. She advised she was joined by the Director of Health & Social Care, Medical Director and Director of Pharmacy & Medicines, and they heard from colleagues in general practice about the significant challenges facing primary care services in recent years. The feedback from the GPs present was both heartfelt and candid, and the Chief Executive highlighted their commitment to their patients and staff. It was reported that the meeting was an important opportunity to reflect on how crucial our Primary Care Strategy is to support recovery, quality, and sustainability in this critical key aspect of the wider health and care system. The Chief Executive stated that it reinforced her commitment to drive forward the strategy with the Health & Social Care Partnership (HSCP) and to continue dialogue with our GP teams over the coming months.

- earlier this month, NHS Fife hosted the Chief Operating Officer for NHS Scotland and his Scottish Government colleagues for our bi-annual joint executive team meeting. These meetings are intended to strengthen connection between Scottish Government and NHS Board Chief Executives and their teams. It was advised a range of issues at the meeting were discussed, including the various aspects of performance (acute and HSCP targets), our financial position, and actions to address the climate emergency.

- the NHS Fife Annual Review is due to take place in November 2023 in the Rothes Halls, Glenrothes. The Annual Review process is a key part of the accountability process for NHS bodies. It was advised that this year Scottish Government has confirmed that we will not receive a Ministerial Review, and the Board Chair will conduct the meeting. It was also advised that this is a public meeting and provides the opportunity to outline key progress and challenges in delivering both national and local priorities. Members of the public will be invited to attend in person or to view the session virtually and will have the opportunity to ask questions including submitting written questions in advance. Further details will be posted on the website shortly.

Finally, the Chief Executive expressed her personal thanks as always to Team NHS Fife. She said that workforce continues to be our greatest and most valuable asset and she thanked everyone for their contribution in supporting the health and wellbeing of the population of Fife.

6.2 Staff Story

The Chief Executive was delighted to have a staff story at today's meeting, and she invited the Director of Workforce to introduce the item.

The Director of Workforce introduced the workforce story, which was a video recording featuring two new international recruits (Sabine and Sitel), who have kindly shared their experience of moving to Scotland from the Middle East to work in NHS Fife via the Yeovil Programme for international recruitment. It was noted that their experience would be communicated in their own words via the video, which he hoped members would find powerful and inspiring.

After Board members viewed the video, the Chair noted how useful it was to hear directly from two of our new international recruits and he congratulated everyone involved in making the new staff members feel so supported and welcomed to NHS Fife.

The Board **noted** the information provided in the staff story.

7. CHAIRPERSON'S REPORT

7.1 Chairperson's Update

The Chair provided an update on discussion from a recent Chairs' meeting. He referenced a particularly interesting and informative session with the Chief Medical Officer for Scotland on values-based sustainable medicine, focused on the environmental impact of medicines on the world and the treatment of people, empowering patients to be part of the decision-making in their treatment so they can understand the consequences if something was or was not done. Presentations were also given from the NHS Scotland Director of Finance, who confirmed that there would be no additional capital or revenue funding over that which has already been allocated, and the Director of Workforce, who acknowledged the difficulties in recruitment and increasing the workforce and the need to operate within current resources. There was a similar message about the estate, with a view to maintaining what is already in place, ensuring premises are safe and fit for purpose, given the financial challenges of funding new build initiatives.

The Board **noted** the update.

7.2 Board Development Session – 29 August 2023

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

8. PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Chief Executive introduced the report and confirmed that the July IPQR has been scrutinised in detail through the governance committees. 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 remained within target and work continued to reduce further. An in-depth review of the improvement work around falls prevention would be presented to the Clinical Governance Committee in November 2023. The positive work in relation to the SAB infection rate was highlighted, noting that it was 320 days since the last PVC SAB in Acute, over 403 days since the last central line SAB and 51 days since the last SAB for those people who inject drugs. The e-coli bacteraemia rate had also decreased and performance was at its best since March 2021. It was noted that work continued to improve complaints management and a full update is provided within the report.

The deep dive on pressure ulcer work presented to the last Clinical Governance Committee was welcomed and it was confirmed this had provided a good level of assurance.

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

Finance, Performance & Resources

The Chief Executive provided an update on acute performance related to the 4-hour Emergency Access target, which was variable and remained challenging. It was pointed out that the IPQR does show the separation between the totality of all attendances within Accident & Emergency (including Minor Injuries) and those solely within the Emergency Department at Victoria Hospital. An update on actions being undertaken between now and the end of the financial year, and in advance of winter, is set out in the report. It was noted that the Finance, Performance & Resources Committee received a detailed report about planned care performance, which highlighted challenges in that area. Waiting list numbers had increased but the position is more positive than elsewhere across Scotland and the team is doing all it can to make improvements. It was advised that Cancer 31 day performance in June 2023 increased to 96.5%. However, Cancer 62 day performance has decreased slightly, with Prostate being of particular challenge.

In response to a question, the Chief Executive proposed to provide a full update on the current position around diagnostics, which would be circulated to members outwith the meeting. The Chief Executive confirmed that the paper to the Finance, Performance & Resources Committee had set out more detail about planned care performance overall, describing the ongoing challenges particularly within diagnostics, but she noted that although capacity and actual activity within radiology had been expanded, an increase in referrals and urgent referrals compounded the issue. This was a similar position to other Boards across Scotland.

The Director of Health & Social Care updated members on performance in relation to Delayed Discharges, highlighting the percentage of bed days lost to ‘standard’ delays has increased to 6.1% in July, which is above the 5% target but less than the 24-month average of 7%. There had also been a 5.1% reduction in Code 9 delays, which are more complex. A range of actions remains in place in relation to performance and it is hoped to see a continuing improvement in future reports. The complexity and acuity of people’s needs in our system was outlined and close working continued with the Acute Service to support delivery of this target. The Director of Health & Social Care

highlighted the work of the discharge hub, which is supporting between 90 to 100 discharges on average per week, which is about 40 more than would have been done three years ago, She noted that last week the team achieved 126 discharges in support of flow and providing right care at the right place and right time.

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 further decrease in all Directorates, apart from Corporate and Women & Childrens Services, to 6.81% in June 2023. Personal Development Plan and Review (PDPR) compliance had slightly increased to 40.4%, which is the highest figure in over 13 months. With the iMatter cycle now closed, renewed efforts will be made to further increase compliance by the end of the financial year.

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 Health & Social Care provided an overview of performance related to smoking cessation, noting that a detailed report had been submitted to the committee in July 2023. An update on Child and Adolescent Mental Health Services (CAMHS) performance was provided, noting an improvement for June 2023 taking it just above the 26-week average. There was continued focus on the longest waits and for the seventh month running there are no young people waiting over 35 weeks for treatment, although there is a slight increase in those waiting more than 18 weeks. The challenge of meeting those waiting the longest and balancing individuals who require to access treatment remained, but current performance is in line with the trajectory reported to the committee. A detailed report is being submitted to the committee in November 2023. Psychological Therapies performance has slightly declined, and as with CAMHS, there is challenge around meeting those waiting the longest and those accessing treatment. A detailed report is being submitted to the committee in November 2023 to outline actions taken to support improvement in that area.

The Director of Public Health provided an overview of performance related to childhood immunisation around the 6-in-1 and MMR2, advising that the latest published data (for quarter ending March 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 92.5%, falling below target and the lowest figure recorded. Ongoing work is underway through the Quality Improvement Group and the position had been discussed at the committee. A Development Session has been arranged in February 2024 for members to consider in more detail. It was highlighted that publication of the next round of quarterly statistics to June 2023 had been published today and showed a considerable improvement in the position, such that Public Health Scotland are seeking to understand what Fife is doing differently to change the statistics. Performance related to MMR2 uptake at 5 years of age was relatively unchanged showing a stable position between December and March with an improvement noted in the June figures just published. The Director of Public Health emphasised that the trend in immunisation performance is the most important aspect of performance in this area.

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.

8.2 Financial Performance & Sustainability Report (July)

The Director of Finance & Strategy presented the report, setting out the financial performance and financial sustainability of the Board at the end of July 2023 as measured against the key planning assumptions within the Medium-Term Financial Plan, approved by the Board in March 2023, and as discussed in detail by the Finance, Performance & Resources Committee in September.

The paper confirms an overspend at the end of July 2023 of £10.984m, which is significantly beyond the planned position, and set out the detail of the current areas of financial pressure facing the system, as is being seen across all mainland Health Boards. Attention was drawn to section 5 of the report, noting that the Executive Directors' Group (EDG) and wider organisation is exploring a series of actions to deliver potential recovery options. Focus continued to reduce supplementary staffing, particularly agency staff, recognising that the target reduction in this area is proving hugely challenging. The Director of Finance & Strategy emphasised that there is positive engagement across all teams and services to continue to do everything possible to manage the in-year position. EDG is now moving its focus to look at the medium-term financial position and investigating options, where they exist, to improve sustainability for the longer term across the system. It was noted that whilst the Finance, Performance & Resources Committee was concerned at the latest financial position, it did conclude that it could take assurance that everything possible within our control is being done at an organisational level to manage the position.

The Director of Finance & Strategy advised that there continued to be significant challenge in delivering the planned savings for the year and the detail is set out in section 3 of the report. Performance against the Capital Resource Limit was also highlighted, noting it is progressing well and is in line with the agreed programme for the year.

The Chair stated the importance of managing the supplementary staffing position, given it is the biggest single contributor to the cost saving exercise, with savings of £10m expected. He emphasised the need for continued focus to ensure we achieve the performance elements of the Annual Delivery Plan in the timescales set out. He noted that this position could lead to difficult conversations, but he was confident that the culture of the team and the Board would help to position us well to address those issues.

The Director of Finance & Strategy responded to several enquiries from Non-Executive Directors. She confirmed that the level of confidence in achieving the £15m cost improvement programme is decreasing as the year goes on. However, she advised that over the next few months data should show a reduction in the use of agency staff due to investment put in to increase the resilience of the workforce and increase capacity where possible and work is underway to understand the impact of

that investment. She reported that the Acute Service managed to successfully reduce surge capacity at Victoria Hospital by 50% and still provide a safe service, but recent activity had meant that additional beds had to be re-opened thus increasing costs. The position is monitored closely, with every effort focused on delivering the cost reduction where it is safe to do so. For assurance, she emphasised that the safety of patients and the environment they are cared for will always be the priority for NHS Fife. Regarding additional financial support for winter, it was noted that all Boards received an additional NRAC allocation, and no further funding was anticipated from Scottish Government.

In relation to surge capacity, the Chief Executive further explained that the decision to open additional surge capacity or not is extremely complex, with many interconnected variables and she confirmed that the Acute team carefully consider all the different areas including capacity and workforce in a planned and thoughtful way to ready ourselves for winter.

The Board took **assurance** from the information within the paper.

8.3 Three-Year Workforce Plan 2022-25 Update

The Director of Workforce spoke to the paper, which provided an update on workforce planning actions since the Three-Year Workforce Plan was published in 2022. It was noted that feedback has been received from Scottish Government and confirmation was provided that an annual update is not required to be published and the information will be contained within the Annual Delivery Plan process.

It was noted that Fife HSCP continued to work collaboratively with NHS Fife to ensure an integrated approach to delivering our Workforce Strategy 2022-2025 and Year 1 Workforce Action Plan 2022/2023.

The Director of Workforce thanked the Principal Lead for Organisational Development & Culture, Head of Workforce Planning & Staff Wellbeing and Fife Health & Social Care Partnership for all their hard work.

The Board took **assurance** from the information within the paper, and **noted** it provides detailed updates on the respective workforce planning actions.

8.4 Whistleblowing Quarterly Report Quarter 1 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, together with the iMatter Survey Raising Concerns overview. An update on the Whistleblowing Concerns received during 2021/2022 and 2022/2023 is also contained within the report, to confirm all three concerns are concluded with appropriate actions taken. He confirmed that there had been one whistleblowing concern during Quarter 1 within NHS Fife, primary care providers and contracted services.

The Director of Workforce was pleased to advise that several staff attended the recent Speak Up conference, which was hugely informative and would help enhance work to be taken forward around whistleblowing to further improve the process for NHS Fife. The positive staff feedback from the iMatter Survey was also highlighted, noting that a large majority of staff feel confident to raise concerns internally, which was encouraging. Further updates would be provided to the governance committees and the Board on progress to bring improvement to the process for our staff, managers and the public in Fife.

A number of questions were asked, and these were responded to, specifically around ensuring improvements are made and any organisational learning is shared, with the results of any actions also communicated back to staff to help instil confidence in staff that when actions are raised they are acted upon. Further discussion was held on how to triangulate and integrate data arising from whistleblowing concerns with complaints, grievances, etc, in order to have a full picture across the organisation, and also how to connect with those staff who indicated they do not feel confident in raising a concern.

The Chief Executive advised that following recent events across the public sector, consideration is being given to commissioning work to support her Accountable Officer role to further assure ourselves as a Board that all the necessary systems and processes are in place, and that information is triangulated to see if there is any wider organisational learning and to ensure we provide the best service to the people of Fife as possible. Further discussion would be undertaken at a Non-Executive meeting scheduled for early October. She proposed to bring an update to a future round of governance committees, setting out a proposed approach in the interests of providing assurance and enhancing our governance. This was **agreed** by the Board.

Action: C Potter

The Chair commented that it is important to see the whole picture, taking account of adverse events, complaints, whistleblowing, staff performance and financial performance, to have that broader overview.

The Board took **assurance** from the report, noting there was one whistleblowing concern received in Quarter 1; no anonymous/unnamed concerns received and no whistleblowing articles were published in the local newspaper; and took assurance from the update on the Whistleblowing Themes, Actions Taken, Lessons Learned and confirmation of the concerns being closed in relation to Whistleblowing Concerns received during 2021/2022 and 2022/2023.

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.

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 these remained unchanged, with a number of mitigating actions in place. A deep dive on the bank and agency programme of work is scheduled for the November committee meeting; and
- Whistleblowing Quarter 1 Report, noting that work continues to improve reporting following guidance from the Internal Audit Report earlier in the year and noting the positive staff feedback from the iMatter Survey, with above the national average completion rate of 80% of staff reporting they felt able to raise concerns internally.

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:

- IPQR Update around pressure ulcer prevention, infection control and the deteriorating patient programme work;
- Information Governance & Security Steering Group update, with an excellent report around risk and the Key Performance Indicators that the service has developed;
- positive feedback was received following visits by Healthcare Improvement Scotland and the Mental Welfare Commission ahead of their formal reports being published;
- Corporate Risks aligned to the Clinical Governance Committee, noting deep dives had been completed for four strategic risks, with a further two planned for November and January respectively; and
- Dates of Clinical Governance Committee for 2024/25 were agreed.

The Chair of the Audit & Risk Committee, A Grant, confirmed that there were no matters to be escalated to the Board and advised that the committee considered the following items of business:

- the Chief Internal Auditor was thanked for his work on the occasion of his retiral. T Gaskin, Chief Internal Auditor, provided feedback on some final insights on his work within NHS Fife, which have all been taken on board; and
- there was a reasonable level of assurance around the risks within the control of the organization, with mitigating actions in place.

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 Performance Report;
- an update on the Laboratory Information Management System; and
- Potential PFI Re-financing Update.

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:

- Corporate Risk Aligned to the Public Health & Wellbeing Committee, noting in particular that a reporting framework is being developed to support delivery of the Strategy;
- Annual Delivery Plan 2023/24;
- IPQR; and
- various Annual Reports.

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

9.2 Risk Management Framework

The Director of Finance & Strategy was delighted to present the revised Risk Management Framework to the Board for final approval, following endorsement by the Audit & Risk Committee at its meeting in August 2023. Reflecting on earlier conversations about governance, it was noted that the updated Framework has been aligned to support the achievement of the Board's strategic priorities and deliver the ambitions of the Population Health & Wellbeing Strategy. The Director of Finance & Strategy provided an overview on the main points from the updated document, and highlighted work that has been undertaken in relation to the risk improvement programme. She drew attention to the table on page 6, which gave an overview of our approach to risk management.

Members commended the paper, recognising that the Risk Management Framework is interwoven into the way of working for the organisation. It was proposed that the Board review its risk appetite / risk tolerance to take account of the current environment, which is different than it was when the original scoring was done, and consideration will be given to having a discussion on this topic at a future Board Development Session.

Action: Acting Chair/Chief Executive

The Board took **assurance** from the paper and formally **approved** the updated Framework.

K Macdonald, Non-Executive Director, left the meeting.

10. STRATEGY

10.1 Whole System Property & Asset Management Strategy 2023/24

The Director of Property & Asset Management provided an overview of the report, which has been transformed into an integrated Whole System Property & Asset Management Strategy. The Strategy links in with national thinking around prioritisation and the need to be clear about investment across the whole estate, given there will be limited capital funds available, and aims to be more forward thinking to consider how the estate and its property can support local strategies, including the Population Health & Wellbeing Strategy and the Greenspace Strategy.

The Chair commented that, due to economic reasons, a driver going forward may be shared premises, noting that it this would also support the Anchor Institutions strategy.

It was advised that close working takes place between NHS Fife and Fife Council and with other agencies and there is a willingness to take that forward.

Concern was expressed around the scale of the backlog maintenance challenge. The Director of Property & Asset Management advised that a risk management approach is in place for backlog maintenance, with the highest risk areas prioritised each year, and he considered that over time there would be more emphasis on maintaining existing buildings rather than new builds.

The Board discussed and **approved** the Strategy.

10.2 Primary Care Premises Strategy

The Director of Property & Asset Management provided an overview of the Primary Care Premises Review paper, which supports the Fife Primary Care Strategy and provides an update on the direction of travel of primary care premises transferring across to the Board over a 25-year period. He highlighted that seven sustainability loan applications are complete, with two further applications in progress. He also highlighted that third-party lease transfers are being pursued.

It was advised that themes have been identified within the report, including making existing buildings as useable as possible. It was noted that considerable work has been carried out to identify additional space across the primary care estate.

As noted earlier, it was reported that it is unlikely that additional capital funding, beyond the formula capital, will be available from Scottish Government until 2026 and it was therefore important to be creative and innovative in progressing this work, to have premises which support the best service for the population.

A number of questions were asked in relation to specifications being used to make changes to premises and spaces to optimise use for the benefit of patients and staff; how work is prioritised; and also how the strategy aligns with the Primary Care Improvement Plan, which identifies that more roles need to be filled to reduce pressure on GP services and the level of confidence staff are available to take on these roles when facilities are available for them. These were responded to by the Director of Property & Asset Management and Director of Health & Social Care.

A Grant, Non-Executive Director, commented on the good work done to date and congratulated the teams involved.

The Board discussed and took **assurance** from the report, noting that it will be more widely circulated as part of the Property & Asset Management Strategy as an enabler for the recently approved Primary Care Strategy and the wider Population Health & Wellbeing Strategy.

The Board **approved** the register for the transfer of third-party leases to the Board and the transfer of these leases no sooner than five years before the original leases are due to expire.

11. ANNUAL REPORTS

11.1 Annual Return of Health Promoting Health Service

The Director of Public Health spoke to the paper, which provided an update on progress within NHS Fife during 2022/23 against the Health Promoting Health Service outcomes and indicators.

She advised that there had been changes from the Scottish Government over recent years, with a lighter touch approach introduced, whereby Boards are asked to conduct a baseline self-assessment and action plan rather than a more formal report. The paper outlines some examples of work underway within Fife that contributes to the overarching outcomes and also links with our local strategies. It was noted that developments nationally are awaited regarding the future direction of the programme.

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

12. STATUTORY AND OTHER COMMITTEE MINUTES

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

12.1 Audit & Risk Committee dated 31 August 2023 (unconfirmed)
12.2 Clinical Governance Committee dated 8 September 2023 (unconfirmed)
12.3 Finance, Performance & Resources Committee dated 19 September 2023 (unconfirmed)
12.4 Public Health & Wellbeing Committee dated 4 September 2023 (unconfirmed)
12.5 Staff Governance Committee dated 14 September 2023 (unconfirmed)
12.6 Fife Health & Social Care Integration Joint Board dated 26 May 2023
12.7 Fife Partnership Board dated 17 August 2023 (unconfirmed)

Approved Minutes:

12.8 Audit & Risk Committee dated 23 June 2023
12.9 Clinical Governance Committee dated 7 July 2023
12.10 Finance, Performance & Resources Committee dated 11 July 2023
12.11 Public Health & Wellbeing Committee dated 3 July 2023
12.12 Staff Governance Committee dated 11 May and 20 July 2023

13. FOR ASSURANCE

The Board **noted** the item below:

13.1. Integrated Performance & Quality Report – June 2023

The Board **approved** the item below:

13.2 Corporate Calendar – Board and Committee Dates to March 2025

14. ANY OTHER BUSINESS

None.

15. DATE OF NEXT MEETINGS

Tuesday 28 November 2023 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 28 November 2023

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.	26/09/23	**Risk Management Framework**	Consider topic at future Board Development Session to review the Board's risk appetite / risk tolerance to take account of the current environment.	**AM/CP**	March 2024	Added to list of topics for future Board Development Sessions	

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 November 2023**
Title:	**Chair's Report: Committee Membership**
Report Author:	**Gillian MacIntosh, Head of Corporate Governance & Board Secretary**

1 Purpose

This report is presented for:

- Endorsement

This report relates to:

- Local policy

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

- Effective

2 Report summary

2.1 Situation / Background

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

2.2 Assessment

Following the recent retiral of two Board members (Wilma Brown and Councillor David Graham), and the appointment of a new Local Authority representative and new Employee Director, a number of consequential changes have been made to Board Committee appointments. To inform the placement of members on new committees, the completed Skills Matrix for the Board membership overall has been consulted. Details of the current Committee appointments, reflecting recent moves effective 1 October, are attached as Appendix 1.

There remains a number of Committee vacancies still to be addressed, and those will be actioned by the new Chair of the Board.

2.2.1 Quality / Patient Care

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

2.2.2 Workforce

N/A

2.2.3 Financial

N/A

2.2.4 Risk Assessment / Management

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

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

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

2.2.6 Climate Emergency & Sustainability Impact

N/A

2.2.7 Communication, involvement, engagement and consultation

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

2.2.7 Route to the Meeting

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

2.3 Recommendation

This paper is provided for:

- **Endorsement** – For the Board to formally approve the new Committee membership arrangements, following the appointment of the new Local Authority member and Employee Director.

3 List of appendices

The following appendices are included with this report:

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

Report Contact
Gillian MacIntosh
Head of Corporate Governance & Board Secretary
Email gillian.macintosh@nhs.scot

BOARD STANDING COMMITTEES – (November 2023)

Committees

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

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

Counter Fraud Services Champion – Alastair Grant
Equality & Diversity – Sinead Braiden
Spiritual Care – Mansoor Mahmood
Staff Health & Wellbeing – John Kemp
Sustainability – Anne Haston
Whistleblowing Champion – Kirstie Macdonald (Scottish Government appointment)

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

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

Report to the Board on 28 November 2023

BOARD DEVELOPMENT SESSION – 31 October 2023

Background

1. The bi-monthly Board Development Sessions provide an opportunity for Board Members and senior clinicians and managers to consider key issues for NHS Fife in some detail, in order to improve Members' understanding and knowledge of what are often very complex subjects. The format of the sessions usually consists of a briefing from the lead clinician or senior manager in question, followed by discussion and questions, or a wide-ranging discussion led by members themselves.

2. These are not intended as decision-making meetings. The Board's Code of Corporate Governance sets out the decision-making process, through recommendations from the Executive Directors Group and/or relevant Board Committee, and this process is strictly observed.

3. The Development Sessions can, however, assist the decision-making process through in-depth exploration and analysis of a particular issue which will at some point thereafter be the subject of a formal Board decision. These sessions also provide an opportunity for updates on ongoing key issues.

October Development Session

4. The most recent Board Development Session took place in the Dean Park Hotel, Kirkcaldy on Tuesday 31 October 2023. There were three main topics for discussion: Models of Care Now and into the Future, Value Based Health & Care and Provision of NHS Legal Services.

Recommendation

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

ALISTAIR MORRIS
Acting Board Chairperson
01 November 2023

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 November 2023**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the EDG of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is generally up to the end of August 2023. However, there are a number of measures with a data time lag either due to their nature or when the information is published by Public Health Scotland. These are:

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

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

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

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

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23 (currently transitioning to 2023/24), and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

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

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

2.3 Assessment

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

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 this month:

- HAI (ECB) was in lower quartile compared to other mainland NHS Boards for QE Jun-23
- HAI (C Diff) was in upper quartile compared to other mainland NHS Boards for QE Jun-23. Local data has shown improvement into 2023 Q3
- VHK 4-hour performance has dropped below trajectory and national average
- Performance for Psychological Therapies is negatively out with control limits, as of June 2023: this has been the case for last 3 reporting months.

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** 19 October & 02 November 2023
- **Clinical Governance Committee** 03 November 2023

- **Public Health and Wellbeing Committee** 06 November 2023
- **Staff Governance Committee** 09 November 2023
- **Finance, Performance and Resource Committee** 14 November 2023

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

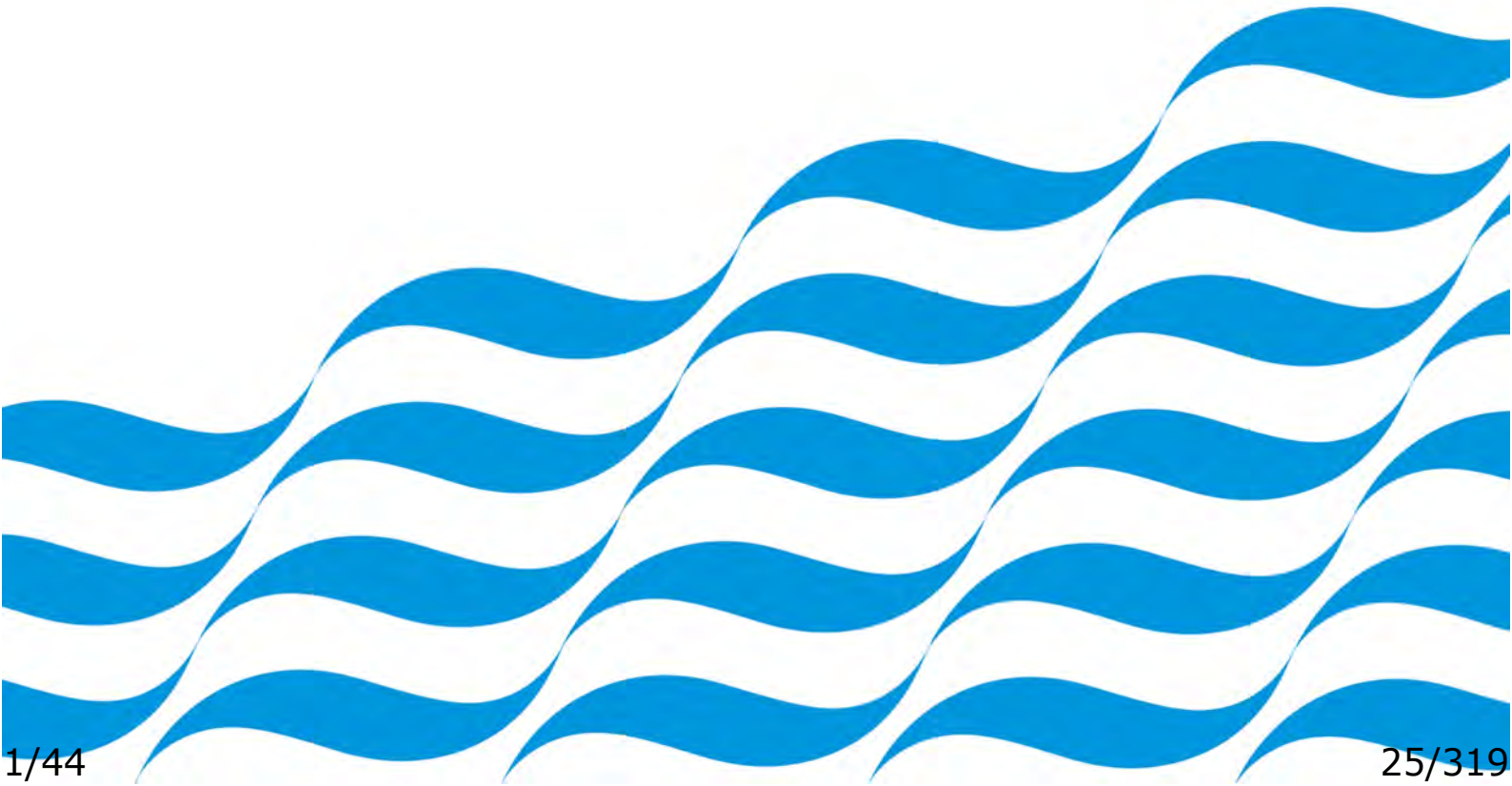
3 List of appendices

IPQR Position at September 2023 v3.0

Report Contact
Bryan Archibald
Planning and Performance Manager
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Position (where applicable) at September 2023
Produced in October 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
16 October 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**		

Risk Key

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

Movement Key

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

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	Aug-23	31	○	▲	▲	●	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Aug-23	48.4%	●	▼	▼	●	
	HSMR	N/A	Year Ending	Mar-23	0.96	●	—	—	●	
	Inpatient Falls	6.95	Month	Aug-23	6.70	○	▲	▼	●	
	Inpatient Falls with Harm	1.44	Month	Aug-23	1.36	○	▲	▲	●	
	Pressure Ulcers	0.89	Month	Aug-23	0.77	○	▲	▲	●	
	SAB - HAI/HCAI	18.8	Month	Aug-23	14.0	○	▼	▼	●	QE Jun-23
	C Diff - HAI/HCAI	6.5	Month	Aug-23	3.5	○	▼	▲	●	QE Jun-23
	ECB - HAI/HCAI	33.0	Month	Aug-23	38.4	○	▲	▼	●	QE Jun-23
	S1 Complaints Closed in Month on Time	80%	Month	Aug-23	42.6%	●	▼	▼	●	2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Aug-23	11.1%	○	▼	▲	●	2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	Aug-23	10.9%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-23	100.0%	●	◀▶	◀▶	●	
	4-Hour Emergency Access (A&E)	95%	Month	Sep-23	73.3%	○	▼	▲	●	Aug-23
	4-Hour Emergency Access (ED)	82.5%	Month	Sep-23	65.0%	●	▼	▲	●	Aug-23
	Patient TTG % <= 12 Weeks	100%	Month	Aug-23	41.0%	●	▼	▼	●	Jun-23
	New Outpatients % <= 12 Weeks	95%	Month	Aug-23	44.7%	●	▼	▼	●	Jun-23
	Diagnostics % <= 6 Weeks	100%	Month	Aug-23	47.2%	●	▲	▼	●	Jun-23
	Cancer 31-Day DTT	95%	Month	Aug-23	90.6%	○	▼	▼	●	QE Jun-23
	Cancer 62-Day RTT	95%	Month	Aug-23	77.1%	○	▼	▼	●	QE Jun-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6%	●	▼	▲	●	2020, 2021
	Freedom of Information Requests	85%	Month	Sep-23	86.5%	●	▲	▲	●	
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Sep-23	10.7%	●	▼	▲	●	QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Sep-23	6.7%	○	▼	▲	●	QE Dec-22
	Antenatal Access	80%	Month	Aug-23	81.8%	●	▼	▼	●	CY 2022
Finance	Revenue Resource Limit Performance	(£23m)	Month	Sep-23	(£15.868m)	●	—	—	●	
	Capital Resource Limit Performance	£11.551m	Month	Sep-23	£2.278m	●	—	—	●	
Staff Governance	Sickness Absence	4.00%	Month	Aug-23	6.91%	○	▼	▼	●	YE Jun-23
	Personal Development Plan & Review (PDPR)	80%	Month	Sep-23	41.3%	●	▲	▲	●	
	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	May-23	44	●	—	—	●	YT Dec-22
	CAMHS Waiting Times	90%	Month	Aug-23	69.4%	○	▼	▼	●	QE Jun-23
	Psychological Therapies Waiting Times	90%	Month	Aug-23	64.8%	○	▼	▼	●	QE Jun-23
	Drugs & Alcohol Waiting Times	90%	Month	Jun-23	82.8%	●	▼	▼	●	QE Jun-23
	COVID Vaccination (Winter, Age 65+)	85%	Month	Sep-23	6.1%	●	—	—	●	
	Flu Vaccination (Winter, Age 65+)	85%	Month	Sep-23	8.9%	●	—	—	●	
	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

a. 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				
	Variance	-481	-136	-353	-970	-73	301				
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				
	Variance	-1,481	211	186	-1,084	-1,151	602				
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				
	Variance	-181	65	103	-13	-226	150				
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	94	79	63	63	10	0
	Actual	164	171	171	171	152	165				
	Variance	24	49	62	62	58	86				
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	0	0	74	74	212	352
	Actual	0	0	1	1	1	2				
	Variance	0	0	1	1	1	2				
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	213	276	339	339	849	1358
	Actual	73	92	85	85	117	186				
	Variance	-4	5	-65	-65	-96	-90				
Long Waits TTG > 104 weeks	Projected	17	15	16	16	21	43	67	67	173	351
	Actual	14	15	20	20	20	20				
	Variance	-3	0	4	4	-1	-23				
Long Waits TTG > 78 weeks	Projected	99	128	159	159	203	258	305	305	547	893
	Actual	79	88	84	84	99	127				
	Variance	-20	-40	-75	-75	-104	-131				
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%				
	Variance	0.3%	-0.2%	-8.8%		-14.0%	-18.5%				
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	230	218	228	228	235	200
	Actual	249	268	224	224	201	179				
	Variance	36	59	8	8	-29	-39				
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	113	133	98	98	42	0
	Actual	43	48	70	70	82	90				
	Variance	-28	-41	-46	-46	-31	-43				
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%		65.2%	65.1%	73.5%			
	Actual	56.2%	58.5%	55.5%		53.4%	54.3%				
	Variance	-11.3%	-10.9%	-10.6%		-11.8%	-10.8%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460	1408	1497				
	Variance	560	714	572	572	520	609				
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1625	1591	1569	1569	1680	1604
	Actual	1128	1136	1173	1173	1227	1260				
	Variance	-266	-439	-487	-487	-398	-331				
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	201	183	165	165	111	57
	Actual	248	286	273	273	262	262				
	Variance	-7	49	54	54	61	79				

b. Assessment

CLINICAL GOVERNANCE

To improve the quality of health and care services

5	5	-	-	-	Moderate

		Target	Current
Major & Extreme Adverse Events	*50% of Action from Major and Extreme Adverse Events to be closed within time*	**50%**	**48.4%**

There were 30 actions relating to LAER/SAER closed on time in August 2023, from a total of 62, which equates to a performance of 48.4%: a decrease on the 73.5% seen in July but higher than the four previous months.

There were 31 Major/Extreme adverse events reported in August out of a total of 1,368 incidents.

69.9% 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, 47.1 actions have been closed per month in 2023 compared to 42.2 over the same period year prior. There was a total of 351 actions open at the end of August, with 74 (26.7%) being within time.

The SBAR process for cardiac arrests has move to fully electronic from 1st September 2023. This move is part of a wider piece of improvement work around the deteriorating patient. It is the intention that the electronic process will reduce delays in the completion and submission of Cardiac Arrest SBARs.

Work has commenced on compliance with closure of actions on time. The first step was sharing communications, widely on Blink, highlighting overdue actions and through targeted service reports. This approach has seen an initial improvement in action closure times. Improvement work is continuing in this area to ensure this improvement is sustained. A short life working group will be convened in November to identify the barriers to closure of actions on time and to develop the action module on Datix to improve usability.

HSMR		**1.00**	**0.96**

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	*Reduce **All Falls** (inpatient) rate by 15% in FY 2023/24 compared to baseline (YE Sep-21)*	**6.95**	**6.70**
	*Reduce **Falls with Harm** (inpatient) rate by 10% in FY 2023/24 compared to baseline (YE Sep-21)*	**1.44**	**1.36**

The number of inpatient falls in total was 192 in August, down slightly from 197 the month prior, which equates to a rate of 6.70 falls per 1,000 Occupied Bed Days (OBD). This takes the performance to within the target range of < 6.95. The majority of falls in the last 3 months (79.4%) were classified as 'No Harm' whilst 16.4% were classified as 'Minor Harm' and <3% were classified as 'Moderate Harm'. Falls classified as 'Major/Extreme Harm' accounted for 1.4% of the totals falls.

The number of falls within Acute Services increased from 78 in July to 93 in August. This equates to a rate of 7.51 per 1,000 OBD (6.33 in July). The number of falls within HSCP decreased from 119 to 99. This equates to a rate of 6.62 per 1,000 OBD (7.68 in July).

The number of inpatient Falls with Harm was 39 in August, one more than the month prior, and this equates to a rate of 1.36 falls per 1,000 OBD: thus, performance continues to remain within the target range of < 1.44.

Reviewed and revised the Falls meeting structure across NHS Fife with the development of a Falls oversight group, chaired by DoN Acute and Nurse Consultant (Older People). The Acute and Community Inpatient Falls groups will align their workplans to the national driver and falls reduction package. Link Practitioner role to be reviewed and revised. From the data above, work will be focussing on reducing the number of falls within Acute towards the 6.95 per 1000 OBD.

Pressure Ulcers	*Reduce pressure ulcer rate by 20% in FY 2023/24 compared to the rate in FY 2022/23*	**0.89**	**0.77**

The total number of pressure ulcers in August 2023 was 22, equating to a rate of 0.77 per 1,000 Occupied Bed Days (OBD). This is an improvement on July 23 which saw a rate of 1.08 and takes the performance to within the target range of < 0.89.

		Target	Current
The number of pressure ulcers in Acute Services decreased from 24 in July to 19 in August (24-month average is 24 and rate is 1.53). In the same timeframe, the number of pressure ulcers in HSCP decreased from 6 to 3 (24-month average is 7 and rate is 0.20). Most pressure ulcers continue to be in Acute Services with 62 between Jun-Aug 2023 compared with 19 in HSCP. The joint Acute/HSCP Tissue Viability steering group is chaired by Director of Nursing and directs the work of the joint Tissue Viability group co-chaired by a Head of Nursing from HSCP and Acute. The membership of this group includes the EiC lead who is supporting the implementation of EiC measures and reporting. The group provides a forum for review of current QI work and implementation of shared learning from Local Adverse Event Reviews learn summaries which supports the improvement of PU incidence as noted in the Q2 data. A review of monthly audit of SSKIN bundle compliance in HSCP in patient areas allows for early intervention and mitigating actions to any areas of concern. Podiatry service recently provided 4 awareness 'CPR for feet' sessions to inpatient ward nurses. Challenges: The unexpected HoN vacancy has delayed the target completion date of Aug 23 for Key deliverable 'Review of services and options for new service design'. A new target completion date will be agreed and included in the next return. All other key deliverables remain on track.			
SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**18.8**	**14.0**
The SAB infection rate increased from 10.2 in July 2023 to 14.0 in August meaning that performance whilst higher was still within target. The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards at 14.6, below the Scottish average. The cumulative number of SAB cases Jan-Aug 23 (n=64) is similar to the same time period in 2022 (n=63), but higher than 2021 (n=50). This trend is also reflected in the cumulative total of HCAI cases, when comparing Jan-Aug 23 to the previous 2 years. There has been 11 vascular access devices (VADs) related SABs; 8 dialysis line related SABs during Jan-Aug 23. Renal services carried out a CCR of each case (Jan-Apr cases) and the findings were discussed at a `Super SAER` meeting on 26th June 2023. The most recent case (August 2023) has been added to Datix by the Consultant Microbiologist. More positively, NHS Fife has achieved over 400 days since last CVC related SAB and over 300 days since last PVC related SAB. So far, during 2023 (up to end Aug 2023), there have been 6 People Who Inject Drugs (PWID) related SAB cases, there was a rise in the number of PWID related SAB cases during 2022 (n=11), when compared to the previous year 2021 (n =4). The IPCT continue to support Addiction Services.			
C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**6.5**	**3.5**
The C Diff infection rate increased from 3.4 in July 2023 to 3.5 in August. There were 2 infections reported in August 2023, 1 HAI/HCAI/Unknown, 1 Community The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending June 2023, showed that NHS Fife was above Scottish average and in the upper quartile of all Mainland Health Boards at 18.0. During July and August 2023, there was a reduction in the cumulative number of CDI cases, when compared to previous months in 2023. Despite this recent reduction, the cumulative total of CDIs Jan-Aug 2023 is higher than during the same time period in 2022 and 2021. This increase is also reflected in the number of HCAI cases Jan- Aug 2023, compared to the previous 2 years. Recent antibiotics (in the previous 12 weeks prior to infection) remains the most frequently occurring risk factor, amongst cases.			
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024*	**33.0**	**38.4**
The number of infections decreased from 12 in July 2023 to 11 in August and the rate of infection decreased from 40.9 to 38.4 HAI/HCAI per 100,000 Occupied Bed Days (OBD). Urinary Catheter related infections have been responsible for 29 of the 112 infections in the last year (25.9%) and remains a key focus for improvement work although the 'Not Known' category accounts for 24 infections (21.6%). 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) was in the lower quartile of Mainland Health Boards, below the Scottish average of 37.6. July and August saw the highest number of ECB monthly cases, so far, in 2023, demonstrating seasonality of ECB infections. Nonetheless, the cumulative total of ECBs (Jan-Aug) remains lower than during the same time period the previous 2 years. This improvement is also reflected in the number of HCAI cases, when comparing Jan-Aug 23 to the same time periods in 22 and 21.			

		Target	Current
The majority of ECB infections occur in the community, the most common sources of infection are hepatobiliary and renal. The number of CAUTI related ECBs has reduced over the past couple of years and, so far, for 2023, this trend is continuing.			
Complaints – Stage 2	*At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024*	**50%**	**11.5%**

There were 24 stage 2 complaints received in August, with 100% acknowledged within timescales, with 54 closed. Of those closed, 6 (11.1%) were within timescales with 30 greater than 40 days after due date, 18 of which were closed greater than 80 days after due date. 46 complaints were due to be closed in the month, 5 (10.9%) of which were closed on time.

63.2% of live complaints have been open for more than 40 days with 31.1% open for more than 80 days, this is a decrease of 4.5% from July.

38.7% of live complaints are awaiting statements with 30.2% approval of final response.

The Patient Experience Team (PET) are currently working with a Senior Project Manager (SPM) to assist with quality improvements and to put together a project plan. Work is ongoing to progress the results and action of the MS Form 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 MS Form questionnaire will be sent to the PET to understand their challenges.

The new complexity scoring categorisation has now 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. We currently have 4 negligible, 19 minor, 49 moderate, 28 major and 5 extreme stage 2 complaints open.

Digital and information have created a PET Dashboard, which is currently being tested and is available on the Data & Insight Hub. This has received positive feedback and will be reviewed over the next few months to agree on data metrics and reporting priorities. Further meetings have taken place with Digital and Information and changes to the test Dashboard.

A "complaints escalation" standard operating procedure (SOP) is being drafted but has not progressed further due to challenges within the PET team. This will highlight and support processing complaints within the agreed national timescales, in line with the model handling complaint procedure.

A new Patient Experience Team intranet page is being created to provide information and guidance about the Complaint Handling Process, with links to education, training and support.

The Navigator's post has been extended by a further six months from within the existing funded establishment, and supports data collection, chasing and tracking complaints, and providing administration and organisational support to the PET Officers. There is currently a 0.29 WTE administration post vacancy within the PET which has been recruited into. There will be a further vacancy in October 2023 of a 1.0 WTE Band 6 PET Officer. This post is currently being advertised.

The number of live Stage 2 complaints have improved from 140-150 to currently 107 in August 2023. There was an average of 40 complaints per month over 100 days this has reduced to 23. This demonstrates that some progress has been made clearing the existing backlog of complaints however this remains incredibly challenging. There are 8 stage 2's over 200 days and 1 over 300 days. Delays remain with obtaining statements and approval of final responses, and at the end of August 2023, 82% of all live complaints were awaiting statements or final approval by the Divisions.

There are 21 Stage 2 complaints under 20 days; 2 are categorised as major, 18 moderate with 1 minor. It would be expected negligible and minor complaints would be completed within the 20-day standard timeframe which means that predicted compliance over the next few months will remain low.

Historically the Band 6's PET Officers would have a mixed caseload of enquiries, concerns, Stage 1's and Stage 2's with at most 20 Stage 2's. There are 3.6 WTE Band 6 PET Officers, allowing them to work on a maximum of 74 Stage 2's. In June 2023 it was identified that there had been a significant increase (93%) in the team's workload. Compared with 2021/2022, there is also a 12 % increase in the total number of complaint contacts (enquiries, concerns, stage 1's and stage 2's). This continued increase in workload and pressure within the PET raises concerns regarding sustainability and retention.

OPERATIONAL PERFORMANCE

To improve the quality of health and care services

5

5	-	-	-

Moderate

		Target	Current
4-Hour Emergency Access	***National Standard**: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95.0%**	**73.3%**
	***Local target** by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**82.5%**	**65.0%**

Performance in September decreased from 79.0% to 73.3%, below the 95% national target and just below the 24-month average of 73.9%.

Unplanned attendances decreased slightly from 7888 in August to 7819 in September though average per day increased to 261 (+7 compared to month previous; +14 compared to year previous). Planned attendances saw a decrease from 454 in August to 394 in September.

The number of 8-hour breaches almost doubled from 285 in August to 543 in August; and 12-hour breaches almost tripled from 27 in August to 76 in September. These figures are notably better than breaches reported in September 2022 (785 for 8hr; 275 for 12hr).

In terms of Breach reasons, 'Wait for a bed' saw an increase from 402 to 771 (highest since Mar-23): as a percentage of total breaches in September, this accounted for 36.9% (previous 9 months averaged 33.8%). 'Wait for diagnostic test or results' remained high at 197: as a percentage of total breaches in September, this accounted for 9.4% (previous 9 months averaged 8.3%).

Performance for Victoria Hospital Emergency Department in September decreased from 72.2% to 65.0%. Unplanned attendances increased slightly from 5918 in August to 5953 in September (+35 compared to month previous; +246 compared to year previous). Planned attendances saw a decrease from 199 in August to 183 in September.

Attendance remained high in September. Surge capacity (Ward 9) was closed at the beginning of September which then increased pressure on front door areas. Options appraisal for FNC commenced to improve prevention of admission and 0 days length of stay.

Patient TTG (Waiting)	*All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat*	**100%**	**41.0%**

Monthly performance decreased from 42.3% in July 2023 to 41.0% in August, The lowest since August 2021.

Waiting list numbers continue to trend upwards for waits of 'over 12 week with a rise of 647 since April 2023, with a slight reduction in 'within 12 weeks'. Waits 'over 26 weeks' & 'over 52 weeks' continue to trend upwards. Waits 'over 78 weeks' saw an increase from 99 in July to 127 in August. Waits 'over 104 weeks' remained at 20, showing no movement since June, this is below projected figures. The overall waiting list increased by 2% from July to August.

The available core capacity (including that funded through waiting times allocation from SG) is unable to meet the demand which has been greater than projected for the first 5 months of 2023. Activity for the same period has been less than projected mainly in Cardiology, Gynaecology, Plastics, Surgical Paediatrics, Breast, and Vascular. This has been due to a combination of vacancies reduced demand in some specialities (Vascular and Breast) and planned reductions as a result of reconfiguration of services (Orthopaedics and Gynaecology).

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 continued 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.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**44.7%**

Monthly performance continues to decrease, reducing from 46.9% in July 2023 to 44.7% in August. All waits saw increases: 'over 52 weeks' increased by 18%, though this remains below the projected figures. Waits 'over 78 weeks' saw an increase from 117 to 186 (59%). There is a recorded instance of a wait 'over 104 weeks.

The largest number of over 78 weeks waits are in Gastroenterology & Neurology

The overall waiting list increased by 1% from July to August.

The available core capacity is unable to meet the demand which has been greater than projected for the first 5 months of 2023 and is now above that in 2019. Activity for the same period has been less than projected mainly

		Target	Current
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. It is anticipated that without any additional funding and ongoing pressures in staff absence and vacancies there will continue to be a deterioration in waiting times in line with projections. 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. There are also some specialities which have improved their overall performance; Medical Paediatrics, Ophthalmology (cataracts) and several subspecialities (hand, shoulder and foot and ankle) in orthopaedics. 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 in some specialities which is leading to increasing waits for routine patients. 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.			
Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**47.2%**
Monthly performance increased from 44.3% in July 2023 to 47.2% in August, this is the first increase since February 2023. For patients waiting less than 6 weeks. Endoscopy saw a small increase in performance (from 46.2% to 47.2%) and Imaging saw an increase (from 44.1% to 47.1%). Endoscopy waiting list has decreased from 817 in July to 753 in August. In terms of waiting list numbers, Imaging has decreased to 8599. MRI saw numbers increase from 1360 in July to 1422 in August. CT saw a decrease of 254 (from 1352 to 1098) the third successive month of decrease; Ultrasound saw a slight increase to 6079 the highest recorded monthly number. The diagnostic waiting list overall decreased from 9589 in July to 9352 in August. The number of those waiting over 6 weeks continues to increase, from 5120 in June to 5356 in July, however this is less than the projected figure of 5836. In Radiology the available core capacity is unable to meet the demand which has been greater than projected for the first 5 months of 2023 and is now 7% greater than in 2019. Activity for the first 5 months of 2023 has been more than projected mainly in MRI and CT due to additional MRI van capacity funded centrally and the unexpected presence of CT van required for emergency capacity. Activity for Ultrasound has been less than projected due to continued challenges with vacancies. As projected capacity in radiology is not meeting the increasing demand and as the proportion of urgent outpatient referrals increases and the demand for inpatient scans continues waiting times for routine outpatient imaging will deteriorate for all modalities. In line with projections there are now patients waiting over 26 weeks in radiology (in ultrasound) and this is projected to worsen over the coming year and our performance in comparison to other Boards in Scotland is now significantly worse than it was in 2019. 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. In Endoscopy demand for new tests has been slightly lower than expected and slightly less than in 2019 prior to the pandemic. Activity for the first 5 months has been less than projected, however, the capacity figure includes all of the available endoscopy capacity which is used flexibly to manage emergency, Urgent, urgent suspicious of cancer, surveillance and new referrals. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. As the proportion of new urgent and urgent surveillance referrals has increased the waiting times for routine patients has not improved as anticipated and there continue to be patients waiting over a year for an endoscopy but performance in comparison to other Boards is good. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.			
Cancer 31-Day DTT	*95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment*	**95%**	**90.6%**
Monthly performance in August 2023 decreased from 94.7% in July to 90.6% which is below target. The number of eligible referrals increased from 132 in July to 138 in August, the highest since August 2021. There were 13 breaches in August 2023, 9 attributable to Urology (6 for 'Prostate' 2 'Bladder' 1 for 'Other') and 4 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. There were nine urology breaches in August, two bladder, 6 prostate and 1 urology other. All urology 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. Additionally, breaches were seen within Breast, all 4 patients affected by theatre capacity and absence. Range 3-84 days with an on average breached by 25 days.			

		Target	Current
Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**77.1%**

Monthly performance in July 2023 decreased from 77.9% in July to 77.1% in August.

The number of eligible referrals decreased from 95 in July to 83 in August.

There were 19 breaches in August 2023 with 13 of these (56.5%) 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.

Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal and urology. In terms of performance urology continues to be our biggest challenge with 16 breaches seen. The main reasons attributing to breaches were delays between many steps throughout the pathway, except for 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.

The range of breaches for prostate 6 - 201 days, average 65 days.

There were further breaches seen, two lung, two breast, two H&N and one UGI OG. These breaches were due to lack of resources in radiology and SACT, extensive staging, investigations and theatre capacity within these increasingly complex pathways. Range for all breaches 1- 201 days, average 48 days.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce*	**5.0%**	**6.7%**

The percentage of bed days lost to 'standard' delays increased slightly to 6.7% between August and September 2023. This is above the 5% target and just above the 24-month average of 6.6%. The number of bed days lost to 'Code 9' delays in September decreased by 10 compared with August (>1%).

The number of bed days lost 'Excluding Code 9' increased by 164 in September compared with August (+9.4%).

Comparing year-on-year, the numbers in delay at census point was similar for standard delays (< 2% difference) but less in Sep-23 for 'Code 9' delays (7.5% difference).

Community saw lower numbers of 'Code 9' and 'Standard' delays than were seen in Sep-22.

MH/LD continue to see higher numbers of ‘Code 9’ delays than was seen in the corresponding month the previous year (average for Nov21-Sep22 was 9.5; average for Nov22-Sep23 was 14).

During week commencing 18-Sep, The Hub recorded 127 discharges and this was followed up by 123 the week of 02-Oct. The weekly profile continues to see performance maintained between 90 and 100 exits from the Acute setting. Comparing year-on-year, this has increased by 40 more patients per week being discharged home or to a homely setting. Integrated discharge teams in Acute and Community continue to ensure Planned Day of Discharge (PDD) is effective and efficient: however, there has been an increase in assessment bed referrals; and deteriorating Covid picture in the community hospitals have impacted on flow, especially patients discharging to long-term care. We also have to recognise the challenges of care home placement for patients with high complexed needs that has significantly impacted on flow: limited capacity throughout care homes also continues to remain challenging. All of these challenges identified have contributed to the increase in bed days lost between August & September. Multi-disciplinary team working continues with all hubs having a multi-professional presence on site to support holistic timely assessment for patients. Daily and weekly whole system verification continues and a targeted piece of work remains in place for all 51X codes. Plans continue to progress PDD within planned care. A Test of Change continues with the Front Door and Hub team collaboratively working with Acute colleagues to support criteria-led discharge and this has had a positive impact on weekend flow and opening OPEL position at the start of the week. Plan for TOC to implement electronic referral process to the VHK Hub to support 24-hour and 7-day request for service.

FINANCE

To deliver value and sustainability	6	4	2	-	-	◀ ▶	Moderate

		Forecast	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£23m)**	**(£15.868m)**

A £15.8m revenue overspend is reported for the first six months of the financial year for Health Board retained services and includes the Scottish Government additional funding relating to NRAC parity and New Medicine Funding which has been allocated to the position.

The main drivers of the overspend continue to be spend on supplementary staffing, external SLAs, ongoing Covid Legacy costs and the cost of surge. Inflation and the cost-of-living pressures are more than the levels identified in the Financial Plan. Moreover, we continue to be challenged to deliver the in year savings programme.

Current projections continue to indicate a forecast outturn of £23m which is significantly more than our current approved financial plan position of £10.9m overspent. Following our Q1 review 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*	**£11.551m**	**(£2.278m)**

The Capital Forecast for August 2023 reflects Capital Resource Limit (CRL) of £7.764m as advised by Scottish Government plus anticipated allocations for several specific projects as discussed at FCIG. 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 September includes completion of the refurbishment works within theatres at QMH.

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

STAFF GOVERNANCE

To improve staff experience and wellbeing

2

2	-	-	-

Moderate

		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**4.00%**	**6.91%**

Sickness absence has increased from 6.63% in July to 6.91% in August 2023, just above the average of 6.48% for the displayed 24-month period. Short-term absence has increased from 2.8% in July to 2.91% in August 2023. There has been an increase in long term absence from 3.83% In July to 3.99% in August 2023. Most sickness absence episodes and hours lost related to mental health reasons for absence. (33.8%)

One Directorate; Community Care, has a sickness absence rate above 8% for the fourth successive month of 2023.

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. Further training initiatives continue to be considered, including rolling out short learning bites. 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. An updated Promoting Attendance Panel process has been implemented across NHS Fife and the HSCP. A multifactorial review in relation to attendance continues within HSCP.
Following a successful pilot, a stress management programme will be rolled out to other areas. The programme utilises the HSE Talking Stress Toolkit and Stress Management Standards to initiate dialogue, leading to the development of action plans to address stress in the workplace. The Occupational Health & Wellbeing Service continue to monitor management referrals, which enables targeted support particularly in relation to Mental Health and Musculo-skeletal absence. There has also been a rise in neurodiversity-type conditions and additional supports for managers in this area is being explored.

PDPR Compliance	*To achieve an annual PDPR compliance rate of 80%*	**80%**	**41.3%**

Compliance has increased to 41.3% in September, the highest reported since inclusion in IPQR, an increase of 0.1% from month prior.

Compliance was highest in HSCP, Complex and Critical) at 55.6% whilst in Acute Services, WCCS was at 51.6%.

Two areas showed compliance of <30% - Corporate (29.7%), Emergency Care (24.4%)

The number of reviews held in September remained at 353, the third highest count in the 18 months available data displayed.

Performance remains at approximately half of the national standard of 80%

The level of engagement during September remains the same as that of August (353) which means that the trajectory to achieve the 80% target will not be achieved within this performance year. To support sustainable improvement and reflect service activity patterns it is proposed that we re-set our aim to look to achieve the full 80% by end of 24/25. An interim target of 55% is proposed by end March 2024 with 80% to be achieved by March 2025.

All PDPR reports have now been issued to managers and work will now begin to identify areas where high levels of engagement can be celebrated or where additional support may be required. Due to a new system development introduced by NES associating O365 email with Turas accounts, the launch of the Appraisal eLearning module has been delayed. This pause was to allow implementation of the development and to ensure learning materials are updated to reflect this change. The launch of the eLearning is now planned for late October 2023.

Vacancies	*Reduce the number of vacancies in the following professions:*	
	Medical & Dental (M&D)	**9.6%**

	Target	Current
Nursing & Midwifery (N&M)		**11.4%**
Allied Health Professionals (AHPs)		**8.3%**

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 is within General Psychiatry.

WTE vacancies within **Nursing & Midwifery** 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 is within Physiotherapy and Occupational Therapy.

Bank & Agency Programme established and initial aims including revised escalation process have been delivered with the main challenge being funding for the Staff Bank Consolidation. This has delayed the implementation plan of the Staff Bank with all other workstreams are in place. A paper will go to EDG late October and then the Bank and Agency Programme Board thereafter for approval of the business case to allow progression of the project.
Refinements to Workforce Dashboard to support Programme are in train.
Modern Apprenticeship numbers for HCSW in Nursing & Midwifery identified with expansion of the programme built into the next financial year. Resource gap is being addressed to support national work representation and anchor strategy commitments. Further work has been completed to identify plans in relation to Employability work associated with our Anchor Strategy. Finalisation of Employability Officer role has been completed with recruitment to commence in Q3.
Internal recruitment reporting established both internally and externally. We await to hear of any further Scottish Government funding for 2024/25 and have appointed the 17 postholders we had funding for to date.
Business as usual proposals for eRostering Programme have been developed and are to be considered by EDG.

Successful pilot and subsequent roll out of pre-employment module across NHS Fife with last business area going live 1st November 2023. Formal evaluation not yet completed, but feedback to date positive, noting ease of use and demonstrating improved efficiency and transparency in the process.

PUBLIC HEALTH & WELLBEING

To improve health and wellbeing	5	2	3	-	-	▲	High

		Target	Current
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**79** (May-23)	**44** (May-23)

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.

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%.

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

Specialist service provision has been maintained at 33 clinics in community and GP venues Fife wide, available space at GP based clinics continues to be limited and footfall significantly reduced. To increase footfall in partnership with GP surgeries we are utilising their text messaging service to send out an information alert, offering support for registered patients who report to be smokers.

Adapting the way support appointments are delivered via a blended approach for clients has been well received, we are starting to see an increase in engagement and retention in the service.

Overall numbers in the service have been low during the summer months, to counteract this and to raise awareness of the service, in September we began a targeted plan of events including pop up events at GP surgeries, Health Centres, retail parks and supermarkets. Where a venue is not available, the mobile unit is used to provide flexible access to the service for communities in areas identified as SIMD 1 & 2.

There has been an ongoing issue with the Public Health Scotland data base ISD, this is a concern as database has not been working or has been issuing double data or not recording data. Impact will be a delay in receiving accurate stats from database to report on for the service.

We are receiving an increased number of referrals and requests from professionals or individuals seeking support to stop vaping, either with dual vape and tobacco use or single use vaping.

Education services are particularly concerned due to the high use of disposable vapes used on school sites. Work is ongoing for PHS to include this data on ISD to allow us to collate accurate data and not anecdotal evidence.

We have delivered 2 training and information sessions to midwifery staff in the last month: Positive impact has been seen from this with a significant increase in referrals to the service. Mainly, we are now receiving a referral following the first point of contact with a pregnant woman, this allows for a supportive discussion and early intervention. This is a key driver for the maternity clients to become smoke free before 16 weeks of pregnancy, returning the greatest health benefit to mum and baby.

Staffing capacity within the team has increased with two of the new advisors completing their smoking cessation specialist training; One advisor returning from maternity leave, and the Stop Smoking Coordinator starting with the team. Induction and training in in progress and once completed will increase capacity for service delivery further.

We remain in some deficit with capacity, as one advisor is continuing with their training, and one is on maternity leave.

Administration support in place for the Community Pharmacies (CP) Quit Your Way programme has been positive in capturing missed follow up data on successful quit statistics or supporting people to have a new quit attempt with the specialist service. Whilst administration capacity in the team allows, we will continue to support CP and work together, increasing footfall and appropriate support for people to stop smoking.

NHS Smoke Free sites work is in progress with a plan to support key mental health inpatient sites following the end of the 12-month grace period from the Sept 2022 15 metre ban legislation from Scottish Government. This plan includes delivery of IMPACT training to staff to provide information and have health motivating positive discussions with people who are smoking and may wish to stop.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**69.4%**

The number of referrals received in August was 226, a 42% increase from July.

The waiting list saw a decrease (269 in August compared with 283 in July).

In August an additional 35 patients were treated from July however within this increased activity 15 of those were treated in >18 weeks resulting in the performance dipping.

Monthly performance decreased from 75.0% in July 2023 to 69.4% in August.

		Target	Current
For the ninth 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 82 in July to 90 in August, this is the seventh month in a row in which it has increased. The percentage of those waiting less than 18 weeks reduced from 71.0% in July to 69.4% in August. RTT will continue 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 has followed the predicted trajectory reported to Scottish Government which remains on track to reach target by March 2024. Recruitment to fill vacancies is ongoing. As new staff come into post, the additional clinical activity will focus on ensuring longest waits are reduced. DNA rate for Aug 2023 has continued to reduce (7.1%) compared to Aug 2022 (20.2) % as the result of an initiative where with all first appointments in Core Teams now receive a phone call prior to appointment. Evening clinics (activity against longest waits) continue to mitigate the reduced staffing capacity due to current vacancies and to hold the position where no one is waiting over 35 weeks. Although those waiting over 18 weeks has increased, the overall number of children and young people waiting has reduced since the last report.			
Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**64.8%**
Monthly performance decreased from 68.4% in July 2023 to 64.8% in August. Performance on the target falls when the service is focused on seeing people who have been waiting longest. The drop in performance in August is due to an increase in the number of people (who had waited over 18 week) who began therapy - a 16% increase on July. Thus, falling out with the criteria for the performance capture of RTT, all be it being a direct contribution to the second aspect of the S Gov requirement to address the overall waiting list. August shows a 5% reduction, compared to July, in the number of patients waiting over 18 weeks to start psychological therapy (from 1227 to 1161). The number of people waiting over 52 weeks reduced slightly from 262 to 256, the number waiting between 36 to 52 weeks reduced from 271 to 255 and the number waiting between 19 to 35 weeks also reduced from 694 to 650. Between July and August 2023, referrals for all ages increased by 38% (from 713 to 985) with the August 2023 referral rate being 62% higher than that for August 2022. 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%). A number of new strands of work were put in place during July and August as part of the psychology service's ongoing plan of improvement activity. Two of these pieces of work will impact directly on target performance and both are within the Addictions Psychology service. The first is establishment of a psychological therapies group - Survive and Thrive - for people who have experienced childhood trauma and the second, following appointment of a new member of staff, is the delivery of psychological therapies within the recently established service for people with benzodiazepine addiction. Other improvement work during this period has been focused around supporting and developing psychological care within wider health and social care services, e.g., within maternity and neonatal services, within third sector addictions services and in response to adverse events. The Psychology Service as a whole continues active recruitment although national workforce pressures for particular grades of staff still pose a challenge.			
Immunisation: COVID and Influenza	*Achieve 85% uptake for both Winter vaccinations (Covid-19 and Influenza) for 65+ population by end of Mar-24*	**85%**	**CV 6.1%** **Flu 8.9%**
Uptake for **Covid-19** vaccination for all priority groups at 6.1% by week ending 2 October with highest uptake relating to Care Home residents at 74.8%. Uptake in Frontline health care workers is just below 10% at 9.6% with those aged 65 and over at 6.8%. Uptake for week ending 2 October is lower than Scottish average (11.6%). Uptake for **Influenza** vaccination for all priority groups at 8.9% by week ending 2 October with highest uptake relating to Care Home residents at 74.6%. Uptake for all health care workers is 12.8 with those aged 65 and over at 7.1%. Uptake for week ending 2 October is lower than Scottish average (16.2%). This is a very early stage of the programme, and the over 75 cohort has only been running for 2 weeks. We are where we would expect to be at this stage of the programme, taking cognisance of the rephasing of the programme at short notice, as per direction from CMO. All relevant cohorts have been offered appointments and further appointments remain available on the national portal.			
Immunisation: 6-in-1	*At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age*	**95%**	**93.8%**
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%.			

		Target	Current
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	*At least 92% of children will receive their MMR2 vaccination by the age of 5*	**92%**	**89.8%**
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%.			

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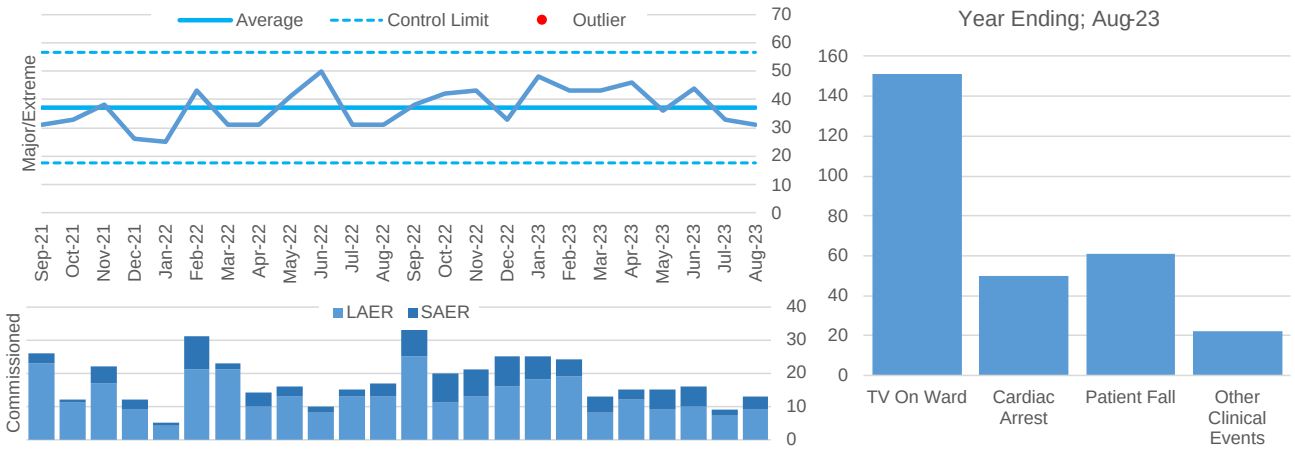
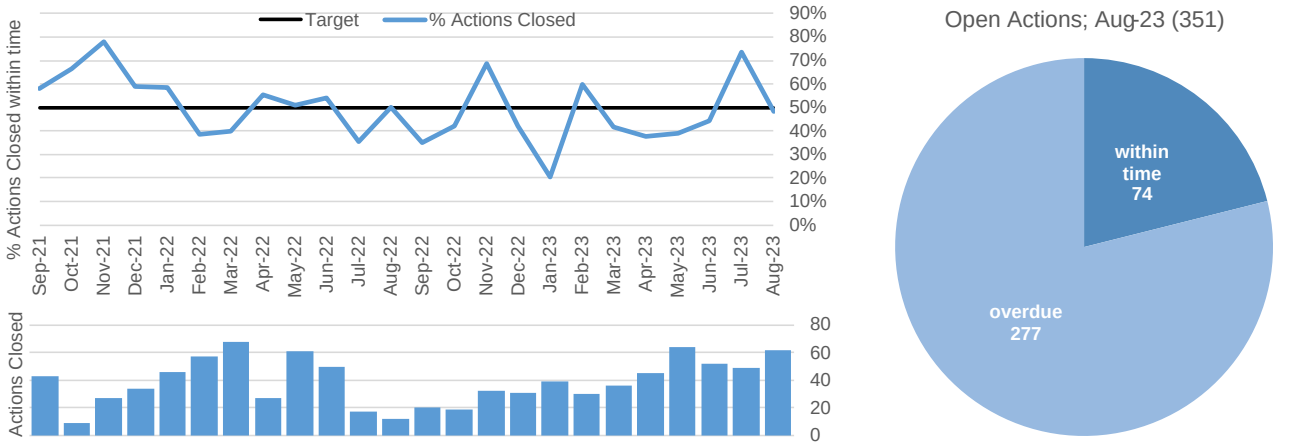
Adverse Events	Number 31



Actions from Significant and Local Adverse Event Reviews	Closure Rate 48.4%



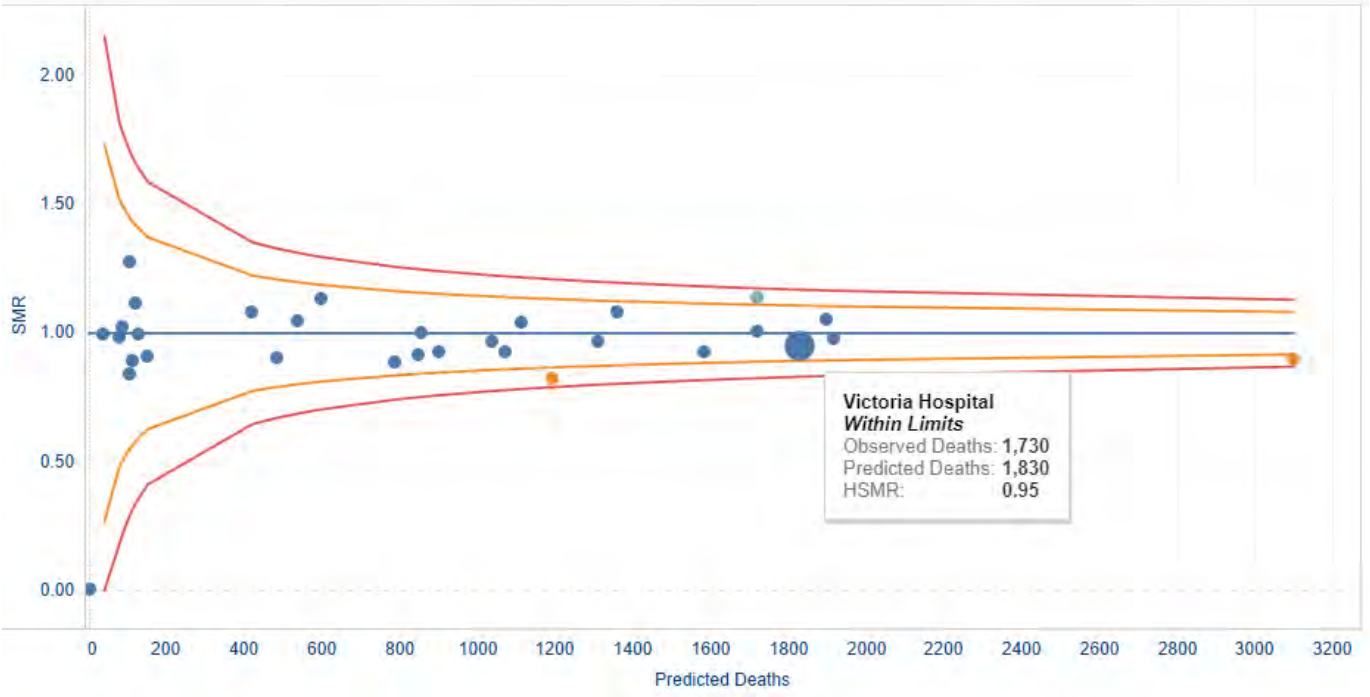
Key Deliverable	End Date
Off track / At risk / On track / Complete / Suspended	Proposed
Delivery of Clinical Governance Strategic Framework - Adverse Events	**Mar-24**
Key Milestones: Publication of updated Adverse Events Policy	Apr-23
Key Milestones: Adverse Events Management Resource Pack uploaded to Blink	Dec-23
Key Milestones: Deliver bespoke training session, where requested, to complement the e-learning package for review teams	Aug-23
Key Milestones: Facilitate short life working group to identify changes required to Datix action module	Mar-24
Key Milestones: 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
Key Milestones: 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: 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.

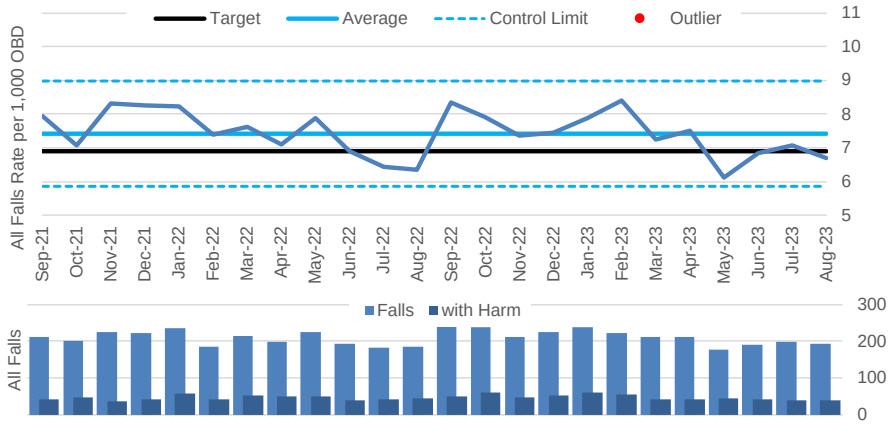
Inpatient Falls

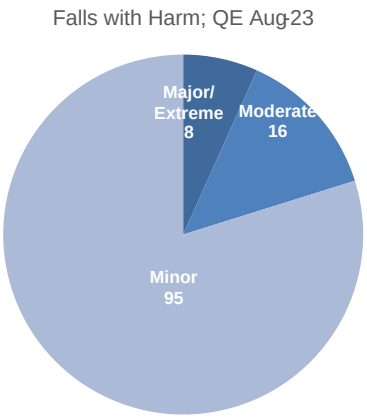
*Reduce **All Falls** rate across Acute & HSCP by 15%*

Target Rate (by end March 2024) = 6.95 per 1,000 Occupied Bed Days (OBD)

Performance 6.70

Local Performance





Performance by Service Area

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
NHS Fife	8.34	7.90	7.37	7.44	7.88	8.39	7.24	7.50	6.12	6.83	7.08	6.70
Acute	9.33	7.53	8.21	7.20	8.22	9.73	6.52	8.90	5.70	6.76	6.33	7.51
HSCP	7.47	8.24	6.64	7.65	7.58	7.28	7.82	6.33	6.48	6.89	7.68	6.62

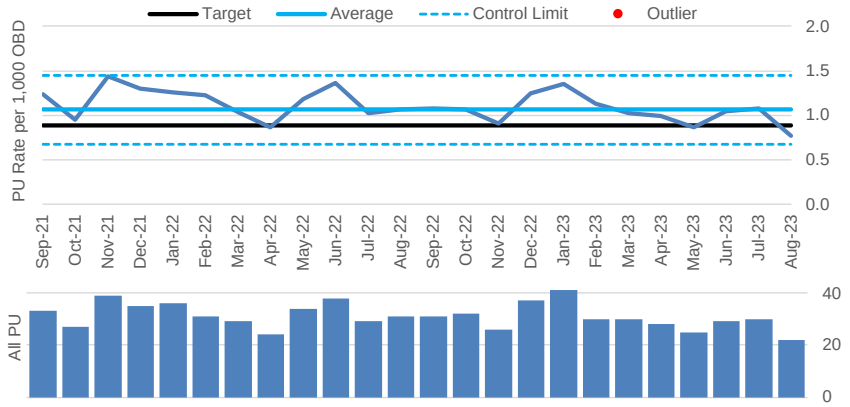
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended / Proposed		
Reduce Falls across all hospital inpatient setting		**Mar-24**
Key Milestones	Review and confirm falls link practitioners for each ward area on every hospital site.	Dec-23
	Ensure that falls related data is discussed 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

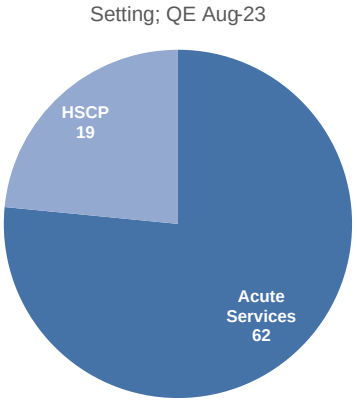
Pressure Ulcers

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 0.89

Local Performance





Performance by Service Area

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
NHS Fife	1.08	1.07	0.91	1.24	1.35	1.13	1.02	1.00	0.87	1.05	1.08	0.77
Acute	1.94	1.97	1.28	2.29	2.39	2.33	1.82	1.41	1.44	1.51	1.95	1.53
HSCP	0.32	0.25	0.59	0.32	0.44	0.14	0.37	0.65	0.38	0.66	0.39	0.20

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

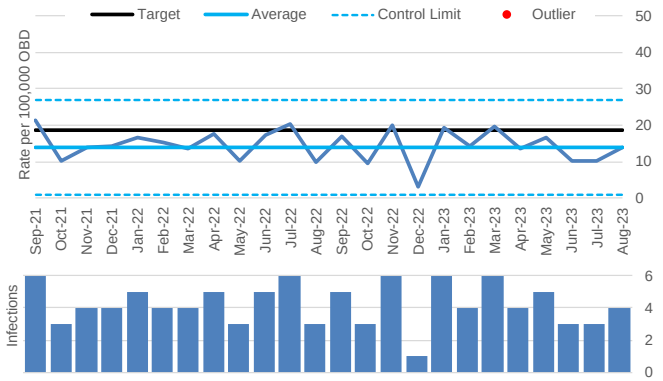
HAI/HCAI

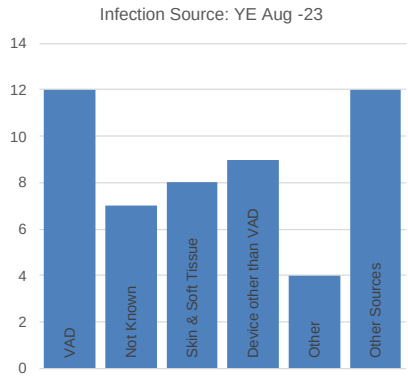
SAB

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

Performance 14.0

Local Performance





National Benchmarking

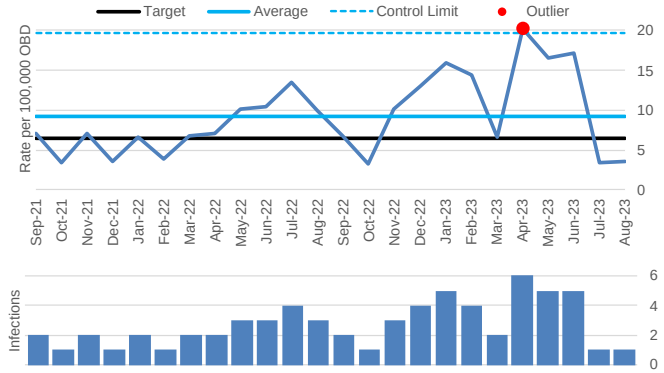
Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	10.9	17.9
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	19.2	19.1

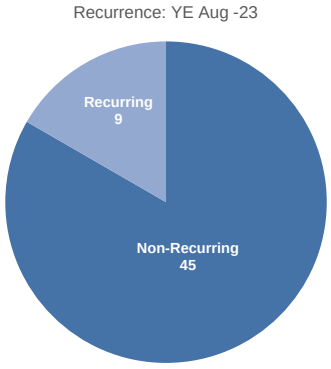
C Diff

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

Performance 3.5

Local Performance





National Benchmarking

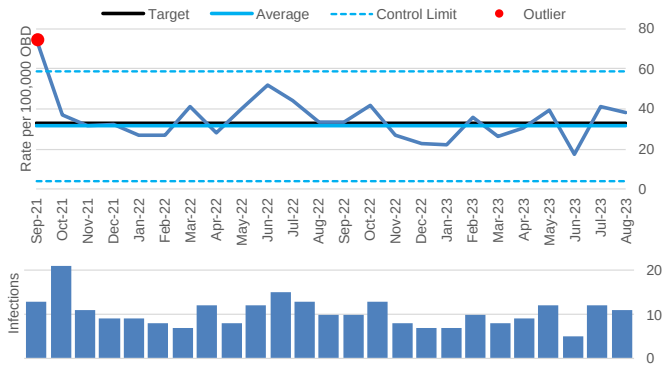
Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	8.7	13.4
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	13.5	13.4

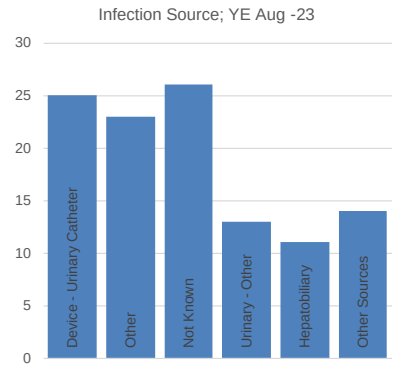
ECB

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

Performance 38.4

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

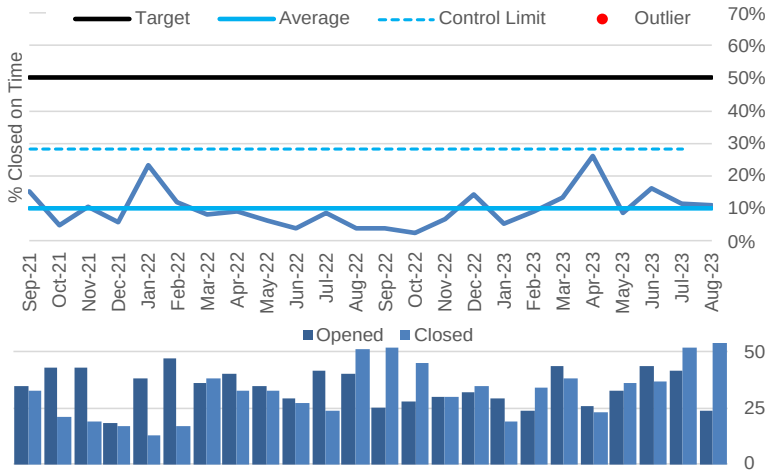
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Implement IPC Workforce Strategy 2022-24		**Sep-24**
Key Milestones	Complete a GAP analysis of the NHS Fife IPCT with regards to recommendations for local Boards	Apr-23
	Awaiting updates to national deliverables which are currently delayed. Recommendations 1, 9, 10,12, 14 and 15	Oct-23
	Engage with other key stakeholders outlined in the strategic plan (HPT and AMR) to begin discussions to determine roles and remits	Oct-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	Oct-23
	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

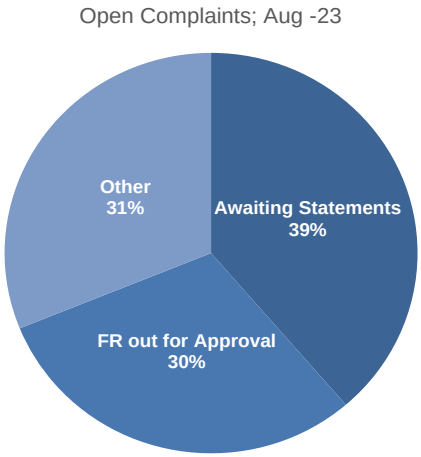
Complaints | Stage 2

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

Performance 11.5

Local Performance





Performance by Service Area

		Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
NHS Fife	Opened in Month	25	28	30	32	29	24	44	26	33	44	42	24
	% Acknowledged on time	96.0%	96.4%	93.3%	96.9%	100.0%	95.8%	97.7%	96.2%	97.0%	93.2%	90.5%	100.0%
	Due in Month	37	21	30	27	32	30	28	38	29	35	43	46
	% Closed on time	5.4%	4.8%	3.3%	14.8%	6.3%	13.3%	14.3%	15.8%	6.9%	17.1%	16.3%	10.9%
	Closed in Month	52	45	30	35	19	34	38	23	36	37	52	54
	% Closed on time	3.8%	2.2%	6.7%	14.3%	5.3%	8.8%	13.2%	26.1%	8.3%	16.2%	11.5%	11.1%
Acute	Closed in Month	34	29	22	26	17	23	23	16	27	23	43	36
	% Closed on time	0.0%	0.0%	9.1%	19.2%	5.9%	13.0%	13.0%	31.3%	7.4%	21.7%	11.6%	16.7%
HSCP	Closed in Month	16	16	7	9	2	10	15	7	9	14	6	18
	% Closed on time	6.3%	6.3%	0.0%	0.0%	0.0%	0.0%	13.3%	14.3%	11.1%	7.1%	0.0%	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	Oct-23
	Implement complexity scoring system to categorise complaints	Oct-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	Oct-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 Milestones	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	Oct-23

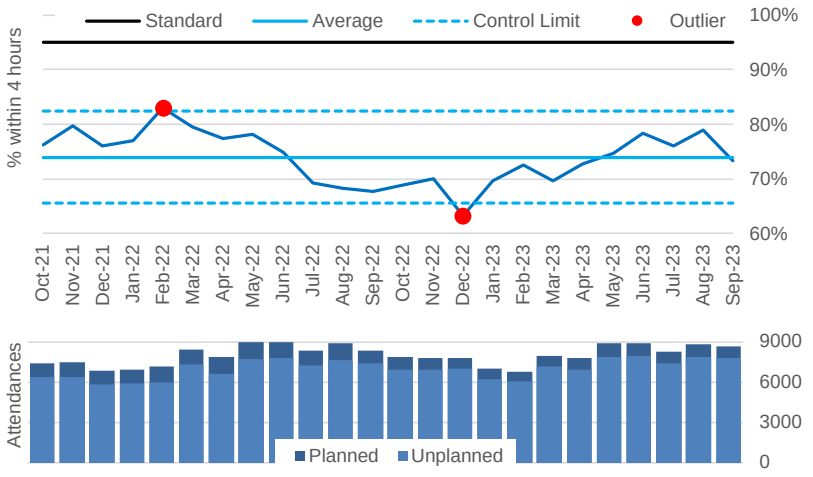
Digital Solution for reporting Live Patient Experience (Complaint) data		Apr-24
Key Milestones	Meet with Information Services to discuss and develop Dashboard	Apr-23
	Liaise with other Health boards regarding their Dashboards	May-23
	Discuss and agree data to be displayed with Acute, Corporate and H&SCP	Oct-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

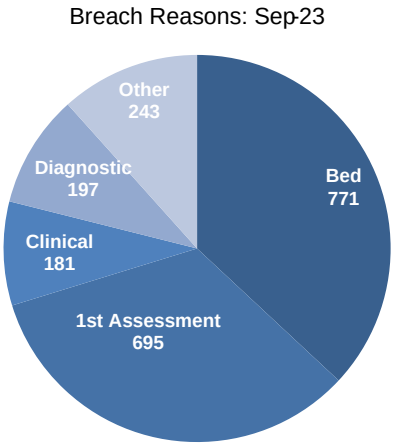
4-Hour Emergency Access

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

Performance 73.3%

Local Performance





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%	

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		**Oct-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	Oct-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	Oct-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

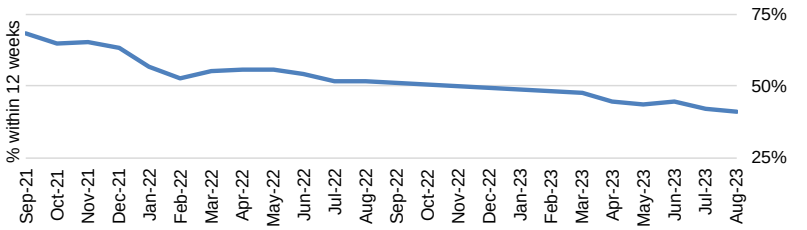
Develop a workforce and delivery model that is financially sustainable		**Oct-23**
Key Milestones	Establish a Finance and Workforce Group	Jun-23
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current 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		**Oct-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	Oct-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	Oct-23
Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		**Oct-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	Oct-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

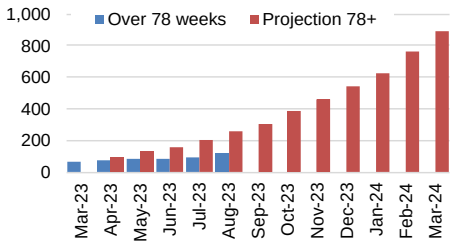
Patient TTG

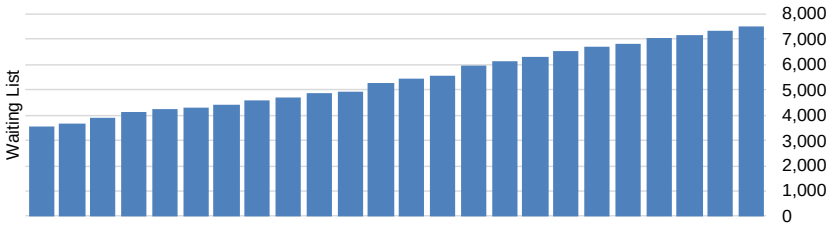
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

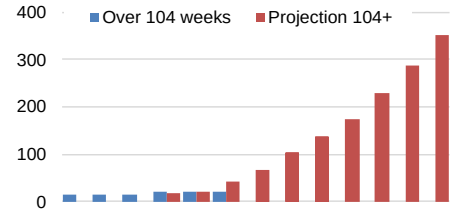
Performance 41.0%

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 Fife	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)	Oct-23
	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	Oct-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	Oct-23
	Refresh small volume SLAs to streamline decision making	Dec-23

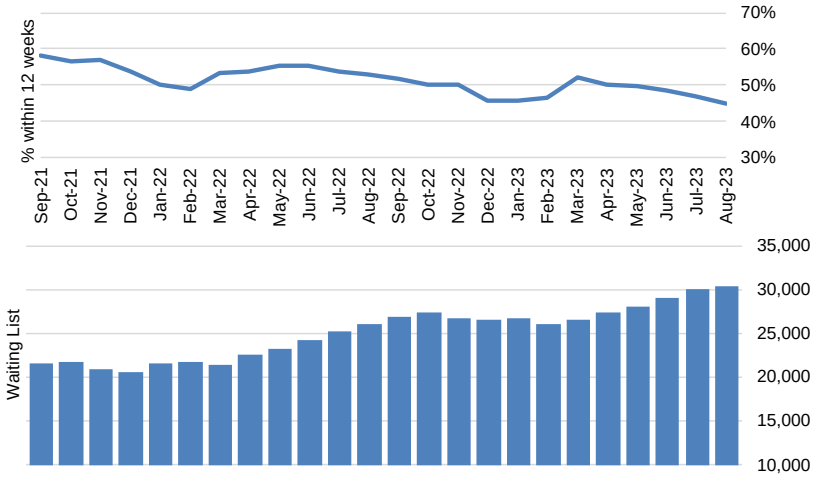
Operationalise NTC		**Mar-24**
Key Milestones	Operationalise Lothian patients being treated in NTC	Nov-23
	Development of a regional network to help support image guided injection	Mar-24
	Identify high volume pathways for redesign	Mar-24
Maximising Scheduled Care capacity		**Mar-24**
Key Milestones	Explore re-allocation QMH to reduce high volume backlog in specialties	Oct-23
	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		**Oct-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	Oct-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	Oct-23
	Develop a plan of how to scale up test of change	Nov-23
	Access to 'The well' for priority specialities	Mar-24

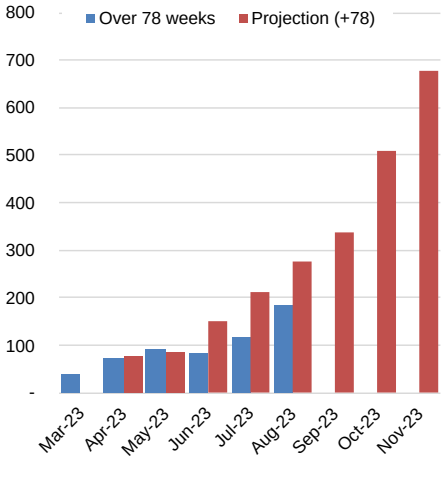
New Outpatients

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

Performance 44.7%

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%

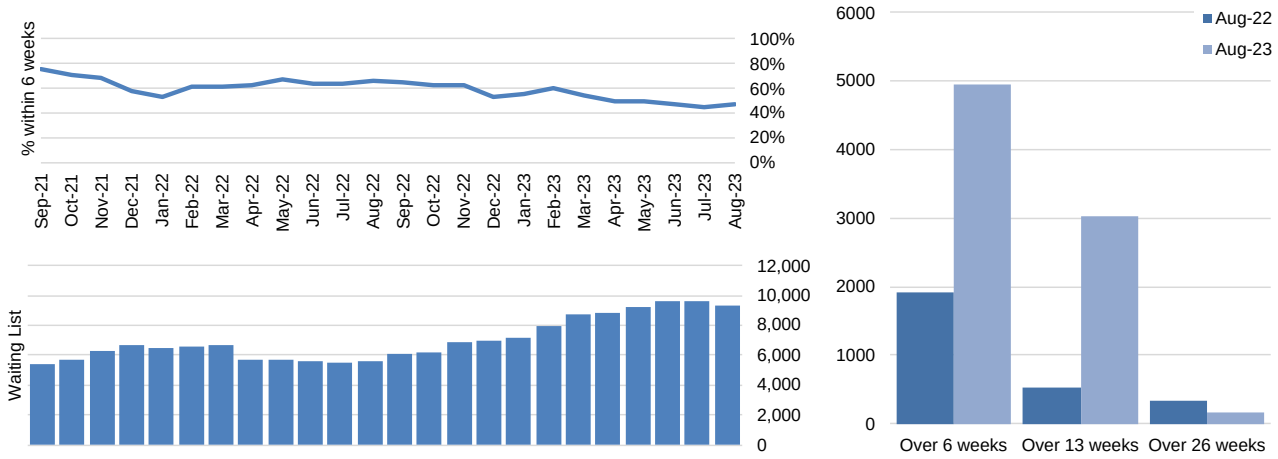
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Review and redesign Outpatient capacity to maximise capacity and timely access		**Oct-23**
Key Milestones	Engagement with national ENT Access QI project	Oct-23
	Review processes to optimise space and templates in 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	Oct-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	Oct-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Dec-23

Diagnostics Waiting Times

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

Performance 47.2%

Local Performance



National Benchmarking

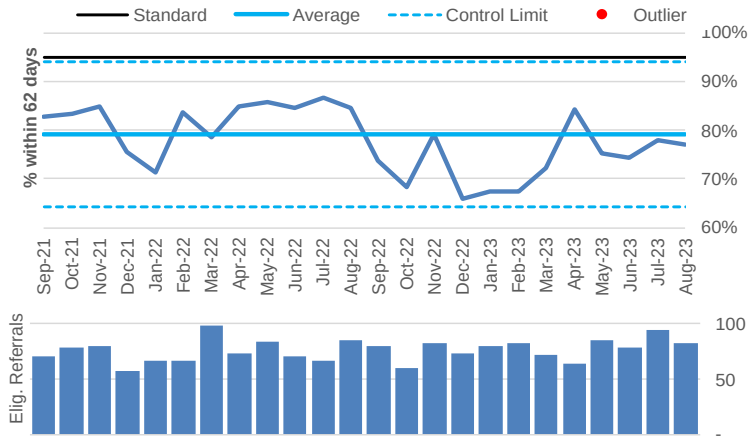
	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	96.0%	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%
Scotland	55.9%	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%

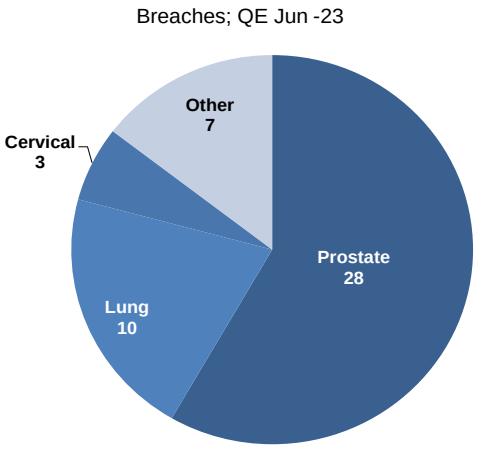
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended / Proposed		
Expanding Endoscopy capacity and workforce		**Dec-23**
Key Milestones	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs	Dec-23
	Testing and delivery 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	Oct-23
	Review and re-vetting of Surveillance backlog	Oct-23
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

Cancer 62-Day Referral to Treatment

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

Performance 77.1%





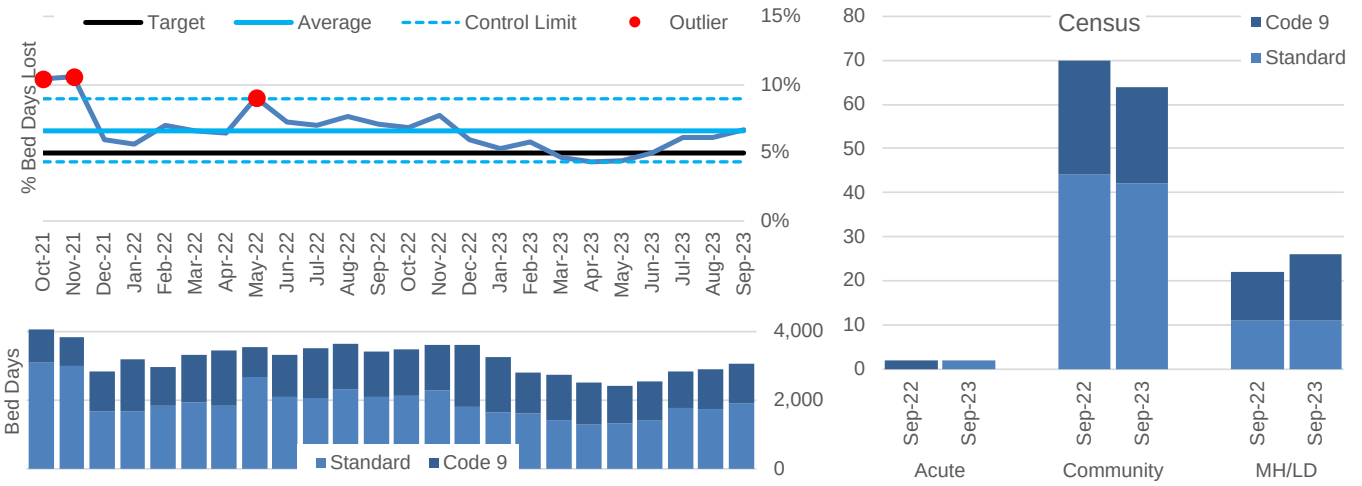
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times		**Mar-24**
Key Milestones	Work toward implementation of the Effective Breach Analysis SOP	Mar-24
	Undertake 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	TBC
	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	Oct-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

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 6.7%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending									
		2020/21			2021/22				2022/23		
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%	6.8%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%	11.6%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.7%	7.1%	7.2%	7.2%	7.9%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.3%	9.6%	10.3%	10.2%	10.7%	11.1%

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 weekend discharge support team to improve flow across 7 days including criteria led discharge capability	Nov-23
	Improved use of electronic systems to improve flow including electronic bed requests	Nov-23
	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
	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home	Dec-23
	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	Dec-23
	Review and redesign of Assessment and Rehabilitation Centre model	Mar-24

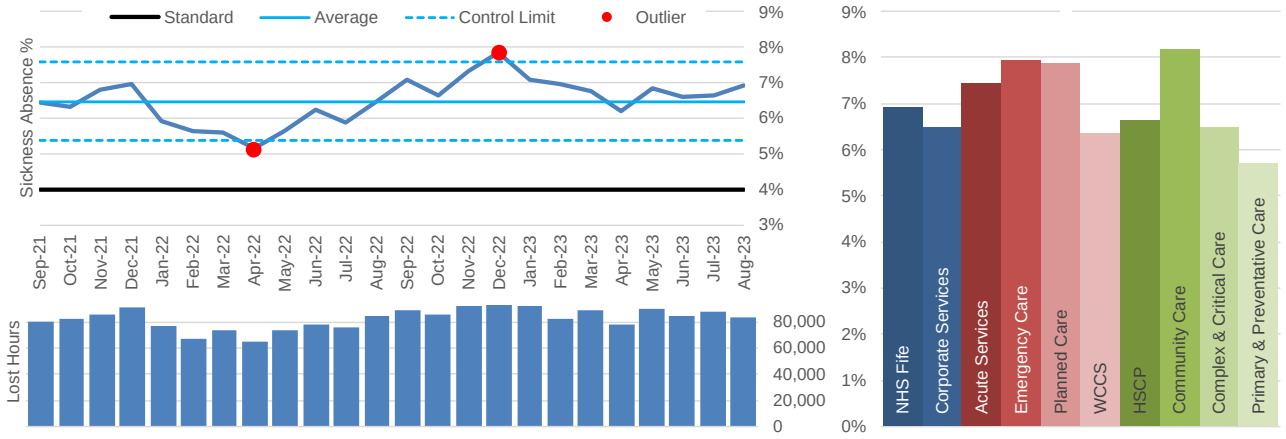
Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix		**Dec-23**
Key Milestones	Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to 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

Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance 6.91%

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%

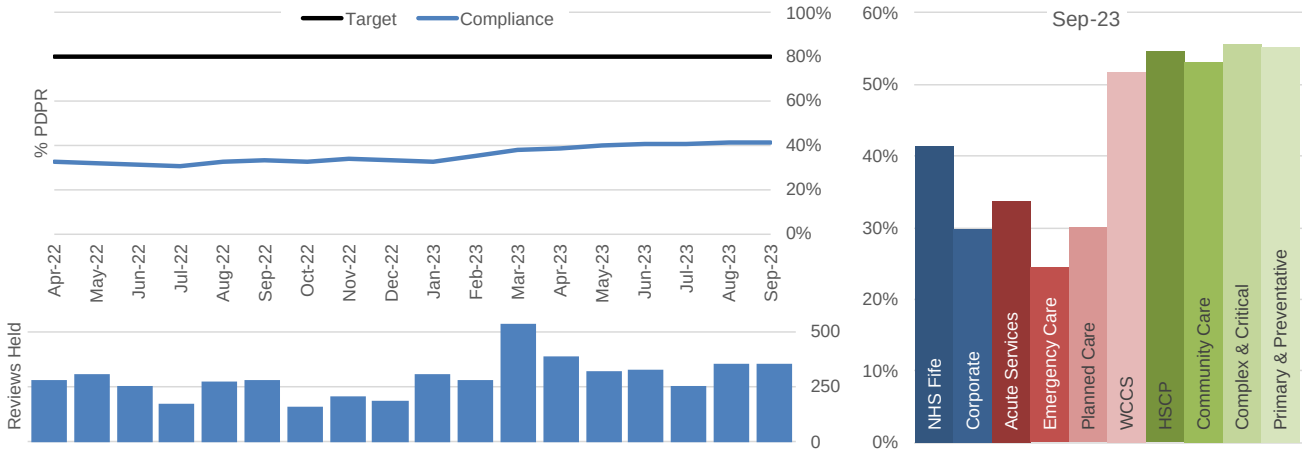
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025		**Mar-25**
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group	Oct-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Area Partnership Forum	Nov-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Staff Governance Committee	Nov-23
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities	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	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 41.3%

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%

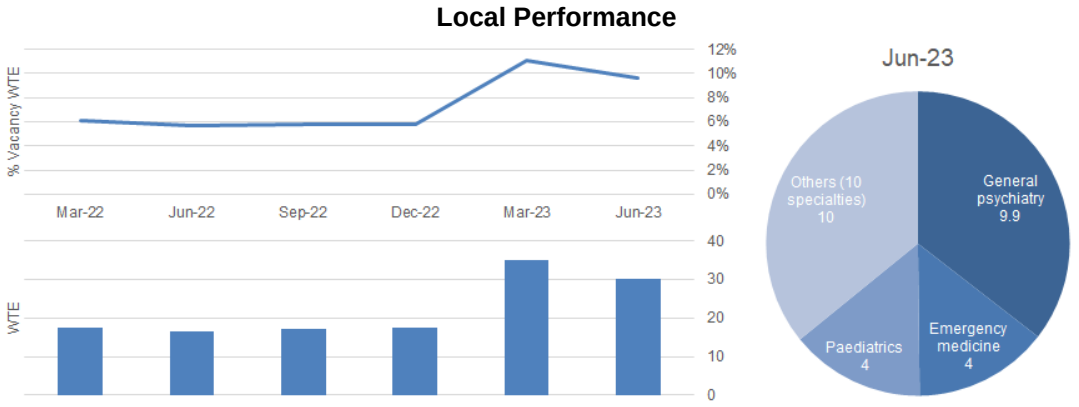
Key Deliverable		End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Create and Nurture a Culture of Person-Centred Care		**Mar-26**
Key Milestones	Development of Leadership Development framework completed	Mar-24
	Review of OD function delivery as part of Directorate service change proposals 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

Vacancies

Medical & Dental

Reduce the number of Medical & Dental vacancies

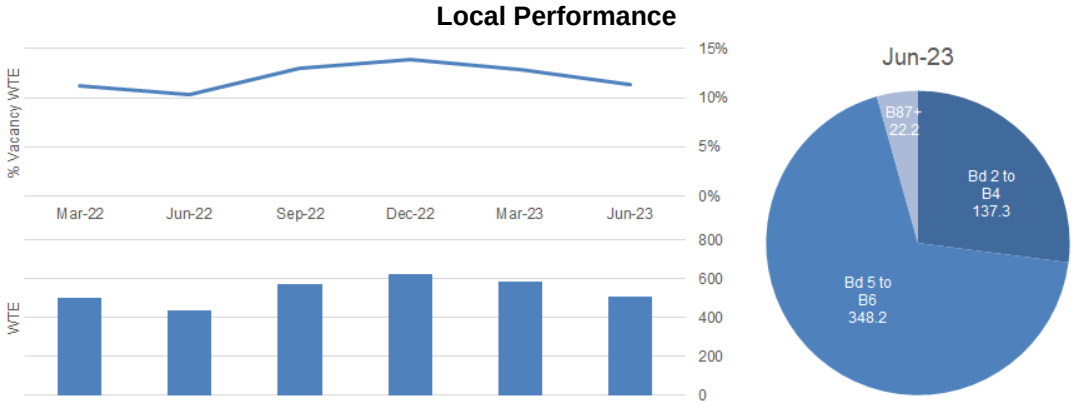
Performance 9.6%



Nursing & Midwifery

Reduce the number of Nursing & Midwifery vacancies

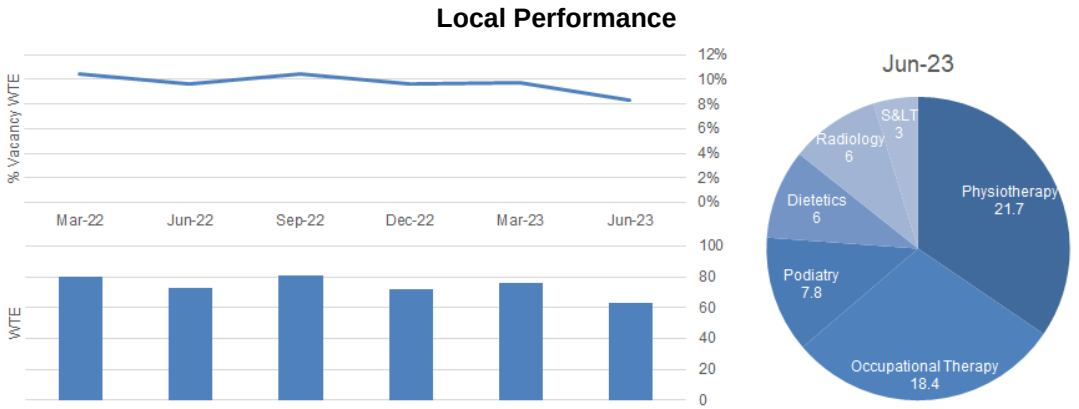
Performance 11.4%



AHPs

Reduce the number of AHP vacancies

Performance 8.3%



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

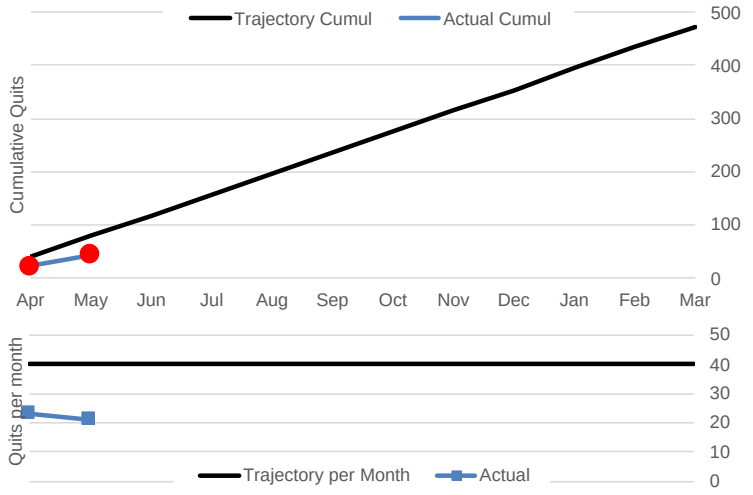
Delivering Anchor Institution workforce aims - Promoting employability priorities		**Mar-25**
Key Milestones	Identification of future Modern Apprenticeship programme numbers for 2023/24	Jul-23
	Representation on new national workstreams agreed	Aug-23
	Employability Model of delivery review completed	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	Oct-23
	Review of Workforce Analytics as part of Directorate service change proposals completed	Sep-23
	Coordination of recruitment activity with Graduate Apprenticeship Schemes	Oct-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

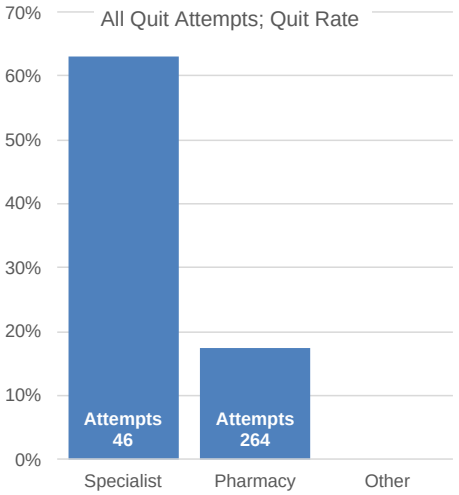
Smoking Cessation

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

Performance 44

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										
	Actual Cumul	23	44										
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	57.5%	55.7%										
Scotland	Achieved												

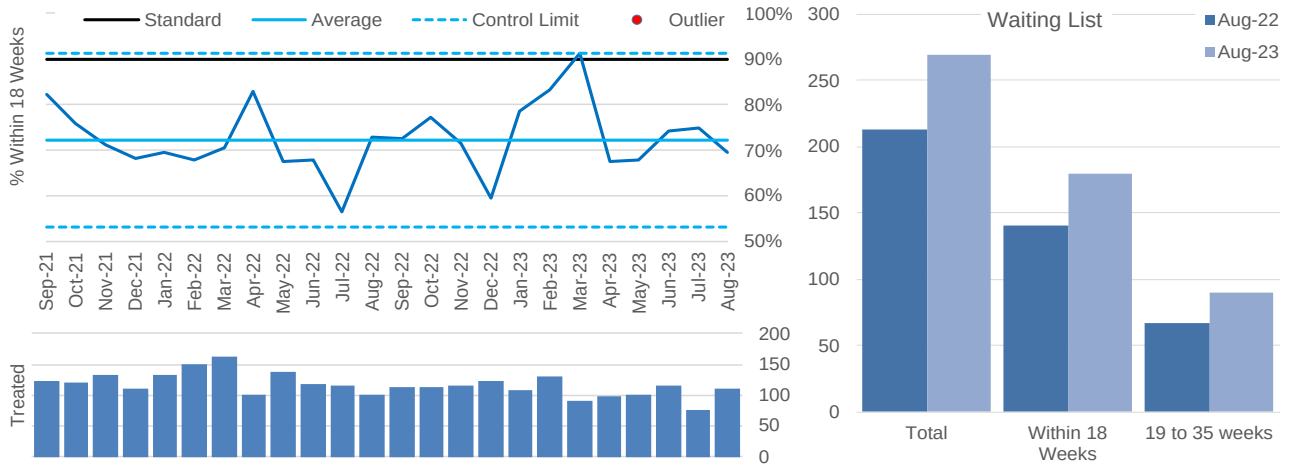
Key Deliverable	End Date
Off track / At risk / On track / Complete / Suspended	Proposed
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24	**Mar-24**
Key Milestones: Remobilise face to face service provision across GP practices by engaging with Practice Managers to 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 69.4%

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%

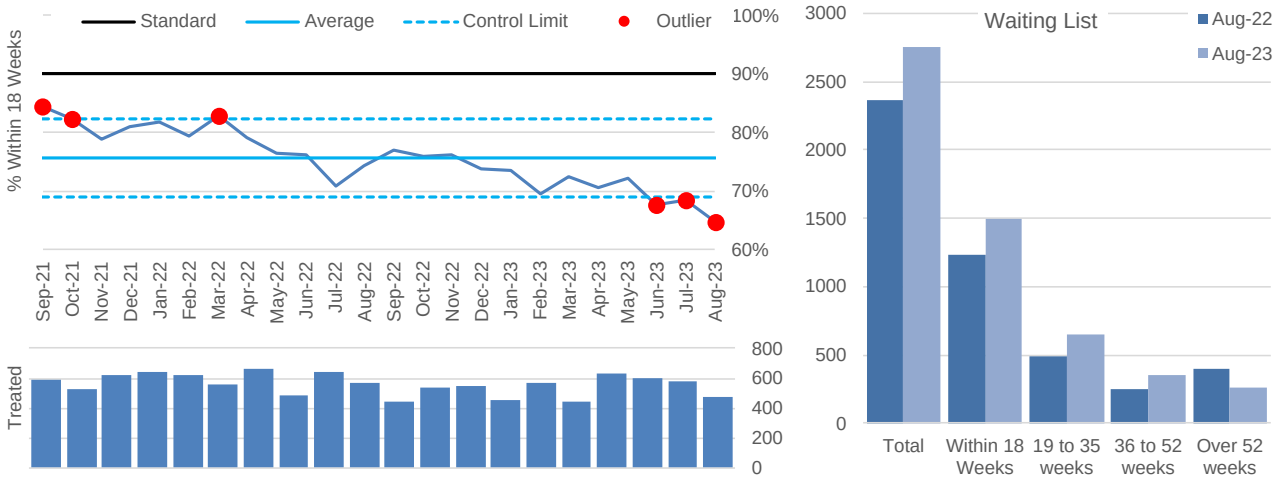
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard		**Mar-24**
Key Milestones	Implementing 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	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 64.8%

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

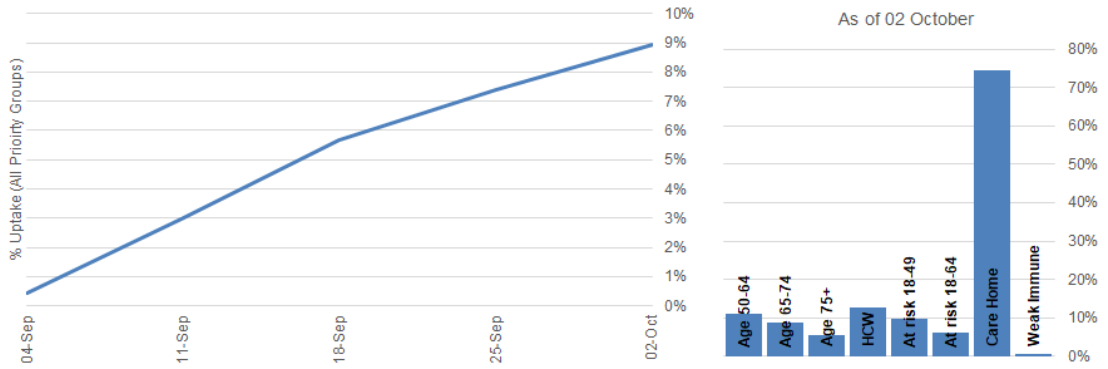
Immunisation: FVCV

Flu

Uptake of the Influenza vaccination for eligible population of Fife to reach TBC% by end of Winter (end of Mar-24)

Performance 8.9%

Local Performance

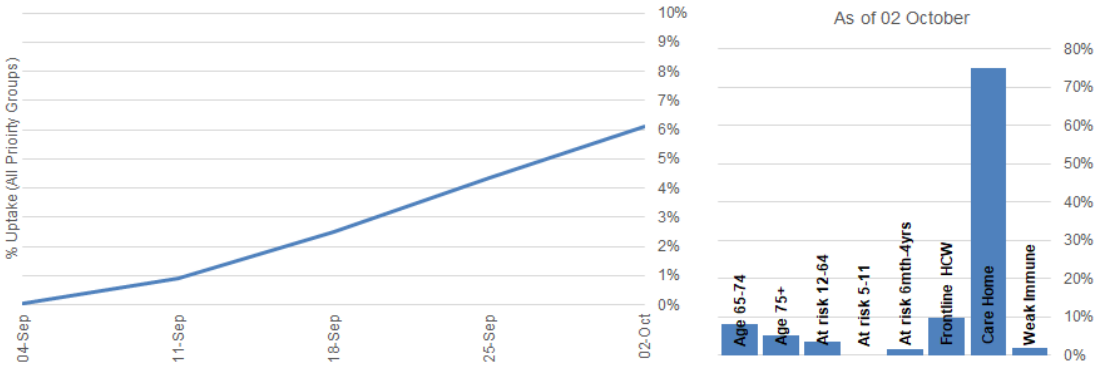


Covid

Uptake of the Covid-19 vaccination for eligible population of Fife to reach TBC% by end of Winter (end of Mar-24)

Performance 6.1%

Local Performance



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

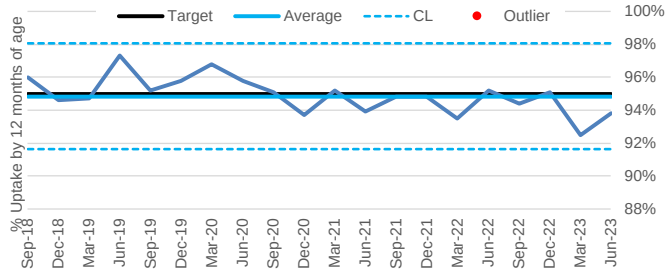
Child Immunisation

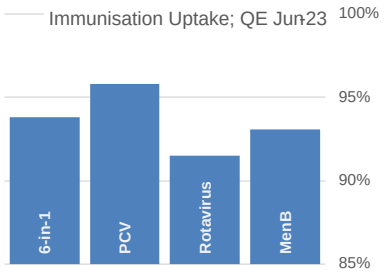
6-in-1

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

Performance 93.8%

Local Performance





National Benchmarking

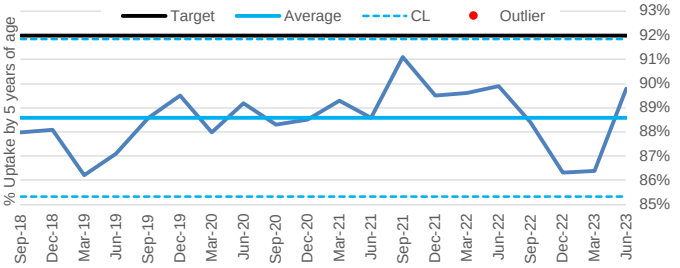
Quarter	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%	92.5%	93.8%
Scotland	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%	95.2%	95.3%

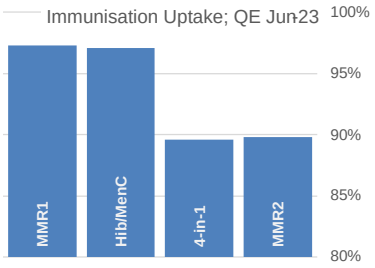
MMR2

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

Performance 89.8%

Local Performance





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 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
	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
	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	Nov-23
	Preparation for children's 18-month visit	Nov-23
	Communication strategy to stakeholders	Nov-23

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 November 2023**
Title:	**Finance Performance & Sustainability Report**
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 September 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 £15.868m revenue overspend is reported for the six months to the end of September 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 March 2023, the Scottish Government acknowledged the position outlined in our financial plan for 2023-24 and advised the Board to undertake the following actions by 30 June 2023.

- To provide an update on progress against actions set out in the financial recovery plan, including the work carried out in collaboration with the IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance.
- Development of other measures to be taken to further reduce the financial gap.
- Review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- Focus on addressing Covid-19 legacy costs, including additional bed capacity.

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. Given the position reported at the end of September, it is clear that the organisation will require a level of brokerage to deliver a balanced financial position, we maintain close contact with the Scottish Government in this regard.

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

The financial position has materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been forensically 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 out as it is not relevant to the content of this paper.

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

EDG - 3 November 2023

Finance, Performance & Resources Committee – 14 November 2023

2.4 Recommendation

- **Assurance**

3 List of appendices

None

Report Contact
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1. Financial Position September 2023

1.1 This report details the financial position for NHS Fife 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, the Board financial position continues to track beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Revenue Financial Position as at September 2023

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	287,866	143,087	154,739	-11,652
IJB Non-Delegated	9,545	4,960	4,746	214
Non-Fife & Other Healthcare Providers	98,689	49,377	53,414	-4,037
Non Clinical Services				
Estates & Facilities	93,466	46,392	47,161	-769
Board Admin & Other Services	72,161	27,639	27,788	-149
Other				
Financial Flexibility & Allocations	24,809	5,911		5,911
Income	-14,796	2,694	2,518	176
23-24 Cost Improvement Target	-12,420	-6,210	-648	-5,562
Sub-total Core position	**559,320**	**273,850**	**289,718**	**-15,868**
Financial Gap	-10,865	-5,433		-5,433
SG Sustainability Allocation	10,865	5,433		5,433
TOTAL HEALTH BOARD RETAINED SERVICES	**559,320**	**273,850**	**289,718**	**-15,868**

2. Health Board Retained Services

2.1 The financial position to 30 September 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 September financial position reported in the table above on a pro rata basis (£7.5m to September).

2.2 The key risks to our financial position and the actions being taken to actively mitigate the level of increasing and emerging cost pressure are detailed in this report. Current projections continue to indicate a forecast outturn of £23m which is significantly more than the current financial plan position of £10.9m overspent.

2.3 The key reasons for the deteriorating 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. The key reasons for the latter are the increasing and ongoing level of staff absence and the level of service pressure being experienced in our acute services in supporting operational performance and both quality and safety of care. There are also several funding reductions, specifically in relation to Stracathro, Planned Care and Diabetic Pumps which significantly add to the overall challenge. Additionally, whilst the New Medicines recent allocation is very welcome, our Acute prescribing costs are continuing to increase beyond the level of funding available.

2.5 The Acute Services Division reports an overspend of £11.652m. 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 to minimise the financial impact. Whilst during September there were some reductions in supplementary staffing across the Emergency Care directorate with the introduction of more cost-effective Gateway Doctors replacing Junior Doctor locum spend alongside a reduction in consultant locum spend within the Emergency department, the improvement was partially offset by other short-term requests for locum staffing particularly for sickness absence and new vacancies emerging. Additionally, the recruitment on Gateway doctors has supported the junior doctor rota to be compliant. The weekly nurse bank costs reported through acute services budgets in September where £0.058m less than the previous 4 weeks indicating a small improvement.

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 September, set aside services are reporting an overspend of £5.883m 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 £4.037m 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.

2.8 Corporate Directorates including Property and Infrastructure have seen little change to their position in September 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 September, progress to deliver on our cost improvement target has been very limited. 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 which pushes delivery into quarters 3-4 of the financial year.

3.2 As a result of limited progress to deliver cost reductions in line with the financial plan for 2023/24, it is essential that there is a continuing focus not only on the areas for cost improvement identified in the financial plan but also to bring forward as quickly as possible pipeline schemes and the other pieces of work which would bring resilience to the cost improvement target. It is clear from the September financial position the board needs to deliver on its £15m cost improvement programme despite the additional NRC and NMF received in June given the divergence between the actual financial position and the approved financial plan for 2023/24. The table below summaries efficiency savings delivered to date measured against the financial plan, £2.48m to September.

	RAG	Target per Fin Plan	Achieved M6	Projected
		£m	£m	£m
Temporary Staff Reduction		10.00	0.06	8.00
Surge Capacity Reduction		5.00	0.00	0.00
Corporate Overheads		0.00	0.00	0.00
Medicines		0.00	1.31	2.00
Vacancy Factor (Corporate)		0.00	0.06	0.14
Acute Services		0.00	0.27	0.93
Estate & Facilities		0.00	0.13	0.13
Major Contract Review		0.00	0.00	1.20
Balance Sheet Review		0.00	0.65	2.60
		15.00	2.48	15.00

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 recent 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 provided to be a success predominately across unregistered staff and the process to enable successful candidates to commence employment with NHS Fife is underway with a small number of staff with commencement dates in July, August and in the Autumn months.

3.6 The spend on supplementary staffing spend for September remains high although there has been some reduction across medical NHS locum costs and nurse bank costs. Work to identify why the investment actions have not had a significant impact to date on temporary staffing spend is almost complete but suggests that despite an increase in substantive postholders particularly within unregistered staff, the requests for temporary staffing have not reduced. As new staff continue to come into the organisation it is vital that the reliance on temporary staffing reduces to support affordability of the investments that have been made in permanent staff.

Reducing Surge Capacity

3.7 Given the pressure on acute services, the plan 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 over recent weeks has increased significantly and is anticipated to be sustained as we move into the winter months.

Corporate Overheads

3.8 In relation to reducing corporate overheads, several areas for consideration were presented to the FIS Programme Board. Further analysis is ongoing to move this work forward.

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 £1.31m at the end of September. As savings to date have exceeded the original cost improvement target, the Director of Pharmacy has approved the target be increased to £2m. Progress against this increased level will be reported in the coming months.

Major Contract Review

3.10 Work also continues on a major contract review to deliver recurring cost reductions and is anticipated to be completed by the end of November. There is a level of confidence that this review will release significant and importantly, recurring cost reductions over the remaining term of the contract.

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 £0.650m to date with scope to deliver a total of £2.6m 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. A concerted focus is required to expedite actions to reduce temporary staffing, remove legacy covid costs, reduce surge capacity, where it is safe to do so, and reduce corporate overheads.

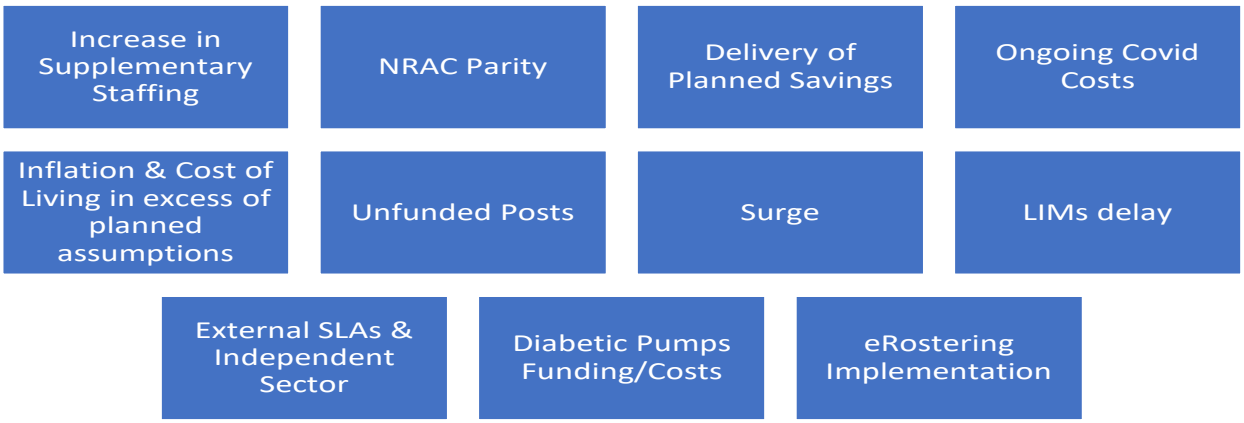
4 Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report are reporting a balanced budget at the end of September. Detailed financial reporting for the partnership sits with the IJB.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	418,414	214,111	214,111	0
TOTAL HEALTH DELEGATED SERVICES	**418,414**	**214,111**	**214,111**	**0**

5. Financial Forecast - Risk Assessment – Recovery Options

5.1 At the EDG meeting on 10 August the Director of Finance & Strategy presented on potential financial position recovery options following the Q1 review. Current projections indicate a forecast outturn of £23m. Whilst this is an extremely challenging position, the EDG agreed that we must corporately develop and focus on further actions to manage the forecast position to get, as close to, or lower than, the current financial plan position of £10.9m overspent. The main cost areas driving this deteriorating position are set out in the diagram below.



Managing the in-year position – Horizon 1

5.2 EDG agreed the need to consider the current financial year and the plans to work towards in-year financial balance as Horizon 1. There are a range of established projects as set out in section 3 which we must continue to progress.

5.3 EDG agreed to continue the focus on reducing supplementary staffing, particularly agency staff recognising that the target reduction in this area is proving hugely challenging. A different lens was agreed where agreement was reached to focus on determining the impact and effectiveness of the additional measures taken over the past 12 months to increase substantive staffing to enable a reduction in premium cost agency staffing. This will include reflection on the impact of International Recruitment, the introduction of the Assistant Nurse Practitioner role and the increase in ward based administrative staff. It was agreed that the importance of increasing the resilience of our core staffing levels remains a far superior option, in terms of patient care and staff wellbeing, as the same time as delivering cost reduction.

A number of further areas of focus for Horizon 1 are noted below.

External Service Commissioning

5.4 NHS Lothian have plans to change their current cost model for Service Level agreements to a Patient Level information and Costing system (PLICs) which provides increased accuracy for costing of services and activity. This planned change will increase our SLA with NHS Lothian by circa £1m per annum. We anticipate engaging with NHS Lothian on this issue over the next few months.

5.5 We are following up with Scottish Government colleagues the implications of the withdrawal of funding to NHS Tayside for Service Level agreements paid on behalf of NHS Fife. The size of the financial risk to the Board is £1.5m per annum.

Covid Cost Legacy

5.6 Whilst SG have confirmed there will be no Covid funding going forward apart from recurrent funding commitments for Vaccinations, Test and Protect activities, additional PPE requirements and some specific Public Health Measures and Public Health, we anticipate additional spend will continue to be incurred by the board in managing both the pandemic and its impact on services. A group has been established within the Acute Services division to review and reduce legacy Covid expenditure as far as possible without compromising patient safety or staff wellbeing.

Acute Medicines

5.7 The extent of the cost increases associated with new secondary care medicines remains a risk and will continue to be reviewed.

Taking a Medium-Term Approach (Horizons 2&3)

5.8 EDG confirmed commitment to progressing the Horizon 1 areas noted above but also undertook to assess the viability of a range of other options to seek to deliver greater value and, where possible, cost reduction over the more medium term. In relation to Horizon 2 options being explored include Service Redesign, Estates Review, Reducing Corporate Overheads, Optimising Digital Opportunities and review of Waste systems. The main focus agreed for Horizon 3 is driving forward the Values Based Healthcare discussion with clinicians to determine whether there are opportunities to realise greater value based on considering how services might be delivered in the future. The latter is a discussion which is emerging in most Boards and at a national level, but which will require public and political engagement.

6. Capital

6.1 The total anticipated capital budget for 2023/24 is £11.551m 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 was discussed in detail and agreed at FCIG meetings in April and May 2023. The Scottish Government have indicated that capital funding availability will be limited until 2026/27 and until then the focus is to fund projects that have been previously approved and committed to. 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.

Project	CRL New Funding £'000	Total penditure to Date £'000	Projected penditure 2023/24 £'000
Statutory Compliance/Backlog Maintenance	1,500	252	1,500
Clinical Prioritisation	1,450	310	1,450
Capital Equipment	1,240	185	1,240
Digital & Information	500	335	500
Kincardine Health Centre			-
Lochgelly Health Centre			-
Mental Health Review	1,000	112	1,000
QMH Upgrade	1,114	905	1,114
HEPMA	1,707	272	1,707
LIMS	420	247	420
GreenSpace Project	150	-	150
Fleet Decarbonisation	486	-	486
Switch-onFleet Funding	386	-	386
Project Team	271	162	271
Capital Repayment to SG	200	-	200
To be allocated	1,613	-	1,613
Capital to revenue	(486)	0	(486)
Total Capital Expenditure 2023/24	**11,551**	**2,780**	**11,551**

6.2 A relatively low level of capital expenditure has been incurred for the period reported which is not unusual at this early stage in the financial year with most of the capital expenditure generally occurring in the latter half of the financial year due to tender 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 £15.868m
- Progress with the Financial Improvement and Sustainability Programme
- HSCP balanced position
- Financial Forecast Risk Assessment – Recovery Options
- Progress on the capital programme.

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 November 2023**
Title:	**Corporate Risk Register Update**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy, NHS Fife**
Report Author:	**Pauline Cumming, Risk Manager, NHS Fife**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides the Board with an update on the Corporate Risk Register since the last report on 30 May 2023. It is intended to provide assurance that adequate and effective measures are in place to manage the risks therein. The details reflect the updated corporate risks reported to the Governance Committees in November 2023.

The Board is invited to:

- review the Strategic Risk Profile and Risk Improvement Trajectory at Appendix No.1;
- review the corporate risks as at 2 November 2023 at Appendix No.2;
- consider the information against the Assurance Principles at Appendix No.3;
- take assurance from the update provided or recommend further action

2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment

Since the last report:

- The strategic risk profile is unchanged. 18 risks - 13 high and 6 moderate level
- No risks have been closed
- Two potential new corporate risks have been identified relating to:
  - Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019;
  - Future Biological Threats including Pandemics

Corporate Risk Register Updates

The Board is asked to note that the updated Register reflects implementation of the change to the corporate risk review cycle approved by EDG and the Audit and Risk Committee on 22 and 23 June 2023 respectively. This involves rotating the corporate risk review frequency over the six meetings per year of the governance committees, with each corporate risk owner reviewing and updating as necessary, their total set of risks every 4 months. This approach was introduced in September 2023.

Risk 3 - COVID 19 Pandemic

Since the last update, this risk's rating has further reduced from Moderate 12 to Moderate 9; this is due to the continued effectiveness of vaccination and the reduced impact of illness in the population. The risk has now surpassed its target, and is below appetite.

National surveillance continues and there was investigation of one new variant in September 2023 which has been assessed as posing a low risk.

Consideration continues to potentially de-escalate from the Corporate Risk Register. Further discussions have taken place at EDG, the Public Health Assurance Committee (PHAC) where the risk is regularly reviewed, and the Clinical Governance Committee (CGC) to which the risk is aligned for assurance. The PHAC will review the risk at its meeting in December 2023. Based on that assessment, a recommendation will be taken through EDG and the appropriate governance routes, to retain or close as a corporate risk. An update on the risk will be provided to the CGC on 12 January 2024.

Risk 4 - Optimal Clinical Outcomes

Following a deep dive review in May 2023, this risk was the focus of a Clinical Governance Committee Development Session held on 23 October 2023. Based on discussions at the session, it was agreed that an update on the deep dive review will be presented to the CGC in January 2024.

Risk 9 - Quality and Safety

Following a deep dive review in July 2023, the CGC requested that the risk score be reviewed, as the likelihood score was very high, in spite of the governance arrangements in place, and the number of completed mitigating actions.

A review was carried out, which indicated the potential to reduce the risk ratings and levels, and bring the risk to within its risk appetite. This exercise was undertaken in the aftermath of the Countess of Chester Hospital Inquiry, and the Board's subsequent response to the Cabinet Secretary's letter of 26 August 2023 relating. Our response detailed the governance and assurance systems we have in place to support quality of care and patient safety, and allow for the prompt reporting and escalation of any staff concerns. Subsequently, the Chief Executive commissioned a review into the Organisational Learning Group (OLG), its scope, and how its work can gain better Executive oversight and visibility. Additionally, we recognise that there is a need to triangulate a range of data that will offer insights into the quality of care we provide. The outcomes of both pieces of work will identify strengths as well as areas for improvement.

It has been agreed that the extant risk scores be retained pending said outcomes.

Risk 13 - Delivery of a balanced in-year financial position

The financial position has materially deteriorated in Q2, with very limited progress against the in-year cost reduction target. This position has been forensically 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.

Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service

The Director of Property & Asset Management (DoPAM) presented a deep dive review of this risk to the CGC on 8 September 2023.While members were assured around patient safety and that all actions were being taken to prevent the cancellation of patients' operations and procedures, there was concern that the mitigations in place cannot address all the issues being experienced with our Sterile Services provider. The risk was therefore escalated to the Private Session of the Board on 26 September 2023.

The DoPAM advised the Board that the situation is complex with capacity issues being experienced in Central Decontamination Units (CDU) throughout Scotland. Work is underway to try to improve capacity across the country in order to secure robust contingency arrangements. It is recognised that NHS Fife could be part of a Scottish solution if it would improve overall capacity, for example, by providing a modular build in Fife, but it is essential to find a solution that provides the most benefit, whether that be locally or making existing CDUs more resilient.

The Director of Finance & Strategy suggested it might be helpful to consider the prioritisation of capital resources and the full risk profile associated with such a proposition at a future Board Development session, and this was agreed.

Risk 17- Cyber Resilience

The Board is advised that, following the conclusion of the Network Information System Directive (NISD) and Cyber Resilience Framework Audit, in July 2023, the compliance rate has increased to 87%, from 76% in 2022. The Associate Director of Digital & Information has asked the leads to review the risks linked to the corporate risk. The outcome of this review will indicate if the corporate risk rating needs to be changed.

Potential New Risks

Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 - for approval

In August 2023, the EDG was advised about a potential new corporate risk associated with the above. This was a substantive item at successive EDG meetings, when consideration was given to iterations of the risk and its analysis. A proposed risk description was agreed to be presented for approval to the meeting of the Staff Governance Committee on 9 November 2023, before seeking the Board's endorsement for inclusion in the Corporate Risk Register. The risk is provisionally mapped to Strategic Priority 2: To improve the Quality of Health and Care Services. The appetite for risks within this domain is set at Moderate. The risk is currently assessed as Moderate and is therefore within appetite. See Appendix No. 1

Future Biological Threats including Pandemics - in development

The Board is advised that we have recognised a longer term risk around preparedness for future biological threats, including pandemics. The Public Health team is scoping out the risk. This will be presented for consideration, initially to the PHAC on 6 December 2023, and then to the CGC on 12 January 2024.If it is agreed that it constitutes a corporate risk, it will be proposed for Board approval on 30 January 2024.

Risk Descriptions

Risk 7 - Access to outpatient, diagnostic and treatment services
The Board is advised that in the ICE report B08/23, Internal Audit commented that the pre-existing risk description did not fully convey the gravity of the situation i.e.
"There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife".

Internal Audit recommended that the risk wording be changed from '**could**' in "This time delay **could** impact clinical outcomes for the population of Fife' *to* '**will**".

The suggested rewording was agreed and is reflected in Appendix No.1.

Risk 13 - Delivery of a balanced in-year financial position
In July 2023, at the suggestion of the Director of Finance & Strategy, the description changed from:

"There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without brokerage from Scottish Government". *to*

"There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without **further planned brokerage** from Scottish Government".

Deep Dive Reviews

Deep dives continue to form an important component of our risk assurance arrangements.13 of the 18 Corporate Risks have now undergone a deep dive, with reviews also commissioned into risks otherwise associated with a committee's remit.

Based on our experience and learning over the last year, and following discussion at the Audit and Risk Committee Development Session held on 12 October 2023, the ROG made recommendations to EDG on 2 November 2023 on the role of the 'deep dive' and triggers for use during the lifecycle of a corporate risk. The recommendations will be submitted for consideration to the meeting of the Audit and Risk Committee on 8 December 2023.Outcomes and next steps will be reported in due course.

Risk Assurance Levels

The Assurance Levels model approved by the Audit & Risk Committee on 23 June 2023, is now embedded in the corporate risk papers and deep dive reviews.

We have since recognised the need to be clearer on the 'level' of assurance we are proposing the Committees can take from the reports. It was proposed that an explicit statement should be added to the Recommendation section of the Corporate Risk SBAR reports. The following core form of words was suggested:

"The report details the latest position in relation to the management of corporate risks linked to this Committee. The Committee is asked to take 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".

Following agreement that this was an appropriate development, this text was introduced to the reports to the governance committees in November 2023.

In year Risk Rating Improvement

Following modification of the Risk Target component of the Register, all but one risk now has a discretionary target date. The exception is Risk 7 - Access to outpatient, diagnostic and treatment services. It is still not possible to plan a target risk and date given the uncertainty over level of funding.

Corporate Risk Reporting

The format and content of the Corporate Risk Register will continue to evolve, including through review at EDG and ROG, and following feedback from Committees.

Risks and Opportunities Group (ROG)

The ROG meet to continue the development and evidencing of our risk management framework. Since the last update to the Board, work has continued to support the continued development of an effective and consistent approach to the management of Operational Risk as well as the ongoing consideration of enhancements to the Corporate Risk approach.

The ROG's annual work plan allows the group to split its time between the Corporate Risk Register and in supporting operational risk management practice.

In the Corporate risk area, we are seeking to confirm the role of the Deep Dive during the lifecycle of a corporate risk as outlined above.

In the area of Operational risk, work is underway to enhance the value derived from the data in the Datix system, by placing a reporting tool (MicroStrategy), over the data source. A Summary Risk Dashboard and associated draft operational guidance have been created to support and enhance our operational risk management approach, and maintain alignment to the principles outlined within the Risk Management Framework. The dashboard contains a set of "chapters" with filters which allow users to drill down into a range of data including: risks due for review, risk type, and risk history.

The Dashboard has been demonstrated at the Audit &Risk Development session on 12 October and at EDG on 2 November, where members were asked to consider, and agree that the ROG will develop an implementation approach. The detail of the dashboard and guidance will be finalised over the coming weeks.

Next Steps

The ROG will continue to deliver its role in considering emergent risks and opportunities including from the Population Health and Wellbeing Strategy, the Strategic Planning and Resource Allocation process, and the Annual Delivery Plan, in order to recommend changes or additions to the corporate risks. An update paper on the work of the ROG will be provided to the Audit and Risk Committee on 8 December 2023.

2.3.1 Quality / Patient Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and the quality of health and care services.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to support staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

This paper does not raise, directly, financial impacts, but these do present significant elements of risk for NHS Fife to consider and manage in pursuit of our strategic priorities.

2.3.4 Risk Assessment / Management

The management of the corporate risks continues to be maintained, with risk reporting provided to the relevant groups and committees, to show that all actions, within the control of the organisation, are being taken to mitigate the risks as far as it is possible to do so. 11 (61 %) of the current corporate risks remain above risk appetite, which reflects the level of delivery challenge across the services.

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

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to EDG. The outcome of that assessment concluded that no further action was required.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

A range of communication to inform this report has taken place as follows:

- Risks & Opportunities Group on 05/06/23, 08/08/23 and 03/10/23
- Executive Directors' Group on 22/06/23,17/08/23,19/10/23 and 02/11/23
- Public Health & Wellbeing Committee on 03/07/23 and 04/09/23
- Clinical Governance Committee on 07/07/23 and 08/09/23
- Staff Governance Committee on 20/07/23 and 14/09/23
- Finance, Performance & Resources Committee on 11/07/23 and 19/09/23
- Audit and Risk Committee on 23/06/23 and 31/08/23

2.3.8 Route to the Meeting

- Margo McGurk, Director of Finance & Strategy on 10 November 2023

2.4 Recommendation

- Assurance

3 List of appendices

The following appendices are included with this report:

Appendix No. 1, Strategic Risk Profile and Risk Improvement Trajectory
Appendix No. 2, NHS Fife Corporate Risk Register at 021123
Appendix No. 3, Assurance Principles

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Appendix No 1

NHS Fife Strategic Risk Profile

The current Strategic Risk Profile is provided below

Strategic Priori	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◄►	High
To improve the quality of health and care services	5	5	-	-	-	◄►	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◄►	Moderate
To deliver value and sustainability	6	4	2	-	-	◄►	Moderate
Total	**18**	**13**	**5**	**0**	**0**		

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

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

Assessment of corporate risk performance and improvement trajectory remains in place.

Risk Key		Movement Key	
High Risk	15 - 25	▲	Improved - Risk Decreased
Moderate Risk	8 - 12	◄►	No Change
Low Risk	4 - 6	▼	Deteriorated - Risk Increased
Very Low Risk	1 - 3		

NHS Fife Risk Improvement Trajectory

To improve health and wellbeing	Risk Improvement Trajectory			
Risk Level	**High**	**Mod**	**Low**	**Very Low**
Risks which have improved	-	1*	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	2	2	-	-
Risks which have reached acceptable level of tolerance	-	1*	-	-
Total	**2**	**3**	**0**	**0**

1* risk has reduced its risk rating from moderate level 12 to 9. In doing so, it has surpassed its target.

To improve the quality of health and care services	Risk Improvement Trajectory			
Risk Level	**High**	**Mod**	**Low**	**Very Low**
Risks which have improved	-	-	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	5	-	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	**5**	**0**	**0**	**0**

To improve staff health and wellbeing	Risk Improvement Trajectory			
Risk Level	**High**	**Mod**	**Low**	**Very Low**
Risks which have improved	-	-	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	2	-	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	**2**	**0**	**0**	**0**

To deliver value and sustainability	Risk Improvement Trajectory			
Risk Level	**High**	**Mod**	**Low**	**Very Low**
Risks which have improved	-	-	-	-
Risks which have deteriorated	-	-	-	-
Risks which have not moved	4	2	-	-
Risks which have reached acceptable level of tolerance	-	-	-	-
Total	**4**	**2**	**0**	**0**

Updated NHS Fife Corporate Risk Register as at 02/11/23

No	Strategic Priority	Risk	Mitigation	Risk Appetite	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
1		**Population Health and Wellbeing Strategy** There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.	The strategy was approved by the NHS Fife Board in March 2023. The focus now will be on developing and delivering against an agreed set of outcomes for 2023/24. This is in the context that the management of this specific risk will span a number of financial years. We are now preparing the 3-year Medium Term Plan which flows from our strategy for submission to Scottish Government in July 2023. An update on the deep dive review was provided to the PHWC in Sept 2023 which reported that structures and processes are being put in place to allow ongoing assessment on delivery of the strategy. A mid - year review is underway; this will be reported to the Board on 28/11/23.	Below	Mod 12	Mod12 by 31/03/24	◄►	Chief Executive	Public Health & Wellbeing (PHWC)
2		**Health Inequalities** There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.	Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population. The Population Health and Wellbeing Strategy will identify actions which will contribute to reducing health inequalities; these will be set out in the delivery plan for the strategy. Consideration of Health Inequalities within all Board and Committee papers.	Within	High 20	Mod 10 by 31/03/24	◄►	Director of Public Health	Public Health & Wellbeing (PHWC)

			Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife. A risk update will be provided to the PHWC meeting in November 2023.						
3		**COVID 19 Pandemic** There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease ,including death in a minority of the population.	A range of indicators together provide an assessment that overall numbers of people affected by COVID19 in Scotland remain low. Treatments are available for individuals at higher risk of adverse outcomes. National surveillance continues and there are no variants currently under investigation. Tailored support continues to be provided to Care Homes with positive staff or resident cases. The Coronavirus (COVID 19) guidance for extended use of masks and face coverings across health and social care was withdrawn on 16th May. The risk is regularly reviewed by the Public Health Assurance Committee (PHAC). An update on the deep dive review presented to CGC on 03/03/23 will be provided to the PHAC in December 2023 and to the CGC in January 2024.	Below	Mod 9	Mod 12 by October 2023	◄►	Director of Public Health	Clinical Governance (CGC)
4		**Policy obligations in relation to environmental management and climate change** There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS	Robust governance arrangements remain in place including an Executive Lead and a Board Champion. Regional working group and representation on the National Board ongoing. Active participation in Plan 4 Fife	Below	Mod 12	Mod 10 by 01/04/2025	◄►	Director of Property & Asset Management	Public Health & Wellbeing (PHWC)

		Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'	continues. The NHS Fife Climate Emergency Report and Action Plan have been developed. These form part of the Annual Delivery Plan (ADP). The Action Plan includes mechanics and timescales. The board report which was required by the end of January 2023, as per policy DL38, has been completed and published on the NHS Fife website, via EDG, and PHWC, and sent to Scottish Government (SG). Resource in the sustainability team has increased by 1 FTE via external funding for 12 months. A Head of Sustainability has been seconded from the Estates Service for at least 18 months to drive delivery of the Climate Emergency Action Plan. The deliverables associated with climate change, will be monitored through the Annual Delivery Plan.						
5		**Optimal Clinical Outcomes** There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.	The Board has agreed a suite of local improvement programmes, as detailed in the diagram below to frame and plan our approach to meeting the challenges associated with this risk. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.	Within	High 15	Mod 10 by 31/03/24	◄►	Medical Director	Clinical Governance (CGC)

			  This risk was the focus of a CGC Development Session on 23/11/23. Based on discussions at the session, an update on the deep dive review of May 2023 is being prepared for the Committee in January 2024.						
6		**Whole System Capacity** There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.	The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk. 	Above	High 20	Mod 9 by 30/04/24	◄►	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

7		**Access to outpatient, diagnostic and treatment services** There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay **will** impact clinical outcomes for the population of Fife.	Planning for 2023/24 has been completed in line with planning guidance letter received on 06/02/23. Confirmed funding 20% less than committed staff costs. Agreement by EDG to continue with original plan acknowledging the gap in funding. Planned capacity for OP is 96% and for IP/DC is 99% of that delivered in 2019/20. Reduction is due in the main to clinical staff vacancies. Demand for OP and IP Imaging both is increasing year on year. Capacity is not meeting current demand for OP/IP/DC or Diagnostics. The Integrated Planned Care Programme Board is overseeing the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity. Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time. Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.	Above	High 20	It is still not possible to unable to provide a target risk and date given the uncertainty over level of funding	◄►	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

8		**Cancer Waiting Times (CWT)** There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance, resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.	The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model went live in August 23. A deep dive into urology performance challenges is being undertaken. The initiation of the lung pathway has been improved to reduce waits between steps in the pathway including integration with the Single Point of Contact Hub. Weekly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue. The Effective Cancer Management Framework has been updated and actions have been identified for 2023-24. 65% of the actions have been completed An action plan has been developed and is progressing well to implement the Effective Breach Analysis Standard Operating Procedure in to NHS Fife. Work has commenced to take forward the Re-grading Framework which has now been published. An action plan has been developed based on the recommendations. A 6 month review of the Single Point of Contact Hub confirms there has been a reduction in DNAs. Further evaluation will be commenced September 2023. Patient and staff evaluation questionnaires have been sent out and an exercise to assess reduction in patient calls to CNS and feedback from staff users of the service.	Above	High 15	Mod 12 by 30/04/24	◄►	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

			The Cancer Framework and delivery plan has been launched and priorities are currently being agreed for 2023-24. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.						
9		**Quality & Safety** There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided, thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.	Effective governance is in place and operating through the clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC). This is further supported by the Organisational Learning Group to ensure that learning is used to optimise patient safety, outcomes and experience, and to enhance staff wellbeing and job satisfaction. There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact. Following the deep dive review of this risk presented to the CGC in July 2023, members requested that the risk and the risk scores be reviewed. This was given that the likelihood of occurrence was scored very high, despite the governance arrangements in place, and the number of completed mitigating actions. A review of the risk scores has been carried out which indicates the potential to reduce the current and target risk ratings and levels. This would bring the	Above	High 15 (L5 x C3) 15	Mod 10 by 31/03/24	◄►	Medical Director	Clinical Governance (CGC)

			risk within its risk appetite. This exercise has been undertaken during a period in which the Board is considering its response to events at the Countess of Chester Hospital. This includes the NHS Fife Board Chief Executive, commissioning a review of our governance arrangements, including systems for organisational learning. The review will allow an objective opinion to be formed on the adequacy and effectiveness of our systems and processes, provide evidence of positive assurance, and where indicated, recommend improvement actions. The extant risk scores are to be retained pending the outcome of the review.						

10		**Primary Care Services** There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife for the short, medium and longer term.	A Primary Care Governance and Strategy Oversight Group is in place. The group, co-chaired by the Medical Director and the Director of Health and Social Care, brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of governance. It provides assurance to NHS Fife Board and the Integration Joint Board (IJB) through the appropriate sub committees. This group allows governance and scrutiny of all aspects of primary care delivery and provides a focus for improving patient care for the population of Fife. A Primary Care Strategy was developed following a strategic needs analysis and wide stakeholder engagement. This was approved at IJB in July 2023 and is now moving to implementation. This is a 3 year strategy focused on recovery, quality and sustainability. Development of a Performance and Assurance Framework covering qualitative and quantitative performance will provide robust reporting, monitoring and oversight of implementation and impact of the Primary Care Strategy to committees quarterly. This is due by end of October 2023. Following approval of the Performance and Assurance Framework an annual report will be presented to Committee / IJB. A Primary Care Improvement Plan (PCIP) is in place; subject to regular	Above	High 16	Mod 12 (3 x4) by 31/03/24	◄►	Director of Health & Social Care	Public Health & Wellbeing (PHWC)

			monitoring and reporting to General Medical Services (GMS) Board, Quality & Communities (Q&C) Committee, IJB and Scottish Government. A workshop took place in January 2023 to review and refresh the current PCIP to ensure it is contemporary and based on current position and known risks to ensure a realistic and feasible PCIP. This will be progressed via committees for approval by November 2023. Work to progress extant PCIP does however continue to be overseen by the GMS Implementation Group. A second workshop on the refreshed PCIP will be held by end of Winter 2023. Further guidance from SG in April 2023 means risk remains high. Discussion is ongoing to support clarity of responsibilities and local negotiations are now in place to agree transitionary payment process in line with Memorandum of Understanding (MOU2) and priorities still to be fully delivered. As part of these negotiations further clarity will be laid out to ensure patient safety and quality service delivery at this time of transition. These will be completed with plan agreed via governance structure October 2023. Remodelling and recruitment of workforce action plan resulting from earlier Committee report will be progressed as part of the refreshed						

			PCIP. The review of leadership, management and governance structure which has been jointly commissioned by Deputy Medical Director (DMD) and Head of Service (HOS) for Primary & Preventative Care (P&PC) will be completed by October 2023 rather than the previous timescale of July 2023. Memorandum of Understanding 2 (MOU2) - in line with the direction of MOU2, the focus for the PCIP remains to be delivery of a complete CTAC and Pharmacotherapy, This programme of work will be underpinned by the PCIP 2023-2024 with regular monitoring and oversight by the GMS groups and the governance structures of the IJB. This will be reviewed - April 2024. The PCIP 2023-2024 will focus on consistency, continuity of service and communication to develop a 52 week model of service delivery for the priorities of MOU2 and continue to sustain service delivery in line with the priorities of MOU including MSK, mental health practitioners, urgent care in hours and community link workers - March 2024. Pharmacotherapy and CTAC models for care continue to be shaped and developed. The anticipated date for completion is April 2024.						
11		**Workforce Planning and Delivery** There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and	Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned	Above	High 16	Mod 8 by 31/03/25	◄►	Director of Workforce	Staff Governance (SGC)

		capability required to effectively deliver services.	service based workforce plans. Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health & Social Care Strategic Plan for 2023 to 2026 and the integration agenda. Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an anchor institution. Harvesting and analysis of SPRA data is underway, so that Directorate and Service based workforce plans can be completed by the end of Quarter 2 of 2023/2024, allowing mapping of Corporate priorities to the SPRA submissions, identifying impacts on the future shape of the staffing complement, and highlight any sustainability pressures. An update on NHS Fife Workforce Planning actions and serviced based workforce plans will be provided at the September 2023 Staff Governance Committee, alongside an update on the HSCP Year 2 Action Plan. Progression of Bank and Agency Programme of Work and Nursing & Midwifery Workforce actions to improve workforce sustainability. 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 are currently undergoing pre employment checks with start dates being confirmed and allocated to						

			services based on priority of need and skills mixed required. Commencement of local guidance chapter testing to support the implementation of the Health and Care Staffing Act (2019) within NHS Fife. Local HCSA Reference Group well established, with multi disciplinary, Board wide representation informing preparatory work for Act implementation in April 2024.						
12		**Staff Health and Wellbeing** There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff. The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, was published in December 2022. Consideration of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, to develop complementary Action Plan. Work progressing on promoting Attendance improvement actions to support reductions in staff absence and wellbeing.	Above	High 16	Mod 8 by 31/03/25	◄►	Director of Workforce	Staff Governance (SGC)
13		**Delivery of a balanced in-year financial position** There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial	The EDG considered the outcome of the Q1&Q2 Financial Performance and Forecast report and has concluded the there is a need to explore further areas for efficiency savings and productive	Above	High 16	Mod 12 by 31/03/24	◄►	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

		context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without further planned brokerage from Scottish Government.	opportunities in light of the current challenge in delivering against the 3 planned areas of focus. A range of potential schemes has been identified which EDG has committed to exploring and recommending action on over the coming months. The financial position has materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been forensically 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.						
14		**Delivery of recurring financial balance over the medium-term** There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.	Strategic Planning and Resource Allocation process will continue to operate and support financial planning. The FIS Programme will focus on medium-term productive opportunities and cash releasing savings. The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium- term. Scottish Government have received and supported our 5-year medium-term financial plan which includes significant cost savings across all 5 years, ongoing brokerage and commencement of repayment in the latter years of the plan. On 23 October we received a 3-year financial plan commission from Scottish Government. Work is underway to review financial planning assumptions to support completion of this work which	Above	High 16	Mod 12 by 31/03/24	◄►	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)

			requires to be submitted by mid-January 2024.						
15		**Prioritisation & Management of Capital funding** There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.	Infrastructure developments prioritised and funded through the NHS Board capital plan. Annual Property and Asset Management Strategy (PAMS) report submitted to F, P&R, NHS Board and Government. A further iteration will be presented to the Board in September 2023. Fife Capital Investment Group (FCIG) reviewed the 2022/23 position which showed full utilisation of significant capital allocation and agreed initial allocations for 2023/24 with agreement of all stakeholders.	Within	Mod 12	Mod 8 (by 01/04/26 at next SG funding review)	◄►	Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)
16		**Off-Site Area Sterilisation and Disinfection Unit Service** There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.	Monitoring and review continues through the NHS Fife Decontamination Group. Establishment of local SSD for robotics is progressing. Health Facilities Scotland (HFS) have agreed the design and the unit at St Andrews Community Hospital (SACH) should be operational by December 2023. An option appraisal for delivery of the service is being explored. A briefing paper on the challenges and issues faced was prepared for the Private Session of NHS Fife Board, on 26/09/23 to provide full oversight of the potential risks at Board level. Following presentation of a Deep Dive	Within	Mod 12	Low 6 (by 01/04/2026 at next SG funding review)	◄►	Director of Property & Asset Management	Clinical Governance (CGC)

			review on 08/09/23, the risk owner is reviewing the likelihood score for the management actions as requested by the Committee. This will be considered by the NHS Fife Decontamination Group on 10/11/23.						
17		**Cyber Resilience** There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.	Considerable focus continues in 2023 with heightened threat level to improve our resilience to attack and ability to recover quickly. The Network Information System Directive (NISD) and now Cyber Resilience Framework Audit has concluded. The compliance rate has increased to 87%, up from 76% from the previous year. The action plan for improvement will be assured by the Information Governance and Security Steering Group.	Above	High 16	Mod12 (4x3) by Sept 2024	◄►	Medical Director	Clinical Governance (CGC)
18		**Digital & Information** There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.	Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and the Population Health & Wellbeing Strategy. Active review of the Strategy deliverables against current strategic objectives is underway as part of the refresh of the Digital Strategy for 2024. The revised strategy will include financial and workforce planning, to support the mitigation of this risk. Digital & Information Board Governance established and supporting prioritisation with ongoing review. A second deep dive risk review risk has been prepared and will be considered by the CGC on 03/11/23.An initial deep dive was presented to the committee in January 2023.	Above	High 15	Mod 8 (4x2) by April 2025	◄►	Medical Director	Clinical Governance (CGC)

19		**PROPOSED NEW RISK** **Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]** Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.	NHS Fife Local HCSA Reference Group, chaired by Deputy Director of Workforce formed in 2022 with Fife wide, multi-disciplinary and staff side representation. Frequency of meetings increased to monthly from September 2023. NHS Fife participating in nationally led chapter guidance testing and monthly national Chapter Testing Group meetings. Fortnightly HIS / SG monitoring meetings in place with Head of Workforce & N&M Workforce Lead. N&M Workforce Lead in post since March 2021, with Scottish Government funding provided. HCSA resources shared widely within NHS Fife. Quarterly progress returns submitted to SG. Regular updates provided to APF, EDG and SGC. Planning underway for Board wide engagement event with NHS Fife/ Scottish Government /Healthcare Improvement Scotland on 30 November 2023.	Within	Moderate 12 (L4x C3)	Moderate 9 (L3xC3)	**NEW**	Director of Workforce	**Staff Governance Committee (SGC)**

Risk Movement Key

▲ Improved - Risk Decreased
◄► No Change
▼ Deteriorated - Risk Increased

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or → Escalation / Recording
- Scrutiny or risk delegated to Committee

Year End Report

- Highlight change in movement of risks aligned to the Committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns

General Questions:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Ae they both well-designed and effective i.e., implemented properly?
- Will further actions bring the risk down to the planned/target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk?

Specific Questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was it opened) – has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
  - In line with the organisation's defined risk appetite?
  - Realistic/achievable or does the risk require to be tolerated at a higher level?
  - Sensible/worthwhile?
- Is there an appropriate split between:
  - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
  - Actions – planned initiatives which should take it from its current to target?
  - Assurances – which monitor the application of controls/actions?
- Assessing Controls
  - Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
  - Overall, do the controls look as if they are applying the level of risk mitigation stated?
  - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty
  - Are they on track to be delivered?
  - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
  - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
  - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
  - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
  - Do the assurance sources listed actually provide a conclusion on whether:
    - the control is working
    - action is being implemented
    - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
  - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
    - 1st line – management/performance/data trends?
    - 2nd line – oversight / compliance / audits?
    - 3rd line – internal audit and/or external audit reports/external assessments?

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

Document developed from diagram produced by NHS Lanarkshire based on principles compiled by the Assurance Mapping Group of members of Boards covered by the FTF Internal Audit Service, 2022

NHS Fife

Meeting:	**Fife NHS Board**
Meeting Date:	**28 November 2023**
Title:	**Whistleblowing Annual Performance Report 2022/2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing and Relations**

1. Purpose

This report is presented for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

All NHS organisations are required to follow the National Whistleblowing Principles and Standards and report on any concerns raised both quarterly and produce an Annual Performance report.

2.2 Background

This is the second Whistleblowing Annual Performance Report provided to NHS Fife Board, as required by the National Whistleblowing Standards, on whistleblowing concerns received from 1 April 2022 to 31 March 2023.

Whilst Anonymous / Unnamed Concerns do not meet the definition of the standards, as best practice they are managed in line with the standards and are therefore part of the reporting data.

The report also provides information to NHS Fife Board members on the on-going implementation of the Standards.

2.3 Assessment

As part of on-going engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice on reporting. The issue of quarterly reporting being separate from or incorporated into annual reporting has been noted and the INWO has indicated the intention to seek feedback from across Boards.

NHS Fife decided to keep the quarterly reporting separate to allow greater flexibility in developing the format of the annual report.

Attached as Appendix 1 is the Whistleblowing Annual Performance Report for 2022/2023, which details the concerns raised since 1 April 2022.

2.3.1 Quality, Patient and Value-Based Health & Care

Ensuring effective governance oversight is applied across the organisation in terms of any issue of whistleblowing is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

The monitoring of whistleblowing or anonymous concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous concerns is an important factor in the identification and management of risk and providing appropriate assurance to the NHS Fife Board.

In respect of the implementation of the standards, there is a risk that if the new standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. In order to mitigate this risk, there is on-going communications and training. Work continues in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2022/2023 quarterly reports were prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

This paper has been shared with the Executive Directors Group, Staff Governance Committee, Kirstie MacDonald, Whistleblowing Champion and Workforce Senior Leadership Team and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

The Whistleblowing Annual Performance Report 2022/2023 is provided to NHS Fife Board members for **Assurance**.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Annual Performance Report 2022/2023.

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Whistleblowing Annual Performance Report 2022/2023

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1. Introduction

NHS Fife supports and encourages an environment where employees can feel confident to raise concerns about practices in their workplace. The National Whistleblowing Policy for NHSScotland, which was introduced in April 2021, implements the National Whistleblowing Standards that apply to all providers of NHS services in Scotland. The Standards set out the process for raising concerns and are designed to ensure that:

- Concerns are raised and dealt with as early as possible.
- There is support and protection for staff when they raise concerns.
- People are supported to share information safely.

Following the successful introduction of the Standards, work has continued over the past two years to ensure the Standards are being embedded both within NHS Fife itself and across the other groups and sectors that are covered by the Standards, including the Health and Social Care Partnership, Primary Care, Students and Volunteers. Looking ahead to 2023/2024, NHS Fife will continue to focus on ensuring that all our staff, wherever they work across the system, know how to raise concerns and can be confident that they will be addressed.

2. Implementation During 2022/2023

2.1 We continue to raise awareness of how to raise concerns safely within the organisation and a systematised approach to shared learning has been developed.

2.2 INWO updates have encouraged the use of business-as-usual processes for handling concerns, making sure routes for speaking up are obvious and easy for staff to access. Updates are provided by our Chief Executive's monthly newsletter and on StaffLink to ensure that staff use internal routes, in the first instance, which will allow the most effective issue resolution.

2.3 We continue to gather information on any new barriers to raising Whistleblowing Concerns and look at ways in which these can be addressed.

2.4 A Whistleblowing Champion Follow-up Letter has been developed to allow individuals who have been involved in Whistleblowing Concerns raised to understand how the process felt for them, learn from their feedback and how NHS Fife might improve its processes and treatment of those raising concerns. This feedback will be used to ensure that we continue to have processes which are 'fit for purpose' and to assist with the creation of an open culture where staff feel that they can safely raise concerns.

2.5 Further national training has been developed and provided to managers to ensure that they have the appropriate skills to undertake a good investigation.

2.6 A questionnaire has been created to allow all parties involved in concerns, including Investigators and Executive Director colleagues commissioning investigations, to allow us to take learning from the process and share this across the organisation.

2.7 A review of the existing Confidential Contacts has taken place to gain their views on the implementation of the Standards; what support is required to assist them in their role going forward; and any further training they feel they require. The feedback received will be used to inform the Confidential Contact Campaign currently being undertaken, referred to at 2.8 below, and future training being provided, as well as the INWO training materials which are now available to support the training of Confidential Contacts.

2.8 A campaign to increase the existing pool of Confidential Contacts to assist staff to speak up on matters such as Whistleblowing is currently underway. The intention is to provide Confidential Contact training and launch the new Confidential Contacts as part of the National Speak Up Week on 2-6 October 2023.

2.9 To ensure that we are cognisant of what has been reported in local press coverage and how this informs our practice, quarterly reporting takes place and relevant feedback on actions taken provided, as appropriate.

2.10 The existing suite of Whistleblowing materials has been updated and additional materials incorporated.

2.11 A Whistleblowing Terms of Reference template has been prepared to aid the completion of Whistleblowing reviews in a standardised manner. The opportunity for the individual raising the concern to speak to the Whistleblowing Champion is being progressed.

2.12 A Standard Operating Procedure to deal with Anonymous / Unnamed Concerns has been developed and will be promoted within the organisation when finalised.

3. Key Performance Objectives

3.1 Improvements Identified from Concerns Investigated and Lessons Learned

During Quarter 3, a concern was raised regarding Patient Information (Records / Documentation / Tests / Results). Two key themes were identified regarding patient information leaflets and process for patient consent and a delay in managing the concern itself. Actions taken were to review locally produced leaflets and process and a review of the process of managing complex concerns.

Lessons identified and learned were to improve the patient information and consent process locally in Fife and to build lessons learnt in the handling of the concern into the newly developed Terms of Reference for Commissioning Officers.

3.2 Feedback from Staff Who Have Raised Concerns and Those Involved in the Whistleblowing Process

No formal feedback has been received from those members of staff who have raised concerns yet. However, the Whistleblowing Champion did receive feedback that the process was unclear and was challenging to be involved in. Actions from this feedback have been included in an Action Plan for 2023/2024.

The national iMatter Survey for 2023 included two questions on people's confidence to speak up within their organisation and results from this will be reported in Quarter 1 for 2023/2024.

3.3 Awareness and Training

To support the series of training modules which have been developed by the INWO, Investigation training has now been introduced for senior managers who are involved with not only receiving concerns, but also investigating, responding to, and reporting on Whistleblowing Concerns to the Board.

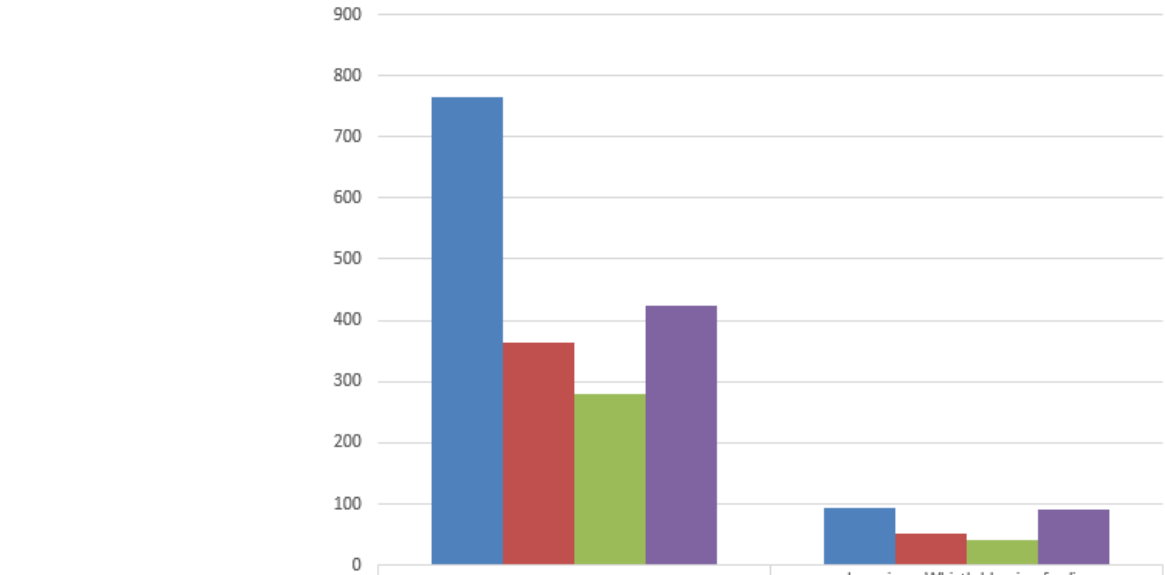
TURAS learning modules continue to be publicised on StaffLink and within the TURAS Learn platform, together with articles on how staff can raise Whistleblowing Concerns effectively within NHS Fife.

All members of staff are encouraged to complete the relevant TURAS learning programme required for their role and we continue to monitor uptake, effectiveness and appropriateness of training available and refine, as appropriate.

Awareness is also raised within appropriate training events within the organisation, where managers are encouraged to ensure that their teams meet compliance.

Overall, compliance for the mandatory Whistleblowing TURAS modules is 50.76%. The training undertaken per quarter between 1 April 2022 and 31 March 2023 is summarised below:

Whistleblowing Training Undertaken During 2022/2023



	eLearning - Whistleblowing : an Overview	eLearning - Whistleblowing for line managers/senior managers
Total Number of Completions During Quarter 1 (1/4/22 to 30/6/22)	764	92
Total Number of Completions During Quarter 2 (1/7/22 to 30/9/22)	363	50
Total Number of Completions During Quarter 3 (1/10/22 to 31/12/22)	280	40
Total Number of Completions During Quarter 4 (1/1/23 to 31/3/23)	424	90

Information outlining the Whistleblowing requirements for all new members of staff are included within NHS Fife's Corporate Induction materials.

The existing suite of Whistleblowing materials, including managers and staff guidance, has been updated and additional supporting materials have been incorporated to help support mangers and staff which can be accessed 24/7 via StaffLink.

4. Number of Concerns Received

4.1 Whistleblowing Concerns Received by Quarter During 2022/2023

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Whistleblowing Concerns Received	**0**	**0**	**1**	**0**	**1**
Reviewed at Stage 1 (5 days)	0	0	1	0	1
Reviewed at Stage 2 (20 days)	0	0	0	0	0

Anonymous / Unnamed Concerns Received by Quarter During 2022/2023

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Number of Anonymous Concerns Received	0	0	2	0	**2**
Number of Unnamed Concerns Received	0	0	1	0	**1**

Whilst concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO, good practice is to follow the Whistleblowing principles and investigate Anonymous / Unnamed Concerns in line with the Standards, as far as practicable.

NHS Fife has agreed that Anonymous / Unnamed Concerns should be recorded for management information purposes. The definition of an Anonymous Concern is "a concern which has been shared with the organisation in such a way that nobody knows who provided the information". Alternatively, someone may raise a concern with the organisation, but are not willing to have their name or personal details recorded. This is known as an 'Unnamed Concern' (someone is aware of their identity, so it is not completely anonymous).

NHS Fife received two Anonymous Concerns and one Unnamed Concern during Quarter 4 of the annual reporting period, with no Anonymous / Unnamed Concerns being reported from the primary care providers and contracted services.

The Anonymous Concerns were received within the Health and Social Care Partnership and Corporate Services and related to Inappropriate Behaviours and Culture and Values respectively. The Unnamed Concern was received within Corporate Services and related to Confidentiality.

Where appropriate, and applicable, the outcomes from the investigations into Anonymous / Unnamed Concerns are shared with the service area and will form part of future reporting to Executive Directors, Area Partnership Forum, Staff Governance Committee, and the Board.

Press Articles Received by Quarter During 2022/2023

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Press Articles Received and Responded To	1	1	0	1	**3**

Primary Care and Contractors Concerns Received by Quarter During 2022/2023

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Primary Care and Contractors Concerns Received	0	0	0	0	**0**

Primary Care Contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

In October 2023, the Primary Care Manager reminded all practices and community pharmacies that the new National Whistleblowing Standards for the NHS in Scotland came into force on 1 April 2021 and that this changed how Whistleblowing Concerns are addressed and they are required to have their own procedures in place that meets with the requirements of these Standards.

Each contractor group were also supplied with a dedicated contact within NHS Fife who would help with any concerns regarding the delivery of an NHS Service. Primary Care Contractors and Contractors are required to report in line with the same key performance information as NHS Fife, i.e., quarterly reports on number of cases, cases closed etc. In instances where no concerns have been raised within either primary care or other contracted services, there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or providing an explanation that there have been no concerns raised.

A Microsoft Word version of the Datix form has been provided to the Service Providers (including Primary Care) to allow them to record Whistleblowing Concerns in the same manner, allowing the Service Provider data to be integrated into the Datix system output for analysis and recording purposes.

4.2 Concerns Closure and Extensions

Concerns Closed at Stage 1 and Stage 2

The one Whistleblowing Concern received during Quarter 3 of the annual reporting period was dealt with at Stage 1 of the Standards and has reached a conclusion and been subsequently closed in Datix.

Whistleblowing Concerns Closed by Stage as a Percentage of all Whistleblowing Concerns Closed

Stage 1 Concerns	
1	Total number of Stage 1 Concerns received
100%	Percentage of Stage 1 Concerns that were closed
0%	Percentage of Stage 1 Concerns closed within five working days target
Stage 2 Concerns	
0	Total number of Stage 2 Concerns received
N/A	Percentage of Stage 2 Concerns that were closed
N/A	Percentage of Stage 2 Concerns closed within twenty working days target

4.3 Concerns Upheld, Partially Upheld and Not Upheld

As previously referenced, the definition of a Stage 1 Concern: Early Resolution for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

The definition of a Stage 2 Concern: Investigation for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

The Whistleblowing Concern received during Quarter 3 of the 2022/2023 reporting cycle was Not Upheld at Stage 1 of the Whistleblowing procedure, as detailed below:

Outcome of all Whistleblowing Concerns Closed

	Not Upheld		Partially Upheld		Fully Upheld		Total
	No	%	No	%	No	%	
Stage 1	1	100%	-	-	-	-	1
Stage 2	-	-	-	-	-	-	0

4.4 The Average Time in Working Days for a Full Response

The average time, in working days, by Division to provide a full response to Whistleblowing Concerns raised at each stage of the Whistleblowing procedure, is detailed below:

Average Response Times by Division

	Acute (Working Days)	Corporate (Working Days)	HSCP (Working Days)	Total Average (Working Days)
Stage 1	-	49	-	49
Stage 2	-	-	-	-

4.5 Number of Concerns Closed in Full Within Set Timescales

The number (and percentage) of Whistleblowing Concerns at each stage which were closed in full within the set timescales of 5 and 20 working days are detailed below:

Total (and Percentage) of Whistleblowing Concerns Closed within the Set Timescale, by Quarter

		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Stage 1 (5 days)	Average time in working days for responses	-	-	16	-
	No of cases closed at Stage 1 within timescale	-	-	0	-
	Percentage of cases closed at Stage 1 within timescale	-	-	0%	-
	No of Stage 1 cases extended	-	-	1	-
Stage 2 (20 days)	Average time in working days for responses	-	-	-	-
	No of cases closed at Stage 1 within timescale	-	-	-	-
	Percentage of cases closed at Stage 1 within timescale	-	-	-	-
	No of Stage 1 cases extended	-	-	-	-

4.6 Concerns Where an Extension Was Authorised

Under the terms of the Standards for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for Stage 2 concerns an update on the progress must be provided every 20 days.

An extension was approved for the Stage 1 Whistleblowing Concern received during Quarter 3 of the reporting cycle to allow time for an investigation to take place over the festive period, considering associated annual leave of key staff / witnesses involved.

The Whistleblower was advised of the need to extend the timescales and was kept up to date with the progress of the investigation into their concerns throughout.

The number of Whistleblowing Concerns at Stage 1 and Stage 2 where an extension was authorised as a percentage of all concerns received is detailed below:

Whistleblowing Concerns Closed where an Extension was Authorised

	Number Received	Extension Authorised	As Percentage of All Concerns
Stage 1	1	1	100%
Stage 2	-	-	-

4.7 Independent National Whistleblowing Officer Referrals and Investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). During 2022/2023, there was one referral to the INWO, as detailed below which linked to the concern investigated at Stage 1 above:

- The concerns raised by the complainant was that NHS Fife decided that the concerns raised were not suitable for investigation at Stage 2 of the standards. The INWO concluded, given the context and taking into account the documentation provided by the complainant, that they believed NHS Fife's decision to decline to investigate at Stage 2 was reasonable.

- It follows from this that the INWO does not expect NHS Fife to further investigate the concern raised and that the INWO will not be investigating this complaint at this time. This is because the issues raised by the complainant have not completed the whistleblowing procedure of an NHS body with responsibility for these matters, however, INWO do have a role to promote good practice in the handling of whistleblowing concerns by NHS organisations.

- Therefore, based on the limited information available to the INWO, it appears there was a delay by NHS Fife in concluding the investigation and it would have been more beneficial if the complainant had been signposted more clearly to other organisations who may have had responsibilities for aspects of the complainant's concerns.

- It was recommended that the Board should reflect on the handling of this concern and consider if any steps can be taken to achieve learning and improvement. Following discussions with the Whistleblowing Champion, to address this feedback, a review of the handling of this case and any learning outcomes has taken place with the key individuals involved.

Whistleblowing 2022–2023
At a glance

Concerns received

1 whistleblowing concern raised resulting in one closed concern not being upheld.

3 anonymous and unnamed concerns.

3 press articles were responded to.

Whistleblowing Training

Whistleblowing training was provided to over **1,800** staff and **272** managers.

Whistleblowing Champion

A whistleblowing champion follow-up Letter has been developed to enhance the whistleblowing process and ensure fair treatment of those who raise concerns.

Confidential Contacts

A campaign to increase Confidential Contacts to assist with whistleblowing will launch in October 2023.

Whistleblowing materials

The guidance for managers and staff has been updated, with additional supporting materials now available 24/7 on StaffLink.

5. Learning, Changes or Improvements to Services or Procedures

One of the main aims of the whistleblowing procedure is to ensure learning from the outcome of Whistleblowing Concerns and to identify opportunities to make changes to improve NHS services or procedures as a result of consideration of Whistleblowing Concerns.

Managers must record all Whistleblowing Concerns, in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, such as through service improvements or training opportunities.

A focus on the lessons learned will demonstrate that concerns are taken seriously and that staff are treated well through the process.

An update on the learning, changes and improvements to services in relation to the one Whistleblowing Concern received during Quarter 3 of 2022/2023 are detailed within Section 3 respectively.

For each Whistleblowing Concern that has been received, a documented action plan has been put in place to address any shortcomings or apply the identified learning acknowledged during the investigation. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the Standards, and they will have the opportunity to agree / advise how best this will be shared.

All recommendations identified from the investigations received to date have resulted in improvements being made within the respective areas of the Board. Any learning identified has also been considered when actioning improvements being made, as detailed within Section 3 of this report.

6. Experience of Individuals Raising Concerns

All those who raise concerns should be given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes, without compromising confidentiality.

In order to ensure that individuals are provided with this opportunity, a questionnaire is being finalised to gather this information voluntarily, along with the offer to speak to the Non-Executive Whistleblowing Champion, should they wish to discuss their experience of the process.

The monitoring of Whistleblowing Concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns. The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and

Respect, Openness, Honesty and Transparency and Quality and teamwork. These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

As part of NHS Fife's governance arrangements, Whistleblowing quarterly and annual reports are prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

7. Future Planning for 2023/2024

NHS Fife's Internal Auditors evaluated the design and operation of the controls within NHS Fife and specifically considered whether:

- NHS Fife has implemented whistleblowing arrangements in accordance with National Standards, providing a supportive environment for raising concerns.

- Whistleblowing Concerns raised are processed in accordance with the two-stage procedure for raising concerns within the National Standards.

- Whistleblowing arrangements and concerns raised are reported in accordance with INWO Standards and provide assurance in relation to the recording, reporting and learning from concerns.

Whilst there is evidence that there is a generally sound system of governance, risk management and controls in place, some evidence of non-compliance or scope for improvement were identified, which may put the achievement of objectives at risk in the area audited. The Audit Opinion was listed as Reasonable in terms of assurance. Existing work already in process included:

- Further enhancement to our process for handling concerns, incorporating other best practice guidance from the INWO.

- Development of our flow chart to ensure effective handling and appropriate transparency of decision making in relation to anonymous complaints.

- Revision to our Whistleblowing reporting to provide greater assurance on lessons learned from handling concerns and feedback from both those raising and addressing concerns.

- Work to look at whistleblowing through a broader concern handling lens reflecting work across the organisation which incorporates other forms of complaint and adverse event handling.

Work that is on-going and will remain under development for 2023/2024 is as follows:

- Consideration is being given to the provision of recording Anonymous Concerns in Datix and any adjustments required to support this change.

- Contractor and Primary Care Contractor Leads will be prompted to ensure that NHS providers are reminded of their responsibilities to develop appropriate policies and systems to comply with standards.

- Contractors and Primary Care Contractors will be reminded of the requirement to provide the role of Confidential Contact within the standards, with support provided, as necessary.

- To assist with the recording of Whistleblowing Concerns by the Contractors and Primary Care Contractors, a Microsoft Word version of the Datix form has been developed to enable the data to be integrated into the Datix system for analysis and recording purposes and they will be reminded of the need to encourage completion of this, as required.

- We will conclude the campaign that commenced in 2022/2023 to train and increase numbers of Confidential Contacts to ensure our workforce have the support to speak up, as required.

- We will conclude and launch the Terms of Reference for the Commissioning Officers to use to ensure investigations are fully supported.

- We will continue to raise awareness of how to raise concerns safely within the organisation and continue to provide regular updates by our Chief Executive's monthly newsletter and on StaffLink.

- A follow up letter will be issued from the Whistleblowing Champion, ensuring everyone who lodged a concern is contacted to understand how the process felt for them, learn from their feedback and how NHS Fife may improve its processes and treatment of those raising concerns.

- The questionnaire created to allow all parties involved in concerns, including Investigators and Executive Director colleagues, will be implemented to allow us to take learning from the process and share this across the organisation.

- A Standard Operating Procedure to deal with Anonymous / Unnamed Concerns has been developed and will be promoted within the organisation, when finalised.

- The existing suite of Whistleblowing materials will continue to be updated and additional materials introduced, as required.

8. Whistleblowing Champion Statement

Ms Kirstie MacDonald is the Whistleblowing Champion and is a Non-Executive Member of the NHS Fife Board. Ms MacDonald has offered the following comments relating to whistleblowing work and the implementation of the National Whistleblowing Standards (the Standards) during 2022/2023.

The Standards introduced in April 2021 provide a clear framework through which anyone providing NHS services may raise concerns where other day-to-day routes have failed to provide resolution. This includes access to an independent ombudsman.

The Standards are part of the greater remit to ensure an open, responsive, and learning culture – this is the responsibility of all Board members and senior managers. There is evidence at Board level that leaders are responsive to concerns and lead by example to promote a Speak Up Culture. I am assured that at Board level there is an environment of listening and openness. The Standards were implemented in Fife in line with national guidance. Feedback from those involved in concerns and Internal Audit have identified key areas for improvement which have been acknowledged and agreed by the leadership team.

Looking to the year 2023/2024 important developments will include:

- *Increased number of confidential contacts*
- *Triangulation of concerns from staff, patient and incidents*
- *Review of reporting and Governance arrangements*
- *A review of communications on raising concerns*

NHS Fife

Meeting:	**Fife NHS Board**
Meeting Date:	**28 November 2023**
Title:	**Whistleblowing Quarter 2 Report for 2023 / 2024**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing and Relations**

1. Purpose

This report is presented for:
- Assurance

This report relates to a:
- Government policy / directive
- Legal requirement

This report aligns to the following NHSScotland quality ambition(s):
- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

The National Whistleblowing Standards (the Standards) have been in place now since 1 April 2021. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns.

2.2 Background

This report is to provide NHS Fife Board members with an update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 July 2023 to 30 September 2023 (Quarter 2).

2.3 Assessment

Whistleblowing Concerns Reporting

NHS Fife received no whistleblowing concerns during the second quarter reporting period within NHS Fife, primary care providers and contracted services.

Anonymous / Unnamed Concerns Reporting

NHS Fife received two Anonymous / Unnamed Concerns during the second quarter reporting period.

Local Press Coverage

NHS Fife received no whistleblowing articles published in the local newspaper during the second quarter reporting period.

Awareness Raising and Training

INWO updates continue to encourage the use of business-as-usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access, which we continue to promote, and work is ongoing to reimplement the standards across the Board.

The Quarter 2 data report referred to above is detailed within Appendix 1, for information.

2.3.1 Quality, Patient Care and Value-Based Health & Care

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The monitoring of whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork.

These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous / unnamed concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2023 / 2024, quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes, Local Partnership and Area Partnership fora, HR Policy Group and Whistleblowing Oversight Group.

2.4 Recommendation

This paper is provided to NHS Fife Board members for **Assurance** and confirms:

- There were no whistleblowing concerns received in Quarter 2; two Anonymous / Unnamed Concerns were received; no whistleblowing articles were published in the local newspaper; assurance of awareness of standards, and the whistleblowing training undertaken during Quarter 2.

3. List of Appendices

The following appendix is included with this report:

- Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, assurance of awareness of standards and Whistleblowing Training undertaken during Quarter 2 (1 July 2023 to 30 September 2023)

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Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Assurance of Awareness of Standards, Whistleblowing Training Undertaken During Quarter 2: 1 July 2023 to 30 September 2023

1. Introduction

This report provides details of Whistleblowing Concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report will demonstrate our performance in the national key indicators, as required by the INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

2. Whistleblowing Concerns Received During Quarter 2

There were no Whistleblowing Concerns received during Quarter 2

Quarter 1 1 April to 30 June	Theme	Division	Service
One	Poor Patient Care and Hostile Culture	H&SCP	Complex & Critical Care
Quarter 2 1 July to 30 September	**Theme**	**Division**	**Service**
Nil			
Quarter 3 1 October to 31 December	**Theme**	**Division**	**Service**
Quarter 4 1 January to 31 March	**Theme**	**Division**	**Service**

3. Whistleblowing Concerns Received During Quarter 1 – Reasons for Extensions to Investigation

Under the terms of the Standards for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided.

An extension was approved for the Stage 2 Whistleblowing Concern received during Quarter 1 due to the complexities of the investigation and the number of witness interviews, authorised by the Head of Complex & Clinical Care Services. This case has now been concluded and a response has been issued to the Whistleblower.

4. Whistleblowing Concerns – Themes, Actions Taken and Lessons Learned During Quarter 1

As the investigation into the Whistleblowing Concern received during Quarter 1 has just concluded, we are unable to provide an update in relation to the themes, actions taken, lessons learned at this time, however this will be in quarter 3 reporting.

5. Anonymous / Unnamed Concerns Received During Quarter 2

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. NHS Fife has decided that anonymous / unnamed concerns should be recorded for management information purposes. The definition of an anonymous concern is "a concern which has been shared with the organisation in such a way that nobody knows who provided the information". Alternatively, someone may raise a concern with the organisation, but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern' (someone is aware of their identity, so it is not completely anonymous).

There were two Anonymous / Unnamed Concerns received during Quarter 2:

Quarter 1 1 April to 30 June	**Theme**	**Division**
Nil		
Quarter 2 1 July to 30 September	**Theme**	**Division**
Anonymous Complaint 1	**Bullying**	**H&SCP – Complex & Critical Care**
Anonymous Complaint 2	**Alleged Bullying and Harassment, not adhering to recruitment and selection, health and safety and flexible working processes, does not give recognition to others and takes the credit, breach of confidentiality.**	**H&SCP – Primary & Preventative Care**
Quarter 3 1 October to 31 December	**Theme**	**Division**
Quarter 4 1 January to 31 March	**Theme**	**Division**

6. Anonymous / Unnamed Concerns – Themes, Actions Taken and Lessons Learned During Quarter 2

Both Anonymous Complaints are being progressed as business as usual in line with appropriate policies and any update on the Themes, Actions Taken and Lessons Learned will be provided in due course.

7. Local Press Coverage During Quarter 2

There were no Whistleblowing articles published in the local newspaper during Quarter 2:

Quarter 1 1 April to 30 June	Theme	Quarter 2 1 July to 30 September	Theme
Nil		**Nil**	
Quarter 3 1 October to 31 December	**Theme**	**Quarter 4 1 January to 31 March**	**Theme**

To ensure that staff have the confidence to speak up within the organisation without fear in the knowledge that their voices will be heard, the following initiatives have been introduced:

- The use of business-as-usual processes for handling concerns, making sure internal routes for speaking up are obvious and easy for staff to access via the Chief Executive's monthly newsletter and StaffLink, which will allow the most effective issue resolution.

- A campaign to increase the existing pool of Confidential Contacts to ensure our workforce have the support to speak up on matters such as Whistleblowing is nearing completion with training taking place in during October and November 2023.

- A Whistleblowing Terms of Reference template has now been approved to aid the completion of Whistleblowing reviews in a standardised manner, which will provide the opportunity for the individual raising the concern to speak to the Whistleblowing Champion, should they wish to discuss their experience of the process.

8. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards, a questionnaire is now finalised to gather this information voluntarily, along with the offer to speak to the Whistleblowing Champion at the conclusion of stage 2 investigations.

9. Whistleblowing Training Data

The whistleblowing training data undertaken during Quarter 2 (1 July 2023 to 30 September 2023) is summarised below:

Whistleblowing Training Undertaken During 2023/2024
Quarter 2 - 1 July 2023 to 30 September 2023
300
250
200
150
100
50
0
258
41
3
0
eLearning - Whistleblowing : an Overview
eLearning - Whistleblowing for line managers
eLearning - Whistleblowing for senior managers
Classroom-based Whistleblowing and Prevent Training - Hotel Services

NHS Fife

Meeting:	**Fife NHS Board**
Meeting date:	**28 November 2023**
Title:	**Pharmaceutical Care Services Report 22/23**
Responsible Executive:	**Ben Hannan, Director of Pharmacy and Medicines**
Report Author:	**Aileen Boags Lead Pharmacist Public Health and Community Pharmacy Services**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Pharmaceutical Care Services Report (PCSR) for 2022/23 has now been produced and was presented to Public Health and Wellbeing Committee for awareness and discussion following public consultation and onward submission to relevant committees. Public Health and Wellbeing Committee approved the report for publication on date 6th November 2023, and this is presented to the Board for assurance that the annual requirement has been met.

2.2 Background

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. Community Pharmacy responsibilities are shared between the NHS

Board and the Integration Joint Board. Pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978 are delegated to the IJB. Broadly speaking, this includes responsibility of the general provision of community pharmacy. However, the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, and subsequent amendments are the responsibility of the Health Board. These regulations pertain to the management of contractual arrangements, control of entry and maintenance of a pharmaceutical list.

A public engagement period of 4 weeks is provided giving consultees an opportunity to comment on the draft PCSR. The NHS Fife public involvement policy comprises of the draft PCSR being circulated through the NHS Fife Participation and Engagement Team. This circulation comprises the Participation and Engagement Directory, Peoples' Panel and Equality Groups. It is also circulated to HSCP locality groups including MCNs, on which are patient representatives.

Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

2.3 Assessment

The 2022/23 PCS Report provides updates around both core services and additional services delivered through community pharmacies in NHS Fife. Significant advances in provision of services within community pharmacy have been made and the network of contractors has risen to the challenge of delivering these during a time of unprecedented demand. The report assesses any unmet need and gaps in provision of the core services of the Community Pharmacy Contract. The 2022/23 report recommends that there is no unmet need within NHS Fife currently.

Feedback obtained from the consultation process has been positive and in the main has focussed on how the document is shared with the public once approved.

2.3.1 Quality, Patient and Value-Based Health & Care

The report describes the wide variety of services provided within Community Pharmacies, all of which have a positive impact on quality of patient care.

2.3.2 Workforce

The report describes the current workforce capabilities within community pharmacy including independent prescriber capabilities.

2.3.3 Financial

There is no direct financial impact related to this report.

2.3.4 Risk Assessment / Management

This report serves a statutory function and does not consider risk in the context of community pharmacy services. As a descriptor of pharmaceutical needs within NHS Fife, this report is a data source that Pharmacy Practice Committees are directed to use in assessing need when considering application to the Pharmaceutical list. The content of the report could impact on future applications for new pharmacy openings.

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

The report draws information from National Records Scotland and the Director of Public Health report 21/22 in describing the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health.

2.3.6 Climate Emergency & Sustainability Impact

The report describes and assesses locality, position and distance of Community Pharmacies from patient's homes in the context of 20 minute neighbourhoods, with 88.5% of the Fife population live within 1mile of their nearest pharmacy, however the full impact on climate emergency and sustainability is not addressed within this report. It is anticipated that in future years that analysis will be included in further reports.

2.3.7 Communication, involvement, engagement and consultation

The report has undergone four to six weeks of public consultation through the following forums:

- Community Pharmacy Fife
- Public Participation and Engagement via Patient Experience Team
- HSCP locality groups

Three responses were received and feedback from these forums have been incorporated into the final report.

2.3.8 Route to the Meeting

- Pharmacy and Medicines Senior Leadership Team – 30th August 2023
- HSCP SLT (Strategic) 23rd October 2023
- Qualities and Communities – 2nd November 2023
- Public Health and Wellbeing Committee – 6th November 2023

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – For Members' information. The Board is asked to take **assurance** that the annual requirement of producing and publishing a Pharmaceutical Care Services Report has been met.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife Pharmaceutical Care Service Report 2022/23

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Pharmacy and Medicines Directorate

Pharmaceutical Care Services in NHS Fife

November 2023

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EXECUTIVE SUMMARY

The publication of NHS (Pharmaceutical Services) (Scotland) Amendment regulations 2011 requires NHS Boards to publish pharmaceutical care service (PCS) reports and annually update them. This 2023 update is published according to these regulations in accordance with the Scottish Government circular PCA (P) 7 (2011).

Pharmaceutical Care Services (PCS) 2022/23 in NHS Fife

This report gives a brief overview of the population of NHS Fife and then provides a detailed description of the current pharmaceutical services that exist within NHS Fife. Data from a range of sources are utilised to establish any unmet need for each of the core Community Pharmacy Contract services, additional services currently provided in NHS Fife are also examined. The extent to which that need is met is examined through assessment of any existing gaps in the provision of both the core pharmaceutical services within the Community Pharmacy contract and the additional services as agreed in NHS Fife.

There are 86 contracted community pharmacies in Fife. These are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife and it is important to continue to support development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population.

A public engagement period of 4 weeks was provided giving consultees an opportunity to comment on the draft PCS report 2022/23 . The NHS Fife public involvement policy comprises of the draft PCS report being circulated through the Participation and Engagement Team and HSCP locality groups. Each year, Boards are required to make their final report available on their website and other routes as informed by local policy.

Lead Author

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INTRODUCTION

The primary function of the Pharmaceutical Care Services (PCS) report is to describe any unmet need for pharmaceutical services within the Health Board population and outline recommendations by the Health Board as to how these needs should be met. A secondary function of the report is to inform and engage members of the public, health professions and planners in the planning of pharmaceutical services. As a descriptor of needs within Boards this report is a data source that Pharmacy Practices Committees are directed to use in assessing need when considering applications to the Pharmaceutical List.

1. Introduction to NHS Fife Health Board Area

The purpose of this section of the report is to describe the NHS Board area in terms of the population demographics, main health indices and urban/rural nature in order to gain an overall picture of the population and its health. This will outline the context within which pharmaceutical services are delivered.

1.1. Geographies to be Considered

NHS Fife contains seven Localities within its Health and Social Care Partnership. The latest data on the population of these areas is indicated in Table 1.

Table 1 - Population of NHS Fife and its Localities

Locality	Population
Fife	**374,730**
Levenmouth	37,888
Glenrothes	49,824
NE Fife	74,685
Cowdenbeath	41,767
Dunfermline	59,584
Kirkcaldy	60,472
SW Fife	50,510

Source:
Know Fife Community Profiles | KnowFife

1.2. NHS Fife Population Descriptions

The latest population estimate figures show that Fife grew in 2021 and had the third highest population out of all 32 council areas in Scotland. At June 2021, an estimated 374,730 persons lived in Fife, 600 more people than in 2020, resulting in an annual growth rate of 0.2%.This compares to a national population growth rate of 0.3%.

1.2.1. Fife Population: Age Distributions

Children aged 0-15 years make up 17% of the population with 63,680 children living in Fife. The majority of the population in Fife (62%)is aged 16-64years, whilst 12% of the population is aged 65-74 and 9% aged 75 and over.

1.2.2. Sub-Fife Population: Fife Localities

Seven localities have been createdin Fife for the organisation and delivery of services within the Health and Social Care Partnership (HSCP). Figure 1 shows the distribution of population of Fife across the seven locality areas. North East Fife locality has the highest proportion of the Fife population at 20% and Levenmouth locality the lowest at 10%.

Figure 1:
Locality populations

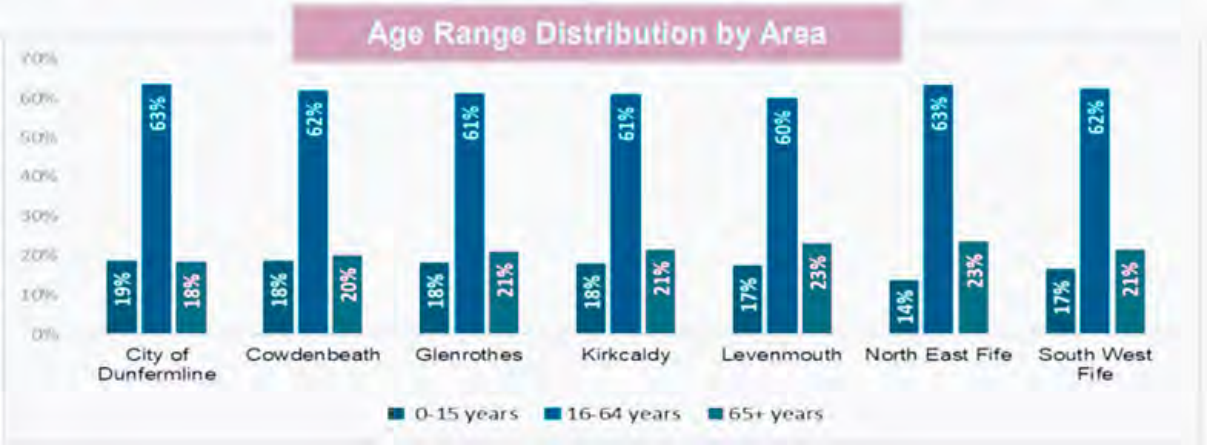
Variations in population age structure can be seen across the seven localities (Figure 2).

Figure 2:
Population breakdown by age

Breakdown by Key Age Groups		
	Number of People	% of Population
0-15 years	63,680	17%
16-64 years	231,635	62%
65+ years	79,415	21%

Figure 3 shows that two of Fife's seven localities have higher proportions of their population aged 65 and over compared to Fife; Levenmouth (23%) and North East Fife with 23%. In contrast, Dunfermline's older population is significantly less than Fife at 18% and its proportion of children is the highest of all seven localities at 19%.

Figure 3:
Age structure of Fife



Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid-2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.

1.2.3. Births

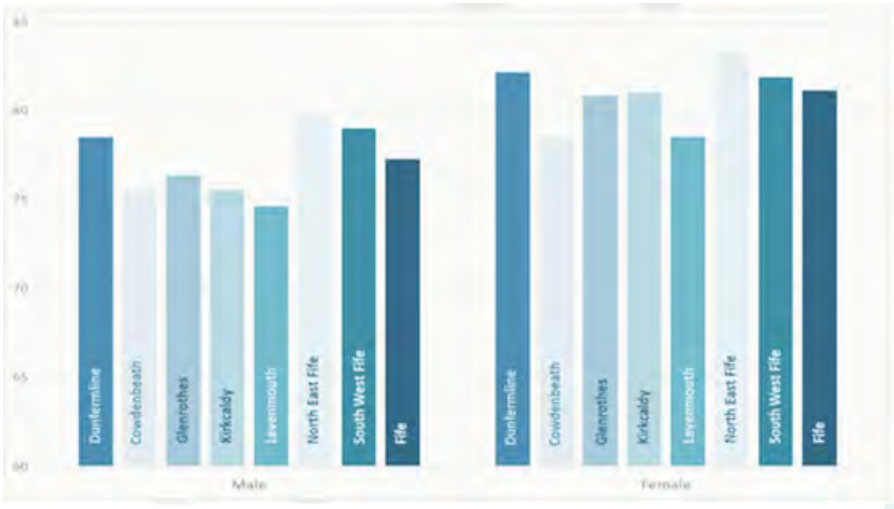
In 2022 there was a 5.3% decrease in the number of babies born in Fife compared to 2021, with 2,990 babies born. Fife was one of 21 council areas in Scotland to see an decrease in birth rates between 2021 and 2022. 8 council areas saw an increase while 3 saw no change. Of the 2,990 babies born in Fife over half (60%) were born to mothers aged 25-34 years, 3% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2002 the number of births to mothers aged 19 and under has decreased by 71% whilst births to mothers aged over 40 have increased by 40%.

1.2.4. Life Expectancy

Life expectancy at birth in Fife was 76.8 years for males and 81.0 years for females in 2019-2021. This was a small fall in life expectancy for both males and females since the last estimates of 77.2 and 81.4 respectively between 2018 and 2020, however is higher than national life expectancy of 76.5 years in males and 80.8 years in females. Over the period between 2001-2003 and 2019-2021, life expectancy for both males and females in Fife has risen (3.1% and 2.0% respectively). This compares to a national increase in life expectancy over the same period of 4.1% in males and 2.4% in females.

There is variation in male and female life expectancy within Fife, which is illustrated by the 2016-20 figures for the seven HSCP localities/Area Committees in Figure 4. Both male and female life expectancy were higher than the Fife average in Dunfermline, North East Fife and South West Fife areas and lower than average in the other four areas.

Figure 4:
Male and Female Life Expectancy; HSCP Locality/Area Committee 2016-20



Source:
PHS

However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between most and least deprived areas. In 2016-20life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females. Even wider inequalities were seen across Scotland with life expectancy in the 10% most deprived areas 13.5 years lower among males and 10.5 years lower among females than in the 10% least deprived areas in 2018-20. These differences in national life expectancy have widened since 2013- 15.

1.2.5. Ethnic Group

At the 2011 Census the population of Fife was predominantly of white ethnicity (97.6%), with 1.6% Asian ethnicity and 0.8% of people being from minority ethnic groups. We know that there is diversity within the population of Fife (in terms of ethnic group, gender identity and sexual orientation) and findings from the recently held 2022 Census will provide us with a greater insight into this diversity to better understand the future needs of our communities and reduce inequalities in population health between groups.

1.2.6. Deaths

1.2.6.1. All Causes

There were 4,560 deaths in Fife in 2022, a decrease of 0.3% on 2021. Rates of all-cause mortality in Fife in 2020 were below the Scottish average, 1118 per 100,000 population compared to 1212. 36% of these or 1,529 deaths were in the under 75s, which equates to a mortality rate of 421.8 per 100,000 population. In line with deaths at all ages, mortality rates in the under 75s increased from 2019 but remain below the Scottish average of 457 per 100,000 population. There are significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than in the least deprived areas, and the current rate is currently sitting at 2.9 times higher.

Even greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Rates of death in this age group have risen for Fife as a whole since 2013-15, with rates rising from 98.2 per 100,000 population in 2013-15 to 115 in 2020, slightly below the Scottish average of 116 per 100,000 population. During this time rates in the least deprived areas decreased whilst rates in the most deprived areas increased, widening the absolute gap between them. In 2013-15 rates in the most deprived areas were 3.9 times greater than rates in the least deprived areas which rose to 6.7 times greater in 2018-20

1.2.6.2. Causes of Death

Cancer was the leading cause of death among Fife residents in 2020 accounting for 1,112 deaths, 26% of the total number of deaths. Lung cancer was the most common form of cancer death accounting for 23% of all cancer deaths and 6% of all deaths.

As in previous years heart disease was the second most common cause of death among males in Fife accounting for 14%, while in females the second most common cause of death was Dementia and Alzheimer's disease causing 14% of all female deaths. The impact of the coronavirus pandemic is still being assessed, however, there were 310 deaths recorded where confirmed or suspected COVID-19was mentioned on the death certificate in 2020.

1.2.6.3. Burden of Disease

Burden of Disease studies assess the years of health lost due to disease and injury, through living in ill-health and from early death, thus preventing populations from living longer lives in better health, These studies can help us understand the disease and injury that causes the biggest health loss in our population, and how these may be experienced differently and change over time. Figures from the 2019 Scottish Burden of Disease study showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders. These five disease/injury groups accounted for almost two thirds of total burden of health loss across the whole Fife population. Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischaemic heart disease, lung cancer and Alzheimer's disease and other dementias were the top three individual causes of early death.

Figure 3:
Top Ten Causes of Burden in Fife from Ill-Health and Early Death; 2019

	Ill Health		Early Death
1	Low back and neck pain	1	Ischaemic heart disease
2	Depression	2	Lung Cancer
3	Headache disorders	3	Alzheimer's disease
4	Anxiety disorders	4	Cerebrovascular disease
5	Osteoarthritis	5	Other cancers
6	Diabetes mellitus	6	Drug use disorders
7	Cerebrovascular disease	7	Chronic obstructive pulmonary disease
8	Other musculoskeletal disorders	8	Colorectal cancer
9	Alcohol use disorders	9	Self-harm and interpersonal violence
10	Age-related and other hearing loss	10	Low respiratory infections

Source:
PHS

As our population ages, the contribution to the overall total burden of health loss from ill-health and early death changes. For Fife as a whole64% of the burden is due to early death and 36% to ill health in the population, however, in younger age groups contribution from early death is much lower, 28% in the age group of 15-24 years, and increases with age to 84% in the those aged 85 and over.

CURRENT PHARMACEUTICAL SERVICES IN NHS FIFE

2.0. Description of Current Pharmaceutical Services in NHS Fife

2.1. Community Pharmacy Services - General Overview

The following section provides a list of the NHS services provided by the 86 community pharmacies in NHS Fife at August 2023.

2.1.1. Number of Community Pharmacies across NHS Fife and by Locality

In August 2023, NHS Fife had 86 community pharmacies located across the seven Fife Localities. Table 2 below lists the number of community pharmacies in each Locality plus selected neighbouring Health Boards. There is no standard as to the number of population that should be served by a pharmacy, however population per Community Pharmacy in Fife is similar to other boards, and is lower than the national average. The distribution of community pharmacies across Fife allows wide access to their many services

Table 2:
Community Pharmacies in NHS Fife (August 2023)

Locality	Population	Community Pharmacies	Population per Community Pharmacy
Fife	374,730	86	4,357
Levenmouth	37,888	10	3.788
Glenrothes	49,824	10	4,982
NE Fife	74,685	18	4,149
Cowdenbeath	41,767	12	3,481
Dunfermline	59,584	13	4,583
Kirkcaldy	60,472	13	4,652
SW Fife	50,510	10	5,051
Other HBs			
Forth Valley	305,710	76	4,022
Lothian	917,310	182	5,040
Tayside	415,030	92	4,511
Scotland	5,479,900	1,255	4,366

2.1.2. Resources - Premises/Facilities

NHS Circular: PCA(P)(2007)28 Pharmaceutical Services Remuneration Arrangements For 2007-2008: Contract Preparation Payments Premises Guidance and Assessment Tool provides guidance on the premises requirements under the community pharmacy contract. It provides a tool for pharmacies to assess their ability to meet the requirements and produce an action plan for any rectification work that is required to meet those requirements. This guidance aids the planning of any future pharmacy premises or potential relocations.

2.2.2. Resources - Community Pharmacy Workforce

To operate legally each community pharmacy must have at least one pharmacist and all pharmacists must have a minimum qualification of a degree in pharmacy and be registered with the General Pharmaceutical Council. Community pharmacy is supported by a trained and knowledgeable workforce. The workforce ranges from those who provide healthcare and medicines advice from their role as healthcare counter staff and those who work directly in the dispensary. The support staff work in direct contact with the public and are suitably trained to provide advice on numerous health related matters. The pharmacist provides an expert source of knowledge to the support staff, although many staff have developed specialised areas of competence in which they work. As part of community pharmacy development to ensure continued ability to deliver NHS services, work continues to support development of support staff.

Pharmacists have the ability to be independent prescribers. These independent prescribers have in the past been involved in the provision of clinics within Fife, covering numerous specialty areas such as hypertension, stroke, warfarin, vascular, substance misuse, respiratory and pain. Implementation of the national Pharmacy First Plus service has shifted focus to delivering prescribing for common clinical conditions.

Table 3:
Community Pharmacist numbers training or trained with prescribing rights (August 2023)

Prescribing Status	No. of Pharmacists
Active/Community Pharmacy Independent Prescribers	32
Independent Prescribers training in progress	16
Qualified Independent Prescribers inactive	2

2.2. Community Pharmacy Services - Accessibility of Pharmaceutical Services

2.2.1. Travel times to community pharmacies

Previous national research has indicated that 86% of the population are within 20 minutes travelling time of their pharmacy and 44% are within 10 minutes. This data also showed that 47% of respondents travelled by car and 42% walked. The majority (83%) started and ended their journey at home with only 8% travelling from their place of work. Another UK wide survey showed that 56% of respondents were a short walk away from a pharmacy with an additional 22% further than a short walk but less than one mile. The respondents in this survey reported a mean distance of travel of 0.8 miles to a pharmacy.

The distance the population live from a pharmacy has been calculated for Fife. The information shows similar results to the research findings above. The distance from the pharmacy and the percentage of the population living within this distance are shown in the Table 4.

Table 4:
Percentages of the Fife population living within various distances of their nearest pharmacy

Distance population live from their nearest pharmacy	Percentage of population living within the distance
Quarter of a mile of pharmacy	28.4%
Half a mile of pharmacy	65.8%
Within one mile of pharmacy	88.5%
Within 2 miles of pharmacy	96.6%
Within 4 miles of pharmacy	99.8%
Within 6 miles of pharmacy	100%

1. Distances are "as the crow flies" straight line distances, not travel time

2. Distances are calculated from the grid reference of Fife pharmacies via the postcode and the mean value of the grid references for postcode within a data zone

The information above shows that 88.5% of the Fife population lives within 1 mile of their nearest pharmacy. It cannot be assumed that the population will necessarily use the nearest pharmacy but location has been shown to be critical in the access to pharmaceutical services. It should be noted that NHS Fife is the third most densely populated of all Scottish Health Boards.

Survey results as part of the Office of Fair Trade review of the control of entry regulation and retail pharmacy services in the UK demonstrated that 89% of people found the location of their pharmacy easy to get to from home. Convenience of the pharmacy location is related to the distance required to travel to the pharmacy by the population that they serve.

2.2.2. Hours of Service

Pharmacies in Fife provide opening hours that must cover9.00am to 5.30pmon 5 days of the week in which they can be closed for 1 hour during the middle of the day and offer one day per week of an 9am to 1pm opening (NHS Fife General Pharmaceutical Services: Hours of Service Scheme). In summary this shows that each contracted pharmacy must be open five and a half days per week. There are some local variations on these hours that have been agreed by the NHS Board based on local circumstances to suit the requirements at individual locations.

Several pharmacies have extended hours to 6pm and many offer a service on Saturday and some on Sundays. See Table 5 for a summary of the hours of service of community pharmacies in Fife.

Table 5:
Summary of the hours of service of the 86 community pharmacies in Fife (August 2023)

	Open 5 full days per week (closed Saturday)	Open 4.5 days Mon - Fri then half day Saturday	Open 5.5 days per week	Open up to 6 full days per week	Open 7 days per week
TOTAL	**5**	**6**	**47**	**22**	**6**

NHS Fife provision of pharmaceutical services on a Sunday is similar to other NHS Board areas.

It should be noted that all 6 community pharmacies which open on a Sunday are located in the same areas/towns as the Unscheduled Care Services Fife Centres, where prescriptions on a Sunday will be generated from.

2.3. Community Pharmacy Services - Core Services

2.3.1. Acute Medication Service (AMS)

AMS is the provision of pharmaceutical care services for acute episodes of care and electronically supports the dispensing of acute prescriptions and any associated counselling and advice. AMS is provided by all 86 community pharmacies in Fife.

In terms of absolute activity relating to prescribing, 7,254,100 prescription items were dispensed in NHS Fife in 2021/22 See table 6 for the volume of prescription items dispensed in Fife over the last 5 financial years.

Table 6: Volumeof prescription itemsdispensed in Fife over periodApril 2017 to March 2022

Financial Year	No. of prescription items dispensed
2021-22	7,254,100
2020-21	6,917,140
2019-20	7,142,940
2018-19	6,914,950
2017-18	6,969,064

2.3.2 Medicines: Care and Review

Medicines: Care and Review (MCR) is a revised model of the Chronic Medication Service (CMS) which commenced in April 2009, with NHS Fife being the early adopter board. Medicines: Care and Review (MCR) allows patients with long-term conditions to register with the community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, the GP and the pharmacist. One element of MCR allows the GP to generate a patient's prescription for a 24, 48 or 56 week period. In this period the patient is only required to visit the pharmacy to pick up their medication. This process sends electronic messages between the pharmacy system and GP practice system to update the GP record with the dispensing information. The pharmacist is required to complete a medication review and care plan with the patient within 16 weeks of patient registration.

All Health Boards are now working towards the aim of having all of their GP practices and Community Pharmacies providing the serial prescribing element of the service. One of the key changes to the revisedservice is that GP practiceswill now be allowed to identify patients suitable for serial prescriptions without the need for an initial registration for the service by a community pharmacy. This Community Pharmacy registration will now follow the GP intervention.

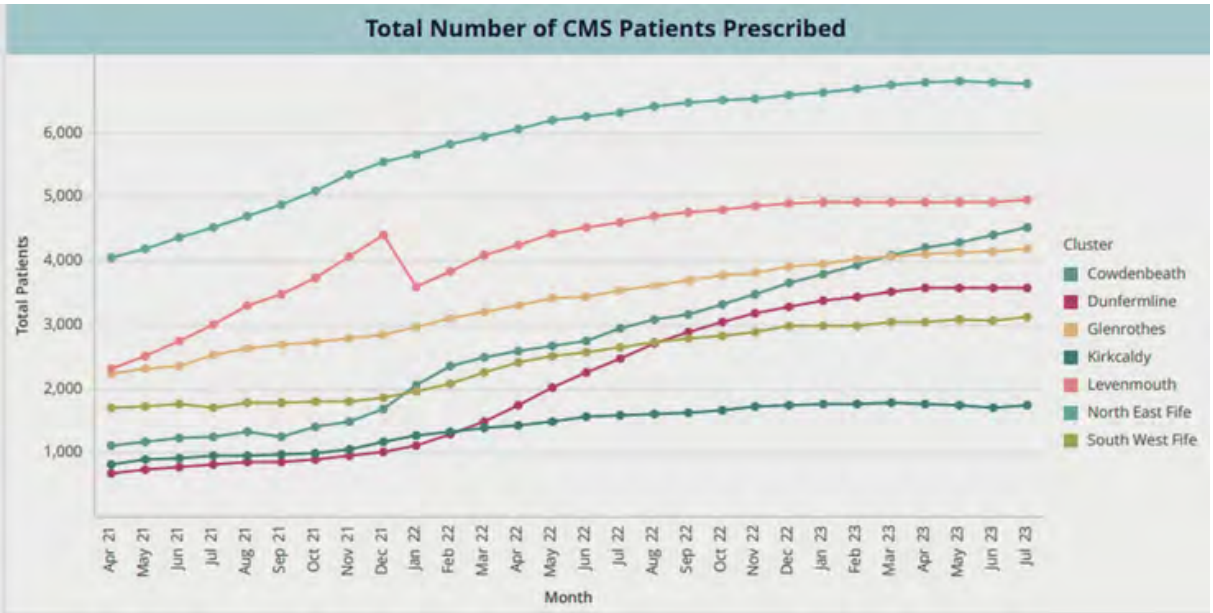
NHS Fife currently has 51 GP practices (93%) generating serial prescriptions with 82 (95%) pharmaciesinvolved in processing them. We continue to work with practices and pharmacies to encourage uptake, with an emphasis on supporting keen practices to increase the numbers of their patientsreceiving serial prescriptions.

Table 7 shows the number of patients registered for MCR in Fife compared to neighbouring health borads and Figure 4 shows the number of patients receiving a serial prescription by prescribing locality.

Table 7:
Number of MCR registered patients as at end March 2023 in Fife and selected neighbouring Health Boards

Health Board Area	No. of CMS registered patients	No. of CMS registered patients per 1,000 of population
Fife	65,600	175
Tayside	78,488	188
Forth Valley	48,111	157
Lothian	111,182	121
Scotland	910,840	166

Figure 4:
Patients receiving a serial prescription by locality Apr 21-Jul 23



2.3.3 Pharmacy First

In July 2020 the Pharmacy First service was implemented to replace the previous Minor Ailment Scheme. This service is delivered by all 86 community pharmacies in Fife and is available free of charge to eligible patients who require advice and/or treatment for minor ailments. When a patient accesses this service they receive a consultation which will result in one of three outcomes- supply of an appropriate medicine if indicated, advice only or referral to their GP or other healthcare professional. An average of 21,580 patients receive a Pharmacy First consultation monthly with an average of 17,627 medication items supplied. Five national Patient Group Directions (PGDs) have been introduced to provide treatment for Urinary Tract Infections, Impetigo, Shingles and Skin Infections allowing patients who would normally require a GP consultation for treatment to attend their pharmacy instead.

Figure 5 shows the number of items per week between April 22 and March 23 dispensed throughout Fife via the Pharmacy First service. Figure 6 shows the number of patients per week receiving a Pharmacy First consultation for the same period.

Figure 5:
NHS Fife PharmacyFirst items dispensed Apr 22- Mar 23

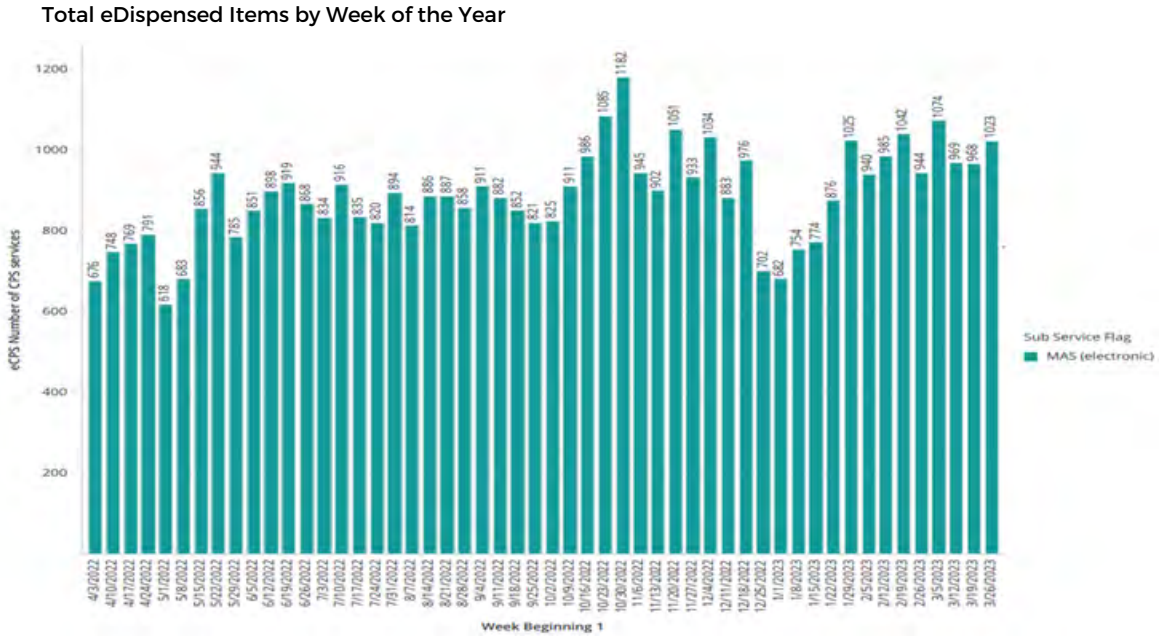
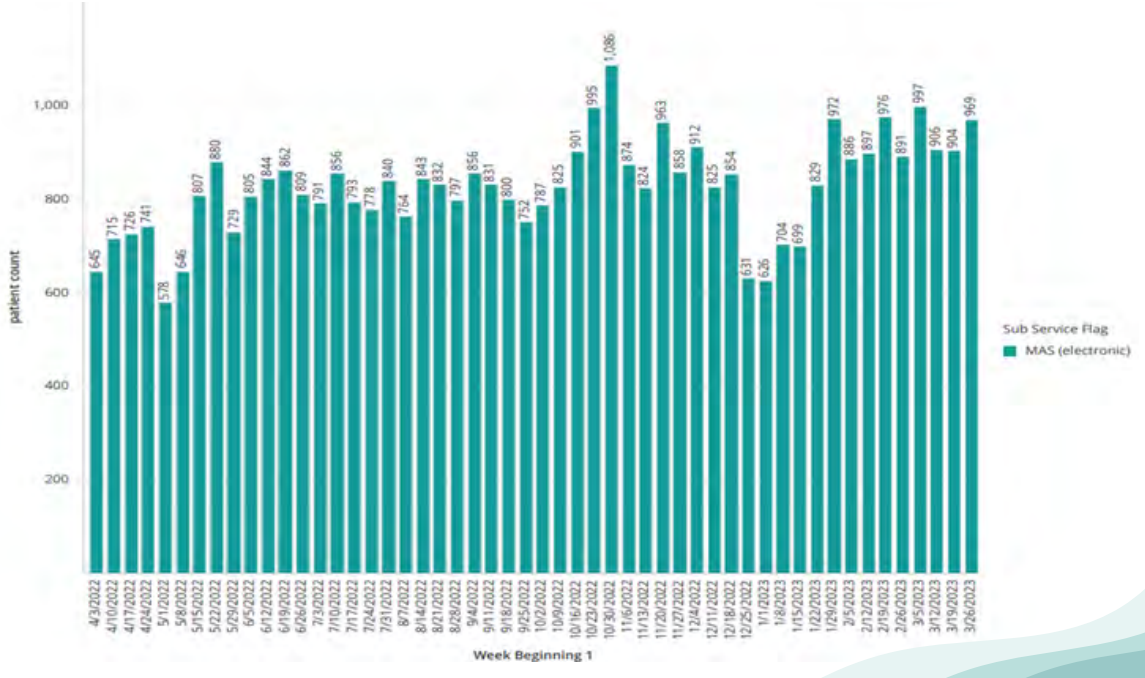


Figure 6:
NHS Fife Pharmacy First patient consultations Apr 22-Mar 23



2.3.4. Public Health Service

The Public Health Service (PHS) comprises of the following services:

The provision of advice to patients or members of the public on healthy living options and promotion of self care in circumstances where in the professional opinion of the pharmacist it is appropriate to do so or by request from a patient or member of the public

Making available for use by patients and members of the public a range of NHS or NHS approved health promotion campaign materials and other health education information and support material

Participating in health promotion campaigns, each campaign being on display and visible within a pharmacy for at least six weeks, agreed nationally by Scottish Ministers and a body deemed to be representative of community pharmacy contractors. Between these campaigns generic display material will be made available by the Scottish Ministers for use by PHS providers if they wish

Where agreed between a PHS provider and the Health Board, participation in locally agreed health promotion campaigns in the intervals between the national campaigns as described in the above paragraph.

There are three patient service elements of the public health service

2.3.4.1. Stop Smoking Services

The service consists of the provision of a stop smoking service comprising support and advice together with the supply of nicotine replacement therapy (NRT) or varenicline via a Patient Group Direction over a period of up to 12 weeks, in order to help smokers successfully stop smoking. The Community Pharmacy Stop Smoking Service is delivered by all 86 community pharmacies in Fife.

The community pharmacy service contributes significantly to the yearly NHS Fife smoking cessation Local Delivery Plan(LDP) Target. For financial year 22/23, 77% of all quit attempts made in Fife came from the community pharmacy stop smoking service (with 23% via non-pharmacy services).The LDP standard target of successful 12 week quits in the most deprived areas, i.e. 40% most deprived data zones, was 473. Fife did not achieve the LDP target in 22/23 however there were 301 successful 12 week quits in this population in 22/23,67% of these quits were via the Community Pharmacy service.

2.3.4.2. Emergency Hormonal Contraception

The introduction of a national PHS service for emergency hormonal contraception (EHC) in August 2008 has ensured equitable access to the population of Fife. Community pharmacies continue to issue over 80% of the total EHC prescribed/supplied in NHS Fife. This service comprises of the provision of advice on sexual health matters and the supply of EHC (as levonorgestrel or ulipristal) to women aged 13 years and above, where appropriate. This service is delivered by all 86 community pharmacies in Fife. On average, 362 prescriptions are generated for EHC by community pharmacists each month.

2.3.4.3. Bridging Contraception

A new addition to the PHS in November 2021, Community Pharmacists can provide a patient with “bridging contraception”, a short-term supply of desogestrel to give them time to access their GP or sexual health services for a long term contraception arrangements. This service aims to increase access to contraception and reduce the incidence of unplanned pregnancy. 540 consultations took place for this Service between April 2022 and March 2023.

2.3.4.4. Supply of Prophylactic Paracetamol following MenB Vaccine

This Community Pharmacy Public Health Service was introduced in October 2015 and allows the supply of prophylactic paracetamol via PGD to babies receiving the MenB vaccine at 2 months and 4 months. The preferred model across NHS Fife for supply of prophylactic paracetamol is solely via the community pharmacy service.

2.4. Community Pharmacy Services - National Services

Whilst core services must be delivered by all community pharmacies on the pharmaceutical list, the National suite of services is optional. That said, for many of these services, the vast majority of pharmacies in Fife offer them.

2.4.1. Gluten Free Food Service

The National Community Pharmacy Gluten Free Food Service was introduced in October 2015. This enables patients with a diagnosis of coeliac disease and/or dermatitis herpetiformis to obtain gluten free foods directly from a local pharmacy without the need to request a prescription from the GP Practice. NHS Fife has developed a Gluten Free Food Formulary and a patient leaflet is available.. Patients are given an agreed allocation of Gluten Free units and are able to choose which staple foods they require from the Fife Gluten Free Formulary.

Pharmacists are required to register patients, complete a PharmacyCare Record (PCR), and carry out an initial healthcheck with each patient and thereafter an annual health check with patients using this service. All 86 NHS Fife community pharmacies have signed up to this service. Alternatively patients can choose to remain with their GP practice to request their prescription for gluten free foods.

2.4.2. Unscheduled Care

Unscheduled care can be described as:

“NHS care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is care which, unavoidably, is out with the core working period of NHS Scotland. It follows that such demand can occur at any time and that services to meet this demand must be available 24 hours a day.”

In the past the largest group of patients requiring unscheduled care tended to use one of the following routes:

- an urgent appointment with their GP advice from NHS 24
- referral to the Out of Hours service via NHS 24

More recently service developments in community pharmacy have led to pharmacies becoming an important access route for people requiring unscheduled care particularly over weekends and public holidays. One of the tools available to pharmacists is the National Patient Group Direction for the Urgent Supply of Repeat Medicines and Appliances to allow pharmacists to provide an emergency supply of medication free of charge if necessary. Community Pharmacies can also use a Direct Referral process to local Out of Hours services where the pharmacist feels that the patient has an urgent medical need that cannot be adequately treated within the pharmacy.

2.4.3. Stoma Service

From 1 July 2011 suppliers of stoma appliances must be entered on the NHS Scotland list of approved suppliers. Stoma service providers are expected to comply with the agreed standards for service provision. All NHS Fife community pharmacies have currently registered to provide this service. In addition other appliance suppliers also provide this service giving NHS Fife adequate coverage for this service.

2.4.4. Pharmacy First Plus

From September 2020, the NHS Pharmacy First Plus service was introduced by the Scottish Government, aiming to maximise the pharmacist's expertise in medicines by providing the opportunity for Pharmacist Independent prescribers to manage acute common clinical conditions within Community Pharmacy. The pharmacist must be available to provide the service for a minimum of 25 hrs per week for a minimum of 45 weeks of a rolling year. In Fife there are currently 20 pharmacies providing this service, an average of 456 patients were treated per month from January 2021 to January 2022. NHS Fife is supporting the expansion of the number of qualified Pharmacist Independent Prescribers which in turn will support the expansion of the Pharmacy First Plus service.

2.5. Community Pharmacy Services - Additional Services

There are several additional services agreed within NHS Fife. These are locally negotiated contracts and as such not all pharmacies participate in these services. It is the responsibility of the NHS Board to ensure that these additional services meet the needs of the population. This does not mean however that the population requires these services equally across geographical areas or that it is necessary to provide them from every community pharmacy. These services might not be provided entirely by pharmacy alone and so provision must be looked at in the context of wider healthcare services.

Table 16: Summary of the Numbers of Community Pharmacies providing Additional Services (at April 2023)

Additional Services	Total
Dispensing/supervision of Opioid substitution therapy	86
Injecting equipment provision	25
Take home Naloxone	36
Advice to Care Homes	53
Community Pharmacy Palliative Care Network	22
Just in Case programme	22

2.5.1 Substance Use

Opioid Substitution Therapy (OST) with methadone or buprenorphine is a well-established treatment for opioid dependent patients. OST reduces harm to the individual and society by reducing the injecting of drugs which in turn helps to reduce the spread of potentially fatal blood borne viruses such as Hepatitis B, C and HIV. It can also help to stabilise and decriminalise the lives of drug users and integrate them back into society.

2.5.1.1. Opioid Substitution Therapy(OST)

Supervised self-administration of OST has become a key component of any OST programme. Supervision is undertaken at the request of the prescriber and is a clinical decision based on the patient's stability, home circumstances and progress through treatment. Supervision ensures that adequate blood and tissue levels of methadone are maintained and helps to prevent diversion onto the illicit market. The use of community pharmacies for dispensing methadone allows patients to be treated in their own communities. Community pharmacists are the best placed healthcare professionals to carry out the supervision of OST. A valuable supportive relationship can develop between the community pharmacist and the patient. Daily contact allows the pharmacist to monitor patient compliance (e.g. missed doses) and suspected misuse of illegal drugs and alcohol. It also allows the pharmacist to provide health promotion advice.

Currently all pharmacies in Fife dispense and supervise OST when requested by the prescriber. The majority of pharmacies are able to provide supervision either in a consultation room or an area screened off from general view.

2.5.1.2. Injecting Equipment Provision

Injecting equipment is provided with the aim of reducing the transmission of blood borne viruses spread by the sharing of injecting equipment; to protect the public from discarded equipment; to make contact with people who inject drugs who are not in contact with drug treatment services; and to improve access to health and harm reduction advice.

Additional funding secured from Fife Alcohol Drug Partnership (ADP) has enabled an extension to the network, from 19 to 25 pharmacies. Participating pharmacies are identified in appendix 1. Injection equipment is provided in pre-packed packs standardised throughout Scotland via national procurement.

Injecting equipment providers are asked to encourage clients to use a new set of works for every injection. Eight different packs are available, including two suitable for steroid users. Data is collected at each transaction and forwarded to Information Services Division for input to the annual report.

2.5.1.3. Take-Home Naloxone (THN)

This service allows community pharmacists and their support staff to provide the necessary training in overdose recognition, basic life support, use and supply of naloxone to persons at risk and family members. Additional funding provided by the ADP in 2020 has allowed this service to expand from 8 to 36 pharmacies across Fife, further uptake of the service continues to be encouraged.

2.5.2. Pharmaceutical Advice to Care Homes

Community pharmacies provide a service to Care Homes to provide advice on safe keeping and correct administration of drugs and medicines to residential and nursing homes. The service specification for this service is due for review in 2023/24.

2.5.3. Palliative Care Network

The aim of this service is to provide a network of community pharmacists throughout Fife, who are able to meet the pharmaceutical care needs of palliative care patients. The key services provided are:

- Dispensing of specialist palliative care medicines
- Providing advice and information on the use of these medicines to patients/carers and healthcare professionals
- Liaising with the patients' usual community pharmacist and primary healthcare team to ensure continuity of supply of the specialist medicine(s).

Additional funding secured from Scottish Government over the last few years has enabled an extension to the network, from 15 to 22 pharmacies, participating pharmacies are identified in appendix 1.

2.5.4. Just in Case Programme

A 'Just in Case - JIC' programme is delivered from community pharmacies. Such a programme has been advocated by the Scottish Government through 'Living and Dying Well - a national action plan for palliative and end of life care in Scotland'. The NHS Fife Action Plan contains as part of action 6: 'To identify if there are areas or circumstances within NHS Fife where the use of 'Just in Case' boxes would improve the accessibility of medicines likely to prevent hospital admissions'. JIC relies on appropriate anticipatory prescribing which forms part of wider anticipatory care planning processes.

The programme was developed with the NHS Fife Palliative Care Guidelines Group and the Network of Palliative Care Community Pharmacy Development Group. The programme uses the already established Fife Network of Palliative Care Community Pharmacies to work closely with the patient's Primary Care team to monitor the supply of boxes and the medicines contained therein.

Avoidable hospital admissions and GP out of hours calls are being prevented. Where a JIC box is issued and subsequently used, 99% of patients were found to be able to remain in their preferred place of care i.e. home. Feedback from both health professionals and patients and their families are that having the JIC at home is greatly reassuring. This successful scheme has now been extended to make it available to all patients at the end of life e.g. heart failure and chronic obstructive pulmonary disease.

2.5.5. Prescribed Sharps Disposal Service

All 86 community pharmacies take part in a prescribed sharps disposal service. Patients take their full (sealed) sharps bin to their local pharmacy and exchange it for a new one. The main driver for the service is to reduce the risk to patients, staff and the public of sharps disposed of in domestic waste, articulated by Fife Council, Healthcare Environment Inspectorate (HEI) and NHS Fife Health Board.

The service provides patients with a safe and convenient route for the disposal of sharps.

By providing a convenient route for disposal this reduces the amount of sharps stored in patients' homes, thus reducing the risk of accidental needle-stick injuries and reduces the environmental damage caused by inappropriate disposal methods for sharps.

2.5.6. Hepatitis C Treatment

In line with national frameworks to allow patients to access medication in local healthcare settings, the NHS Fife Specialist Hepatitis C service based at Whyteman's Brae and Queen Margaret Hospitals works with community pharmacies across NHS Fife to support the community supply of antiviral medication for treatment of Hepatitis C. All 86 pharmacies participate in this service. Between April 22 and March 23 there were 40 patients received treatment for Hepatitis C via community pharmacy.

2.5.7. Chlamydia Treatment

NHS Fife introduced a new local service in March 2021 that is delivered from Community Pharmacies. Patients can now be treated for Chlamydia using a Patient Group Direction for doxycycline when the patient/sexual contact presents a voucher that they have received from the 'Sexual Health Fife' team.60pharmacies participate in this service. Between April 22 and March 23, 235 people received treatment for chlamydia via community pharmacy.

2.5.8. Free Condoms Fife Scheme

Community Pharmacies participate in the “Free Condoms Fife” Scheme, where supplies of condoms are made freely available to the public to pick up from a discrete area within the pharmacy.

2.5.9. Vaccination Services

Community pharmacies across Fife took part in three successful NHS influenza vaccination service campaigns in the 2020/21,2021/22 and 2022/23 flu seasons delivering over 34,000 vaccinations over the three years of activity. Offering this service via community pharmacies allows agreed eligible groups to access flu vaccinations in a setting closer to home.

As part of the Vaccination Transformation Programme, 21 Community Pharmacies commenced provision of NHS travel vaccination on behalf of Fife Health and Social Care Partnership in April 2022, participating pharmacies are identified in appendix 1. Between April 2022 and March 2023, 2,752 citizens received a travel vaccination consultation in a community pharmacy and 3,801 vaccines were administered, and average of 1.4 vaccines per citizen. It should be noted that alongside administration of NHS available travel vaccines, participating community pharmacies are also asked to provide any private vaccines required. The geographical provision of this service will be reviewed in 2023 with the potential of adding up to 6 new community pharmacies should the need be identified,

ANALYSIS OF PHARMACEUTICAL NEEDS IN NHS FIFE

3. Analysis of Pharmaceutical Needs within NHS Fife

Information on both the health of the population of Fife and the services currently provided by community pharmacies has been detailed in the previous sections of the report. This has allowed adequate information to be considered to contemplate what the implications of this are for the future of the community pharmacy service within NHS Fife.

It would appear that overall there are no identified gaps in provision of pharmaceutical services in NHS Fife. These services are well distributed across the region and meet the access needs of the vast majority of the population, with no large gaps being identified. In addition the report has not identified unmet need for new community pharmacies across Fife, although the need for the services delivered through existing pharmacies may require ongoing scrutiny.

3.1. Number of Community Pharmacies

There are 86 contracted community pharmacies in NHS Fife. These are well distributed across the region & appear to meet the access needs of the vast majority of the population. Since 2009, there have been eight new community pharmacy contracts awarded in NHS Fife; one in each of the seven Localities ahead of the most recent opening in the Dunfermline Locality.

3.2. Hours of Service

There would appear to be no under provision in terms of opening hours for NHS Fife with adequate out of hours opening mirroring the current Unscheduled Care Service Fife geography.

3.3. Pharmacy Workforce

There has been an increase in pharmacists who are either independent prescribers or working towards this qualification. The introduction of Pharmacy First Plus allows Community Pharmacist to utilise their prescribing qualifications order to provide pharmaceutical care and contribute to the transformation of urgent care agenda.

The COVID-19 pandemic has impacted on the pharmacy workforce and there are reports from some contractors of increasing difficulty in securing permanent pharmacists, together with a scarcity of available locum pharmacist cover, this is affecting Health Boards across NHS Scotland including NHS Fife.

3.4. Community Pharmacy Services - Core Services

3.4.1. Acute Medication Service

Prescription numbers remain stable within NHS Fife and with no significant increase in demand there is therefore no increase in need for any further Community Pharmacy provision.

3.4.2. Medicines: Care and Review

Work continues on increasing engagement in this service, there is currently no unmet need.

3.4.3. Pharmacy First

As all patients registered with a GP or living in Scotland can access the NHS Pharmacy First Scotland service there is no unmet need in the provision of consultation and treatment for common clinical conditions from a community pharmacy. However, unmet need will arise in urgent care provision should the current pharmacy weekend and extended opening hours in a local area reduce.

3.4.4. Public Health Services

Public Health Services provided as part of the core Community Pharmacy contract continue to be supported within Fife, and this element of the contract has made a significant contribution to harm reduction and women's health. There is no current unmet need, however the Scottish Government's Women's Health plan may introduce further expectations of pharmaceutical service provision that may impact this position in the future.

3.5. Community Pharmacy Services – National and Additional Services

The Additional Services developed under the Community Pharmacy Contract have made a fundamental contribution to the health of the population. Several community pharmacy services are negotiated at a local level and there is potential to review each of those on an ongoing basis, to ensure that the services delivered still meet the needs of the local population.

APPENDIX 1A

There are 10 Pharmacies in the Levenmouth Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	MERLIN CRESCENT, BUCKHAVEN, KY8 1HJ			
WEMYSS PHARMACY	UNIT 2, 21 MAIN ROAD, EAST WEMYSS, KY1 4RE			✓
LLOYDS PHARMACY LTD NOW KENNOWAY PHARMACY	19 BISHOPS COURT, KENNOWAY, KY8 5LA	✓		
BOOTS THE CHEMIST	47 HIGH STREET, LEVEN, KY8 4NE	✓		✓
LEVEN PHARMACY	12-14 COMMERCIAL ROAD, LEVEN, KY8 4LD			
OMNICARE PHARMACY LTD	30 COMMERCIAL ROAD, LEVEN, KY8 4LD		✓	✓
LUNDIN LINKS PHARMACY	2 EMSDORF STREET, LUNDIN LINKS, KY8 6AB			
BOOTS THE CHEMIST	AJAX WAY, METHIL, KY8 3RS	✓		
OMNICARE PHARMACY LTD	345 METHILHAVEN ROAD, METHIL, KY8 3HR	✓	✓	✓
WELL PHARMACY	303 WELLESLEY ROAD, METHIL, KY8 3BS			

There are six GP Practices in the Levenmouth Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
21257	SCOONIE MEDICAL PRACTICE	162,749	19.99%
21524	AIRLIE MEDICAL PRACTICE	147,831	18.16%
21505	METHILHAVEN SURGERY	132,447	16.27%
20108	MUIREDGE SURGERY	125,900	15.47%
21276	DRS PAGE, MCDONALD & STEVENSON	72,188	8.87%
20856	KENNOWAY MEDICAL GROUP	71,294	8.76%
	TOTAL	**712,409**	**87.51%**
	Other Prescribers	**101,661**	**12.49%**

There was a total of 814,070 items dispensed between all ten pharmacies, with:

- 31,621 unique patients
- 83.07% of patients having 2 or more forms
- 362 patients being recorded as Care Home patients

87.51% of GP10 prescriptions dispensed by the pharmacies, originated from GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	28,341	730,289	89.71%
NURSES - PRESCRIPTION FORMS	3782	29,736	3.65%
MINOR AILMENTS SCHEME	10,302	24,259	2.98%
URGENT SUPPLY OF MEDICINES	6600	17,999	2.21%
HOSPITAL ADDICT FORM	406	4951	0.61%
DENTIST PRESCRIPTION FORM	596	2779	0.34%
HOSPITAL FORM	564	2670	0.33%
PHARMACISTS PRESCRIPTION FORM	190	801	0.10%
STOCK ORDER FORM	0	465	0.06%
FOREIGN FORM - ENGLISH/WELSH	0	119	0.01%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	1	0.00%
FOREIGN FORM - WELSH GP	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic areas (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	17,224	214,109	26.30%
CARDIOVASCULAR SYSTEM	11,269	172,722	21.22%
GASTRO-INTESTINAL SYSTEM	12,211	80,562	9.90%
ENDOCRINE SYSTEM	7572	70,488	8.66%
RESPIRATORY SYSTEM	9321	65,330	8.03%

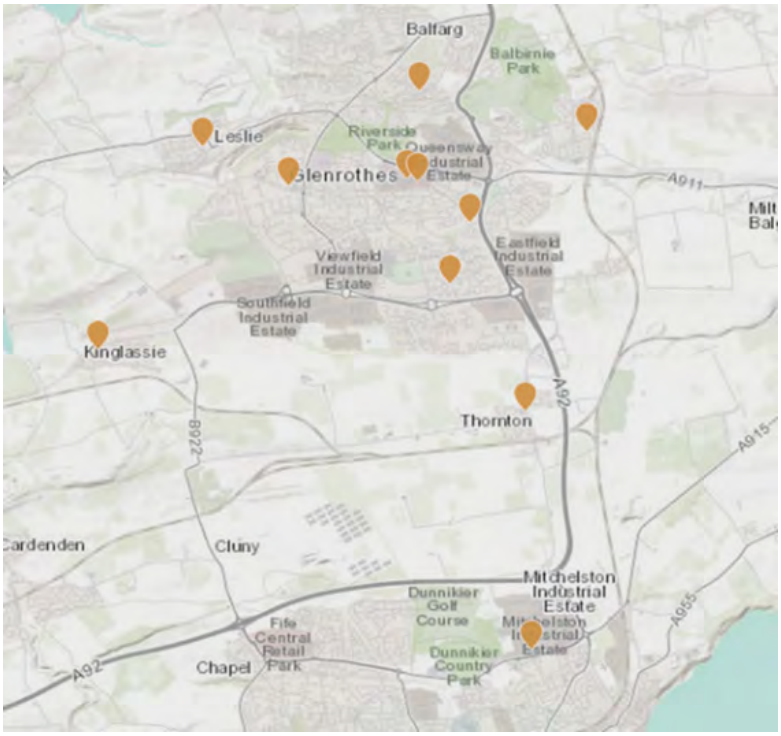
Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5483	13,093	72.74%
Public Health Service	621	3898	21.66%
Urinary Tract Infection	480	546	3.03%
Health Board Local Service	147	250	1.39%
Skin Infection	96	101	0.56%
Impetigo	87	89	0.49%
Shingles	19	22	0.12%

A total of 6600 unique patients received 17,999 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.
(Note: this number does not include non PGD items dispensed under Pharmacy First)

APPENDIX 1B



There are 10 Pharmacies in the Glenrothes Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
BOOTS THE CHEMIST	COS LANE, GLENROTHES, KY7 4AQ		✓	
BOOTS THE CHEMIST	14 LYON SQUARE, GLENROTHES, KY7 5NR	✓	✓	
CADHAM PHARMACY	8 CADHAM CENTRE, GLENROTHES, KY7 6RU		✓	✓
DEARS PHARMACY & TRAVEL CLINIC	3 GLAMIS CENTRE, GLENROTHES, KY7 4RH	✓		✓
LLOYDS PHARMACY	UNIT 6, MINTO PLACE, GLENROTHES, KY6 1PD			
SUPERDRUG PHARMACY	10 FALKLAND GATE, KINGDOM CENTRE, GLENROTHES, KY7 5NS			
KINGLASSIE PHARMACY	50 MAIN STREET, KINGLASSIE, KY5 0XA			
LLOYDS PHARMACY	LESLIE MEDICAL PRACTICE, LESLIE, KY6 3LQ			
DEARS PHARMACY & TRAVEL CLINIC	53 HIGH STREET, MARKINCH, KY7 6DQ			✓
W DAVIDSON & SONS	76 MAIN STREET, THORNTON KY1 4AG,			

There are seven GP Practices in the Glenrothes Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20659	COS LANE SURGERY	167,492	15.95%
20611	NORTH GLEN MEDICAL PRACTICE	159,936	15.23%
20663	ROTHES MEDICAL PRACTICE	152,904	14.56%
20606	THE LOMOND PRACTICE	141,482	13.47%
20630	THE GLENWOOD PRACTICE	115,228	10.97%
21153	LESLIE MEDICAL PRACTICE	106,779	10.17%
	Top 6 Practices	**843,821**	**80.35%**
	Other Prescribers	**206,298**	**19.65%**

There was a total of 1,050,119 items dispensed between all 10 pharmacies, with:

- 43,319 unique patients
- 80.48% of patients having 2 or more forms
- 317 patients being recorded as Care Home patients

80.35% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	38,167	940,975	89.61%
NURSES - PRESCRIPTION FORMS	4701	48,829	4.65%
MINOR AILMENTS SCHEME	12,217	27,562	2.62%
URGENT SUPPLY OF MEDICINES	6863	17,127	1.63%
DENTIST PRESCRIPTION FORM	691	5322	0.51%
HOSPITAL FORM	733	3567	0.34%
PHARMACISTS PRESCRIPTION FORM	925	3223	0.31%
HOSPITAL ADDICT FORM	285	2862	0.27%
STOCK ORDER FORM	0	599	0.06%
FOREIGN FORM - ENGLISH/WELSH	0	46	0.00%
IRISH FORM	0	3	0.00%
FOREIGN FORM - WELSH GP	0	2	0.00%
HOSPITAL NURSE FORM	0	2	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	21,797	258,475	24.61%
CARDIOVASCULAR SYSTEM	15,020	227,485	21.66%
GASTRO-INTESTINAL SYSTEM	16,157	104,759	9.98%
ENDOCRINE SYSTEM	9931	96,763	9.21%
RESPIRATORY SYSTEM	12,389	82,990	7.90%

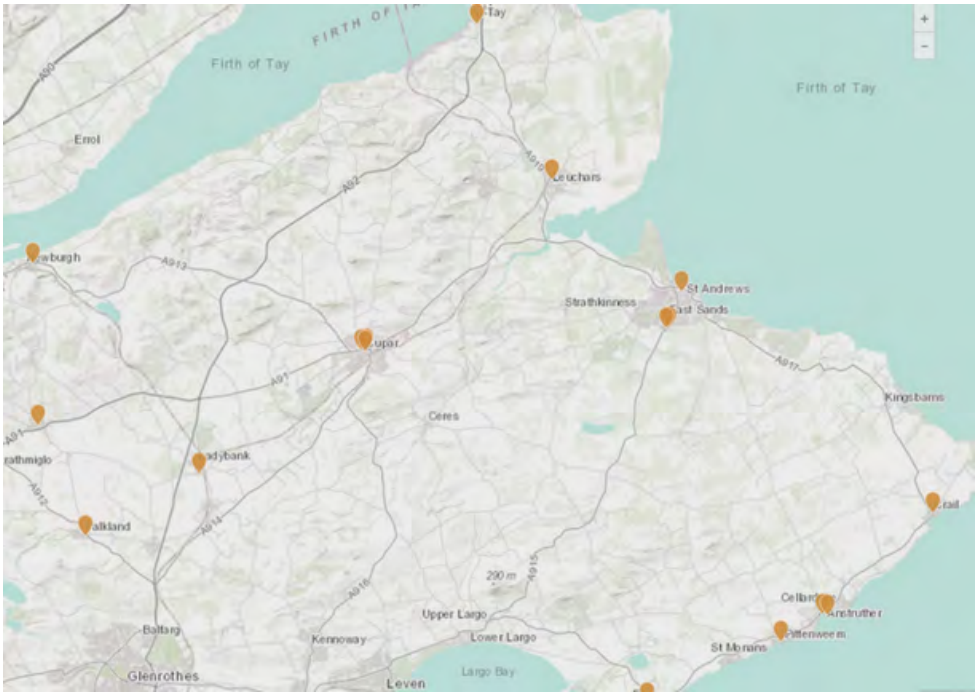
Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5280	10,908	63.69%
Public Health Service	712	4367	25.50%
Urinary Tract Infection	694	813	4.75%
Health Board Local Service	244	764	4.46%
Skin Infection	146	157	0.92%
Impetigo	72	79	0.46%
Shingles	24	27	0.16%
COVID	7	12	0.07%

A total of 6863 unique patients received 17,127 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.
(Note: this number does not include non PGD items dispensed under Pharmacy First)

APPENDIX 1C



There are 18 Pharmacies in the NE Fife Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
EAST NEUK PHARMACY	23 RODGER STREET, ANSTRUTHER, KY10 3DU		✓	✓
T & K BROWN LTD	31/32 SHORE STREET, ANSTRUTHER, KY10 3AQ	✓		
ROWLAND PHARMACY	42 HIGH STREET, AUCHTERMUCHTY, KY14 7AP		✓	
CRAIL PHARMACY LTD	18-20 HIGH STREET, CRAIL, KY10 3TE			
BOOTS THE CHEMIST	2-6 ST CATHERINE STREET, CUPAR, KY15 4BT			
LLOYDS PHARMACY	1 CROSSGATE, CUPAR, KY155HA			
ROWLAND PHARMACY	45-47 BONNYGATE, CUPAR, KY154BY	✓	✓	
W DAVIDSON & SONS	42 HIGH STREET, ELIE, KY9 1DB			✓
LOMOND PHARMACY	LIQUORSTANE BUILDINGS, FALKLAND, KY15 7FH			
W DAVIDSON & SONS	30 COMMERCIAL ROAD, LADYBANK, KY15 7JS			
LEUCHARS PHARMACY	THE POST OFFICE, 14 MAIN STREET, LEUCHARS, KY160HN			✓
W DAVIDSON & SONS	40 HIGH STREET, NEWBURGH, KY146AQ		✓	
ROWLAND PHARMACY	TAYVIEW MEDICAL PRACTICE, 16 VICTORIA TERRACE, NEWPORT ON TAY, DD6 8DJ		✓	
PITTENWEEM PHARMACY	7 MARKET PLACE, PITTENWEEM, KY10 2PH			
BOOTS THE CHEMIST	113-119 MARKET STREET, ST ANDREWS, KY16 9PE	✓		
LLOYDS PHARMACY	ST ANDREWS COMMUNITY HOSPITAL, LARGO ROAD, ST ANDREWS, KY16 8AR			✓
WM MORRISON	45 LARGO ROAD, ST ANDREWS, KY168PJ		✓	
ROWLAND PHARMACY	32 CASTLE STREET, TAYPORT, DD6 9AF			

There are 11 GP Practices in the NE Fife Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
21830	PIPELAND MEDICAL PRACTICE	152,948	11.77%
21609	TAYVIEW MEDICAL PRACTICE	145,019	11.16%
20409	EDEN VILLA PRACTICE	124,630	9.59%
20413	BANK STREET MEDICAL GROUP	115,480	8.89%
20004	ANSTRUTHER MEDICAL PRACTICE	113,577	8.74%
20057	AUCHTERMUCHTY PRACTICE	101,494	7.81%
	Top 6 Practices	**753,148**	**57.98%**
	Other Prescribers	**545,775**	**42.02%**

There was a total of 1,298,923 items dispensed between all 20 pharmacies, with:

- 61,087 unique patients
- 79.75% of patients having 2 or more forms
- 734 patients being recorded as Care Home patients

57.98% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	55,282	1,193,283	91.87%
MINOR AILMENTS SCHEME	15,018	33,458	2.58%
NURSES - PRESCRIPTION FORMS	3855	31,620	2.43%
URGENT SUPPLY OF MEDICINES	10,375	25,257	1.94%
DENTIST PRESCRIPTION FORM	1135	5365	0.41%
HOSPITAL FORM	909	4438	0.34%
HOSPITAL ADDICT FORM	212	2411	0.19%
PHARMACISTS PRESCRIPTION FORM	794	1842	0.14%
STOCK ORDER FORM	0	952	0.07%
FOREIGN FORM - ENGLISH/WELSH	0	246	0.02%
FOREIGN FORM - WELSH GP	0	28	0.00%
IRISH FORM	0	12	0.00%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	7	0.00%
FOREIGN FORM - WELSH HOSPITAL	0	2	0.00%
HOSPITAL NURSE FORM	0	1	0.00%
HOSPITAL PHARMACISTS FORM	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	20,971	307,590	23.68%
CENTRAL NERVOUS SYSTEM	27,666	287,210	22.11%
ENDOCRINE SYSTEM	14,623	132,169	10.18%
GASTRO-INTESTINAL SYSTEM	21,059	129,177	9.94%
RESPIRATORY SYSTEM	15,580	88,407	6.81%

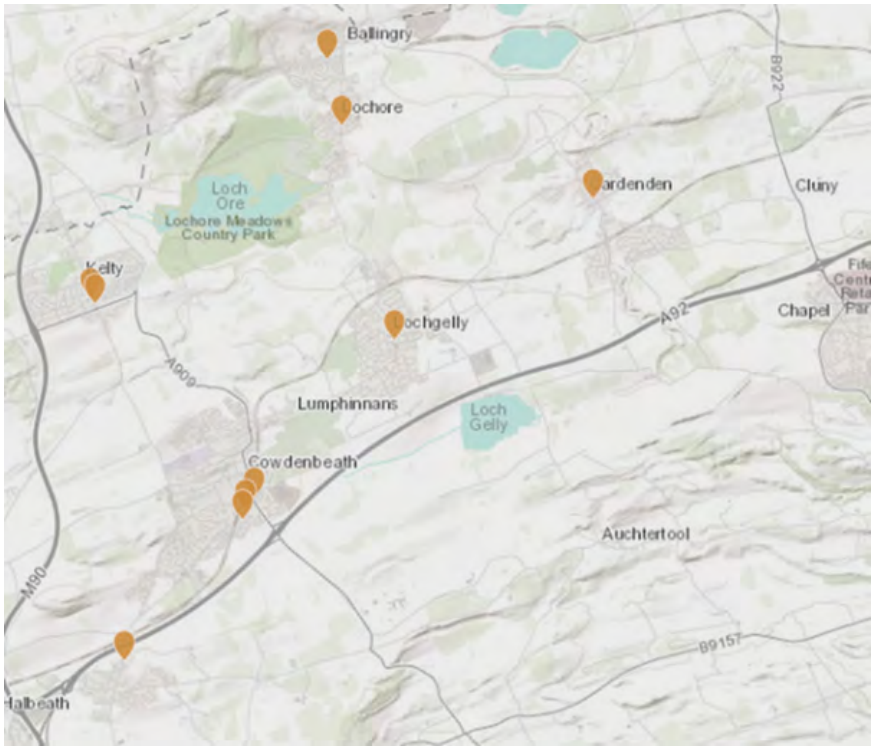
Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	8180	15757	62.39%
Public Health Service	969	7419	29.37%
Urinary Tract Infection	908	1054	4.17%
Health Board Local Service	310	565	2.24%
Skin Infection	241	258	1.02%
Impetigo	130	140	0.55%
Shingles	48	55	0.22%
COVID	4	8	0.03%
Healthy Start Vitamins	1	1	0.00%

A total of 10,375 unique patients received 25,257 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.
(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1D



There are 12 Pharmacies in the Cowdenbeath Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
DEARS PHARMACY & TRAVEL CLINIC	4/5 BENARTY SQUARE, BALLINGRY, KY5 8NR	✓		✓
B JOHNSTON	191 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	187 STATION ROAD, CARDENDEN, KY5 0BN			
BOOTS THE CHEMIST	345 HIGH STREET, COWDENBEATH, KY4 9QW	✓		
GORDONS CHEMIST	20 BROAD STREET, COWDENBEATH, KY4 8HY	✓		
WM MORRISON SUPERMARKETS	UNITS 1/2 RAITH CENTRE, COWDENBEATH, KY4 8PB		✓	
WELL PHARMACY	92 MAIN STREET, CROSSGATES, KY4 8DF			
DEARS PHARMACY & TRAVEL CLINIC	60 MAIN STREET, KELTY, KY4 0AE	✓		✓
WELL PHARMACY	39 MAIN STREET, KELTY, KY4 0AA			
DEARS PHARMACY & TRAVEL CLINIC	60 LOCHLEVEN ROAD, LOCHORE, KY5 8DA			✓
DEARS PHARMACY & TRAVEL CLINIC	67 BANK STREET, LOCHGELLY, KY5 9QQ	✓	✓	✓
WELL PHARMACY	66 BANK STREET, LOCHGELLY, KY5 9QN	✓		

There are eight GP Practices in the Cowdenbeath Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20305	COWDENBEATH SURGERY	218,331	20.98%
20803	KELTY MEDICAL PRACTICE	145,460	13.98%
21384	MEADOWS PRACTICE	126,821	12.19%
21421	BENARTY MEDICAL PRACTICE	120,937	11.62%
21469	LOCHGELLY MEDICAL PRACTICE	72,438	6.96%
20358	CROSSGATES MEDICAL PRACTICE	62,580	6.01%
	Top 6 practices	**746,567**	**71.75%**
	Other Prescribers	**293,951**	**28.25%**

There was a total of 1,040,518 items dispensed between all 12 pharmacies, with:

- 38,508 unique patients
- 81.55% of patients having 2 or more forms
- 325 patients being recorded as Care Home patients

71.75% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	33,758	933,689	89.73%
NURSES - PRESCRIPTION FORMS	3797	40,698	3.91%
MINOR AILMENTS SCHEME	14,256	37,099	3.57%
URGENT SUPPLY OF MEDICINES	5871	14,706	1.41%
DENTIST PRESCRIPTION FORM	986	4597	0.44%
HOSPITAL ADDICT FORM	317	4286	0.41%
HOSPITAL FORM	794	3747	0.36%
PHARMACISTS PRESCRIPTION FORM	362	1040	0.10%
STOCK ORDER FORM	0	597	0.06%
FOREIGN FORM - WELSH GP	0	36	0.00%
FOREIGN FORM - ENGLISH/WELSH	0	23	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	20981	20981	25.61%
CARDIOVASCULAR SYSTEM	13042	13042	22.44%
GASTRO-INTESTINAL SYSTEM	14343	14343	9.77%
ENDOCRINE SYSTEM	8779	8779	8.77%
RESPIRATORY SYSTEM	12053	12053	8.00%

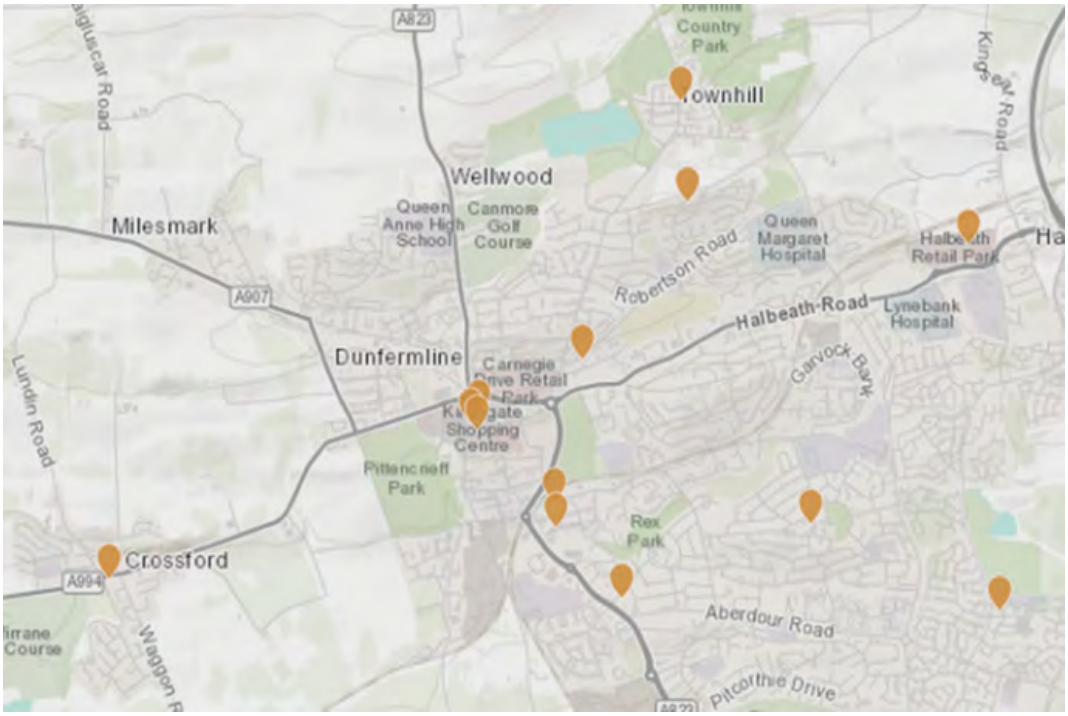
Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4356	4356	56.02%
Public Health Service	786	786	34.68%
Urinary Tract Infection	634	634	4.77%
Health Board Local Service	137	137	2.77%
Skin Infection	119	119	0.85%
Impetigo	99	99	0.74%
Shingles	17	17	0.12%
COVID	2	2	0.02%
Healthy Start Vitamins	3	3	0.02%

A total of 5871 unique patients received 14,706 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.
(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1E



There are 13 Pharmacies in the Dunfermline Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
CROSSFORD PHARMACY	61 MAIN STREET, CROSSFORD, KY12 8NN			✓
ASDA PHARMACY	HALBEATH RETAIL PARK, DUNFERMLINE, KY11 4LP		✓	
BOOTS THE CHEMIST	UNIT 2, KINGSGATE CENTRE, DUNFERMLINE, KY12 7QU			
DEARS PHARMACY & TRAVEL CLINIC	85 HIGH STREET, DUNFERMLINE, KY12 7DR	✓	✓	✓
LINDSAY & GILMOUR	6 ALDERSTON DRIVE, DUNFERMLINE, KY12 0XU	✓		
LLOYDS PHARMACY	43 BELLYEOMAN ROAD, DUNFERMLINE, KY12 0AE			
LLOYDS PHARMACY	UNIT 6 BLOCK 1, TURNSTONE ROAD, DUNFERMLINE, KY11 8JZ			
WELL PHARMACY	3 ABBEYVIEW, DUNFERMLINE, KY11 4HA			
WELL PHARMACY	7 DOUGLAS STREET, DUNFERMLINE, KY12 7EB			
WELL PHARMACY	ELLIOT STREET, DUNFERMLINE, KY11 4TF	✓		
WELL PHARMACY	1 ST ANDREWS STREET, DUNFERMLINE, KY11 4QG			
WILLOW PHARMACY	85 WOODMILL STREET, DUNFERMLINE, KY114JN			✓
CARE PHARMACY	87 MAIN STREET, TOWNHILL, KY12 0EN			✓

There are eight GP Practices in the Dunfermline Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20466	NEW PARK MEDICAL PRACTICE	168,479	14.13%
20490	BELLYEOMAN SURGERY	158,458	13.29%
20451	NETHERTOWN SURGERY	156,768	13.14%
20485	MILLHILL SURGERY	138,795	11.64%
21755	PRIMROSE LANE MEDICAL CENTRE	137,269	11.51%
20471	HOSPITAL HILL SURGERY	114,955	9.64%
	Top 6 Practices	**874,724**	**73.34%**
	Other Prescribers	**317,959**	**26.66%**

There was a total of 1,192,683 items dispensed between all 14 pharmacies, with:

- 61,709 unique patients
- 74.02% of patients having 2 or more forms
- 350 patients being recorded as Care Home patients

73.34% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	53,840	1,070,745	89.78%
NURSES - PRESCRIPTION FORMS	6491	54,401	4.56%
MINOR AILMENTS SCHEME	13,426	27,335	2.29%
URGENT SUPPLY OF MEDICINES	7021	17,745	1.49%
DENTIST PRESCRIPTION FORM	1574	7804	0.65%
HOSPITAL FORM	1525	7541	0.63%
HOSPITAL ADDICT FORM	360	5020	0.42%
PHARMACISTS PRESCRIPTION FORM	320	1027	0.09%
STOCK ORDER FORM	0	981	0.08%
FOREIGN FORM - ENGLISH/WELSH	0	69	0.01%
IRISH FORM	0	7	0.00%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	5	0.00%
FOREIGN FORM - WELSH GP	0	2	0.00%
FOREIGN FORM - ENGLISH NURSE OR HOSPITAL	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	26,725	278,886	23.38%
CARDIOVASCULAR SYSTEM	18,331	258,206	21.65%
ENDOCRINE SYSTEM	13,021	117,106	9.82%
GASTRO-INTESTINAL SYSTEM	20,062	113,979	9.56%
RESPIRATORY SYSTEM	14,924	85,323	7.15%

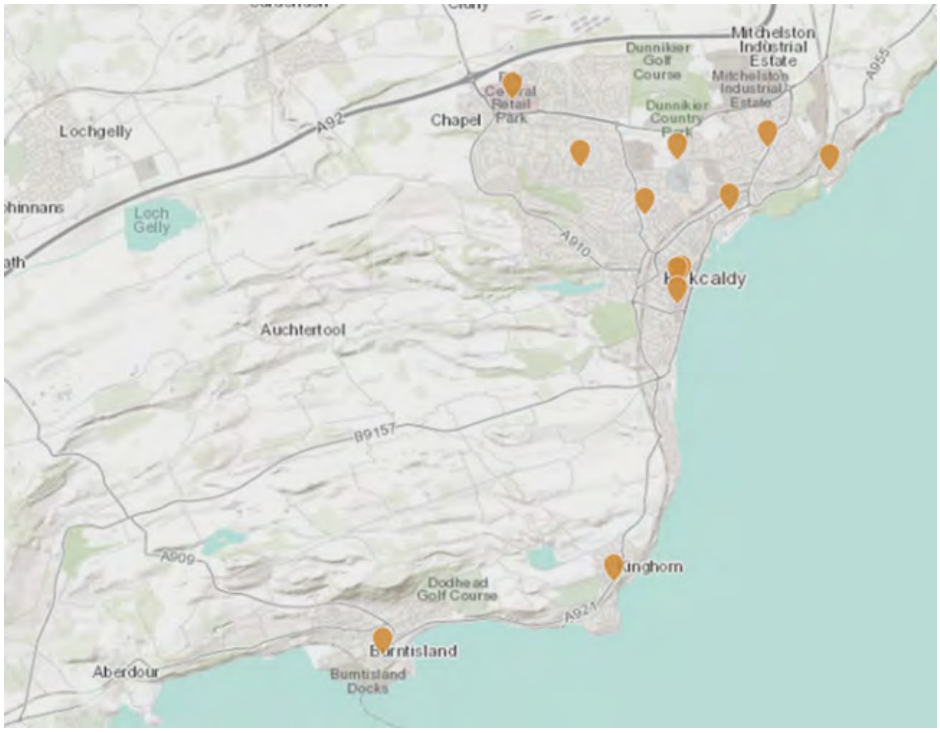
Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	4683	8133	45.83%
Public Health Service	1051	6615	37.28%
Health Board Local Service	250	1484	8.36%
Urinary Tract Infection	915	1064	6.00%
Skin Infection	231	246	1.39%
Impetigo	128	133	0.75%
Shingles	39	42	0.24%
COVID	18	28	0.16%

A total of 7021 unique patients received 17,745 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.
(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1F



There are 13 Pharmacies in the Kirkcaldy Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
LLOYDS PHARMACY	229-231 HIGH STREET, BURNTISLAND, KY3 9AQ	✓	✓	
DYSART PHARMACY	UNIT 21, HIGH STREET, DYSART, KY1 2UG		✓	
LLOYDS PHARMACY	63 HIGH STREET, KINGHORN, KY3 9UW			
ASDA PHARMACY	CARBERY ROAD, KIRKCALDY, KY1 3NG		✓	
BOOTS THE CHEMIST	116-120 HIGH STREET, KIRKCALDY, KY1 1NQ	✓		
BOOTS THE CHEMIST	UNIT 11, FIFE RETAIL PARK, KIRKCALDY, KY2 6QL	✓	✓	
LLOYDS PHARMACY	222 DUNEARN DRIVE, KIRKCALDY, KY2 6LE			
LLOYDS PHARMACY	HEALTH CENTRE, WHYTEMAN'S BRAE, KIRKCALDY, KY1 2NA		✓	
LLOYDS PHARMACY	18 HIGH STREET, KIRKCALDY, KY1 1LU			
LLOYDS PHARMACY	133/135 HIGH STREET, KIRKCALDY, KY1 1LR			
LLOYDS PHARMACY	28 MID STREET, KIRKCALDY, KY1 2PN			
LLOYDS PHARMACY LTD	2 VICEROY STREET, KIRKCALDY, KY2 5HT	✓		
ST CLAIR PHARMACY	233 ST CLAIR STREET, KIRKCALDY, KY1 2BY	✓		✓

There are 10 GP Practices in the Kirkcaldy Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20998	PATH HOUSE MEDICAL PRACTICE	225,155	16.81%
20979	BENNOCHY MEDICAL CENTRE	149,647	11.17%
20964	DRS MCKENNA, MURPHY & MCCALLUM	120,503	9.00%
20950	NICOL STREET SURGERY	119,699	8.94%
20983	ST BRYCEDALE SURGERY	117,529	8.77%
21007	DRS DIXON, DUGGAN, EGERTON, MACKERNAN, MCCRICKARD & WALKER	114,461	8.55%
	Top 6 Practices	**846,994**	**63.24%**
	Other Prescribers	**492,437**	**36.76%**

There was a total of 1,339.431 items dispensed between all 14 pharmacies, with:

- 55,970 unique patients
- 77.62% of patients having 2 or more forms
- 1772 patients being recorded as Care Home patients

63.24% of GP10 prescriptions, dispensed by the pharmacies, originated from the top 6 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	50,130	1,233,716	92.11%
NURSES - PRESCRIPTION FORMS	5914	44,416	3.32%
MINOR AILMENTS SCHEME	10,552	22,465	1.68%
URGENT SUPPLY OF MEDICINES	7145	18,601	1.39%
HOSPITAL FORM	1473	6694	0.50%
HOSPITAL ADDICT FORM	571	6427	0.48%
DENTIST PRESCRIPTION FORM	758	4976	0.37%
PHARMACISTS PRESCRIPTION FORM	307	991	0.07%
STOCK ORDER FORM	0	988	0.07%
FOREIGN FORM - ENGLISH/WELSH	0	156	0.01%
FOREIGN FORM - ENGLISH/WELSH DENTAL FORM	0	1	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CENTRAL NERVOUS SYSTEM	27,566	338,185	25.25%
CARDIOVASCULAR SYSTEM	19,501	298,001	22.25%
GASTRO-INTESTINAL SYSTEM	20,390	135,370	10.11%
ENDOCRINE SYSTEM	13,177	123,407	9.21%
RESPIRATORY SYSTEM	14,221	93,528	6.98%

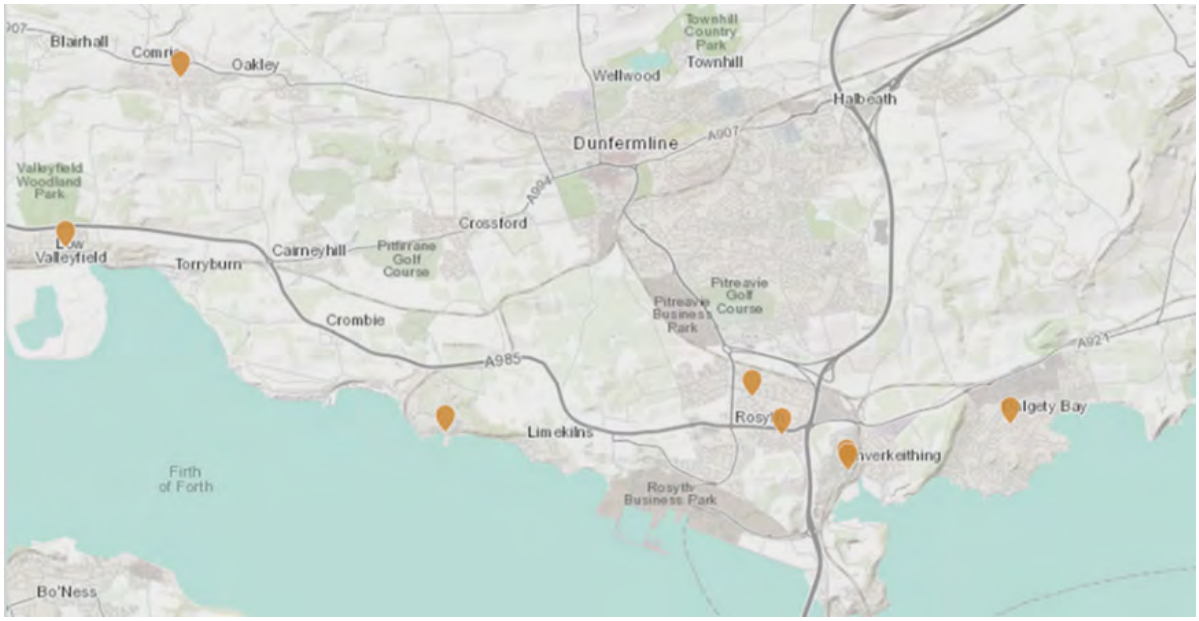
Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	5462	12,242	65.81%
Public Health Service	798	4836	26.00%
Urinary Tract Infection	756	879	4.73%
Health Board Local Service	153	422	2.27%
Impetigo	92	106	0.57%
Skin Infection	72	80	0.43%
Shingles	21	29	0.16%
COVID	3	6	0.03%
Healthy Start Vitamins	1	1	0.01%

A total of 7145 unique patients received 18,601 items on Urgent Supply / Public Health Prescription/Pharmacy first PGD.
(Note: this number does not include non PGD items dispensed under Pharmacy First).

APPENDIX 1G



There are 10 Pharmacies in the SW Fife Locality

Pharmacy Name	Address	Injection Equipment	Palliative Care	Travel Vaccines
OMNICARE PHARMACY	30 HIGH STREET, ABERDOUR, KY3 0SW			✓
CHARLESTOWN PHARMACY LTD	CHARLESTOWN MEDICAL PRACTICE, 1A MAIN ROAD, CHARLESTOWN, KY11 3ED			
ROWLAND PHARMACY	12 BAY CENTRE, REGENTS WAY, DALGETY BAY, KY11 9YD			
HIGH VALLEYFIELD PHARMACY	CHAPEL STREET, HIGH VALLEYFIELD, KY12 8SJ			
LINDSAY & GILMOUR	8 HIGH STREET, INVERKEITHING, KY11 1NN	✓		
LINDSAY & GILMOUR	51 HIGH STREET, INVERKEITHING, KY11 1NL			
WELL PHARMACY	31 HIGH STREET, KINCARDINE, FK10 4RJ			
DEARS PHARMACY & TRAVEL CLINIC	14 WARDLAW WAY, OAKLEY, KY12 9QH	✓	✓	✓
ROWLAND PHARMACY	6 QUEENS BUILDINGS, QUEENSFERRY ROAD, ROSYTH, KY11 2RA		✓	
WELL PHARMACY	2 CROSSROADS PLACE, ROSYTH, KY11 2LS			

There are four GP Practices in the SW Fife Locality

Prescription Location Code	Prescription Location Name	Number of Paid Items	%
20752	INVERKEITHING MEDICAL GROUP	246,354	32.20%
21613	OAKLEY MEDICAL PRACTICE	140,839	18.41%
20729	VALLEYFIELD MEDICAL PRACTICE	75,676	9.89%
21308	CHARLESTOWN SURGERY	66,839	8.74%
	Top 4 Practices	**529,708**	**69.24%**
	Other Prescribers	**235,277**	**30.76%**

There was a total of 764,985 items dispensed between all eight pharmacies, with:

- 34,040 unique patients
- 81.52% of patients having 2 or more forms
- 632 patients being recorded as Care Home patients

69.24% of GP10 prescriptions, dispensed by the pharmacies, originated from the 4 GP Practices within the same locality.

Prescriptions

Breakdown of prescription types presented (Financial Year 2022/23)

Form Type Description	Patient Numbers	Number of Paid Items	%
GP STANDARD PRESCRIPTION FORM	30,694	699,777	91.48%
MINOR AILMENTS SCHEME	10,582	24,472	3.20%
NURSES - PRESCRIPTION FORMS	2992	21,351	2.79%
URGENT SUPPLY OF MEDICINES	4580	12,484	1.63%
DENTIST PRESCRIPTION FORM	550	2985	0.39%
HOSPITAL FORM	495	2236	0.29%
HOSPITAL ADDICT FORM	80	905	0.12%
PHARMACISTS PRESCRIPTION FORM	158	437	0.06%
STOCK ORDER FORM	0	264	0.03%
FOREIGN FORM - ENGLISH/WELSH	0	48	0.01%
FOREIGN FORM - WELSH GP	0	26	0.00%

Breakdown of all prescription items by top 5 therapeutic area (BNF Chapter)

BNF Chapter Description	Patient Numbers	Number of Paid Items	%
CARDIOVASCULAR SYSTEM	11,659	180,677	23.62%
CENTRAL NERVOUS SYSTEM	16,173	165,233	21.60%
GASTRO-INTESTINAL SYSTEM	12,238	75,836	9.91%
ENDOCRINE SYSTEM	7867	73,865	9.66%
RESPIRATORY SYSTEM	9287	55,772	7.29%

Core Services

Urgent Supply

Service	Patients Numbers	Number of Paid Items	%
Urgent Supply	3601	7227	57.89%
Public Health Service	510	4402	35.26%
Urinary Tract Infection	392	430	3.44%
Health Board Local Service	64	235	1.88%
Skin Infection	114	118	0.95%
Impetigo	52	56	0.45%
Shingles	16	16	0.13%

A total of 4580 unique patients received 12,484 items on Urgent Supply / Public Health Prescription/Pharmacy First PGD.
(Note: this number does not include non PGD items dispensed under Pharmacy First).

REFERENCES

NHS Fife Director of Public Health Report 2020 and 2021

Public Health Scotland Community Pharmacy Contractor Open Data 2022

Know Fife

NRS Mid-2020 Population Estimates

NRS Sub-national Population Projections 2018

NHS Fife General Pharmaceutical Services: Hours of Service Scheme

Pharmacy and Medicines Directorate

Published September 2023

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CLINICAL GOVERNANCE COMMITTEE

(Meeting on 3 November 2023)

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 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 reprovisioned 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.

FINANCE PERFORMANCE & RESOURCES COMMITTEE

(Meeting on 14 November 2023)

No issues were raised for escalation to the Board.

Unconfirmed

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)
Alastair Grant, Non-Executive Director
John Kemp, Non-Executive Director
Joy Tomlinson, Director of Public Health
Margo McGurk, Director of Finance & Strategy
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive
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).

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 as 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 form 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.

Action: Medical Director / Director of Acute Services / Director of Pharmacy & Medicines

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.

PUBLIC HEALTH & WELLBEING COMMITTEE

(Meeting on 6 November 2023)

No issues were raised for escalation to the Board.

Public Health & Wellbeing Committee

Fife NHS Board

Unconfirmed

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 adherent 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 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.

Staff Governance Committee

STAFF GOVERNANCE COMMITTEE

(Meeting on 9 November 2023)

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 8 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.

The Employee Director 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 transitionary 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.

COMMUNITIES & WELLBEING PARTNERSHIP

(Meeting on 6 October 2023)

The Partnership discussed feedback on the Delivery Plan from FPB following the presentation in September. There was also reflection on the partnership development event held in June and it was noted that there was common support for Alcohol and drugs as a priority agenda.

The partnership received an update on the work of Food for Fife and the recent Public Health Priority 6 (A Scotland where we eat well, have a healthy weight and are physically active) event. This area was supported as a further priority for the partnership focused on maximising local levers to take forward the agenda.

The partnership also received updates on the Director of Public Health report from Dr Joy Tomlinson and Fife Suicide Prevention Action Plan from Ruth Bennet.

No issues were raised for escalation to the Board.

Unconfirmed

Communities & Wellbeing Partnership
Friday 6th October 2023, 2.00pm, Fife House
Note

Present: Jo-Anne Valentine, Lucy Denvir (chair), Paul Vaughan, Ruth Bennett, Sarah Roxburgh

Attending: Gill Musk, Joy Tomlinson (items 5 and 6)

Apologies: Andrew Gallacher, Emma Walker, Fiona McKay, Michelle Sweeney, Sinead Braiden

1. Welcome and introductions

Lucy welcomed members attending in person and by Teams.

2. Note of last meeting on 5th April

Draft 2 (circulated with agenda) was approved as an accurate record.

Matters arising: Michelle had helped plan and had hosted the development session. All other matters covered by the agenda.

3. Reflections on development session and report to Fife Partnership Board (FPB)

Lucy and Gill gave brief feedback on the FPB meeting. The partnership and health and wellbeing reports were well received and there was support for the proposed focus on work around a) substance use and b) physical activity.

Lucy invited reflections on the development session. Members were positive about the session, in particular the input from Elizabeth and Matthew from the ADP.

Sarah highlighted the discussions which have taken place as a result, on closer connections between the work of the ADP and staff teams working in physical activity, sport and leisure. **ACTION:** Sarah

Ruth highlighted the tiered approach to building a trauma-informed workforce and to mental health, illustrated in the current Health Promotion Training Programme. It was noted that all Council staff are now required to complete level 1 (levels 1 and 2 for Communities & Neighbourhoods staff).

A question had been raised at FPB on measuring impact. Gill noted that the 2024 strategic assessment is due to go to FPB in May 2024 and will include State of Fife and other progress indicators. Members agreed that Public Health colleagues should be involved in developments. **ACTION:** Gill to ask Coryn Barclay to link in with Clare Campbell

Paul noted that, as part of the City Region work, a Regional Intelligence Hub is being developed, which will have access to a wide range of data. Morag Millar is the lead for City Region work.

Paul also noted that the Active Scotland outcomes framework is being revisited and will launch in early 2024, with a new national delivery plan for physical activity and sport to follow. He suggested that a joint conference with national partners could help make the case for physical activity.

Sarah shared that the new Active Communities Manager, Darren-Wyn Jones, is now in post. He and Ronan Capon (Active Schools) will lead on the refresh of the Fife Physical Activity and Sport Strategy.

Lucy highlighted the UK Shared Prosperity Fund group, which Golden Mole chairs. Given the links between physical activity and environment / employment this could be a potential funding source.

4. Food for Fife strategy

Jo-Anne reported that the strategy was being revised, taking account of feedback from the CWP meeting in April and other consultation activity.

The final strategy is due to go to Cabinet in January 2024. The December CWP meeting will fall too late for sign-off, so Jo-Anne suggested this be done by email. Members agreed.

A final draft will be ready for circulation to CWP members on 12th October, with a deadline for comments of 26th October. **ACTION**: all

Jo-Anne also highlighted linked work on a revised Community Growing strategy (incorporating allotments) which will go to Cabinet on 30th November.

5. Director of Public Health Annual Report

Joy introduced the report, which this year has a focus on children and young people. Director of Public Health Report 2023 | NHS Fife

The report was launched at a joint event with Education & Children's Services, where results of a young people's health and wellbeing survey were also shared. Housing is a top concern for many young people in Fife and 36% reported that they sometimes go to bed hungry. Some of the young people attended the event and challenged leaders on what they would do to address their concerns.

Paul reported that 190,000 meals had been provided to end summer through Café Inc. While distribution patterns broadly mirror child poverty statistics, the extent to which this provision reaches those who need it most is unknown.

Ruth highlighted an event in Levenmouth on child poverty which had taken place earlier in the day. The issue of identifying families in poverty with protected characteristics had been raised.

6. Public Health Priority 6 and Local Levers report

Jo-Anne updated the group on the PHP6 event on 19th September, which was well attended and provided good opportunities for discussion across services involved in the different aspects of PHP6 – food, healthy weight and physical activity.

Outputs from the discussions are being collated. Jo-Anne noted that emerging themes include a desire to continue the Leadership Summits work, opportunities around the next revision of the Plan for Fife, and the value of networking opportunities.

Prof Lindsay Jaacks had presented her recently published report for Obesity Action Scotland local_levers_for_diet_and_healthy_weight_final.pdf (obesityactionscotland.org) which sets out evidence of effective interventions which can be implemented at local area level.

Jo-Anne asked members for views on whether this could be a useful framework for us to use in Fife, to move work forward.

In terms of local lever 3 - Strengthen public food procurement and provision standards – it was noted that only two Council canteens remain open, and they are not well used. However, NHS cafés (e.g. at Victoria Hospital) are very busy and could provide an opportunity to increase the proportion of healthy food on offer.

Joy emphasised the need for us to be aspirational in our policy ambitions and suggested CWP should advocate including actions based on the local levers in the next iteration of the Plan for Fife. This was agreed in principle, with acknowledgement that further work is needed.

7. Fife's Suicide Prevention Action Plan

Ruth reported that the action plan is being finalised and should be launched early in 2024. Priority areas include a focus on at risk groups; bereavement support; and more communications about services available to support people in crisis and those reaching the point of distress.

Ruth noted that she and Mary-Grace Burinski had presented to the Community Safety Partnership, who are interested in identifying opportunities for joint working. This discussion had highlighted concerns around some of those especially at risk, e.g. those leaving prison.

Ruth noted the strong inequalities dimension in suicide data. The challenge for partners is to build resilience further upstream, so people are not reaching the point of crisis.

Ruth also shared that Health Promotion had been nominated for a NHS Fife award for their work on suicide prevention, with the Fire & Rescue Service.

8. AoB

Nicola Broad's update on development of Fife's Mental Health Strategy had been circulated by email prior to the meeting. Ruth noted that lots of progress was being made. The group agreed that Nicola should be invited to the next meeting. **ACTION:** Gill

Gill highlighted a report recently published by Scottish Government on infant food insecurity - Infant food insecurity: summary report - gov.scot (www.gov.scot)

Gill noted that there have been some changes in Fife Council's Communities directorate. Val Millar now heads up a new Policy & Communications section. Sinead O'Donnell is Policy & Delivery Manager (encompassing community planning work). Sharon Murphy has been appointed Community Investment Team Manager. Coryn Barclay is Research Team Manager.

Gill also noted that she is having a sabbatical, starting 16th October and returning 5th February.

9. Date of next meeting

15th December at 2pm (to be confirmed – an alternative date being sought as Friday is a difficult day for many people).

East Region Programme Board

EAST REGION PROGRAMME BOARD

(Meeting on 8 September 2023)

No issues were raised for escalation to the Board.

Unconfirmed

East Region Programme Board

Date: Friday 8th September 2023
Time: 14.15 - 16.15
Venue: Via Microsoft Teams

MINUTES

Present:	
C Potter (Chair)	Chief Executive, NHS Fife
R Roberts	Chief Executive, NHS Borders
C Campbell	Chief Executive, NHS Lothian
C Briggs	Interim Director of Regional Planning, NHS Lothian
T Gillies	Medical Director, NHS Lothian
C Dobson	Director of Acute Services, NHS Fife
A Carter	HR Director, NHS Borders
P McLoughlin	Interim Head of Regional Planning, East Region
M Carr	Service Director DATCC, NHS Lothian
L McCallum	Medical Director, NHS Borders
S Fraser	Associate Director of Planning, NHS Fife
D Miller	Director of Workforce, NHS Fife
S Horan	Director of Nursing, Midwifery & AHPs, NHS Borders
L Jones	Head of Clinical Governance & Quality, NHS Borders
R Combe	Scottish Ambulance Service
Michelle Michie	(deputising) NHS Fife
J Keenan	Executive Director of Nursing, NHS Fife

In Attendance	
David Munro	Senior Planning Manager, NHS Forth Valley (Item 5)
Paula Speirs	Deputy Chief Operating Officer, Scottish Government
Ann Pullar	Scottish Government - Health Technologies

Apologies:	
A Bone	Director of Finance, NHS Borders
C McKenna	Medical Director, NHS Fife
M McGurk	Director of Finance, NHS Fife
J Smyth	Director of Planning, NHS Borders
M Massoro-Mallinson	IJB

		ACTION
1.	**Welcome & Apologies**	
	C Potter welcomed everyone to the meeting. Apologies were noted as above. The Chair welcomed Laura Jones to the Board, who is the new NHS borders Director of Quality and Improvement. The Chair also noted that David Munro, Senior Planning Manager, NHS Forth Valley would be joining for the Thrombectomy item.	

	It was noted that colleagues from the Scottish Government will be in attendance for the dedicated discussion session of the meeting from 3:15 – 4:15pm.	
2	**Minutes of Previous Meeting – 26th May 2023**	
	The minutes of the meeting held on 26th May 2023 were approved as an accurate record. **Actions from previous meeting not on Agenda:** **SMART Services** P McLoughlin advised that the new consortium group is meeting to take forward all previously discussed actions. The patient representatives from the SMART centre user group have joined the consortium. The non-recurring Lothian investment has been operationalised and some of the assessment clinic activity has begun and is going well. The matrix for performance reporting was agreed by the consortium during their August meeting and this will report back to the ERPB in due course. **Health Protection** P McLoughlin advised that, regarding having a clear dispute resolution within the agreement between Boards, J Tomlinson has made contact with Cath Morrison, LD MCN. P McLoughlin has shared with J Tomlinson the Regional Planning dispute resolution process for consideration of how this might inform the Health Protection agreement. **People in Police Care** C Briggs noted that there is no further update at present **Sharing Wider Clinical Governance Reports across Region** T Gillies advised that there is a paper relating to healthcare governance that will be shared upon finalisation. **Haematology & Dermatology** R Roberts noted the previous discussion relating to operational challenges in haematology within Borders and are writing to John Burns to highlight the level of risk faced. L McCallum advised that herself, T Gillies and P McLoughlin have initially discussed medium to long term plan regarding haematology and will need regional planning support. This work will continue, with a focus on Borders and Lothian for the immediate term issues.	
3	**Towards a national Child Protection Network**	
	P McLoughlin noted the paper for awareness of regional work and proposal for a single Child Protection Network in place of the current 3 regional networks. The current networks are struggling to deliver at regional level and have worked best collaboratively at a national level over the last few years, in the context of significant staffing difficulties. There is a shared belief that a national model would be the best way to support strategic and regional work going forward. The proposal is	PMcL to bring back a fully worked up proposal at a later stage once it's been developed inter-

	gaining stakeholder support. There is more work to be undertaken, including finances and where the network would be housed etc. Papers are also being tabled at the West and North Regional Planning Boards, based on the East Region paper, to ensure awareness and support at this stage. T Gillies noted the importance of any national MCN in this space is very much about development of functions and enabling work, rather than direct service delivery given the need to coordinate across circa 46 separate corporate bodies. The lines of accountability, regarding support for families and patients, will need to remain much closer with the public protection structures as they currently exist. P McLoughlin will table the fuller proposal once detail is finalised. ERPB noted the report for awareness only at this stage.	regionally, and consulted on with stakeholders.
4	**East of Scotland Type 2 Diabetes Programme Boards – Progress and actions following the T2D Partnership 'Way Forward' Workshop in June 2023**	
	R Roberts noted that this paper provides an update on progress following a Type 2 Diabetes Partnership 'Way Forward' Workshop held in June 2023. It also updates on the current programme delivery, in terms of the 'contract' letters received, agreed, and signed-off with the Scottish Government for delivery of outcomes in 2023/24. A workshop to discuss the way forward was held in the Summer 2023 and following this a financial framework has been agreed and this creates some significant challenge around redesigning services / reallocating resource across the region. This is now focused on weight management on children and adults with the wider prevention work effectively being put into the population health via IJB's without direct planning resources from us to support. Existing staffing are keen to work with regional collaboration. It is indicated that the funding from Scottish Government supporting weight management services should remain in place until 2026/27. P McLoughlin noted the positive collaborative attitudes brought to this. Work is being carried out with Professional and Public Health Leads to support redesign and how best to incorporate this within the programme. Mid-year reports are due and Scottish Government, the template for reporting is out and asks direct questions around delivery targets. Work will continue to involve Scottish Government colleagues collaboratively alongside the redesign/ implementation of the new financial framework. The ERPB noted the new financial framework agreed across the region, and the intention to invest in redesign support. The ERPB noted the sign-off of the SG allocation letter and Implementation Plans and the expectations on delivery	Proceed with the regional programme & PMcL to ensure submission of mid-year reports to Scottish Government by 13th of October.

	The ERPB agreed the continuation of the regional partnership administrative arrangement for the diabetes programme, to the end of the current Parliamentary term. This will facilitate programme redesign and delivery.	
5	**Regional Thrombectomy planning- progress & next steps**	
	Peter McLoughlin outlined the overall readiness of East Region Boards to move to referring to the RIE for Thrombectomy, following a survey of East Region Boards in July. It was noted that this programme also includes NHS Forth Valley. A RAG assessment summary of all the Board readiness returns was appended to the paper for today's meeting.The headline message is that all referring hospitals across the East Region are ready to begin to refer patients for Thrombectomy, in daytime hours – within the referral times agreed with the HUB. It was noted that the RIE HUB is ready to take regional referrals. The funding agreement with SG is in place to cover additional procedures generated from regional activity. A caveat to this is that funding for some necessary Stroke Physician staffing – to ensure this is sustainable – is only in place to 31 March '24. However, this reflects the year – on – year nature of the national programme funding agreements and is not the only issue in the funding programme which presents a risk. Currently the financial risk sits with Lothian (as HUB delivery Board). Once regional activity commences, regional risk sharing around the national programme funding may change. Within the region, the immediate next step will be to develop an agreed plan for the operational start for each referring site. It was noted that the paper circulated outlines steps towards doing that. Peter indicated that based on initial conversations with the HUB, likely target a start in later October, with phasing in over a few months. Likely order of implementation will be FV, Borders, Fife. It was noted that moving to regional activity would make us the only region in Scotland to have achieved this level of service. C Briggs noted the funding point is one that has been raised on multiple occasions by Lothian directly with the national team and Government. It is a known risk with this whole programme. T Gillies noted that operational delivery planning for this service across the region needs to be closely held by the operational team rather than the planning team. Clear separation of the planning and monitoring elements from this operational service responsibility is important to maintain regional flow and that timeframes are fixed/ adhered to. We should be Data informed for any future required resources. M Carr noted that checks and balances need to be included to ensure adherence to SoP, with reporting of progress at future meetings. C Dobson confirmed that NHS Fife is content to move to pathway implementation last in line, given the current access to Tayside as a pilot arrangement.	PMcL and team to support the development of a detailed implementation plan & timelines to support roll-out. Report progress back to ERPB.

	D Munro noted from FV the team operationally have been well involved and are keen to begin and be involved in setting the next steps. There was collective acknowledgment of this commitment.	
6	**New model for Neonatal Intensive Care**	
	C Campbell noted the Best Start Programme Board has decided upon three specialist centres for Neonatal Intensive Care: Lothian, Glasgow and Aberdeen. A detailed implementation plan is needed by the end of 2023 with a full roll out by 2025. C Campbell will chair the regional group and within appendix 1 to the paper attached for the meeting is the shape of the group. There are details missing for Fife and Borders regarding representation and colleagues were requested to discuss and provide key contacts within the next 10 days. There is a separate national workstream being commissioned regarding finance. The ERPB noted the establishment of the new programme. The ERPB noted Chief Executive sponsorship. The ERPB noted the regions' requirement to develop and submit a detailed Implementation Plan to Scottish Government by the end of 2023.	Further group nominations to PMcL by 22/9/23.
7	**CAMHS Proposals- progress & next steps**	
	Peter McLoughlin spoke to the paper circulated which updates the ERPB on the submission of proposals made to Scottish Government at the end of June, in line with SG requirements and the deadline. The process for the way forward to develop proposals, and the next steps, has now been re-negotiated with Scottish Government leads, and this has been undertaken collaboratively with West of Scotland planning leads also (as each region is developing CAMHS pathway proposals). It was noted that the Scottish government template for our proposals asked for details of our governance route for the proposals submitted, and for a date when these would be signed off by ERPB. Scottish Government has asked for confirmation that ERPB is content to sign-off proposals. The various proposals as submitted have been appended to the paper. It was noted that there's quite a bit of work to do on all of them to refine to the point of costing. This will be done in the next phase of work. Peter McLoughlin noted that other than a basic acknowledgement of receipt, and confirmation of the renegotiated collaborative process for development going forward, we have heard nothing else back from SG to date. R Roberts noted the need to be really cognizant of impact on core services in local areas regarding workforce. Members agreed, and the ERPB instructed that a definitive funding allocation should be sought prior to any further work being carried out. P McLoughlin and C Briggs agreed to feed this back to Government colleagues in writing.	P McLoughlin / C Briggs - feed back the ERPB approvals an position on the progression of future work to Scottish Government leads in writing.

	ERPB noted progress made, and the process for the next steps. ERPB members were content with the position and approved the submissions to date.	
8	**Draft East Region Labs Portfolio**	
	R Roberts advised that the circulated paper is a follow up to the conversation held previously with labs colleagues and this paper shows that discussions held within the workshop have been worked into a workplan and are seeking ERPB endorsement of the work that will be taken forward. The workforce challenges need to be addressed to ensure sustained services. It was noted that some of the workstreams are work as usual, i.e. LIMS and managed service contract work, and some of the workforce decisions will provide collective scope. It was requested that workstreams be streamlined with only the key elements being prioritised, also including timeframes, any costs and risks. This will be fed back to Labs colleagues. C Dobson highlighted the implementation challenges of the LIMS system and the challenges in Fife with Magentus, where all key milestones have been missed and are now looking to go live in January. The ERPB noted the position, approved the East Region Laboratory portfolio, with the requirement that workstreams be streamlined and prioritised.	P McLoughlin to feed back to Laboratories leads in the region.
9	**SG SLWG on National and Regional Planning: Process to date; draft recommendations; and initial feedback from East Region**	
	P McLoughlin advised the SLWG, chaired by John Burns, has now met 3 times and will hold a final meeting in October 2023, after which the group will report directly through SG directorate, management board and then to Chief Executives. The SLWG aims to develop recommendations to improve national planning; refocusing the role of regional planning; all within an ambition to improve collaborative planning arrangements in Scotland. The East region has held 1 dedicated discussions with SG colleagues at the end of June 2023. Version 3 of the draft recommendations, circulated prior to today's meeting, focuses on a new strategic planning board to replace the national planning board. It describes an ambition to update the HDL on regional planning and an intention to provide further direction on national planning arrangements. It will produce new guidance on Networks, i.e. MCN/ strategic networks etc., and will undertake mapping exercise to assess the value and contribution. In summary the main recommendations include:	

	1. The creation of a new Strategic Planning Board – to replace the National Planning Board & National Planning Executive 2. Updating the HDL on Regional Planning (and also to provide further direction on National Planning arrangements) 3. To produce new guidance on Networks – mapping out and reviewing current networks, and determining how to better link networks in to wider agencies, Policy, and Advisory Groups It was noted that the East Region has supplied initial feedback which Colin Briggs has developed and submitted for us. C Briggs noted the feedback that we have submitted is mirrored by feedback from National planning board. Fundamentally it is difficult to see what this does that differs from what we do currently. It was noted that there are some methodological problems with the proposal in that it doesn't define what national or regional planning are, nor does it note, with the examples used, that the difficulties caused have actually come through SG policy. The HDL that exists is good and it is not clear what would be done differently with any other HDL that would be coming forward. This proposal makes the Minister directly accountable for the implementation and does not tackle capital workforce, other policy that doesn't sit within the central team and how this will be incorporated. There are a few issues with this proposal and clarity is needed. ERPB noted the position and progressed to the next part of the meeting - engagement with Scottish Government colleagues on the draft recommendations from the SLWG.	
<u>15.15pm – 16.15pm:</u> Time set aside for feedback & discussion with Scottish Government colleagues on draft guidance for strategic planning and delivery at a national, regional and local level in NHS Scotland		
10	**East Regional discussion of the draft recommendations from the Scottish Government SLWG on National & Regional Planning**	
	C Potter welcomed Paula and Ann to the meeting. P Speirs noted thanks for the opportunity to gather feedback. Slides were shared on screen and there are 3 main recommendations within the report: 1. Local Planning, 2. National & Regional Planning & delivery and 3. Strategic Planning Group. Invitation of Membership was extended to / includes 2 Chief executives, director of regional planning, DPH, SEND and SAMD. Recommendation 1, development of a single planning framework, the primary action is around the creation of a new, SG and NHS board, strategic planning board, recognising that in the past there have been several different approaches to this. The detail of the recommendations is still to be worked through. Recommendation 2, improvement to national and regional planning, there is an extant HDL on regional planning as well as CELs & HDLs in relation to national planning. The proposal is that a Directors letter,	

clearly setting out the governance for NP and RP is issued and to strengthen what we already have.

Recommendation 3, stronger understanding of the role of Networks & Associated groups, roles and functions of all of these groups is needed through a mapping exercise. There is a significant amount of resource tied up across all of the networks both nationally and regionally.

A Pullar advised that the last SLWG is being held on 2nd October, where the paper will be signed off, also that this will also be taken to the H&SC Management Board. In between this comments are being submitted / reviewed to ensure the paper is fit for purpose. It is also being taken to the Board Chief executives next week for feedback. Once sign off reached in October, implementation of the recommendations will begin.

T Gillies questioned the reasons behind this and the expectation that planning will be done on the basis and evidence about expected outcomes to be delivered. It would be really useful, if we are setting out to redraw the planning landscape, to make this clearer. P Speirs advised that there is a national clinical strategy which highlighted a need for stronger collaboration within planning, therefore part of what is being considered is how to ensure we are doing that with recognition that we do have a lot of forums in place, where decisions are being made but then not followed through and the authority of these decisions need to be strengthened. P Speirs also advised that there is a Director of Public Health who sits on the group and discussions were held recently with Directors of Public Health to discuss SLWGs and how to ensure clear links are made with population needs within planning.

It was also noted that several of the groups referenced are populated by self-nominees who have no accountability or authority around delivery in their home boards. This causes concern that the group will have views that are not matched by either an ability to deliver recommendations or it becoming difficult to understand where the clinical view is coming from if you are not close to that speciality and you will not know how that maps to the detailed clinical evidence and whether there is an evidence base for proposals. This is going to become a time when it is very important to maintain public and clinical confidence in our existing structures. A Pullar advised that SG are looking to provide more understanding of what role and functions are and ensuring they align. More clarity will be included within the paper on this. This is around tidying up current structures and not altering accountability.

It was thought that regionally we are not doing well enough, in terms of making strategic decisions across the health Service in Scotland and there is work that can be done which links a lot of the points raised i.e. linking finance, workforce, standards, policy and priorities together. We need to be clear about the scope and what it is responsible for. A discussion around whether this is about acute services or all health services, including PC and community services, is needed and if it is the latter a better understanding of the relationships with the IJBs and the national care service. We would then also have to be clear whether we are talking of something that is responsible for the national planning

of delivery of the clinical strategy in its entirety or something that is looking at national planning of specialist services, which is what the national planning board and then SSC has previously undertaken. If it is about the broader scope, we need to be clear how this will fit with the responsibilities that currently sit at health board level to do planning for their populations in a population health sense. We also need to be clear around our view around subsidiarity and the devolution of responsibility and whether our fundamental approach to delivery of health services and our delivery of planning, about subsidiarity or is it about central control.

C Briggs would welcome the description within the proposal around greater coherence within St Andrew's House especially in regard to capital. C Briggs queried what future applications will be in place and where will they come from. A Pullar advised that it is planned to introduce some governance into the system and will take learning from the NSD system along with other areas within Government. This will include having detail of where the capital will be coming from.

It would also be useful to be clearer around whether this will incorporate specialist cancer policy, capital, workforce, all policy and planning or whether its for specific elements. Also how the set up being described would have prevented the difficulties that were encountered around TAVI, surgical robotics, thrombectomy. A Pullar noted that clear alignment and transparency between NHS and SG is needed.

C Campbell noted that in regard to the diagram on page 7, reads that a strategic planning board will be set and the role of the health board is unclear. C Potter queried, in relation to IJBs, how the national care service connects within all of this. P Speirs advised that this proposal is in regard to national and regional acute services and secondary care services. The work around locally, in particular around primary, community and social care, engagement with colleagues involved in National Care Service is underway and a team will scope what is planned and what is strategically commissioned by IJBs. SG have been clear that they this needs to be done in collaboration with them and colleagues from boards will also be around this table.

It was noted that there will be regional planning groups under this set up going forward. R Roberts would welcome some if this if it allows us to refresh where regional planning sits and what the responsibilities of regional planning are. C Potter queried the rationale behind regional planning arrangements in terms of the geographical connections at this point in time now, whether they still make sense.

P Speirs advised that the refresh of HDL into a Directors letter has come out of there being significant variation across Scotland and that regional planning has somewhat lost its way. It is in the scope of what is planned at a regional and national level and not the local element. It is the assumption that, when holding the regional discussions at this level, the 3 groups will be consulted and collaborate on this element. A Pullar advised that this SLWG is focused on National and Regional Planning and a further group will be set to look into local planning in

	the future. It is still early days and work needs to be carried out in particular around mental health services. P Speirs will take away reflections and feedback and will then look to set the recommendations with engagement with regional colleagues in a meaningful way. C Potter extended thanks to SG colleagues.	
11	**AOB**	
	No other business noted.	
9	**Date of Next Meetings**	
	Friday 17th November 2023 2.15 – 4.15	

INTEGRATION JOINT BOARD

(Meeting on 28 July 2023)

No issues were raised for escalation to the Board.

Fife Health & Social Care Partnership
Supporting the people of Fife together

CONFIRMED MINUTE OF THE FIFE HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD (IJB) FRIDAY 28 JULY 2023 AT 10.00 AM

Present	Arlene Wood (AW) (Chair) David Graham (DG) (Vice-Chair) Fife Council – David Alexander (DA), Dave Dempsey (DD), Graeme Downie (GD), Margaret Kennedy (MK), Rosemary Liewald (RLie), Lynn Mowatt (LM) and Sam Steele (SS) NHS Fife Board Members (Non-Executive) – Alastair Grant (AG), Colin Grieve (CG), Sinead Braiden (SB) Chris McKenna (CM), Medical Director, NHS Fife Janette Keenan (JK), Director of Nursing, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Debbie Fyfe (DF), Joint TU Secretary, Fife Council Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
Professional Advisers	Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Deputy Medical Director Lynn Barker (LB), Director of Nursing
Attending	Lisa Cooper (LC), Head of Primary & Preventative Care 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 Elizabeth Butters, Alcohol & Drug Partnership Vanessa Salmond (VS), Head of Corporate Services Hazel Williamson (HW), Communications Adviser Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO	TITLE	ACTION

1 CHAIRPERSON'S WELCOME / OPENING REMARKS / APOLOGIES

Arlene Wood, IJB Chair welcomed everyone to the Integration Joint Board and advised that this was a blended meeting with some members joining via Teams and others physically in Fife House.

Arlene Wood then went on to congratulate the following:-

Vicki Bennett who won The British Dietetic Association "Mary Turner" Award for Trade Union Representative of the Year 2023 in recognition of her Trade Union work across Fife

Simon Fevre who was recognised with a Fellowship, the British Dietetic Association's highest honour which was given in recognition of committed and inspirational service to the BDA and dietetic profession.

Claire Nisbet a Mental Health Officer Student who has passed her Mental Health Officer Award with Distinction at the University of Edinburgh

NO TITLE **ACTION**

Apologies had been received from John Kemp, Simon Fevre, Eleanor Haggett, Ian Dall, Nicky Connor, Joy Tomlinson, Chris Moir and Jennifer Rezendes.

Those present were asked that, in an effort to keep to timings for this meeting, all questions and responses should be as succinct as possible.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking and that there was media attendance listening to proceedings.

2 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING & ACTION NOTE 26 MAY 2023

The Minute and Action Note were both approved as accurate records.

4 CHIEF OFFICER UPDATE

Arlene Wood handed over to Fiona McKay who provided an update whilst Nicky Connor takes a well-earned break. A Sway document had been circulated to IJB members the day before the Board meeting and included information on the NHS 75th birthday celebrations on 5 July 2023 at Queen Margaret Hospital (QMH) Dunfermline. Several members of the IJB were present at these celebrations.

As part of the 75th celebrations Lynn Barker and colleagues attended a parliamentary reception in Edinburgh where guests included a former nurse from Fife who was working in the children's ward in 1948.

The Sway also contained pictures from the Haven Garden at QMH which was previously only available to Palliative Care but is now open to all patients and visitors at QMH. Fiona also advised that Methilhaven Home residents moved into the new care home on 20 July. The move went well with residents and families impressed by their new home.

5 STRATEGIC PLANNING & DELIVERY

Prior to discussion of these items Arlene Wood advised that at the drop-in session for IJB members on Wednesday 26 July 2023 questions had been raised around Directions relating to Strategies. Audrey Valente and Vanessa Salmond have agreed to look at this in more detail and feedback to IJB members on the overall need and use of Directions.

5.1 Home First Strategy

This report had been discussed at the Quality & Communities Committee (Q&C) on 30 June 2023, the Finance, Performance & Scrutiny Committee (FP&S) on 6 July 2023 and the Strategic Planning Group (SPG) on 11 July 2023. Arlene Wood introduced Lynne Garvey who outlined the development of the strategy, which covers all adults over 18, into the final version presented today. The Delivery Plan outlines the actions identified by the sub-groups and the key objective is to set up single points of access to allow for triage and care co-ordination. Seven Locality Action Plans are being developed, each based on the particular needs of their locality to ensure there is no disadvantage or discrimination and services are flexible enough to cope with the changing demographic in Fife.

5 STRATEGIC PLANNING & DELIVERY (CONT)

Sinead Braiden, Chair of Q&C and Alastair Grant, Chair of FP&S were then asked to comment on discussions at their meeting before questions from Board members.

Sinead Braiden advised that Q&C members had questions around integrated IT, key performance indicators (KPI's) and the risk register, which they had received feedback on and they were content to remit the strategy to the IJB for approval.

Alastair Grant advised that FP&S members felt the report was exemplary, the KPI's had smart objectives and supported the strategy being approved by the IJB.

David Graham advised that the report was well received at the SPG meeting and they supported approval by the IJB.

Graeme Downie had raised questions in the recent drop-in session around technology and digital inclusion. Lynne Garvey agreed to pick these up with appropriate officers and feedback to IJB members.

The Board discussed and agreed the Home First Strategy and took assurance from the Home First Delivery Plan (Appendix 4) and Key Performance Indicators (Appendix 5) as the delivery arm of Home First which will form the basis for future reports to give updates on the delivery of the work. Members were also assured that the strategy has been reviewed from a performance and financial perspective through the Finance, Performance and Scrutiny Committee and that it has also been reviewed from a Quality and Communities perspective through the lens of delivering a quality service to the people of Fife. **LG**

The Chair advised the Directions policy is currently under review. At conclusion, members will be notified if a Direction is to be issued. **VS**

5.2 Carers Strategy

This report had been discussed at the Q&C Committee on 30 June, FP&S on 6 July and SPG on 11 July 2023. Arlene Wood introduced Fiona McKay who advised that a range of partners, including the Carers Strategy Group, have been actively involved in bringing this strategy together.

The updated strategy combines the previous youth and adult strategies which will assist when young carers transition to adult carers. The Community Chest Fund for Fife Carers is now open and a group has been set up to consider funding bids.

David Graham, Chair of SPG advised there was a good discussion of the report at the meeting and they were supportive of the strategy being approved by the IJB. Sinead Braiden, Chair of Q&C welcomed the priority work ongoing via The Well and participation and engagement to identify unpaid carers in Fife. The committee were supportive of the strategy.

Alastair Grant, Chair of FP&S advised they approved the level of risk in the strategy and were content to remit to the IJB for approval.

Discussion took place around the equalities assessment (EQIA) undertaken and the inequalities this highlighted. Fiona McKay advised that staff are working closely with appropriate organisations to address these.

NO	TITLE	ACTION

5 STRATEGIC PLANNING & DELIVERY (CONT)

5.2 Carers Strategy (Cont)

The Chair advised the Directions policy is currently under review. At conclusion, members will be notified if a Direction is to be issued. **VS**

The Board noted and approved the Carers Strategy 2023 to 2026.

5.3 Primary Care Strategy

This report had been discussed at Q&C Committee on 30 June 2023, FP&S on 6 July 2023 and SPG on 11 July 2023. Arlene Wood introduced Lisa Cooper who advised this is an ambitious report which is the first to be completed in Scotland. The strategy has been through the governance committees who have been supportive. Lisa Cooper outlined the strategy, which will support primary care services going forward, it is aligned to the Strategic Plan and Workforce Strategy, and will assist in the recovery of primary care services and reduce inequalities in Fife.

There is an overarching Delivery Plan which has a strategic focus. A performance and assurance framework is being developed which will contain both qualitative and quantitative measures.

Sinead Braiden, Chair of Q&C, Alastair Grant, Chair of FP&S and David Graham, Chair of SPG advised the report had been discussed in detail at their meetings and fully supported remitting the Strategy to the IJB for approval.

Discussion took place around ambitions to retain staff within Primary Care, the forms of consultation which had taken place to influence the final Strategy and issues around property and capital spend, which are both the remit of the NHS not the partnership.

Following discussion, the Board approved the Draft Primary Care Strategy, agreeing it will support delivery of the partnership's Strategic Plan 2023-26 and the ambition for the *people of Fife to live independent and healthier lives* as well as supporting the focus of the strategy on the recovery, quality and sustainability of primary care services to ensure a resilient and thriving primary care is at the heart of our integrated health and social care system.

The Chair advised the Directions policy is currently under review. At conclusion, members will be notified if a Direction is to be issued. **VS**

The Board noted that a performance and assurance framework is being developed to monitor implementation and will form the basis of future reports for assurance and decision making.

6 LIVED EXPERIENCE & WELLBEING

6.1 Lived Experience

Arlene Wood handed over to Lynn Barker who introduced a video entitled My Home from Home along with Lynne Garvey and Paul Dundas.

Lynn Barker thanked everyone involved in the making of the video which gave a flavour of the superb care provided in Fife's Care Homes. The video is being used by staff in the partnership to help patients and their

NO	TITLE	ACTION

6 LIVED EXPERIENCE & WELLBEING (CONT)

6.1 Lived Experience (Cont)

families overcome reservations about moves into a care home and also assist them in making the appropriate choices at a difficult time.

Arlene Wood thanked Lynn Barker, Lynne Garvey, Paul Dundas and all of those involved in the video. The Board acknowledged and appreciated the work undertaken by all Teams in the provision of Care Home services.

7 INTEGRATED PERFORMANCE

7.1 Finance Update

This report had been discussed at the FP&S Committee on 6 July 2023. Arlene Wood introduced Audrey Valente who advised that the financial position (provisional outturn) as at 31 May 2023 is currently a deficit of £4.751m. Key areas of overspend include Hospital & Long-Term Care, GP Prescribing, Family Health Services, Adult Placements and Homecare. These overspends are offset by the underspends in Community Services, Older People Nursing & Residential and Adults Supported Living. The variation in GP Prescribing is a result of a significant increase in the cost per item which has risen from £10.05 to £10.76. 67% of previously agreed savings are on track to be delivered on time, the remainder may require up to £7m to be utilised from reserves going forward. A Recovery Plan paper will be brought to the September IJB meeting. **AV**

Alastair Grant, Chair of FP&S advised his committee discussed the report in detail and were content for it to be remitted to the IJB for approval.

Discussion took place around prescribing costs, the Recovery Plan and possible variances in budgets.

The Board were assured that there is robust financial monitoring in place, approved the financial monitoring position as at May 2023 and the use of the reserves as at May 2023.

7.2 Medium Term Financial Strategy – Progress Update

This report had been discussed at the FP&S Committee on 6 July 2023. Arlene Wood introduced Audrey Valente who advised that the Senior Leadership Team (SLT) are meeting regularly to ensure a shared vision and leadership for this process. Business Cases will be brought to the November 2023 IJB meeting. **AV**

Alastair Grant, Chair of FP&S Committee advised the committee had seen an earlier iteration of this report and welcomed the final version which was being presented.

Audrey Valente advised that a new approach was being trialled, following an audit approach, on varying degrees of assurance being given in reports to committees and the Board.

Discussion took place around the timing of Business Cases, the level of confidence and capacity to progress savings and the need to invest to allow transformation to continue at pace.

7 INTEGRATED PERFORMANCE (CONT)

7.2 Medium Term Financial Strategy – Progress Update (Cont)

The Board were content that assurance is provided on the work to support transformation, change and efficiency is being proactively progressed and the projected savings (utilising approved earmarked reserves) is within the parameters approved at the Integration Joint Board in March 2023. The Board were also assured that there is clarity on the opportunities which are being led operationally by the Director with oversight and assurance being given to the IJB through financial updates and that those that are strategic transformational change programmes which will be presented to the Integration Board as business cases for approval and direction in November 2023 as defined in this report.

All opportunities will have key stakeholder engagement to support whole system working and fulfil clinical and care, financial and staff governance requirements.

8 GOVERNANCE & OUTCOMES

8.1 IJB – Risk Appetite Statement

This report had been discussed at the Audit & Assurance Committee (A&A) on 28 June 2023, Q&C Committee on 30 June 2023 and FP&S Committee on 6 July 2023 as well as being part of the IJB Development Session in February 2023. Arlene Wood introduced Audrey Valente who explained that risk had been classified as per the agreed appetite and tolerances applied to create this statement. High risks have been further broken down.

Dave Dempsey, Chair of A&A and Sinead Braiden, Chair of Q&C both advised that their committee was happy for this to be approved by the IJB. Alastair Grant, Chair of FP&S advised his meeting had raised some queries where were responded to.

The Board approved the IJB Risk Appetite Statement.

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS

9.1 Annual Performance Report 2022 to 2023

This report had been discussed at the Q&C Committee on 30 June 2023, FP&S Committee on 6 July 2023, the SPG on 11 July 2023 and the LPF on 26 July 2023. Arlene Wood introduced Fiona McKay who advised that this report must be submitted to Scottish Government by 31 July 2023. There has been a relatively quick turnaround for this report as the 2021-2022 report was submitted in November 2022 (deadline moved due to covid). Detailed discussion has taken place at SLT meetings to shape this report. Committee feedback has resulted in abbreviations and acronyms being reduced and the Board were advised that an Easy Read version will be produced in the near future.

Sinead Braiden, Chair of Q&C Committee, Alastair Grant, Chair of FP&S Committee and David Graham, Chair of SPG confirmed that the feedback from their meetings had been taken onboard in the final report and all three

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT)

9.1 Annual Performance Report 2022 to 2023 (Cont)

groups were content to remit the report to the IJB for approval. Fiona McKay confirmed the LPF were happy to remit the report to the IJB. **FM**

The Board welcomed the report which was well presented and easy to follow. Discussion took place around progress with MSG Indicators. Fiona McKay advised that the Performance Framework would be brought to the IJB Development Session in August 2023.

The Board approved the Annual Performance Report 2022 to 2023 with no further suggested changes.

9.2 Fife HSCP Whistleblowing Standards

This report had been discussed at the Audit & Assurance Committee on 28 June 2023 and the LPF on 26 July 2023. Arlene Wood introduced Roy Lawrence who advised that corporate partners had been part of the working group which collated this report. Fife Council and NHS Fife both have their own whistleblowing standards in place although the Council are currently working on a new policy. Once this has been agreed, the working group will look again at this. Regular reports will be brought to SLT, A&A, LPF and the IJB in the future.

Dave Dempsey, Chair of A&A Committee confirmed they welcomed the approach being taken.

The Board noted the requirements of Part 8 of the whistleblowing standards and the expectations this places on IJBs, took assurance that following assessment of the current approaches by Fife Council and NHS Fife, where possible, there is alignment of approaches between the two employers that meet the requirements of Part 8 of the Whistleblowing Standards and that there are actions outlined within the assessment section of this report that will further strengthen delivery of Part 8 of the standards. The Board also welcomed proposed enhanced reporting through IJB governance with quarterly reports on whistleblowing activity and progress of the working group actions to the Local Partnership Forum (with minutes reporting to the IJB) and Annual Reports to the Integration Joint Board and took assurance that the steps outlined address the requirement of the Internal Audit report.

9.3 Alcohol & Drug Partnership (ADP) Annual Report

This report had been discussed at the FP&S Committee on 6 July 2023. Arlene Wood introduced Fiona McKay who advised this report was in two parts, the Annual Report for the ADP and the Scottish Government annual survey. The Annual Report updated on work undertaken in 2022-2023 where significant investment has been made in residential rehabilitation working with Fife Council and the 3rd Sector. Statistics on Drug Deaths will be produced in August 2023.

Alastair Grant, Chair of FP&S Committee updated on feedback from members of that committee, which included questions around the alcohol death information (from 2020), possible relaxation of the 1971 Drugs Act

9 LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS (CONT)

and drug death figures in Fife compared to other areas. Elizabeth Butters advised that alcohol deaths are reported on a 3-year rolling average, but this was not done for 2021. Scottish Government are discussing levels of decriminalisation in an effort to reduce drug deaths.

Sinead Braiden raised the question of this report being brought to the Q&C Committee in future. Fiona Mckay will clarify this.

Discussion took place around the information in the report and how this compared to the Scottish average for areas such as drug and alcohol related hospital admissions. Elizabeth Butters updated on work being undertaken on hospital liaison involving Addiction Services, Pharmacy and the 3rd Sector as an outreach approach. This is encouraging engagement with these services and will be rolled out to other areas in the future.

Alastair Grant asked about the non-provision of a residential rehab centre in Fife and Fiona McKay updated on the current provision which is supported by a 3rd Sector organisation.

Arlene Wood thanked Fiona McKay and Elizabeth Butters for this report and the Board approved the Fife ADP Annual Report 2022-2023.

10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM / STRATEGIC PLANNING GROUP - ITEMS TO BE ESCALATED

Audit & Assurance Committee
Dave Dempsey had nothing to escalate to the Board. Dave advised that Tony Gaskin, Internal Auditor at NHS Fife has retired and he wished to acknowledge Tony's contribution to the Board over previous years.

Finance, Performance & Scrutiny Committee
Alastair Grant had nothing to escalate to the Board.

Quality & Communities Committee
Sinead Braiden wished to escalate a presentation which had been made to the Q&C Committee on the work undertaken on the new Care Home in Methil. This presentation was shared with the IJB. Fiona McKay advised the Nursery on site has been open for a period of time and care home residents moved in on 20 July 2023, which went well. There will be an official opening in September 2023 and details would be shared with Board members in due course.

Local Partnership Forum (LPF)
Fiona McKay advised that there was nothing to escalate but the meeting earlier this week had a full agenda with good discussion on all items.

Strategic Planning Group
David Graham had nothing to escalate to the Board.

11 AOCB

The meeting was closed by the Chair confirming dates of the next meetings.

12 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – FRIDAY 25 AUGUST 2023

INTEGRATION JOINT BOARD – FRIDAY 29 SEPTEMBER 2023

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 8 SEPTEMBER 2023 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive

In Attendance:
Lynn Barker, Associate Director of Nursing
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership
Iain MacLeod, Deputy Medical Director, Acute Services Division
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
John Morrice, Consultant Paediatrician
Elizabeth Muir, Clinical Effectiveness Manager
Sue Ponton, Interim Head of Service for Occupational Health Service *(item 10.6 only)*
Nicola Robertson, Associate Director of Nursing
Shirley-Anne Savage, Associate Director of Quality & Clinical Governance
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from members Simon Fevre (Area Partnership Forum Representative), Aileen Lawrie (Area Clinical Forum Representative), Kirstie MacDonald, (Non-Executive Whistleblowing Champion), Chris McKenna (Medical Director), Joy Tomlinson (Director of Public Health) and attendee 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 7 July 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.

It was agreed the Optimal Clinical Outcomes Development Session be arranged for diaries as a priority.

Action: Board Committee Support Officer

4.1 Central Sterilisation Decontamination Units Update

The Director of Property & Asset Management noted that this update would be covered under agenda item 6.1.

5. ACTIVE OR EMERGING ISSUES

5.1 Health Improvement Scotland (HIS) Inspection Update

The Director of Nursing provided positive feedback on the recent Mental Welfare Commission visit, which took place on 7 September 2023 in Ward 1 at Queen Margaret Hospital. She highlighted that the Lead Inspector had commented on the extent of efforts made by staff in relation to environmental improvements within the ward. The Committee thanked all the team involved for all their hard work.

The Director of Nursing provided an overview, in advance of formal receipt of the HIS written report, on the recent safe delivery of care inspection by HIS in the Victoria Hospital between 31 July 2023 and 2 August 2023. It was noted that an action plan will be developed following receipt of the report, which is expected to be published on 19 October 2023. Following a query from the Chair, it was advised that there had been some escalation issues, which will be fully captured within the HIS report.

The Director of Property & Asset Management provided an update on the issues within Ward 5 and advised that preventative work is ongoing within the teams. It was noted that there is a quarterly reporting tool, in terms of all the proactive and reactive maintenance that has not been carried out, which is received by the Sector Estates Managers. The Director of Acute Services provided assurance and updated the Committee on the services that have been moved to other areas and she also advised that a Phase One Oversight Group has been established for the refurbishment of Ward 5. Some of the Non-Executive membership visited the ward the previous week to see directly the ward environment and to hear of the refurbishments being planned.

The Chief Executive praised and acknowledged the efforts of the Acute Leadership and ward teams in responding to the inspection, which was a very challenging and difficult time for all involved.

Whilst assured by the actions underway as to why some of the issues were not picked up as part of environmental audits / monitoring in the clinical area, the Committee

noted the information provided in relation to the inspection, with a further update to be received on receipt of the draft HIS report.

The Committee also took **assurance** that immediate remedial work has taken place and a review of issues highlighted by the inspection of Ward 5 is being taken forward.

5.2 Computerised Tomography (CT) Scanner Update and Next Steps

The Deputy Medical Director provided a verbal update and explained the recent issue affecting the operation of two CT scanners. Despite the simultaneous breakdown, the issue was rectified quickly, and a number of mitigations and actions have been put in place to prevent repeat of similar circumstances. Assurance was provided that the Radiology Department's response will complement, and be built into, the Acute Business Continuity Plan.

The Director of Acute Services provided an update on the discussions with Siemens, (the manufacturers of the CT scanners), and advised that there are a number of unresolved issues that are being worked through. Following a question from C Grieve, Non-Executive Member, around assurances being sought that the issue would not reoccur, it was advised that this is also being worked through and discussions are ongoing. An update will be provided to the Committee in due course in relation to providing more assurance in those terms.

Action: Director of Acute Services

The Radiology Team were praised for all their efforts and hard work during this period, and a thanks was extended to neighbouring NHS Health Boards for all their support and mutual aid.

The Committee took **assurance** from the update and next steps planned.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Clinical Governance Committee, including Deep Dive: Off-Site Area Sterilisation and Disinfection Unit Service

The Director of Nursing spoke to the report and advised that no risks have been closed and no new risks have been identified. It was reported that the Public Health & Wellbeing Committee recently reviewed the Covid 19 risk, and it was agreed to reduce the risk rating based on the continued effectiveness of the vaccination and reduced impact of illness within the population. It was advised that Public Health closely monitor the Covid 19 risk, in terms of new variants, and that the Corporate Risk Register would be updated accordingly, should there be a change to the risk rating. An overview was also provided on the key risk updates, as provided in the paper.

The Chair commented that it was agreed at the previous meeting to review the Quality & Safety risk score, and she noted that it is still at the same position as the last update. The Associate Director of Quality & Clinical Governance explained that this work is ongoing, and the risk will be updated for the following meeting.

Action: Associate Director of Quality & Clinical Governance

The Committee took **assurance** from the report.

The Director of Property & Asset Management presented the deep dive into the offsite sterilisation and disinfection risk and advised that the issues faced relate to planned care, in terms of operations being carried out; procedures being carried out; and emergency procedures, particularly trauma and obstetrics, both of which are critical services.

The Director of Property & Asset Management described in detail the root cause of the risk, the issues faced and the mitigation actions. It was reported that discussions are underway at a national level to develop a national plan, with involvement from the Scottish Government. A brief overview was provided on the challenges of a national approach.

The Director of Acute Services commented that everything is being done to mitigate the risk as far as possible.

The Chair requested that a review is carried out on the likelihood score for the management actions.

Action: Director of Property & Asset Management

Following discussion from members around the challenges and issues faced, it was agreed to take a briefing paper to the NHS Fife Board in Private Session, to provide full oversight of the potential risks at Board level.

Action: Director of Property & Asset Management

The Committee took limited **assurance** from the deep dive, given the unresolved aspects of the risk.

6.2 Corporate Calendar – Proposed Clinical Governance Committee Dates 2024/25

The Board Secretary presented the paper, listing the proposed committee dates for the year ahead, and advised that the full Corporate Calendar will go to the Board at their September 2023 meeting for approval. Thereafter, electronic diary invites will follow to members and attendees for the next cycle of dates.

The Committee **agreed** the proposed Committee dates for 2024/25.

6.3 Delivery of Annual Workplan 2023/24

The Committee took **assurance** from the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2023/24

The Associate Director of Planning & Performance provided assurance that the review process had now concluded with the Scottish Government, and she reported that the Annual Delivery Plan 2023/24 has been approved and the confirmation letter is included within the appendix of the paper. It was noted that the Scottish Government had asked for further detail on particular areas, and this is provided within the paper.

The Committee took **assurance** from the Annual Delivery Plan 2023/24 and **noted** the Annual Delivery Plan Review Feedback letter for 2023/24.

7.2 Scottish Healthcare Associated Infection (HCAI) Strategy 2023-25

The Director of Nursing advised that the HCAI Strategy has been developed in line with other frameworks and strategies, to support the recovery from the pandemic response and to continue to reduce healthcare-associated infection rates. An overview on the aims of year one and two of the strategy was provided, and it was advised that a subsequent five-year strategy will be developed on infection prevention & control.

The Chair queried the expectations from the Scottish Government for year two of the strategy. It was advised that a Steering Group has been formed to take forward the Infection Prevention Workforce Strategic Plan 2022-24, and that they will support the Scottish HCAI Strategy 2023-25 going forward, particularly around the education and training aspects.

Following a question from the Chair, it was advised that HCAI surveillance is moving towards being reinstated, however, no dates have yet been confirmed.

The Committee took **assurance** from the report.

7.3 The Infection Prevention Workforce Strategic Plan 2022-24

The Director of Nursing spoke to the report and advised that a Local Integrated Service Delivery Plan Steering Group has been formed, which will meet for the first time in October 2023. The focus of the plan was outlined, and it was advised that progress reports will be presented to the Committee as the recommendations are taken forward.

With respect to the Terms of Reference for the Local Integrated Service Delivery Plan Steering Group, the Chair requested a glossary be added to the plan. She also requested that within the Scope section of the plan, the link to NHS Fife's Population Health & Wellbeing Strategy is made explicit. It was also suggested to add to the membership a representative from Fife Care Homes Collaborative, and to include within the accountability section oversight from the Integrated Joint Board through their Qualities & Communities Committee. The Director of Nursing thanked members for the helpful feedback and agreed to take these points forward.

Action: Director of Nursing

Following a comment from S Braiden, Non-Executive Member, around pressures on workforce and students, it was advised that careful consideration is being given to requirements and implementation of expanding the workforce within the infection control areas.

The Committee took **assurance** from the report.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report (IPQR) including Deep Dive: Pressure Ulcers

The Director of Nursing provided a summary on the performance for major and extreme adverse events, inpatient falls and pressure ulcers, SAB infections rates, C Diff infection rates, ECB infections rates and complaints, as detailed within the IPQR. The Chair praised the improvement for inpatient falls. She also requested evidence around C Diff infection rates and poor recurrent infections.

It was advised that a review of significant adverse events (SAER) is being undertaken, and a progress update will be provided to the Committee at the next meeting. The Associate Director of Quality & Clinical Governance added that a large amount of work has been carried out in relation to SAER over the previous six months, and work continues to further improve the process. It was also reported that the work around development and implementation of the adverse events policy work is underway, along with development of a management resource pack and bespoke training.

C Grieve, Non-Executive Member, questioned the timing of the SAER key deliverables. It was advised that panels were formed to look at the SAERs, which has improved the process, however, not as far as expected, and the process is being revisited with involvement from the Executive Team.

The Chair questioned the level of risk in terms of closure of SAERs, and following discussion it was agreed that consideration will be given to the actions required to improve the key deliverable risk ratings, metrics and to expanding the narrative in relation to organisational learning. It was advised that the Organisation Learning Group will also consider the points raised.

Action: Director of Nursing

Following questions from the Chair with regards to the complaints process, the Director of Nursing advised that it is recognised complaints are held up both at the waiting for clinical statements or approval stage, due to the number of steps required to complete those parts, and it was advised that work is ongoing to refine the process. It was also advised that consideration is being given to dedicating time for staff to focus on the backlog. The Chief Executive explained that a different approach is required to meet the response time of replying to complaints. The Director of Nursing praised the Complaints Team for all their hard work.

<u>Deep Dive – Pressure Ulcers</u>

The Director of Nursing outlined the contents of the paper.

The Associate Director of Nursing noted that teams continually report into Datix and are open and transparent with regards to clinical areas and the care and treatment that is provided. It was advised that large amounts of work are ongoing to reduce pressure ulcers, including regular meetings around pressure ulcer prevention.

Following a question from A Haston, Non-Executive Member, it was advised that the Tissue Viability Steering Group has an overview on the activities that are ongoing, and the data within specific areas, and that there is planned coordination in terms of quality improvement initiatives.

Following queries from members around the root factors of pressure ulcers, it was advised that positive enquiries are continuing to be made in the hospital and

community areas around preventative methods, and that the data being provided informs quality improvement programmes of work.

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 provided an update on the Medical E-Governance (MEG) system, which is a system to audit infection and control, and she noted that discussions are ongoing, including with other Health Boards, to examine the effectiveness of the system.

The Director of Nursing highlighted the main points from the HAIRT report, and the report produced by Dr Keith Morris on E. Coli Bacteraemia, which is included as an appendix.

A Haston, Non-Executive Member, questioned how the learning from the Complex Care Reviews in relation to the seven instances of dialysis line-related SABs would be fed back to the frontline, and was advised that this would take place through the leadership teams, and include the sharing of any actions.

Following a question from A Haston, Non-Executive Member, it was advised that there is no date to restart Surgical Site Surveillance, and no concerns were noted.

The Committee took **assurance** from the report.

8.3 Deteriorating Patient Improvement Project Update

The Director of Nursing spoke to the paper and advised it provides an update on work carried out to date on the care and management of deteriorating patients, including a draft project brief from Dr Gavin Simpson. It was reported that the Scottish Safety Programme is running a national improvement collaborative focussed on supporting improvements in the management of deteriorating patients. It was also reported that the Scottish Intercollegiate Guidelines Network has produced new guidelines in the management of acute clinical deterioration.

Following a query from A Haston, Non-Executive Member, clarity was provided that the project brief refers to deteriorating patients in general, and not exclusively to those with cardiac issues.

C Grieve, Non-Executive Member, highlighted the resource required for the project and sought assurance that this work would be resourced appropriately given the patient safety improvements piece of work, and was advised that there is a project lead who will support the focus and the work around deteriorating patients. C Grieve also highlighted the resource required for the project and was advised that there is a project lead who will support the focus and the work around deteriorating patients. It was also noted that training will be undertaken.

Assurance was provided that the planning & performance team are prioritising measuring key milestones throughout the project.

The Committee took **assurance** from the update and noted the Deteriorating Patients Project Brief.

9. DIGITAL / INFORMATION

9.1 Information Governance and Security Steering Group Update

The Associate Director of Digital & Information provided an update and advised that the Information Governance & Security Steering group is working on a new reporting mechanism, which has been modelled on the IPQR and will combine reporting from activities of the Information Commissioner's Office (ICO) Accountability Framework and the Scottish Public Sector Cyber Resilience Framework (SPSCRF), which is key to reducing risks.

It was reported that the recent ICO audit is complete, which was conducted in March 2023, and subsequent actions are being taken forward. It was noted that the audit concluded a reasonable assurance rating and further work on risk management has taken place, including introducing risk tolerance levels.

It was highlighted that the paper outlines the work on Key Performance Indicators (KPIs), implementation of subject access review improvements, ongoing assimilation of information asset registers, records management approach, and conclusion of the Network Information Security Directive (NISD) action plan.

It was advised that appendix 1 relates to the data within Datix.

The Committee **noted** the progress being made across the Information Governance & Security domains and took **assurance** from the governance, controls and measures in place.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Patient Experience & Feedback Report Q1

The Director of Nursing advised that this is the first quarterly report for 2023/24 and that additional information has been added around learning from complaints and the complaints process experience.

It was reported that initial discussions have taken place around making updates to the improvement plan. A more robust plan will be brought back to the next Committee meeting.

Action: Director of Nursing

The Chair agreed to provide feedback on the indicators to the Director of Nursing for consideration within the next iteration of the report.

Action: Chair

The Committee took **assurance** from the report.

10.2 Care Opinion Feedback Report

The Director of Nursing advised that the report provides an update on care opinion and opportunities for learning. Background detail was provided and the key points from the report were highlighted.

C Grieve, Non-Executive Member, commented on the positively high number of patient stories and queried if the negative stories are linked to complaints. The Director of Nursing advised that the care opinion team contact the complaints team as soon as negative stories are received. Following a question from the Chair, the process for identifying when changes have been taken forward was explained.

The Committee **noted** the report and took **assurance** that feedback is sought and welcomed from patients, families and carers to influence and shape change person-centred care and services.

10.3 Allied Health Professional Assurance Frameworks

The Director of Nursing highlighted the key points from the paper and advised that the frameworks will enhance the reporting and governance of the work of the Allied Health Professions. It was noted that the frameworks are part of the annual reporting cycle to the Committee.

The Committee took **assurance** from the report.

10.4 Controlled Drug Accountable Officer Annual Report

The Director of Pharmacy & Medicines explained the role and history of Controlled Drug Accountable Officers, noting the requirement to fulfil responsibilities and the importance of good governance. Assurance was provided that NHS Fife has a good reporting culture. The mechanisms, processes and parallels that could be drawn into other areas of clinical governance going forward were highlighted.

The Associate Director of Nursing praised the medicine safety minute, which has had positive feedback across the organisation.

The Director of Pharmacy & Medicines explained the schedule of drugs and gave assurance around the management of risks.

The Committee took **assurance** from the report.

10.5 High Risk Pain Medicines - Patient Safety Programme, End of Year 1 Report

The Director of Pharmacy & Medicines advised that the report was also presented to the Public Health & Wellbeing Committee, as there are both clinical and population health aspects. It was advised that the report highlights the complexity and issue of the problem of high-risk pain medicine prescribing in Fife. It was reported that the main aim of the programme is to raise awareness and reduce unnecessary prescribing.

The Director of Pharmacy & Medicines advised that a further update will be brought back to the Committee in January 2024 on the Measures Framework and Benefits Framework, and the quantitative data that will be utilised for the programme.

Action: Director of Pharmacy & Medicines

Following questions from the Chair, it was advised that individual patient level harm would be raised through adverse events procedures. It was also advised that high risk pain medicines and controlled drugs are all reported via Datix. The Director of Pharmacy & Medicines provide a detailed update on the reporting of all medicines, noting that learnings are shared as a priority.

The Committee took **assurance** from the delivery of year one of the High Risk Pain Medicines Patient Safety Programme, and plans outlined for year two.

10.6 Occupational Health Annual Report 2022/23

The Chair welcomed S Ponton, Interim Head of Service, to the meeting.

The Interim Head of Service advised that the Occupational Health Service has re-established itself following the pandemic. An overview on activity levels was provided. It was reported that Covid fatigue has been added as an additional service, and the mental health service has been expanded. A large surge in DNA rates was highlighted, and it was advised that work is ongoing to identify the root causes. It was also reported that there has been positive work, with more proactive activity, which is being supported with additional resource.

Following questions from A Haston, Non-Executive Member, the process for following up DNA rates was explained. It was also advised that a pool of counsellors support the increase in mental health support required, and it was noted that this area is still challenging in terms of waiting times.

The Committee **noted** the report for information.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes:

11.1 Area Clinical Forum held on 3 August 2023 (unconfirmed)

11.2 Area Medical Committee held on 27 June 2023 (confirmed)

11.3 Clinical Governance Oversight Group held on 20 June 2023 (unconfirmed)

11.4 Digital & Information Board held on 19 July 2023 (unconfirmed)

11.5 Fife Area Drugs & Therapeutic Committee held on 21 June 2023 (confirmed)

11.6 Fife IJB Quality & Communities Committee held on 3 May 2023 (confirmed)

11.7 Information Governance & Security Steering Group held on 13 July 2023 (unconfirmed)

11.8 Medical Devices Group held on 14 June 2023 (unconfirmed)

11.9 Research, Innovation & Knowledge Oversight Group held on 21 June 2023 (unconfirmed)

11.10 Resilience Forum held on 8 June 2023 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

Apart from the agreement to provide the Private session of the Board with a brief on the Central Sterilisation Decontamination Unit, there were no other matters for escalation to NHS Fife Board, and it was advised that the Chair will provide a brief at the NHS Fife Board meeting on the pertinent points from the meeting.

13. ANY OTHER BUSINESS

There was no other business.

14. DATE OF NEXT MEETING

The next meeting will take place on **Friday 3 November 2023** from 10am – 1pm via MS Teams.

FIFE NHS BOARD

Confirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 19 SEPTEMBER 2023 AT 1.30PM VIA MS TEAMS

Alistair Morris
Chair

Present:

Alistair Morris, Non-Executive Director (Chair)
Wilma Brown, Employee Director
John Kemp, Non-Executive Director
Margo McGurk, Director of Finance & Strategy
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive

In Attendance:

Hazel Close, Head of Pharmacy (deputising for Ben Hannan)
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
Hazel Thomson, Board Committee Support Officer (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 members Alastair Grant (Non-Executive Director), Janette Keenan (Director of Nursing), Aileen Lawrie (Area Clinical Forum Representative), Joy Tomlinson (Director of Public Health), and attendees Nicky Connor (Director of Health & Social Care) and Ben Hannan (Director of Pharmacy & Medicines).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 11 July 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.

The Chair requested that priority is given to the outstanding action on reporting the number of workforce vacancies within the IPQR, given the time that has elapsed since this original request was made.

Action: Director of Workforce

5. QUALITY / PERFORMANCE

5.1 Financial Performance Report

The Director of Finance & Strategy provided a position statement on the financial performance and financial sustainability of the Board at the end of July 2023. The current financial plan projects a year-end overspend position of £10.9m, the paper confirmed that the overspend recorded at the end of July 2023 has reached £10.9m which is clearly a matter of some concern. The significant cost pressures and forthcoming cost pressures were highlighted, particularly around supplementary staffing, and the main cost areas driving the deteriorating position were outlined. It was noted that the Scottish Government have been updated on the June 2023 position and recognise the significant challenges. The level of risk in relation to delivering the planned year-end position was reported as very high, with EDG exploring a series of actions to deliver potential recovery options.

The Director of Finance & Strategy highlighted the current very limited progress with delivery against the Financial Improvement & Sustainability Programme. The main areas of cost reduction planned are significantly behind trajectory for delivery and the reasons why were discussed in some detail.

The Chair noted his concern in relation to the deliverability of the planned year-end position given the level of risk described in the paper and the discussion at the meeting. The Committee agreed that assurance could be taken that the EDG were continuing to pursue the current identified areas of cost reduction and exploring all options available to deliver additional cost reduction but acknowledged the level of challenge and risk around deliverability.

The Committee, whilst recognising the level of challenge and risk associated with the financial position, took **assurance** on the information provided in relation to the:

- Health Board retained reported core overspend of £10.984m
- Progress with the Financial Improvement and Sustainability Programme
- Health & Social Care Partnership overspend position of £6.432m
- Financial Forecast Risk Assessment – recovery options
- Progress on the capital programme

5.2 Integrated Performance & Quality Report

The Director of Acute Services reported a decrease in performance for 4-hour emergency access in July 2023. It was also reported there was a decrease in 8-hour and 12-hour breaches, which is positive, and that flow throughout the hospital over the summer period had improved due to the additional weekend discharge team.

It was reported that cancer 31-day performance in June 2023 had increased, and that cancer 62-day performance had decreased. It was also reported that the prostate remains the most challenging pathway.

The Chief Executive provided assurance that all actions in relation to improving flow are continuing, and that work continues to improve performance across the system.

An update on planned care performance was provided at agenda item 8.1.

The Committee took **assurance** from the IPQR, and discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

5.3 Labs Managed Service Contract (MSC) Performance Report

The Director of Acute Services spoke to the report and highlighted that NHS Fife transitioned to a new contract on 1 April 2022. It was also highlighted that there had been some delays with regards to the equipment, and that this is now progressing well. An increased demand for some tests through the managed service contract was reported, and it was advised that this is being closely monitored through demand management.

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 advised that no risks have been closed, and no new risks have been identified, relevant to the Committee.

It was advised that wording on risk 7 - Access to outpatient, diagnostic and treatment service - now reads: 'The time delay will impact clinical outcomes for the population of Fife', following a suggestion from the internal audit report.

In relation to risk 13 – Delivery of a balanced in-year financial position - it was advised that the mitigation has been updated to reflect the more challenging position identified at the quarter 1 review and recovery actions required.

It was reported that there is no deep dive for this Committee meeting, however, the financial position, discussed at agenda item 5.1, was effectively a deep dive for risk 7.

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.

6.2 Corporate Calendar – Proposed Finance, Performance & Resources 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. Following a question, it was advised that the expectation is to hold Committee meetings virtually via MS Teams, and Committee Development Sessions in-person where possible.

The Committee **approved** the proposed dates.

6.3 Delivery of Annual Workplan 2023/24

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2023/24

The Director of Finance & Strategy provided assurance that the review process had now concluded with the Scottish Government. It was noted that the Scottish Government had

asked for further detail on particular areas, and that no further changes were expected. It was advised that a separate financial review process will continue throughout the year.

The Committee took **assurance** from the Annual Delivery Plan 2023/24.

7.2 Fife Capital Investment Group Reports 2023/24

The Deputy Director of Finance provided an update and highlighted the additional circa £0.5m funding received from the National Equipment & Infrastructure Board to support the refurbishment of X-Ray rooms, green spaces and the decarbonising of fleet. It was noted that there is a potential financial risk in relation to additional funding to support the implementation of the Laboratory Information Management System (LIMS) project.

The Committee took **assurance** from the Fife Capital Investment Group Report.

7.3 Property & Asset Management Strategy (PAMS)

The Director of Property & Asset Management provided an overview of the report and advised that it is a supporting framework to the Population Health & Wellbeing Strategy. It was advised that the document has been renamed to Whole System Property & Asset Management Strategy 2023/24, in line with national guidance, which will require NHS Fife to have an initial agreement (IA) for the whole system, as opposed to having IAs for individual projects.

The Chair asked whether there is the potential for a regional approach to capital infrastructure. He also commented that, due to economic reasons, a driver going forward may be shared premises with Fife Council, noting that it this would also support the Anchor Institutions strategy. It was noted that close working takes place between NHS Fife and Fife Council, and that Fife Council have access to all the geographical detail of our estates through a management system.

Following a comment from J Kemp, Non-Executive Member, the Director of Property & Asset Management advised that a risk management approach is in place for backlog maintenance, with the highest risk areas prioritised each year.

The Director of Property & Asset Management thanked Ben Johnson, Head of Capital Planning & Project Director, and the Communications Department for their support in producing the document.

The Chair and Chief Executive thanked the Director of Property & Asset Management and his team for all their hard work.

The Committee **endorsed** the strategy for subsequent approval by the Board.

7.4 Primary Care Premises Framework

The Director of Property & Asset Management provided an overview of the paper and highlighted that 7 sustainability loan applications are complete, with further applications in progress. He also highlighted that third-party lease transfers are being pursued.

It was advised that themes have been identified within the report, including making existing buildings as useable as possible. It was noted that considerable work has been carried out to identify additional space across the estate.

It was reported that it is unlikely that additional capital funding, beyond the formula capital, will be available from Scottish Government until 2026.

The Committee **discussed**, took **assurance**, and **endorsed** the report for subsequent Board approval.

7.5 Control of Entry – Pharmaceutical List

The Head of Pharmacy provided an update on the current position, advising that there are 25 applications for new pharmacy contracts across Fife, which are all at different stages in the approval process.

The Committee **noted** the work progressed to date to support and manage pharmaceutical applications in line with volume of applications and regulations governing this process and took **assurance** on the recovery plan and approach detailed within this paper.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Planned Care Programme Report

The Director of Acute Services spoke to the report and provided an overview on outpatient performance, noting that the position is as expected. An overview was also provided on inpatients/day cases and diagnostics, and the associated challenges and issues were described in meeting the planned trajectories.

Following a query from the Chair regarding the activity for inpatient/day cases, an explanation was provided on the reason why the activity levels are below the projection.

J Kemp, Non- Executive Member, highlighted that demand has been higher than the activity levels for radiology, and he queried what actions could be taken. In response, it was advised that performance is in line with projected activity, and that delivery of additional activity would be dependent on additional Scottish Government funding and availability of appropriately trained staff.

The Committee **discussed**, **examined** and **noted** the progress made in delivery of the Planned Care Plan for 2023/24 and the current waiting times position.

9. LINKED COMMITTEE / GROUP MINUTES

The Committee **noted** the linked committee minutes:

9.1 Fife Capital Investment Group held on 16 August 2023 (unconfirmed)

9.2 Procurement Governance Board held on 30 August 2023 (unconfirmed)

9.3 IJB Finance, Performance & Scrutiny Committee held on 12 May 2023 (confirmed) and 6 July 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary.

10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no issues to escalate to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on **Tuesday 14 November 2023** from 9.30am – 12pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING HELD ON MONDAY 4 SEPTEMBER 2023 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Member (Chair)
Arlene Wood, Non-Executive Member
Mansoor Mahmood, Non-Executive Member
Margo McGurk, Director of Finance & Strategy
Carol Potter, Chief Executive

In Attendance:
Hazel Close, Head of Pharmacy (observing)
Nicky Connor, Director of Health & Social Care
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
Lorna Watson, Deputy Director of Public Health (deputising for Dr Joy Tomlinson)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A welcome was extended to Neil McCormick, who is joining the Committee as a regular attendee to support the Committee's discussions around environmental sustainability and our approach to the Climate emergency.

The Chair advised that Wilma Brown is stepping down as Employee Director at the end of the month. The Chair, on behalf of the Committee, thanked Wilma for her service over her membership term and wished her well for the future.

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

1. Apologies for Absence

Apologies were received from members Wilma Brown (Employee Director), Janette Keenan (Director of Nursing), Dr Chris McKenna (Medical Director) and Dr Joy Tomlinson (Director of Public Health).

2. Declaration of Members' Interests

There was no declaration of members' interests.

3. Minutes of Previous Meeting held on 3 July 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 Deep Dive: Policy Obligations in Relation to Environmental Management and Climate Change

The Director of Finance & Strategy advised that there had been no significant changes to the NHS Fife strategic risk profile since the last meeting.

The Chief Executive reported that a small group are developing a reporting framework to support progress on delivery of the strategy, and that measuring and mitigating risks will form part of this reporting. An update will be provided at the next meeting.

Action: Associate Director of Planning & Performance

A Wood, Non-Executive Member, queried the timeline regarding the potential corporate risk around future biological threats being presented to the Committee. The Deputy Director of Public Health agreed to seek clarity on the timeline and noted that there may be some changes following the Covid Inquiry. She noted that pandemic planning is an existing risk.

Action: Deputy Director of Public Health

The Director of Property & Asset Management advised that the deep dive on policy obligations in relation to environmental management and climate change was previously presented to the Committee in November 2022. It was reported that NHS Fife is already meeting some of our 2025 targets in terms of the amount of carbon dioxide that is being emitted, and it was highlighted that our Greenspace 2030 strategy has been a positive achievement. It was advised that it is expected that there will be challenges for our 2030 targets, which are the interim targets in reaching net zero.

The Director of Property & Asset Management discussed the challenges and risks of meeting our targets and stated that significant investment is required over the coming years to meet targets within our trajectory. The Chair queried the financial elements and was advised that capital funding is available, however it remains restricted.

Following questions from A Wood, Non-Executive Member, the Director of Finance & Strategy explained the limited assurance aspect, noting that it is primarily in relation to the uncertainty and limitations around funding and competing priorities. The Director of Property & Asset Management added that funding is being used to its fullest extent, and he provided an overview on the plans and work that is being carried out to reduce energy usage, including discussions with other partners and public sector bodies.

M Mahmood, Non-Executive Member, queried the position towards reaching the net zero target from the recent estate improvements. In response, the Director of Property

& Asset Management explained the work that had been carried out and the contractual position in relation to reducing energy usage.

It was advised that A Haston, Non-Executive Member, has recently been appointed the Board Sustainability Champion. It was also advised that a Head of Sustainability has been appointed and capacity is being created in this area, and the team will be involved in documenting and collating progress across the whole organisation, which will include legislative and Scottish Government requirements. It was noted that there is a section on climate change within the Annual Delivery Plan, and the related deliverables will be monitored as part of that process.

The Committee took **assurance** from the report.

5.2 Population Health & Wellbeing Strategy Corporate Risks Update

The Director of Finance & Strategy advised that the level of risk for the strategy is not expected to change over the short or medium term, due to the scale of the challenges. It was reported that delivery around mitigation of the risk will be influenced by management of other risks on the corporate risk register.

It was advised that a formal mid-year review and formal annual report is being finalised, and an overview on the contents of both documents was provided, with it noted that this will include an assessment on delivery against our key priorities, to provide confidence and assurance on delivery of the strategy.

The Associate Director of Planning & Performance provided assurance that structures and processes are being put in place, and she added that a mapping exercise is being carried out, to include our strategic priorities, strategic ambitions and in-year planning documents, such as the corporate objectives and the deliverables.

The Committee took **assurance** and **noted** that the level of assurance to the Committee has changed from limited assurance to one of reasonable assurance.

5.3 Corporate Calendar – Proposed Public Health & Wellbeing Committee Dates 2024/25

The Board Secretary presented the paper, listing the proposed committee dates for the year ahead, and advised that the full Corporate Calendar will go to the Board at their September 2023 meeting for approval. Thereafter, electronic diary invites will follow to members and attendees.

The Committee **agreed** the proposed dates for 2024/25.

5.4 Delivery of Annual Workplan 2023/24

It was agreed to add in the formal mid-year review and formal annual report, for the Population Health & Wellbeing Strategy, to the workplan.

Action: Board Committee Support Officer

The Committee took **assurance** from the tracked workplan.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Director of Finance & Strategy provided assurance that the review process had now concluded with the Scottish Government, and she reported that the Annual Delivery Plan 2023/24 has been approved and the confirmation letter is included within the appendix of the paper. It was noted that the Scottish Government had asked for further detail on particular areas, and this is provided within the paper.

It was reported that quarterly reviews, specifically on the financial position, will be carried out by the Scottish Government, and the Director of Finance & Strategy advised that a meeting with the Scottish Government is scheduled for 6 September 2023, to include a financial review of quarter 1. It was noted that the next iteration of the Integrated Performance & Quality Report will include the trajectories that have been agreed within the Annual Delivery Plan.

The Committee took **assurance** from the Annual Delivery Plan 2023/24 and **noted** the Annual Delivery Plan Review Feedback for 2023/24.

6.2 Anchor Programme Update and Developing Strategy

The Director of Property & Asset Management reported that the timeline for a three-year Anchor Strategy will be presented at the NHS Fife Board meeting in November 2023. It was advised that, as part of the Annual Delivery Plan, the approach to developing an Anchor Strategy will be completed by October 2023.

It was reported that guidance has been provided from the Scottish Government, and the themes to influence the key actions to be included within the plan were outlined.

The Committee **reviewed** and **discussed** the update provided, noting the new guidance from Scottish Government regarding production of an Anchors Strategic Plan and the revised Anchors self-assessment tool prepared by Public Health Scotland.

The Committee took **assurance** from the work progressed by the Operational Group and **noted** the planned timeline to complete the Strategy document.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Health & Social Care provided an update on smoking cessation and advised that targets have not been met for this year, due to a number of factors. It was noted that the challenges are Scotland-wide, partly around recovery and accessibility of services. It was noted that the data for the full year is still being finalised. Assurance was provided that work is ongoing for automatic referral to the smoking cessation service, in relation to supporting those admitted and discharged to hospital. It was also advised that pathways are being expanded, which will enable some of the target groups to access the smoking cessation service.

It was reported that there had been a decrease in our performance for Child & Adolescent Mental Health Services (CAMHS), which was predicted, and that there will be ongoing recovery from Autumn 2023. It was also reported that there had also been a decrease in performance for Psychological Therapies (PT). The key challenges for both services were reported as being due to balancing longest waits with those needing to access the services, and it was noted that work continues in addressing the staff recruitment challenges. A fuller update will be provided on CAMHS and PT at the next Committee meeting, to enable a deeper update on the actions that are being taken forward.

The Associate Director of Planning & Performance agreed to ensure that the trajectories within the Annual Delivery Plan are included within the IPQR.

Action: Associate Director of Planning & Performance

The Deputy Director of Public Health reported that a clear programme of work is being carried out to improve the targets for immunisation 6-in-1 and MMR2 immunisation, which includes access to services. It was advised that there are workstreams in place to take this forward.

A Wood, Non-Executive Member, questioned the performance decrease for childhood immunisations and was advised that the data within the report is from March 2023, and that there is a group who are looking at keeping the data current through a range of actions.

The Committee took **assurance**, discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

7.2 Long Covid Service Update

The Director of Health & Social Care advised that the paper provides background to the epidemiology of long Covid and the work that is being carried out in Fife. The support from the Scottish Government to invest in services was highlighted, and it was noted that there have nevertheless been recruitment challenges. An overview on the service model that is being developed was provided, and it was noted that this will ensure services are more sustainable going forward.

A Wood, Non-Executive Member, queried if the service model being taken forward is similar to other NHS Health Boards. In response, it was advised that there are various models across other NHS Health Boards, and that the Scottish Government were content with the approach taken by NHS Fife.

The Director of Health & Social Care thanked Amanda Wong and Rishma Maini for all their hard and significant work in this area.

The Committee took **assurance** from the update in developing the long Covid service in Fife.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Alcohol & Drugs Partnership Annual Report 2022/23

The Director of Health & Social Care advised that the report is aligned to the Annual Delivery Plan and Population Health & Wellbeing Strategy, and focusses on children, young people, whole family support and carers' support. Also included within the report, is a focus on residential rehabilitation, increase of assertive outreach, the Medication Assisted Training (MAT) Standards, establishment of our lived experience panel, and the work within locality planning. It was highlighted that work is ongoing in relation to the MAT Standards in terms of improving our performance reporting and our progress in this area. The Director of Pharmacy & Medicines added that there is engagement at a local and national level on implementing the MAT Standards, and that this is a priority.

Following questions from the Chair, it was advised that there are challenges to evidence base the individual MAT Standards. It was also advised that the timescale for MAT Standards 6 to 10 is 2025, and that there has been no confirmation of specific funding allocated for those specific Standards.

A Wood, Non-Executive Member, highlighted that the alcohol and drug related hospital admissions were high, and she questioned the amount of inpatient capacity release, if there were other pathways to support. In response, an explanation was provided on the preventative element and supporting the cultural change, and it was noted that targeted health promotion and liver scanning are areas which are being explored.

Following a question from A Wood, Non-Executive Member, it was advised a dashboard is being developed which will provide information on performance and actions in terms of risk.

M Mahmood, Non-Executive Member, questioned the effectiveness of opiate replacement therapy. The Director of Pharmacy & Medicines advised that there has been positive progress for opiate replacement therapy, noting that it reduces mortality by a third and he explained the positive aspects.

It was reported a refresh of the strategy is being carried out, and will be presented to the Committee, once available.

Action: Director of Health & Social Care

The Committee took **assurance** of the current delivery position of Fife Alcohol & Drugs Partnership in relation to the Alcohol & Drugs Partnership Strategy 2022-23.

The Committee **discussed**, **examined** & **considered** the implications of the Alcohol & Drugs Partnership DP Annual Report 2022/23.

8.2 Tackling Poverty & Preventing Crisis Annual Report 2022/23

The Deputy Director of Public Health advised that the report covers all of the activities across the Health & Social Care Partnership in relation to poverty, and the actions directly relating to child poverty are included within the report.

It was reported that a proportion of the population in poverty is increasing due to external factors, and it was noted that this proportion would be higher if the broad range of programmes and activities, as detailed in the report, were not in place. The Deputy Director of Public Health highlighted the income maximisation and funding elements of

the report. It was advised that the report has been submitted to the Scottish Government, and scrutiny is expected from external organisations.

The Committee **noted** the contents of the report.

8.3 Health Promoting Health Service Annual Report 2022/23

The Deputy Director of Public Health advised that the report is provided for assurance of the work ongoing in relation to the Health Promoting Health Service Programme. It was noted that a response is awaited from Public Health Scotland or the Scottish Government on a potential refresh of the programme.

The Committee took **assurance** from the report.

8.4 High Risk Pain Medicines - Patient Safety Programme, End of Year 1 Report

The Director of Pharmacy & Medicine provided background detail on the programme and highlighted in particular appendix 2, which details the summary of key findings from year one. It was advised that year two of the programme is focussed on improvement, and the eight point plan was outlined. It was noted that engagement with patients will continue along with linking into Public Health around continuing the campaign. Improving links with the Alcohol and Drug Partnership was also noted as a continuing piece of work.

It was advised that there has been an incremental improvement to prescribing in NHS Fife. The importance of the service user voice was highlighted.

Following questions from members, the Director of Pharmacy & Medicines agreed to provide a further update back to the Committee in January 2024 on the Measures Framework and Benefits Framework, and the quantitive data that will be utilised for the programme.

Action: Director of Pharmacy & Medicine

The Committee took **assurance** from the delivery of year one of the High Risk Pain Medicine Patient Safety Programme, and plans outlined for year two.

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.

11. DATE OF NEXT MEETING

The next meeting will take place on **Monday 6 November 2023** from 10am – 12pm via MS Teams.

Fife NHS Board

Confirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 14 SEPTEMBER 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
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates Local Partnership Forum (LPF)

In attendance:
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Roy Lawrence, Principal Lead for Organisational Development & Culture, Health & Social Care Partnership *(item 6.2 only)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Jackie Millen, Workforce Development & Engagement Officer *(item 7.2 only)*
David Miller, Director of Workforce
Lynne Parsons, Health & Social Care Local Partnership Forum (LPF) Representative (deputising for Simon Fevre)
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair advised members that S Fevre, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum, is retiring from NHS Fife in October 2023, and he paid warm tribute to S Fevre for his valued contribution to the Staff Governance Committee over the years, wishing him well for the future.

In addition, the Chair advised that W Brown will be standing down from the role of Employee Director, during her fourth term as a member of Fife NHS Board. The Chair thanked W Brown for her commitment to the Staff Governance Committee over the years and her long-standing service and contribution to the Board.

L Parsons was congratulated on her recent election to the role of Employee Director, effective from 1 October 2023, and she was welcomed to the Committee as an incoming member.

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 Mansoor Mahmood (Non-Executive Member), Wilma Brown (Employee Director), Simon Fevre (Co-Chair, Health & Social Care Local Partnership Forum), Janette Keenan (Director of Nursing) and attendee Margo McGurk (Director of Finance & Strategy).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 20 June 2023

The minutes of the meeting from Thursday 20 June 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.

Action No. 6 - Update on Equality, Diversity & Human Rights

It was advised that the action is to revert to 'in progress', as a rescheduled meeting date is required to progress the Workforce-related Equality & Diversity plans.

Action: Board Committee Support Officer

5. GOVERNANCE MATTERS

5.1 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce advised that the levels of the two risks linked to the Staff Governance Committee remain unchanged, and a number of mitigations that are in place to control levels are detailed within the paper.

The Committee were advised that the Bank and Agency Programme of Work has been identified as a deep dive for the November 2023 meeting.

The Committee took **assurance** from the report and:

- Noted the Corporate Risk detail set out within Appendix 1 as at 31 August 2023;
- Reviewed all information provided against the Assurance Principles within Appendix 2;

- Considered and were assured of the mitigating actions to improve the risk levels;
- Concluded and commented on the assurance derived from the report.

5.2 Corporate Calendar – Proposed Staff Governance Committee Dates 2024/25

The Director of Workforce advised that the Committee meetings for 2024/25 are being proposed to be moved from a Thursday to a Tuesday to accommodate some members' diary commitments.

The Committee **agreed** the proposed dates for the 2024/2025 meetings.

5.3 The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation

The Head of Workforce Planning & Staff Wellbeing advised that preparation work is underway for the implementation of the legislation on 1 April 2024, and that the report provides an overview on the current actions and work that is being undertaken.

It was reported that the Act is applicable to all clinical and some non-clinical functions. It was advised that local reference groups, along with staff side representatives, are meeting regularly and have stepped up the frequency of meetings as the timeline for implementation gets closer.

An update was provided on the national testing work that is being carried out.

It was advised that a progress update and action plan will be presented to the Executive Directors' Group towards the end of September 2023, and a national event is planned for the NHS Fife Board in November 2023.

The Chair questioned the readiness of NHS Fife for implementation, and the Head of Workforce Planning explained the work that is still be carried out, which will include sharing learnings and knowledge, to support preparations.

The Committee took **assurance** from the report and discussed the content of the report.

5.4 Whistleblowing Quarter 1 Report

The Head of Workforce Resourcing & Relations presented the report and advised that, following guidance from internal audit, the previous years' actions are included within the report, to ensure that lessons learned can be taken and to offer assurance that actions have been put in place. Assurance was provided that work continues on the recommendations from internal audit, and that it is expected at the Whistleblowing Oversight Group in October 2023 that the outstanding actions will be closed off.

It was reported that there was one concern received during quarter 1.

It was advised that future reporting will include the ongoing implementation plans, actions taken, the responsible officer and when actions are completed. It was also

advised that a new method is being introduced, in the form of a questionnaire, which will allow feedback to be received from those who have been involved in whistleblowing.

The Head of Workforce Resourcing & Relations reported that 22 new confidential contacts are in the process of being added and will be promoted as part of 'Speak up Week' between 2 – 6 October 2023.

The Chief Executive highlighted the positive staff feedback from the iMatter survey with around 80% of staff feeling they are able to raise any concerns internally, which she noted was encouraging. She also highlighted that as the results of the survey are confidential and there are elements of the feedback linked to individual teams that are not visible to senior management, it was difficult to identify specific areas for improvement, and she confirmed that NHS Fife would not be complacent. The Deputy Director of Workforce advised that the results are available at a Directorate level, due to confidentiality, and agreed to feedback to the national iMatter team, visibility of any problem areas.

Action: Deputy Director of Workforce

The outcomes from the National Speak up Conference, which some members attended, were also highlighted, and it was advised that lessons and learnings will be taken forward within NHS Fife.

The Local Partnership Forum Representative commented on the positive work, to date, and advised that there is still a lot of work to be carried out in this area, particularly in relation to improving the response time for those raising concerns and simplifying the process for both the confidential contacts and for those who are intending to raise an issue. K MacDonald, Whistleblowing Champion and Non-Executive Member, indicated that shared learning could be taken from other Health Boards in terms of their resourcing and processes. The Deputy Director of Workforce briefly explained the experience of Forth Valley Health Board and agreed to share learnings and experience.

Action: Deputy Director of Workforce

The Director of Health & Social Care explained other mechanisms that provide avenues to support early discussions and resolutions within the Health & Social Care Partnership. The Director of Acute Services advised of a similar picture within Acute Services and provided some examples of lines of communications. K MacDonald, Whistleblowing Champion and Non-Executive Member, suggested that a small paragraph, providing examples, could be added to the report around culture, to provide greater assurance.

The Head of Workforce Resourcing & Relations was thanked for all her hard work, and acknowledgment was made of the improvement journey to date.

The Committee took **assurance** from the report.

5.5 Delivery of Annual Workplan 2023/2024

The Committee took **assurance** from the report.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/2024

The Associate Director of Planning & Performance provided assurance that the review process had now concluded with the Scottish Government, and she reported that the Annual Delivery Plan 2023/24 has been approved and the confirmation letter is included within the appendix of the paper. It was noted that the Scottish Government had asked for further detail on particular areas, and this is provided within the paper. It was confirmed the Annual Delivery Plan is a three-year plan.

C Grieve, Non-Executive Member, stated that the response from the Scottish Government is a positive reflection on the teams and was indicative of the amount of work undertaken into collating the document.

The Chief Executive updated on a recent meeting with the Scottish Government, which is part of the quarterly cycle of review meetings, and advised that the meeting was positive, and covered the good work that is taking place within Fife.

The Committee took **assurance** from the Annual Delivery Plan 2023/2024 and **noted** the Annual Delivery Plan Review Feedback for 2023/2024.

6.2 NHS Fife Three Year Workforce Plan 2022-2025 & Health & Social Care Partnership (HSCP) Workforce Strategy and Plan 2022-2025 Update

The Chair welcomed R Lawrence, Principal Lead for Organisational Development & Culture, who joined the meeting for this item.

The Head of Workforce Planning & Staff Wellbeing advised that the paper provides an overview of progress in terms of the workforce planning activity. It was noted that feedback has been received from the Scottish Government and confirmation was provided that an annual update is not required to be published and the information will be contained within the Annual Delivery Plan process.

It was reported that an action plan has been developed in response to the feedback from the Scottish Government on the Internal Audit Annual Report, and the action plan is attached as an appendix. In terms of strengthening the process, it was advised that local workforce service plans are being developed and will support measuring the granular detail that supports planning, risk identification and risk mitigation, and an example is attached as an appendix. It was noted that regular updates on workforce planning will be built into reporting to go to the Committee.

The Principal Lead for Organisational Development & Culture advised that the Health & Social Care Partnership signed off the workforce plans in November 2022, and he advised that an annual report will be presented to the Integration Joint Board at their meeting in November 2023, and will include the plan for year two, and that the trajectories will be published after the meeting. It was reported that transformation, in terms of priority workforce is key. The connections around the Anchor strategic work, in terms of the workforce aspects, were highlighted,

and assurance was provided on the connections between the Health & Social Care partnership and NHS Fife.

The Director of Workforce thanked the Principal Lead for Organisational Development & Culture and Head of Workforce Planning & Staff Wellbeing for all their hard work.

The Committee took **assurance** from the report, which provides detailed updates on the respective workforce planning actions.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce reported a slight reduction in sickness absence in June 2023, and a small increase in Personal Development Performance Reviews (PDPR) compliance. It was reported that work is ongoing in relation to improving PDPR compliance, and actions are being developed.

C Grieve, Non-Executive Member, highlighted mental health issues in relation to sickness absence and questioned if it was related to home or work life. The Director of Workforce advised that organisational issues and non-organisational issues can be captured in the reporting going forward, if available.

Assurance was provided that the patterns for mental health-related absences are of a similar pattern to other NHS Scotland Health Boards and have tracked higher post Covid. An overview was provided on the support mechanisms in place for staff.

The Committee took **assurance** from the report and considered the NHS Fife performance, as summarised in the IPQR.

7.2 iMatter Update

The Deputy Director of Workforce advised that the iMatter process is still ongoing, and that the national report is released in November 2023, which will provide context to NHS Fife's position.

J Millen, Workforce Development and Engagement Officer, joined the meeting and advised that the paper highlights statistics and activity over the previous year. An improved position was reported, for the second year in a row, which has exceeded national outcomes and will be recorded in the national report. The key highlights and activities for the year were provided.

The Workforce Development and Engagement Officer acknowledged the Health & Social Care Partnership, Property & Asset Management Directorate and Public Health Directorate, who all exceeded their previous position. She also acknowledged the hard work and leadership within all the Directorates.

It was advised that the iMatter team have offered online manager information sessions to support managers analyse their team reports and facilitate team action

plan meetings on the iMatter portal. An overview was provided on the improvements planned for 2024, to further increase the position.

Following a question from C Grieve, Non-Executive Member, it was advised that due to confidentiality, Directorate-level responses only are available.

Discussion took place on the balance required between protecting confidentiality and actioning issues that are being raised, and the Workforce Development and Engagement Officer agreed to discuss with the Scottish Government the level of information that can be shared from the feedback. It was noted that there will also be an opportunity to feedback at the National Operational Leads Group.

It was reported that a focus on improving PDPR compliance will be a similar approach to iMatter, in terms of engagement, and that this is currently being considered.

The Director of Workforce thanked the Workforce Development and Engagement Officer and team for all their hard work.

The Committee took **assurance** from the report and **noted** the proposals for the 2023/2024 iMatter programme.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2022/2023

The Director of Acute Services introduced the report and advised that it is a combined effort of the Local Partnership Forum (LPF) to celebrate the work that has been undertaken from the LPF across Acute Services, Corporate Directorates and supporting the staff governance agendas more widely. The Director of Acute Services thanked all the team involved.

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

8.2 Occupational Health and Wellbeing Service Annual Report 2022/2023

The Head of Workforce Planning & Staff Wellbeing advised that the report highlights the important contribution of the Occupational Health Service on the health and wellbeing of staff and that it outlines the breadth of activity undertaken by the service. It was also advised that the report highlights the challenges for the service, including cancellations numbers and increased Did Not Attends, which are being worked through. An update was provided on staffing, and it was noted that there is now sustainability within the service due to the recruitment of two Occupational Health positions. It was highlighted that the Occupational Health Nursing Service and Occupational Therapy Fatigue Service, are new services supporting staff.

Following questions from members around assurance and the various aspects of the service, it was agreed a discussion with the Clinical Lead and Head of Service be arranged for members.

Action: Head of Workforce Planning & Staff Wellbeing

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

9. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

9.1 Area Partnership Forum held on 19 July 2023 (unconfirmed)
9.2 Acute Services division & Corporate Directorate Local Partnership Forum held on 17 August 2023 (unconfirmed)
9.3 Health and Social Care Partnership Local Partnership Forum held on 23 May 2023 (confirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IPQR summary, notwithstanding the Committee noting the continual challenges around managing the Board's sickness absence position.

10.2 Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

There were no matters for escalation to the NHS Fife Board.

11. ANY OTHER BUSINESS

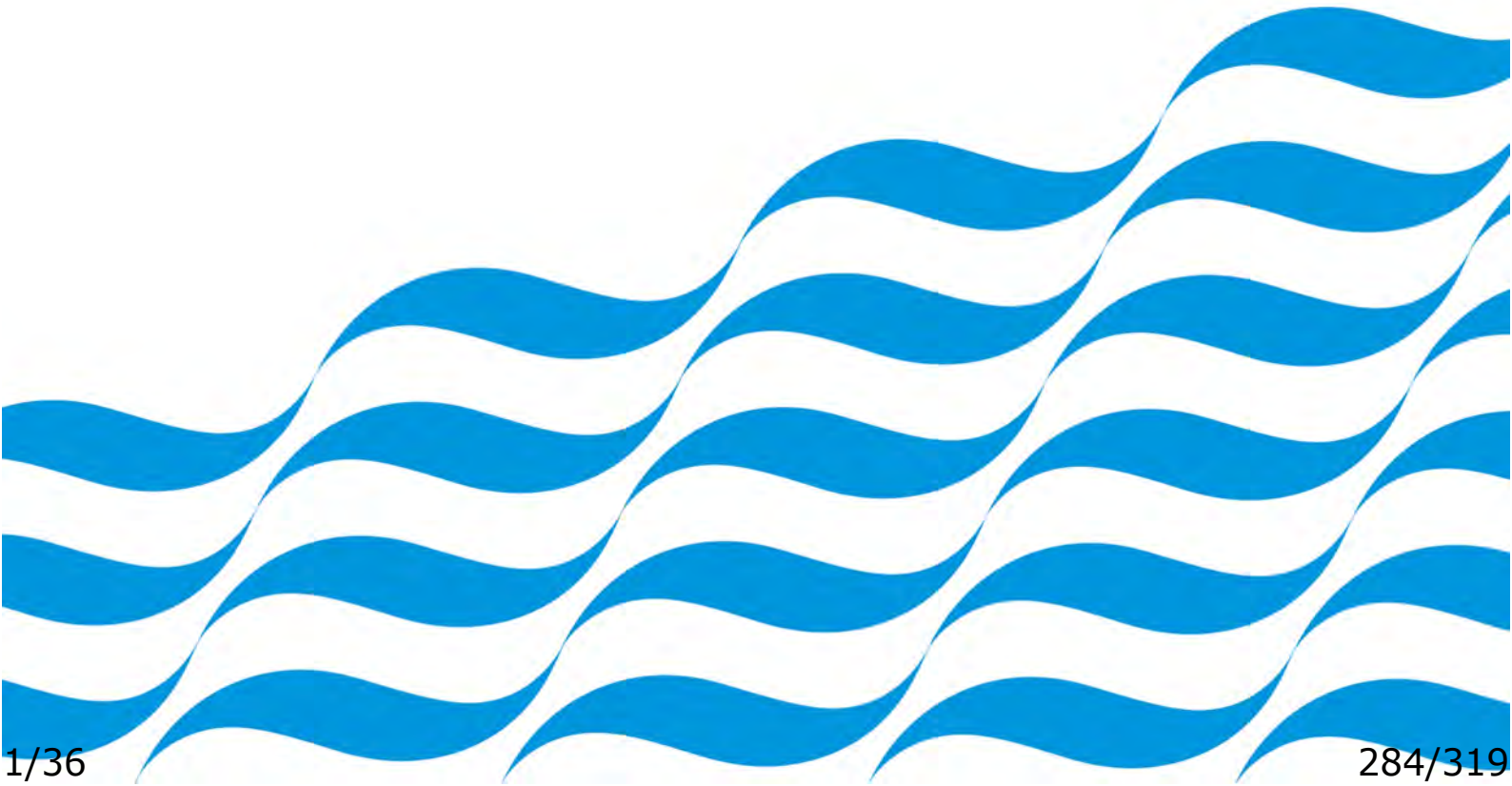
There was no other business.

12. DATE OF NEXT MEETING

Thursday 9 November 2023 at 10.00 am via MS Teams.

Fife Integrated Performance & Quality Report

Position (where applicable) at August 2023
Produced in September 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.

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Director of Finance & Strategy
20 September 2023

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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**		

Risk Key

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

Movement Key

▲ Improved - Risk Decr
◀ ▶ No Change
▼ Deteriorated - Risk In

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	Jul-23	33	○	▲	▼	●	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Jul-23	73.5%	●	▲	▲	●	
	HSMR	N/A	Year Ending	Mar-23	0.96	●	—	—	●	
	Inpatient Falls	6.95	Month	Jul-23	7.05	○	▼	▼	●	
	Inpatient Falls with Harm	1.44	Month	Jul-23	1.37	○	▲	▲	●	
	Pressure Ulcers	0.89	Month	Jul-23	1.11	○	▼	▼	●	
	SAB - HAI/HCAI	18.8	Month	Jul-23	10.2	○	▲	▲	●	QE Mar-22
	C Diff - HAI/HCAI	6.5	Month	Jul-23	3.4	○	▲	▲	●	QE Mar-22
	ECB - HAI/HCAI	33.0	Month	Jul-23	40.9	○	▼	▲	●	QE Mar-22
	S1 Complaints Closed in Month on Time	80%	Month	Jul-23	71.8%	●	▲	▲	●	2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Jul-23	11.5%	○	▼	▲	●	2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	Jul-23	16.3%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-23	100.0%	●	◀▶	◀▶	●	
	4-Hour Emergency Access (A&E)	95%	Month	Aug-23	79.0%	○	▲	▲	●	Jul-23
	4-Hour Emergency Access (ED)	82.5%	Month	Aug-23	72.2%	●	▲	▲	●	Jul-23
	Patient TTG % <= 12 Weeks	100%	Month	Jul-23	42.3%	●	▼	▼	●	Jun-23
	New Outpatients % <= 12 Weeks	95%	Month	Jul-23	46.9%	●	▼	▼	●	Jun-23
	Diagnostics % <= 6 Weeks	100%	Month	Jul-23	44.3%	●	▼	▼	●	Jun-23
	Cancer 31-Day DTT	95%	Month	Jul-23	94.7%	○	▼	▼	●	QE Jun-23
	Cancer 62-Day RTT	95%	Month	Jul-23	77.9%	○	▲	▼	●	QE Jun-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6%	●	▼	▲	●	2020, 2021
	Freedom of Information Requests	85%	Month	Aug-23	78.0%	●	▼	▼	●	
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Aug-23	10.1%	●	▼	▲	●	QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Aug-23	6.1%	○	◀▶	▲	●	QE Dec-22
	Antenatal Access	80%	Month	Jun-23	88.7%	●	▼	▲	●	CY 2022
Finance	Revenue Resource Limit Performance	-	Month	Aug-23	(£13.64m)	●	—	—	●	
	Capital Resource Limit Performance	£11.17m	Month	Aug-23	£2.121m	●	—	—	●	
Staff Governance	Sickness Absence	4.00%	Month	Jul-23	6.63%	○	◀▶	▼	●	YE Jun-23
	Personal Development Plan & Review (PDPR)	80%	Month	Aug-23	41.2%	●	▲	▲	●	
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	YTD	Apr-23	23	●	—	—	●	YT Dec-22
	CAMHS Waiting Times	90%	Month	Jul-23	75.0%	○	▲	▲	●	QE Mar-23
	Psychological Therapies Waiting Times	90%	Month	Jul-23	68.4%	○	▲	▼	●	QE Mar-23
	Drugs & Alcohol Waiting Times	90%	Month	Jun-23	82.8%	●	▼	▼	●	QE Mar-23
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Mar-23	92.5%	○	▼	▼	●	QE Mar-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Mar-23	86.4%	○	▲	▼	●	QE Mar-22

Performance Key

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

SPC Key

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

Change Key

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

Benchmarking Key

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

c. Projected and Actual Activity

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

		Month End			Quarter End	Quarter End	Quarter End	Quarter End
		Apr-23	May-23	Jun-23	Jun-23	Sep-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	67.9%	69.1%	70.6%				
	Actual	64.7%	66.5%	71.3%				
	Variance	-3.2%	-2.6%	0.7%		0.0%	0.0%	0.0%
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	15,363	15,363	15,363
	Actual	4,166	4,393	4,207	12,766	0	0	0
	Variance	-955	-728	-914	-2,597	-15,363	-15,363	-15,363
Elective Activity New Outpatients	Projected	7,573	7,372	7,364	22,309	22,337	22,274	22,308
	Actual	6,092	7,583	7,550	21,225	6,414	0	0
	Variance	-1,481	211	186	-1,084	-15,923	-22,274	-22,308
Elective Activity TTG	Projected	1,138	1,139	1,139	3,416	3,433	3,487	3,492
	Actual	957	1,204	1,242	3,403	918	0	0
	Variance	-181	65	103	-13	-2,515	-3,487	-3,492
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	63	10	0
	Actual	164	171	171	171	0	0	0
	Variance	24	49	62	62	-63	-10	0
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	74	212	352
	Actual	0	0	1	1	0	0	0
	Variance	0	0	1	1	-74	-212	-352
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	339	849	1358
	Actual	73	92	85	85	0	0	0
	Variance	-4	5	-65	-65	-339	-849	-1358
Long Waits TTG > 104 weeks	Projected	17	15	16	16	67	173	351
	Actual	14	15	20	20	0	0	0
	Variance	-3	0	4	4	-67	-173	-351
Long Waits TTG > 78 weeks	Projected	99	128	159	159	305	547	893
	Actual	79	88	84	84	0	0	0
	Variance	-20	-40	-75	-75	-305	-547	-893
Cataracts Average per 1/2 day session	Projected				4.5	4.5	4.5	4.5
	Actual							
	Variance				-4.5	-4.5	-4.5	-4.5
Arthroplasty 4 joint sessions	Projected				25.0%	25.0%	25.0%	25.0%
	Actual	6.0%	12.0%	12.0%	10.0%			
	Variance				-15.0%	-25.0%	-25.0%	-25.0%
Same Day Procedures Knee Arthroplasty	Projected				1.9%	1.9%	1.9%	1.9%
	Actual							
	Variance				-1.9%	-1.9%	-1.9%	-1.9%
Same Day Procedures Hip Arthroplasty	Projected				4.3%	4.3%	4.3%	4.3%
	Actual							
	Variance				-4.3%	-4.3%	-4.3%	-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%			
	Variance				2.7%	-94.1%	-94.3%	-94.5%
Cancer Waiting Times 62-Day	Projected				81.9%	82.8%	85.0%	85.4%
	Actual	84.4%	75.3%	74.4%	77.5%			
	Variance				-4.4%	-82.8%	-85.0%	-85.4%
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	85.0%				
	Actual	85.3%	84.8%	76.2%				
	Variance	0.3%	-0.2%	-8.8%	0.0%	0.0%	0.0%	0.0%
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	228	235	200
	Actual	249	268	244	244	0	0	0
	Variance	36	59	28	28	-228	-235	-200
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	98	42	0
	Actual	43	48	70	70	0	0	0
	Variance	-28	-41	-46	-46	-98	-42	0
CAMHS Waiting List > 52 weeks	Projected	0	0	0	0	0	0	0
	Actual	0	0	0	0	0	0	0
	Variance	0	0	0	0	0	0	0
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%				
	Actual	56.2%	58.5%	55.5%				
	Variance	-11.3%	-10.9%	-10.6%	0.0%	0.0%	0.0%	0.0%
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460	0	0	0
	Variance	560	714	572	572	-888	-888	-888
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1569	1680	1604
	Actual	1128	1136	1173	1173	0	0	0
	Variance	-266	-439	-487	-487	-1569	-1680	-1604
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	165	111	57
	Actual	248	286	273	273	0	0	0
	Variance	-7	49	54	54	-165	-111	-57

d. Assessment

CLINICAL GOVERNANCE

To improve the quality of health and care services

5	5	-	-	-	Moderate

		Target	Current
Major & Extreme Adverse Events	*50% of Action from Major and Extreme Adverse Events to be closed within time*	**50%**	**73.5%**

There were 33 Major/Extreme adverse events reported in July out of a total of 1,281 incidents, 70.5% 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 incident reported followed by Cardiac Arrest.

There were 36 actions relating to LAER/SAER closed on time in July, from total of 49. On average 47.1 actions have been closed per month in 2023 compared to 38.6 over the same period year prior. There was a total of 351 actions open at the end of August, with 74 (26.7%) being within time.

HSMR		**1.00**	**0.96**

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	*Reduce **All Falls** (inpatient) rate by 15% in FY 2023/24 compared to baseline (YE Sep-21)*	**6.95**	**7.05**
	*Reduce **Falls with Harm** (inpatient) rate by 10% in FY 2023/24 compared to baseline (YE Sep-21)*	**1.44**	**1.37**

The number of inpatient falls in total was 196 in July, up from 189 the month prior. This equates to a rate of 7.05 falls per 1,000 Occupied Bed Days (OBD). This takes the performance just to the wrong side of the target of 6.95. 2022 saw good performance levels in August followed by a significant decrease in performance in September. 2023 saw good levels in May but performance has decreased since then.

The number of falls within Acute Services decreased from 85 in June to 77 in April. This equates to a rate of 6.25 per 1,000 OBD.

The number of falls within HSCP increased from 104 to 119. This equates to a rate of 7.68 per 1,000 OBD, an increase from the 6.86 reported in June.

The majority of falls in the last 3 months (78.1%) were classified as 'No Harm' whilst 16.9% were classified as 'Minor Harm' and <3% were classified as 'Moderate Harm'. Falls classified as 'Major/Extreme Harm' accounted for 2.3% of the totals falls.

Pressure Ulcers	*Reduce pressure ulcer rate by 20% in FY 2023/24 compared to the rate in FY 2022/23*	**0.89**	**1.11**

The total number of pressure ulcers in July 2023 was 31, equating to a rate of 1.11 per 1,000 Occupied Bed Days (OBD). This is an increase on the 1.05 reported in Jun 23 and is short of the target rate of 0.89 per 1,000 OBD (though is almost on par with the 24-month average of 1.12). Performance is slightly worse than the same time last year where the rate was 1.02.

The number of pressure ulcers in Acute Services increased from 19 in June to 25 in July (24-month average is 24.5 and rate is 2.03). In the same timeframe, the number of pressure ulcers in HSCP decreased from 10 to 6 (24-month average is 7 and rate is 0.39).

Most pressure ulcers continue to be in Acute Services with 63 between May-Jul 2023 comparted with 22 in HSCP.

SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**18.8**	**10.2**

The SAB infection rate decreased from 10.3 in June 2023 to 10.2 in July meaning that performance achieved target for the fourth month in a row.

Of the 48 HAI/HCAI reported in the last 12 months, 10 have been categorised as 'VAD'; 11 have been categorised as 'Other' or 'Not Known'.

		Target	Current
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, with a rate of 17.9 against a Scottish average of 19.1. This continues a pattern of being in the upper-range one quarter and in the mid-range the next.			
C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**6.5**	**3.4**
The C Diff infection rate decreased from 17.2 in June 2023 to 3.4 in July and this is the lowest figure in the last 12 months. There was 1 infection reported in July 2023 10 of the 53 HAI/HCAI and Community infections in the past year were identified as 'recurring' infections. 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.			
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024*	**33.0**	**40.9**
The number of infections increased from 5 in June 2023 to 12 in July and the rate of infection increased from 17.2 to 44.1 HAI/HCAI per 100,000 Occupied Bed Days (OBD). This is the highest rate in the past 9 months Urinary Catheter related infections have been responsible for 28 of the 111 infections in the last year (25.2%) and remains a key focus for improvement work although the 'Not Known' category accounts for 24 infections (21.6%). 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.			
Complaints – Stage 2	*At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024*	**50%**	**11.5%**
There were 42 stage 2 complaints received in July, with 90.5% acknowledged within timescales, with 52 closed. Of those closed, 6 (11.5%) were within timescales with 26 greater than 40 days after due date, 12 of which were closed greater than 80 days after due date. 43 complaints were due to be closed in the month, 7 (17.1%) of which were closed on time. 55.6% of live complaints have been open for more than 40 days with 35.6% open for more than 80 days. 40.7% of live complaints are awaiting statements with 31.1% approval of final response.			

OPERATIONAL PERFORMANCE

To improve the quality of health and care services | 5 | 5 | - | - | - | Moderate

		Target	Current
4-Hour Emergency Access	***National Standard**: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95.0%**	**79.0%**
	***Local target** by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**82.5%**	**72.2%**

A&E (all sites)

Performance in August increased from 76.0% to 79.0%, below the 95% national target but above the 24-month average of 74% and is the highest since Mar 2022.

Unplanned attendances increased from 7425 in July to 7888 in August and average per day increased to 254 (+14 compared to month previous; +6 compared to year previous). Planned attendances saw an increase from 364 in July to 454 in August.

The number of 8-hour breaches increased from 234 in July to 285 in August; and 12-hour breaches increased from 10 in July to 27 in August. These figures are notably better than breaches reported in August 2022 (605 for 8hr; 117 for 12hr).

In terms of Breach reasons, Diagnostic and Specialist breach numbers are at their highest recorded. As a percentage of total breaches in August, Diagnostic accounted for 12.3% (previous 9 months averaged 7.7%) and Specialist accounted for 7.4% (previous 9 months averaged 4.6%)

ED (VHK only)

Performance in August increased from 69.0% to 72.2%. Unplanned attendances increased from 5741 in July to 5918 in August (+177 compared to month previous; +92 compared to year previous).

Planned attendances saw an increase from 154 in July to 199 in August.

Patient TTG (Waiting)	*All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat*	**100%**	**42.3%**

Monthly performance decreased from 44.4% in June 2023 to 42.3% in July.

Waiting list numbers continue to trend upwards for waits of 'over 12 week' with a slight reduction in 'within 12 weeks'. Waits 'over 26 weeks' & 'over 52 weeks' continue to trend upwards. Waits 'over 78 weeks' saw an increase from 84 in Jun to 99 in July. Waits 'over 104 weeks' remained at 20, taking it below projected figures.

The overall waiting list increased by <3% from June to July.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**46.9%**

Monthly performance continues to decrease, reducing from 48.3% in June 2023 to 46.9% in July. Most waits saw increases: 'over 52 weeks' increased by 21%, though this remains below the projected figures. Waits 'over 78 weeks' saw an increase from 85 to 117. There remains one recorded instance of a wait 'over 104 weeks'

The overall waiting list increased by 3.5% from June to July.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**44.3%**

Monthly performance reduced from 47.0% in June 2023 to 44.3% in July, continuing the gradual downward trend seen since February 2023. For patients waiting less than 6 weeks,

Endoscopy saw a small decrease in performance (from 47.0% to 46.2%) and Imaging saw a decrease (from 46.9% to 44.1%). Endoscopy waiting list has decreased from 887 in Jun to 817 in July

In terms of waiting list numbers, Imaging remains unchanged at 8772 (the highest on record). MRI saw numbers decrease from 1393 to 1360 in July. CT saw a decrease of 194 (from 1546 to 1352); Ultrasound saw an increase of 229 (from 5831 to 6060) to the highest recorded monthly numbers. The diagnostic waiting list overall decreased from 9657 in June to 9589 in July.

The number of those waiting over 6 weeks continues to increase, from 5120 in June to 5356 in July, however this is less than the projected figure of 5836.

Cancer 31-Day DTT	*95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment*	**95%**	**94.7%**

Monthly performance in July 2023 decreased to 94.7% which is below target.

The number of eligible referrals increased from 123 in June to 132 in July

		Target	Current
There were 7 breaches in July 2023, 5 attributable to Urology (6 for ‘Prostate’ and 6 for ‘Other’), 2 attributable to 'Breast' The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the lower-range of all Mainland Health Boards having been in the upper and mid ranges for the previous 14 quarters.			
Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**77.9%**
Monthly performance in July 2023 increased to 77.9% from 74.4% in June. The number of eligible referrals increased from 78 in June to 95 in July (+31 since April). There were 21 breaches in July 2023 with 13 of these (61.9%) attributable to Prostate. The most recent quarterly publication from Public Health Scotland, covering the quarter ending March 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.			
Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce*	**5.0%**	**6.1%**
The percentage of bed days lost to 'standard' delays remained static at 6.1% between July and August 2023. This is above the 5% target but less than the 24-month average of 6.8%. The number of bed days lost to 'Code 9' delays in August increased by 90 compared with July (+8.5%). The number of bed days lost 'Excluding Code 9' decreased by 38 in August compared with July (-3%). Comparing year-on-year, the numbers in delay at census point was 12% less in Aug-23 than in Aug-22 for standard delays, but was the same across both years for 'Code 9' delays. MH/LD continue to see higher numbers of ‘Code 9’ delays than was seen in the corresponding month the previous year (average for Nov21-Aug22 was 9; average for Nov22-Aug23 was 14).			

FINANCE

To deliver value and sustainability	6	4	2	-	-	◀ ▶	Moderate

		Forecast	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**See below***	**(£13.64m)**

The position for Health Retained at August 2023 is an overspend of £13.64m 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.

The main drivers of the overspend are supplementary staffing, external SLAs, ongoing Covid Legacy costs and the cost of surge. Inflation and the cost-of-living pressures are in excess of the levels identified in the Financial Plan. One final area that merits highlighting is the lack of traction on the delivery of planned savings.

**The forecast for revenue outturn as reported to EDG and Scottish Government is a potential overspend of £23m however plans are being formulated to recover the position and move towards financial balance.*

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorate*	**£11.17m**	**(£2.121m)**

The Capital Forecast for August 2023 reflects Capital Resource Limit (CRL) of £7.764m as advised by Scottish Government plus anticipated allocations for a number of specific projects as discussed at FCIG. 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 August includes completion of the refurbishment works within theatres at QMH.

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

STAFF GOVERNANCE

To improve staff experience and wellbeing	2	2	-	-	-	◀ ▶	Moderate

		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**4.00%**	**6.63%**

Sickness absence has increased slightly from 6.61% in June to 6.63% in July, just above average of 6.48% for display 24-month period. Short-term absence is averaging 2.8% over 2023/24 with little movement month on month. Long-term absence has increased 0.5% from June.

Two Directorates/Divisions are above 8%; Emergency Care has increased 8.47% in July from 7.28% month prior with Community Care above 8% for the third successive month. Complex & Critical Care have reduced to below 6% in July from 7.9% in May due to significant reduction in long-term absence.

Most sickness absence episodes and hours lost related to mental health issues.

PDPR Compliance	*To achieve an annual PDPR compliance rate of 80%*	**80%**	**41.2%**

Compliance has increased to 41.2% in August, highest reported since inclusion in IPQR, an increase of 0.8% from month prior.

Compliance was highest in WCCS in Acute Services with Community and Primary & Preventative in HSCP also over 50%.

Several areas showed compliance of <30% - Corporate (29.8%), Emergency (5%, an increase of 1.9%) and Planned Care (29.9% a decrease of 0.5%) within Acute and Complex & Critical (26.9% a decrease of 30.5%) within HSCP.

The number of reviews held in August was 353, an increase of 102 from previous month, the third highest count in the 17 months displayed.

PUBLIC HEALTH & WELLBEING

To improve health and wellbeing	5	2	3	-	-	▲	High

		Target	Current
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**40** (Apr-23)	**23** (Apr-23)

There were 23 successful quits in April 2023, which is 30% less than was reported for April 2022. This is 7 short of the target for the first month of the 2023-24 year. Achievement against trajectory is therefore 57.5%.

Note that there is a significant lag in the data due to the nature of the measure (post 12-week quits) and the duration of the smoking cessation programme, so final data is expected but has not yet been published.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**75.0%**

Monthly performance increased slightly from 74.1% in June 2023 to 75.0% in July, above the 26-week average of 73% but still some way off the 92% target. For the eighth 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 70 in June to 82 in July. The percentage of those waiting less than 18 weeks reduced from 76.2% in June to 71.0% in July.

The number of referrals received in July was 159, 32% less than in June but 11% more than in July 2022. The waiting list saw a slight decrease (283 in July compared with 294 in June).

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**68.4%**

Monthly performance rose from 67.5% in June 2023 to 68.4% in July: this is outwith control limits.

The number of those waiting over 52 weeks decreased from 273 in June to 262 in July and the number of those waiting 36 to 52 weeks increased from 265 to 271, although the numbers waiting between 19 to 35 weeks increased from 635 to 694. The overall waiting list however remained at 2635. Between June and July 2023, referrals for all ages decreased by 20% (from 892 to 713). However, the July 2023 referral rate was still higher than that for July 2022 and lower than the average for the previous 12 months. 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%).

Immunisation: 6-in-1	*At least 95% of children will receive their 6-in-1 vaccinations by 12 months of age*	**95%**	**92.5%**

The latest published data (for quarter ending March 2023) shows that NHS Fife uptake for 6-in-1 at 12 months of age achieved 92.5%, falling below target to the lowest figure recorded. PCV saw a reduction of 2.6% (lowest since Dec-20); Rotavirus and MenB each saw reductions of 2.4% (lowest recorded for both).

Uptake at 12 months for 6-in-1 in NHS Fife was the lowest of all mainland NHS Boards with the highest uptake being 97.2%.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions. The group continues to meet regularly to oversee implementation. Mop up clinics are running over the summer months and contact made with those who did not bring child for Immunisation.

Immunisation: MMR2	*At least 92% of children will receive their MMR2 vaccination by the age of 5*	**92%**	**86.4%**

The latest published data (for quarter ending March 2023) shows that NHS Fife uptake for MMR at 5 years of age had held relatively static at 86.4% (having been 86.3% in the previous quarter). Again, this is only marginally better than the low of 86.2% achieved in March 2019. MMR1, Hib/MenC and 4-in-1 all saw the same small reduction of 0.4% compared with the previous quarter.

Uptake at 5 years for MMR2 in NHS Fife was the second lowest of all mainland NHS Boards with the highest uptake being 94.8%.

A multidisciplinary Quality Improvement Group was formed in September 2022 to implement and monitor evidence-based quality improvement actions. The group continues to meet regularly to oversee implementation. Mop up clinics are running over the summer months and contact made with those who did not bring child for Immunisation.

e. Performance Exception Reports

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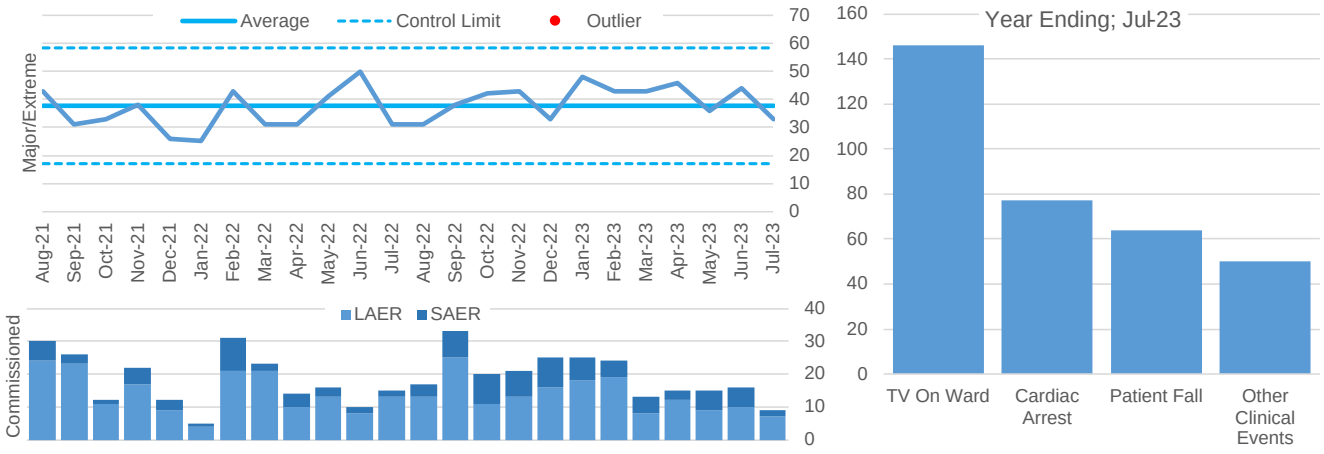
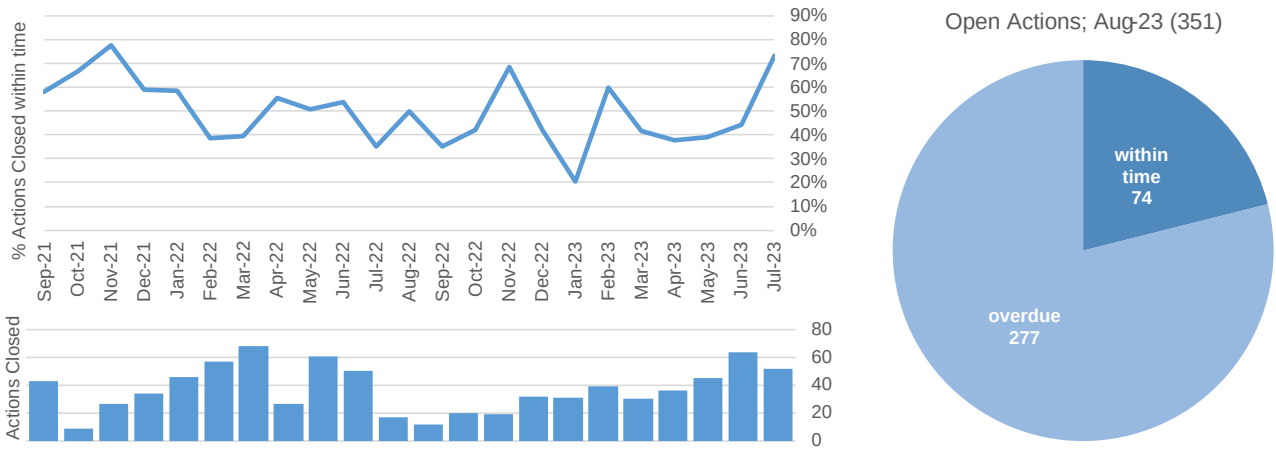
Adverse Events	Number 33



Actions from Significant and Local Adverse Event Reviews	Closure Rate 73.5%



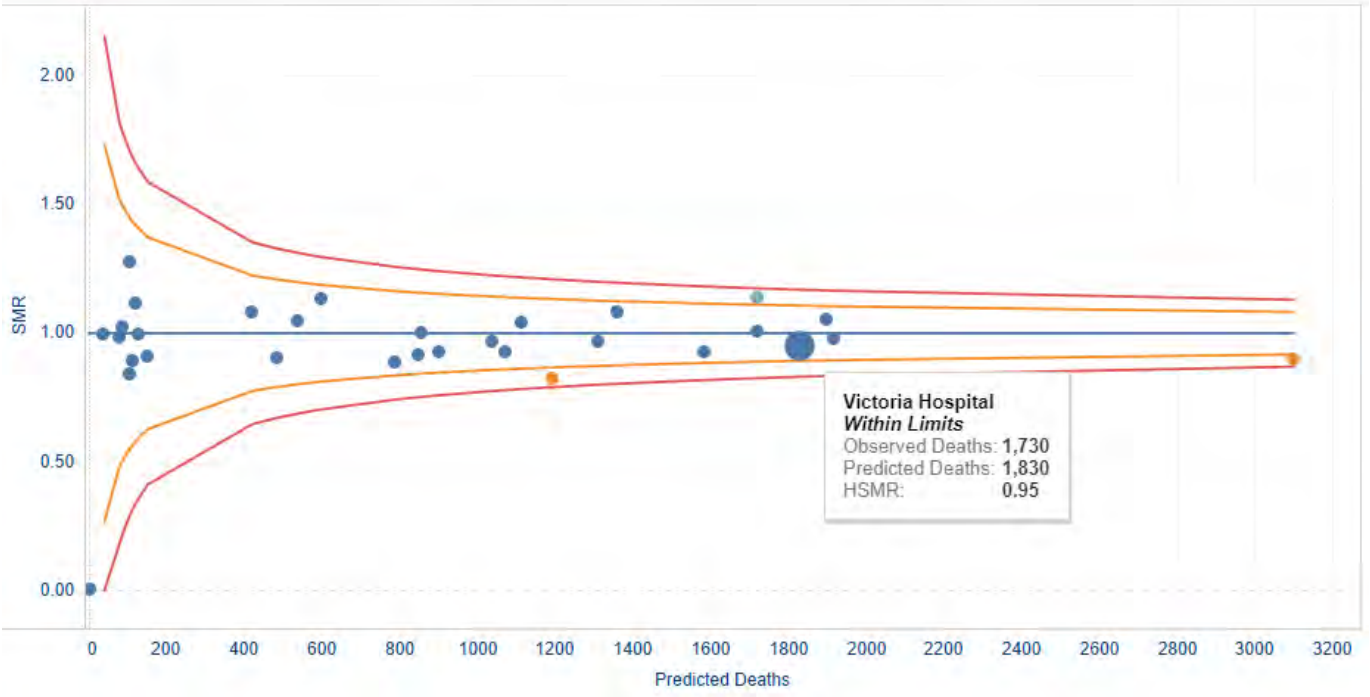
Key Deliverable	End Date
Off track / At risk / On track / Complete / Suspended	Proposed
Delivery of Clinical Governance Strategic Framework - Adverse Events	**Mar-24 On track**
Key Milestones: Publication of updated Adverse Events Policy	Apr-23 Complete
Key Milestones: Adverse Events Management Resource Pack uploaded to Blink	Sep-23 On track
Key Milestones: Deliver bespoke training session, where requested, to complement the e-learning package for review teams	Aug-23 Complete
Key Milestones: Facilitate short life working group to identify changes required to Datix action module	Mar-24 On track
Key Milestones: 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 On track
Key Milestones: Implementation of updated Adverse Events policy and related procedures	Jan-24 On track

HSMR *Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.*	**Performance 0.96**

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.

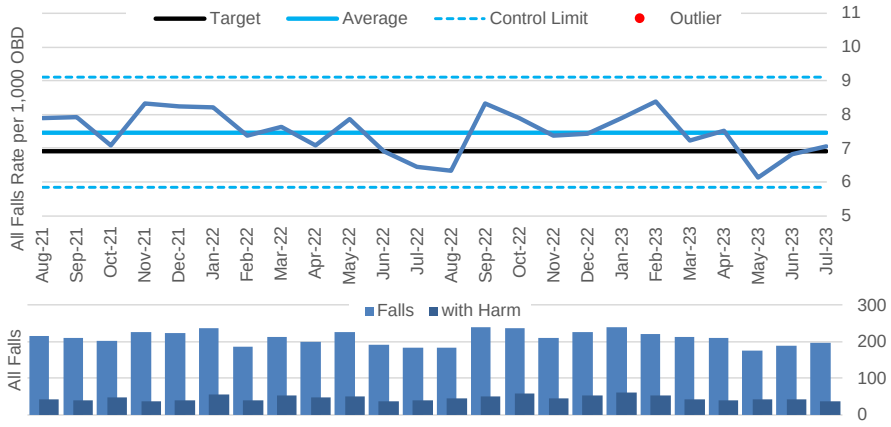
Inpatient Falls

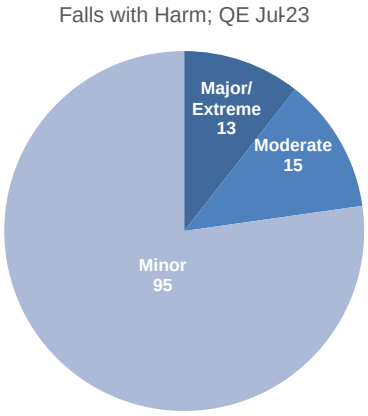
*Reduce **All Falls** rate across Acute & HSCP by 15%*

Target Rate (by end March 2024) = 6.95 per 1,000 Occupied Bed Days (OBD)

Performance 7.05

Local Performance





Performance by Service Area

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHS Fife	6.34	8.34	7.90	7.37	7.44	7.88	8.39	7.24	7.50	6.12	6.83	7.05
Acute	6.45	9.33	7.53	8.21	7.20	8.22	9.73	6.52	8.90	5.70	6.76	6.25
HSCP	6.25	7.47	8.24	6.64	7.65	7.58	7.28	7.82	6.33	6.48	6.89	7.68

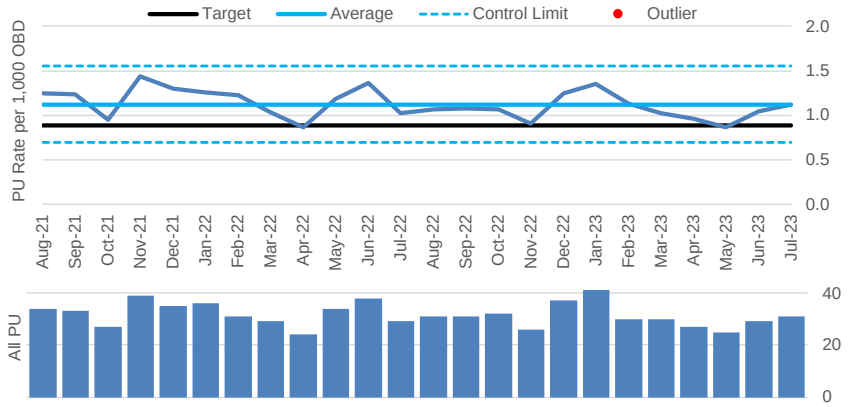
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended / Proposed		
Reduce Falls across all hospital inpatient setting		**Mar-24**
Key Milestones	Review and confirm falls link practitioners for each ward area on every hospital site.	Sep-23
	Ensure that falls related data is discussed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

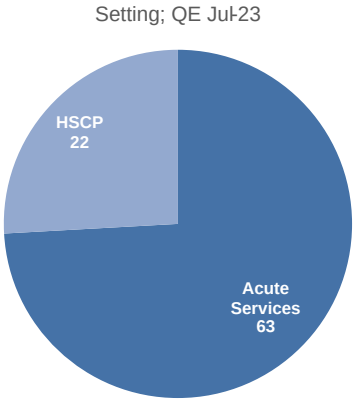
Pressure Ulcers

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 1.11

Local Performance





Performance by Service Area

	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHS Fife	1.07	1.08	1.07	0.91	1.24	1.35	1.13	1.02	0.96	0.87	1.05	1.11
Acute	1.69	1.94	1.97	1.28	2.29	2.39	2.33	1.82	1.33	1.44	1.51	2.03
HSCP	0.52	0.32	0.25	0.59	0.32	0.44	0.14	0.37	0.65	0.38	0.66	0.39

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	Aug-23

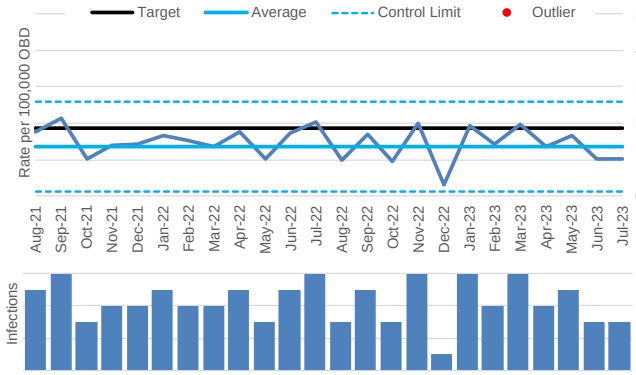
HAI/HCAI

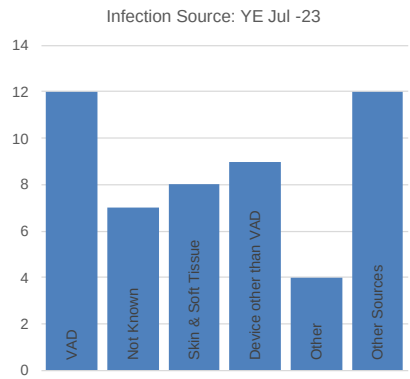
SAB

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

Performance 10.2

Local Performance





National Benchmarking

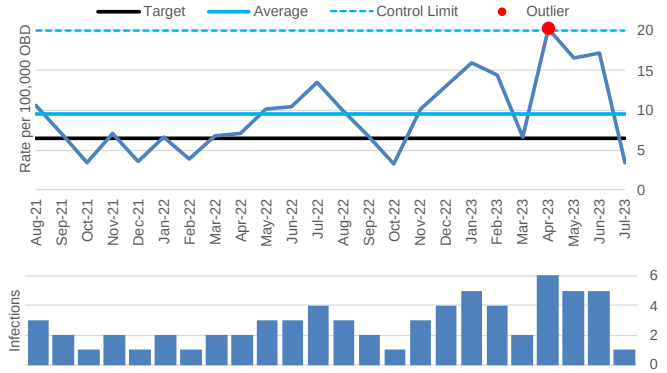
Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	10.9	17.9
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	19.2	19.1

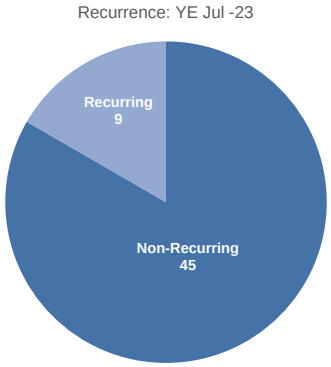
C Diff

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

Performance 3.4

Local Performance





National Benchmarking

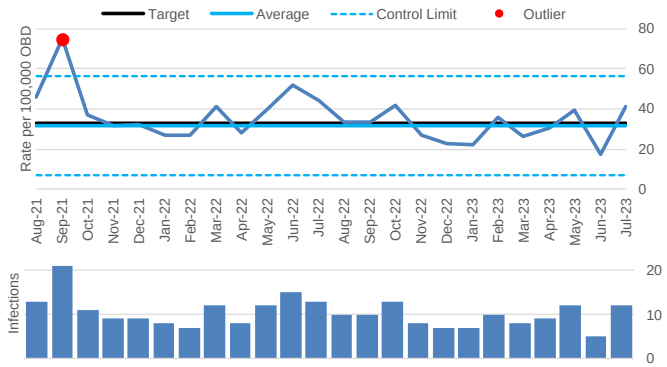
Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	8.7	13.4
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	13.5	13.4

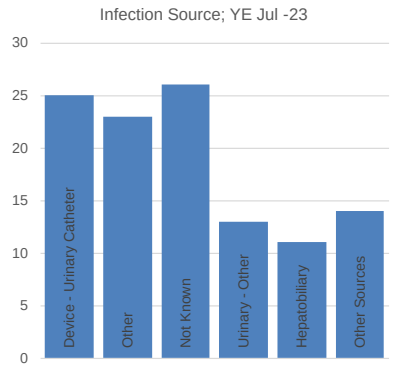
ECB

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

Performance 40.9

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

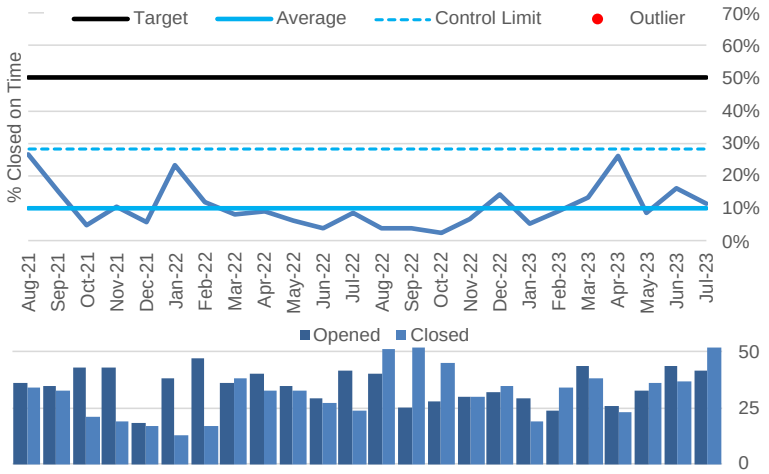
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Implement IPC Workforce Strategy 2022-24		**Sep-24**
Key Milestones	Complete a GAP analysis of the NHS Fife IPCT with regards to recommendations for local Boards	Apr-23
	Awaiting updates to national deliverables which are currently delayed. Recommendations 1, 9, 10,12, 14 and 15	Oct-23
	Engage with other key stakeholders outlined in the strategic plan (HPT and AMR) to begin discussions to determine roles and remits	Jul-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)	Oct-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	Sep-23
	Business case for additional resources and funding to be developed for consideration and Board approval	Oct-23
	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	Sep-23
	Complete QI project with D&I to improve data capture of ePVC	Sep-23
	Support roll-out of eCatheter insertion and maintenance bundles	Dec-23

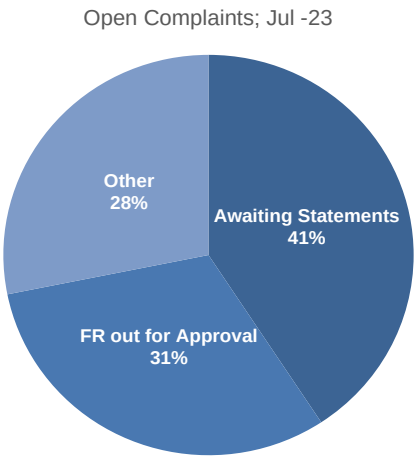
Complaints | Stage 2

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

Performance 11.5

Local Performance





Performance by Service Area

		Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHS Fife	Opened in Month	40	25	28	30	32	29	24	44	26	33	44	42
	% Acknowledged on time	87.5%	96.0%	96.4%	93.3%	96.9%	100.0%	95.8%	97.7%	96.2%	97.0%	93.2%	90.5%
	Due in Month	47	37	21	30	27	32	30	28	38	29	35	43
	% Closed on time	6.4%	5.4%	4.8%	3.3%	14.8%	6.3%	13.3%	14.3%	15.8%	6.9%	17.1%	16.3%
	Closed in Month	51	52	45	30	35	19	34	38	23	36	37	52
	% Closed on time	3.9%	3.8%	2.2%	6.7%	14.3%	5.3%	8.8%	13.2%	26.1%	8.3%	16.2%	11.5%
Acute	Closed in Month	43	34	29	22	26	17	23	23	16	27	23	43
	% Closed on time	2.3%	0.0%	0.0%	9.1%	19.2%	5.9%	13.0%	13.0%	31.3%	7.4%	21.7%	11.6%
HSCP	Closed in Month	6	16	16	7	9	2	10	15	7	9	14	6
	% Closed on time	0.0%	6.3%	6.3%	0.0%	0.0%	0.0%	0.0%	13.3%	14.3%	11.1%	7.1%	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	Oct-23
	Implement complexity scoring system to categorise complaints	Aug-23
	Supportive escalation process to be implemented to highlight delays within the Model Complaint Handling Process	Oct-23
	New weekly complaint report to be created and shared with services to provide data and highlight delays within the Model Complaint Handling Process	Oct-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 Milestones	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	Oct-23

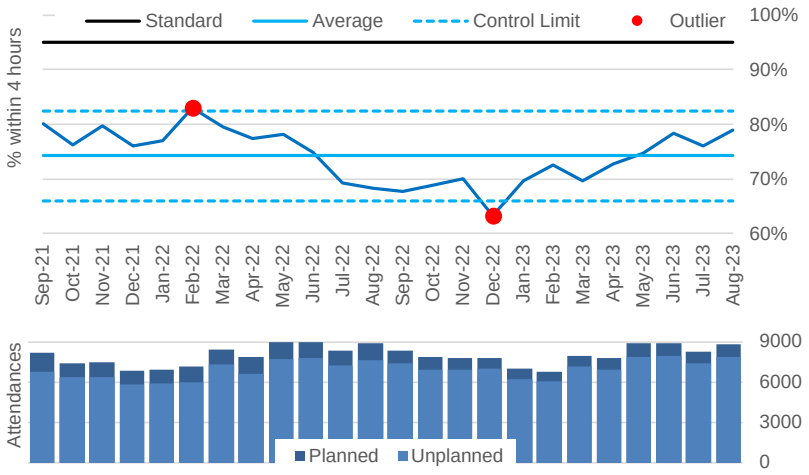
Digital Solution for reporting Live Patient Experience (Complaint) data		Apr-24
Key Milestones	Meet with Information Services to discuss and develop Dashboard	Apr-23
	Liaise with other Health boards regarding their Dashboards	May-23
	Discuss and agree data to be displayed with Acute, Corporate and H&SCP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

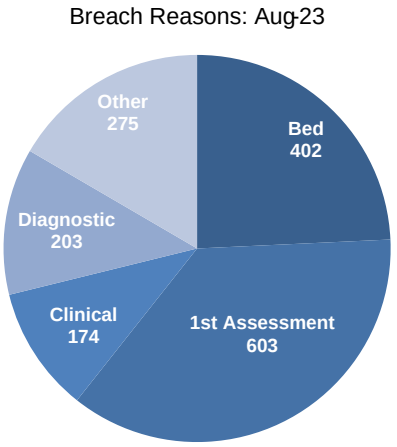
4-Hour Emergency Access

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

Performance 79.0%

Local Performance





National Benchmarking

	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
NHS Fife	67.7%	68.9%	70.1%	63.2%	69.6%	72.6%	69.6%	72.7%	74.5%	78.4%	76.0%	79.0%
Scotland	69.0%	67.6%	67.5%	62.1%	68.7%	69.6%	68.0%	69.3%	70.8%	72.6%	72.7%	

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		**Sep-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	Sep-23
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		**Sep-23**
Key Milestones	ED Staffing model proposal to EDG	Sep-23
	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	Sep-23
	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	Sep-23
Improve Same Day Emergency Care and rapid assessment pathways		**Jun-24**
Key Milestones	Sustainable staffing model in RTU	Sep-23
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	Sep-23
	Expansion of ECAS out of hours	Sep-23
	Increase to 7-day service OPAT	Jun-24

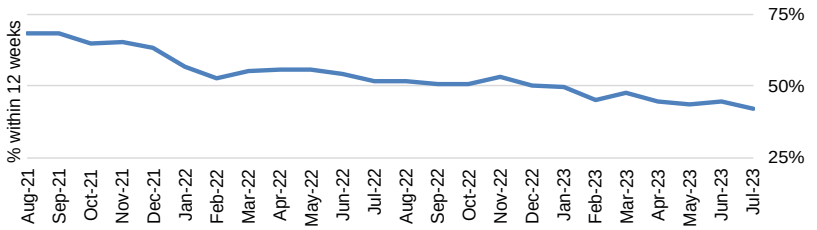
Develop a workforce and delivery model that is financially sustainable		**Oct-23**
Key Milestones	Establish a Finance and Workforce Group	Jun-23
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	Oct-23
	Develop options appraisal for submission to FNC SOG.	Oct-23
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	Oct-23
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	Oct-23
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time		**Oct-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	Sep-23
	Develop internal communication plans to ensure people access are in the right place, at the right time	Sep-23
	Test, evaluate, and implement pathways using a data driven and QI approach	Sep-23
Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		**Oct-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)	Jul-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	Sep-23
	Develop KPI dashboard for FNC following approval	Oct-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	Sep-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	Sep-23

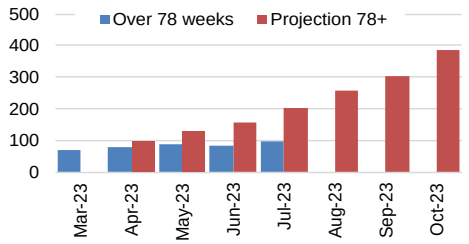
Patient TTG

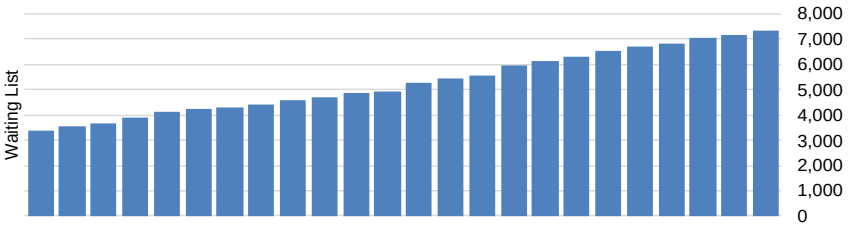
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

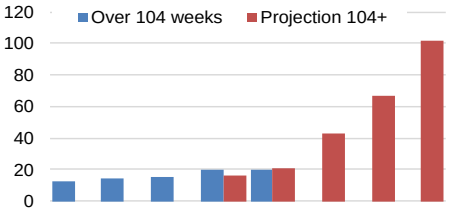
Performance 42.3%

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	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)	Oct-23
	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	Oct-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	Oct-23
	Refresh small volume SLAs to streamline decision making	Dec-23

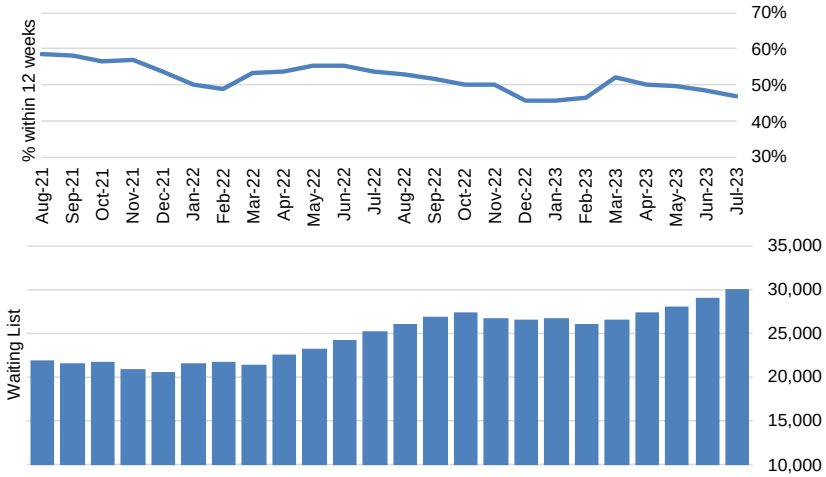
Operationalise NTC		**Mar-24**
Key Milestones	Operationalise Lothian patients being treated in NTC; Sep-23	Sep-23
	Development of a regional network to help support image guided injection; Mar-24	Mar-24
	Identify high volume pathways for redesign; Mar-24	Mar-24
Maximising Scheduled Care capacity		**Mar-24**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

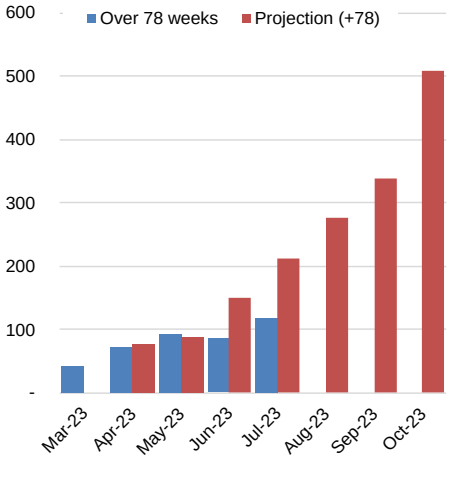
New Outpatients

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

Performance 46.9%

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	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%

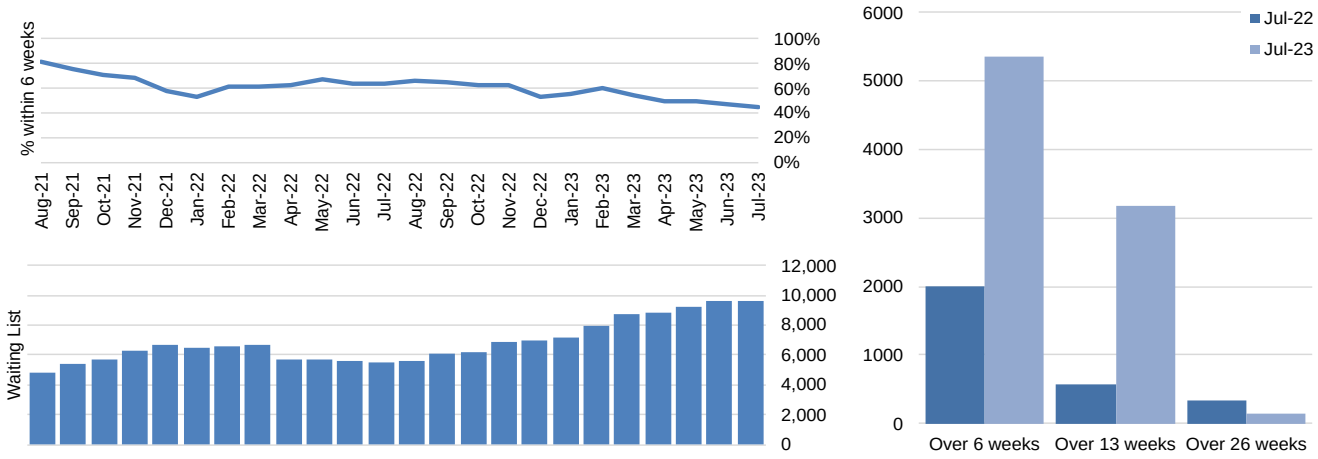
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Review and redesign Outpatient capacity to maximise capacity and timely access		**Oct-23**
Key Milestones	Engagement with national ENT Access QI project; Oct-23	Oct-23
	Review processes to optimise space and templates in line with Royal College recommendations; Oct-23	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	Oct-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Oct-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	Oct-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Oct-23

Diagnostics Waiting Times

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

Performance 44.3%

Local Performance



National Benchmarking

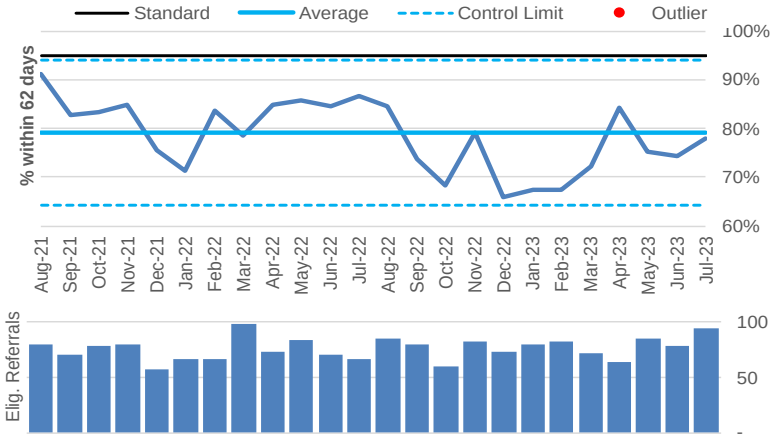
	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	96.0%	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%
Scotland	55.9%	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%

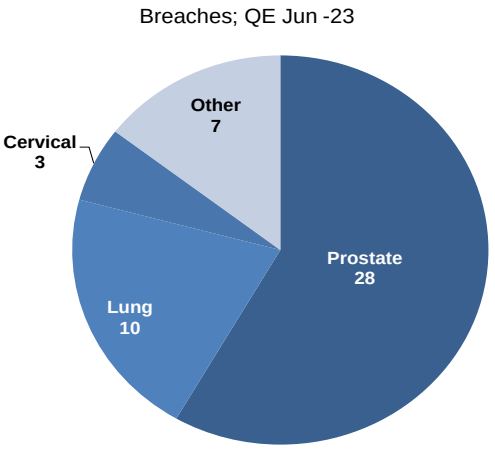
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended / Proposed		
Expanding Endoscopy capacity and workforce		**Dec-23**
Key Milestones	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs; Jun-23	Dec-23
	Testing and delivery of improved booking processes; Aug-23	Sep-23
	Implementation of Nurse Cystoscopy pathway; Dec-23	Dec-23
	Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff; Dec-23	Dec-23
	Development of existing RCDS pathways; Oct-23	Oct-23
	Review and re-vetting of Surveillance backlog; Oct-23	Oct-23
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

Cancer 62-Day Referral to Treatment

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

Performance 77.9%





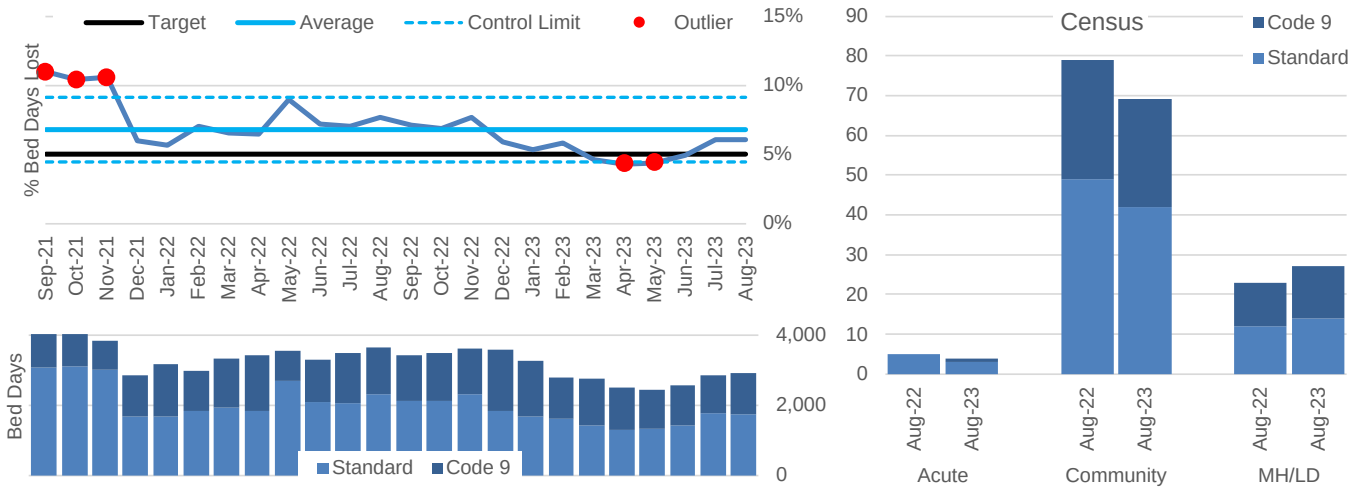
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times		**Mar-24**
Key Milestones	Work toward implementation of the Effective Breach Analysis SOP	Mar-24
	Undertake 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	Sep-23
	Introduce ACRT into cancer services	Mar-24
	Develop the Regrading Framework	Dec-23
	Ensure all MDT Terms of Reference are up to date	Oct-23
	Improved digital tracking solution	Mar-24
To ensure routine adherence to optimal diagnostic pathways		**Mar-24**
Key Mileston	Recruit to additional cancer lung posts	Sep-23
	Measure improvement	Dec-23
	Recruit to urology posts	Aug-23

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



National Benchmarking

% Bed Days Lost		Quarter Ending									
		2020/21			2021/22				2022/23		
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%	6.8%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%	11.6%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.7%	7.1%	7.2%	7.2%	7.9%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.3%	9.6%	10.3%	10.2%	10.7%	11.1%

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		**Aug-23**
Key Milestones	Develop weekend discharge support team to improve flow across 7 days including criteria led discharge capability	Sep-23
	Improved use of electronic systems to improve flow including electronic bed requests	Sep-23
	Effective use of PDD data to pre plan occupancy of discharge lounge	Sep-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
	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home	Dec-23
	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	Dec-23
	Review and redesign of Assessment and Rehabilitation Centre model	Mar-24

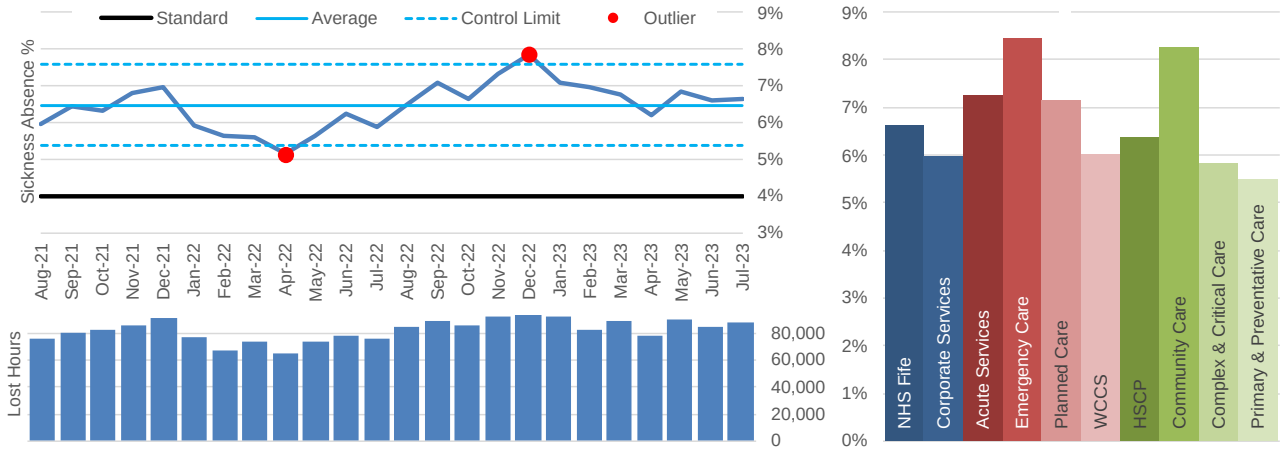
Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix		**Dec-23**
Key Milestones	Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to 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 leaves at home or in a homely setting		**Dec-24**
Key Milestones	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

Sickness Absence

To achieve a sickness absence rate of 4% or less

Performance 6.63%

Local Performance (sourced from East Region Workforce Dashboard)



National Benchmarking (sourced from SWISS)

	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
NHS Fife	5.82%	5.56%	5.79%	6.34%	6.51%	6.68%	7.47%	6.76%	5.69%	6.51%	5.59%	6.20%
Scotland	5.87%	5.54%	5.73%	6.17%	6.47%	6.65%	7.37%	6.87%	5.60%	6.25%	5.55%	5.94%

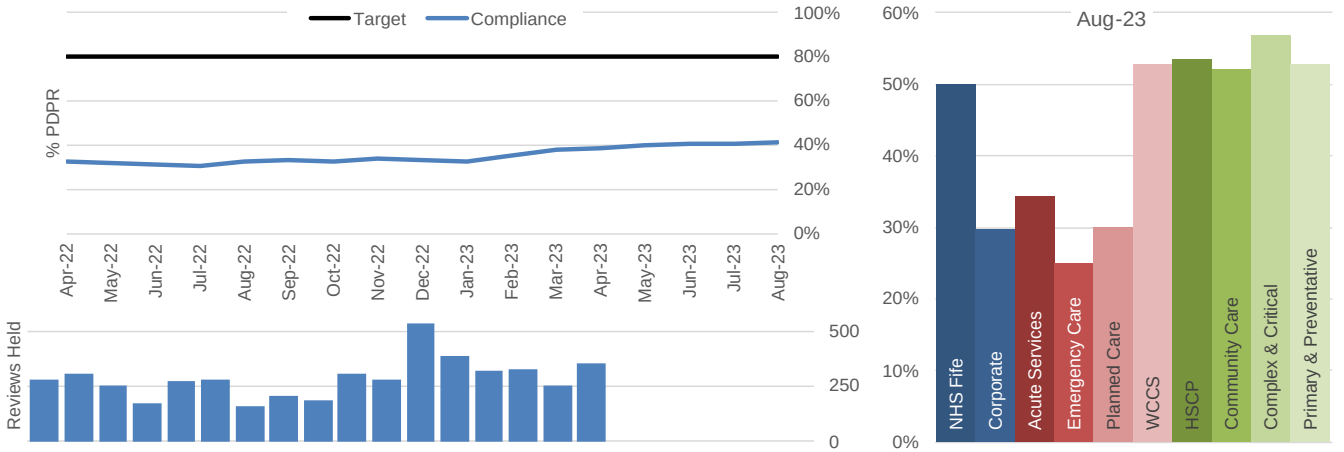
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025		**Mar-25**
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group	Oct-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Area Partnership Forum	Oct-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Staff Governance Committee	Nov-23
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities	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	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 41.2%

Local Performance



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
NHS Fife	33.3%	32.5%	33.6%	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%	41.2%
Corp.	26.7%	26.6%	26.2%	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%	29.8%
Acute	35.9%	34.7%	36.7%	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%	34.4%
HSCP	35.3%	34.4%	35.5%	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%	53.6%

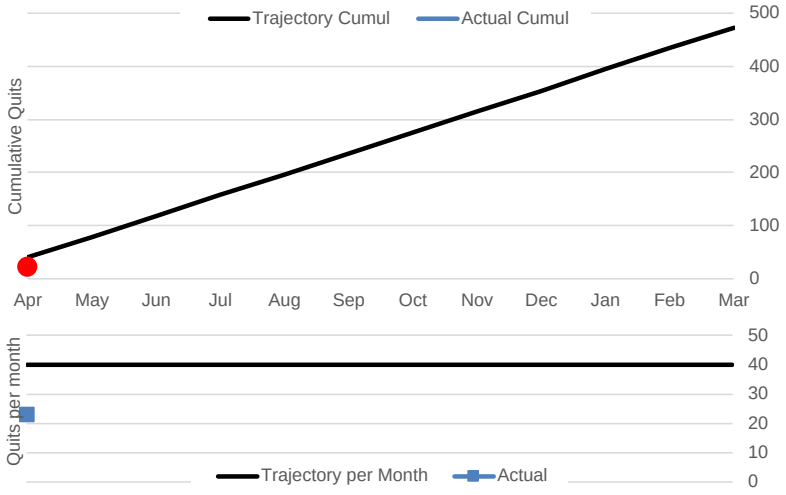
Key Deliverable		End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Create and Nurture a Culture of Person-Centred Care		**Mar-26**
Key Milestones	Development of Leadership Development framework completed	Mar-24
	Review of OD function delivery as part of Directorate service change proposals 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

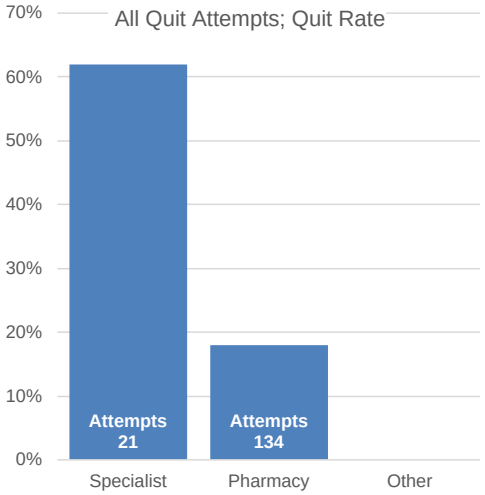
Smoking Cessation

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

Performance 23

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											
	Actual Cumul	23											
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	57.5%											
Scotland	Achieved												

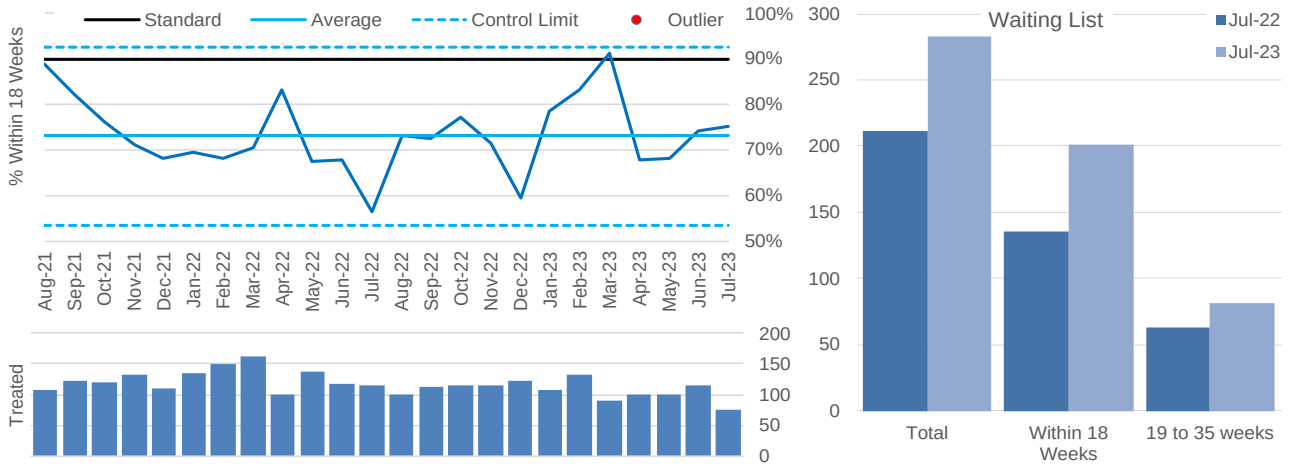
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24		**Mar-24**
Key Milestones	Remobilise face to face service provision across GP practices by engaging with Practice Managers 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 75.0%

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%

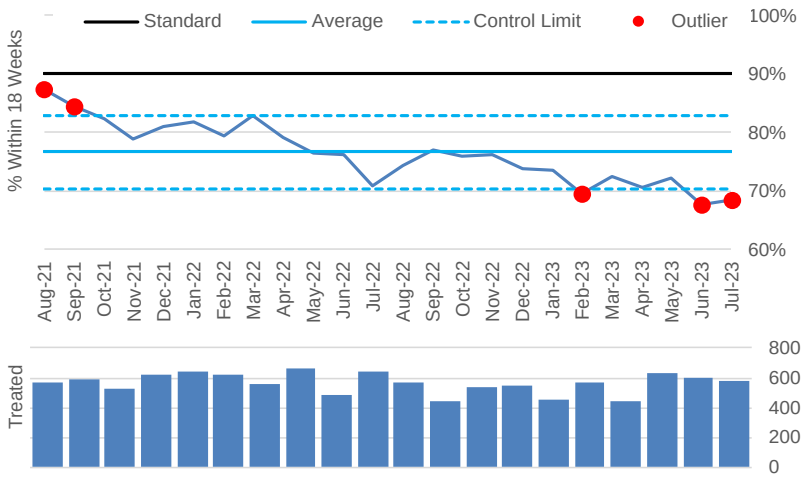
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard		**Mar-24**
Key Milestones	Implementing 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 Mileston	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

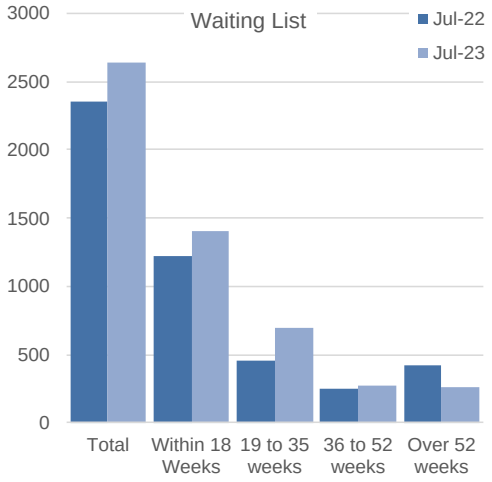
Psychological Therapies 18 weeks RTT

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

Performance 68.4%

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%

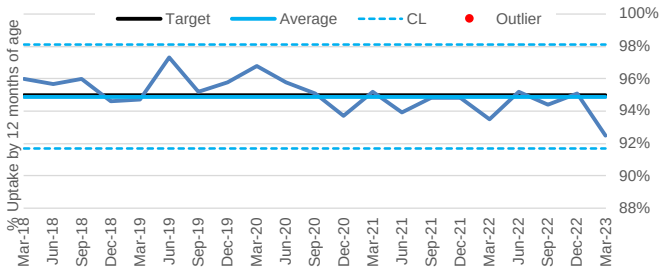
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard		**Mar-24**
Key Milestones	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

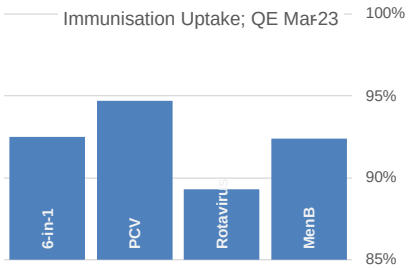
Child Immunisation

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

Performance 92.5%

Local Performance





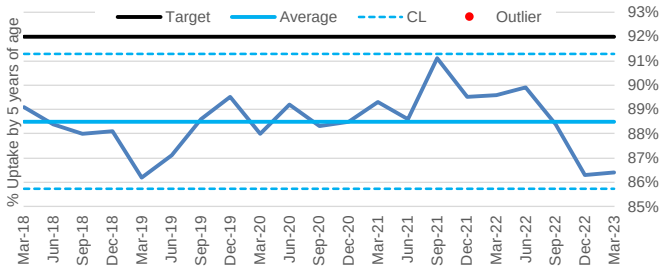
National Benchmarking

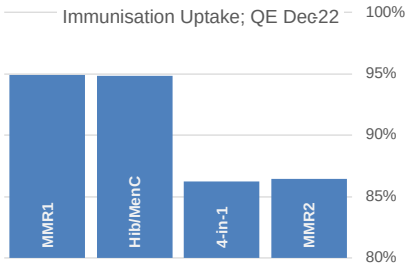
Quarter	2020/21				2021/22				2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	95.1%	93.7%	95.2%	93.9%	94.8%	94.8%	93.5%	95.2%	94.4%	95.1%	92.5%
Scotland	96.8%	96.4%	96.5%	96.6%	96.6%	96.4%	96.1%	96.2%	96.1%	95.5%	95.2%

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

Performance 86.4%

Local Performance





National Benchmarking

Quarter	2020/21				2021/22				2022/23		
	SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC	MAR
NHS Fife	88.3%	88.5%	89.3%	88.6%	91.1%	89.5%	89.6%	89.9%	88.4%	86.3%	86.4%
Scotland	92.6%	92.8%	92.2%	93.2%	92.8%	91.7%	91.9%	91.7%	91.2%	90.8%	89.8%

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
	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	Nov-23
	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	Nov-23
	Preparation for children's 18-month visit	Sep-23
	Communication strategy to stakeholders	Sep-23