

Chair - Tricia Marwick

10:15 - 10:25
10 min

1. CHAIRPERSON'S WELCOME AND OPENING REMARKS

TM

10:25 - 10:25
0 min

2. DECLARATION OF MEMBERS' INTERESTS

TM

10:25 - 10:25
0 min

3. APOLOGIES FOR ABSENCE - A Lawrie

TM

10:25 - 10:25
0 min

4. MINUTES OF PREVIOUS MEETING HELD ON 28 SEPTEMBER 2021

(enclosed) *TM*

 Item 4 - NHS Fife Board Minutes - 28 September 2021 unconfirmed.pdf (12 pages)

10:25 - 10:25
0 min

5. MATTERS ARISING

TM

10:25 - 10:50
25 min

6. CHIEF EXECUTIVE'S REPORT

6.1. Chief Executive Up-date - Whole System Pressures

(enclosed) *CP*

 Item 6.1 - CE Update - Whole System Pressures 30112021.pdf (12 pages)

6.2. Integrated Performance & Quality Report Executive Summary

(enclosed) *CP*

 Item 6.2 - SBAR ESIPQR Board.pdf (5 pages)

 Item 6.2 - ESIPQR Nov 2021.pdf (11 pages)

10:50 - 10:55
5 min

7. CHAIRPERSON'S REPORT

TM

7.1. Board Development Session - 2 November 2021

(enclosed) TM

- Item 7.1 - Board Development Session Note 2 November 2021.pdf (1 pages)
- Item 7.1 - Active Governance Note of Actions.pdf (2 pages)

10:55 - 11:15 8. COVID-19 PANDEMIC UPDATE

20 min

8.1. Flu Vaccination & Covid Vaccination (FVCV) Programme Update

(enclosed) NC

- Item 8.1 - FVCV Programme Update v0.7.pdf (13 pages)
- Item 8.1 - Appendix 2 Chief Medical Officer - final version - SGHD(2)28 - Seasonal Flu Vaccination - 7 October 2021 (2).pdf (9 pages)
- Item 8.1 - Appendix 3 Winter Vaccination Letter.pdf (7 pages)

8.2. Covid-19 Pandemic Update

(enclosed) JT

- Item 8.2 - COVID-19 Pandemic Update for Board 30.11.21 v1.0.pdf (6 pages)

11:15 - 11:25 9. PROPERTY & ASSET MANAGEMENT STRATEGY

10 min

(enclosed) NM

- Item 9 - SBAR PAMS 2021 NHS Fife Board (AB).pdf (3 pages)
- Item 9 - PAMS 2021 Submission (AB) 161121.pdf (145 pages)
- Item 9 - PAMS 2021 Submission Appendices.pdf (40 pages)

11:25 - 11:35 10. PUBLIC HEALTH & WELLBEING COMMITTEE TERMS OF REFERENCE

10 min

(enclosed) TM

- Item 10 - SBAR Public Health Committee ToR.pdf (3 pages)
- Item 10 - FINAL Terms of Reference - Public Health & Wellbeing Committee.pdf (3 pages)

11:35 - 11:45 11. JOINT REMOBILISATION PLAN 4 2021/22

10 min

(enclosed) MM

- Item 11 - 01 SBAR NHS Board RMP4 301121 finalmm.pdf (4 pages)
- Item 11 - 02 Fife Remobilisation Plan 4 Overview v4.0 2021-2022 FINAL.pdf (32 pages)
- Item 11 - 03 NHS Remobilisation Plans 2021-22 - RMP4 - Actions FINAL.pdf (20 pages)
- Item 11 - 04 Winter Planning Programme 2021-22 Winter Planning Checklist FINAL.pdf (46 pages)
- Item 11 - 05 RMP4 T1 Projections FINAL v3.0.pdf (1 pages)
- Item 11 - 06 RMP4 T2 Monthly Actual V Planned Activity FINAL.pdf (3 pages)
- Item 11 - 07 RMP4 T3 Waiting Times Trajectory FINAL.pdf (2 pages)

11:45 - 11:55 12. UPDATE ON NHS FIFE BOARD ASSURANCE FRAMEWORK

10 min

(enclosed) MM

- Item 12 - SBAR on Board Assurance Framework (BAF) to Fife NHS BOARD on 30 November 2021 V 0.3.pdf (8 pages)
- Item 12 - Appendix 1, NHS Fife BAF Financial Sustainability - FP& RC 091121 (1).pdf (1 pages)

- 📎 Item 12 - Appendix 2, NHS Fife BAF Environmental Sustainability - FP& RC 091121.pdf (1 pages)
 - 📎 Item 12 - Appendix 3, NHS Fife BAF Workforce Sustainability - SGC 281021.pdf (2 pages)
 - 📎 Item 12 - Appendix 4, NHS Fife BAF Quality & Safety - CGC 031121.pdf (2 pages)
 - 📎 Item 12 - Appendix 5, NHS Fife BAF Strategic Planning - CGC 031121 & FP&RC 091121 (1).pdf (1 pages)
 - 📎 Item 12 - Appendix 6, NHS Fife BAF Integration Joint Board IJB at 161121.pdf (1 pages)
 - 📎 Item 12 - Appendix 7, NHS Fife BAF Digital and Information - CGC 031121 (1).pdf (1 pages)
-

11:55 - 12:05 **13. FIFE ELECTIVE ORTHOPAEDIC CENTRE**

10 min

(enclosed) JO

- 📎 Item 13 - SBAR FEOC Board.pdf (5 pages)
 - 📎 Item 13 - FEOC Board Appendix Dashboard Report.pdf (1 pages)
-

12:05 - 12:15 **14. EAST OF SCOTLAND REGIONAL HEALTH PROTECTION**

10 min

(enclosed) JT

- 📎 Item 14 - NHSBoard - Regional Health Protection Service_v2.2.pdf (6 pages)
-

12:15 - 12:25 **15. POPULATION HEALTH & WELLBEING STRATEGY – UPDATE ON THE COMMUNITY CONVERSATION (SURVEY)**

10 min

MM

- 📎 Item 15 - SBAR Board Community Conversation.pdf (4 pages)
-

12:25 - 12:30 **16. STATUTORY AND OTHER COMMITTEE MINUTES**

5 min

16.1. Clinical Governance Committee dated 3 November 2021 (unconfirmed)

(enclosed)

- 📎 Item 16.1 - Minute Template CGC - 3 November 2021.pdf (1 pages)
- 📎 Item 16.1 - CGC Minutes 3 November 2021 - Unconfirmed.pdf (11 pages)

16.2. Finance, Performance & Resources Committee dated 9 November 2021 (unconfirmed)

(enclosed)

- 📎 Item 16.2 - Minute Template FPR.pdf (1 pages)
- 📎 Item 16.2 - Mins FPR November unconfirmed V2 MMi.pdf (13 pages)

16.3. Public Health & Wellbeing Committee dated 15 November 2021 (unconfirmed)

(enclosed)

- 📎 Item 16.3 - Minute Template PHWC November.pdf (1 pages)
- 📎 Item 16.3 - Public Health Wellbeing Committee Minutes 15 November 2021 unconfirmed.pdf (8 pages)

16.4. Staff Governance Committee dated 28 October 2021 (unconfirmed)

(enclosed)

- 📎 Item 16.4 - Minute Template SGC.pdf (1 pages)
- 📎 Item 16.4 - SGC Minute 28.10.21 unconfirmed.pdf (11 pages)

16.5. Communities & Wellbeing Partnership dated 29 September 2021 (unconfirmed)

(enclosed)

- Item 16.5 - Minute Template CWP LD.pdf (1 pages)
- Item 16.5 - CWP Minute 21 09 29 unconfirmed.pdf (4 pages)

16.6. East Region Programme Board dated 17 September 2021 (unconfirmed)

(enclosed)

- Item 16.6 - Minute Template ERPB.pdf (1 pages)
- Item 16.6 - ERPB Draft Minutes LC 17th Sept 2021 V2 unconfirmed.pdf (6 pages)

16.7. Fife Health & Social Care Integration Joint Board dated 20 August and 24 September 2021

(enclosed)

- Item 16.7 - Minute Template IJB - Aug & Sept 2021.pdf (1 pages)
- Item 16.7 - Final Minute of IJB Minute 200821.pdf (6 pages)
- Item 16.7 - Final Minute of IJB Minute 240921.pdf (7 pages)

16.8. Fife Partnership Board dated 26 October 2021 (unconfirmed)

(enclosed)

- Item 16.8 - Minute Template FPB 211122.pdf (1 pages)
- Item 16.8 - FPB Minute 2021-10-26 unconfirmed.pdf (3 pages)

16.9. Clinical Governance Committee dated 2 September (extraordinary) and 17 September 2021

(enclosed)

- Item 16.9 - Special CGC 2 September 2021 confirmed.pdf (5 pages)
- Item 16.9 - CGC Minutes 17 September 2021 - Confirmed.pdf (10 pages)

16.10. Finance, Performance & Resources Committee dated 7 September 2021

(enclosed)

- Item 16.10 - FPR Minutes September 2021 - Confirmed.pdf (9 pages)

16.11. Public Health & Wellbeing Committee dated 15 October 2021

(enclosed)

- Item 16.11 - SBAR for PHW Minutes - 15 October 2021.pdf (1 pages)
- Item 16.11 - Public Health & Wellbeing Committee Minutes 15 October 2021 - Confirmed.pdf (5 pages)

16.12. Staff Governance Committee dated 2 September 2021

(enclosed)

- Item 16.12 - SGC Minute 02.09.21 confirmed.pdf (9 pages)

12:30 - 12:35
5 min

17. FOR INFORMATION:

17.1. Integrated Performance & Quality Report - September and October 2021

(enclosed) MM

- Item 17.1 - IPQR Sep 2021.pdf (49 pages)
 - Item 17.1 - IPQR Oct 2021.pdf (46 pages)
-

12:35 - 12:35 **18. ANY OTHER BUSINESS**
0 min

12:35 - 12:35 **19. DATE OF NEXT MEETING: Tuesday 25 January 2022 at 10.00 am Via MS**
0 min
Teams/in the Staff Club, Victoria Hospital, Kirkcaldy (tbc)

Fife NHS Board

MINUTE OF THE NHS FIFE BOARD MEETING HELD ON TUESDAY 28 SEPTEMBER 2021 AT 9AM VIA MS TEAMS

TRICIA MARWICK

Chair

Present:

T Marwick (Chair)	R Laing, Non-Executive Director
C Potter, Chief Executive	A Lawrie, Non-Executive Director
M Black, Non-Executive Director	M Mahmood, Non-Executive Director
S Braiden, Non-Executive Director	A Wood, Non-Executive Director
W Brown, Non-Executive Director	M McGurk, Director of Finance & Strategy
C Cooper, Non-Executive Director	C McKenna, Medical Director
Cllr D Graham, Non-Executive Director	J Owens, Director of Nursing
A Grant, Non-Executive Director	J Tomlinson, Director of Public Health

In Attendance:

K Booth, Head of Financial Services & Procurement (*agenda items 1 – 5*)
N Connor, Director of Health & Social Care
A Clyne, Audit Scotland (*agenda items 1 – 5*)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
P Fraser, Audit Scotland (*agenda items 1 – 5*)
S Garden, Director of Pharmacy & Medicine
G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormick, Director of Property & Asset Management
K MacGregor, Head of Communications
H Thomson, Board Committee Support Officer (Minutes)

1. Chairperson's Welcome

The Chair warmly welcomed everyone to the Board, in particular Alastair Grant, Mansoor Mahmood and Arlene Wood, who have just joined the Board as newly appointed Non-Executive Directors. 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.

2. Declaration of Members' Interest

There were no declarations of interest made by members.

3. Apologies for Absence

Apologies for absence were received from A Morris, Non-Executive Director, and K MacDonald, Non-Executive Director & Whistleblowing Champion.

4. Committee Annual Assurance Statements

It was reported the Committee Annual Assurance Statements have been considered and reviewed by the individual committees and the Audit & Risk Committee at its meeting on 16 September 2021. The Chair of the Audit & Risk Committee confirmed that there were no significant weaknesses to highlight in any of the reports. The Chairs of the Governance Committees confirmed they had nothing to add to the statements as presented to the Board, which individually gave a detailed picture of each committee's work over 2020/21, and commended all staff involved, particularly in a very challenging year.

The Board **confirmed** they took assurance from the detailed content of the Annual Statement of Assurances for each of the Board's standing committees for 2020/21.

5. ANNUAL ACCOUNTS PROCESS

The Annual Accounts for 2020/21 were presented to the Board, together with the final draft external audit report from Audit Scotland. As is usual, NHS Fife is not permitted by Scottish Government to put the accounts into the public domain until such time as they are laid before the Scottish Parliament. However, Members had received copies of the reports in their paper pack and the Chair did not want Members to feel constrained in their discussion of the Accounts.

As soon as the Board is permitted to do so, the final report from Audit Scotland will be placed in the public domain, along with the Accounts themselves.

5.1. Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland

P Fraser, Audit Scotland, reported on the Annual Audit Report for the Board of NHS Fife and the Auditor General for Scotland. She noted it sets out the work and key findings from the Annual Audit for 2020/21, and that NHS Fife had finished the year 2020/21 with an unqualified set of Accounts.

P Fraser summarised the unmodified Audit opinions within the Annual Accounts, and the adjustments made to the Accounts after the Audit had been carried out.

An overview of the Annual Audit Report in terms of financial management, financial sustainability, performance, key findings, and recommendations was provided.

The Chair thanked all the team for their hard work during a difficult year.

The Board **confirmed** they took assurance from the content of the Annual Report from Audit Scotland.

5.2. Letter of Representation

P Fraser explained the purpose of the Letter of Representation and advised. once Audit Scotland has received this letter, together with the signed accounts, the final audit certificate will be issued to complete the process.

The Board unanimously confirmed they had no knowledge of any or suspected frauds.

5.3. Annual Assurance Statement from the Audit & Risk Committee

M Black, Chair of the Audit & Risk Committee, presented the Annual Assurance Statement to the Board, which had been approved by the Audit & Risk Committee on 16 September 2021. He confirmed that the Committee had reviewed all the relevant documentation and reports supporting the accounts and gave assurance to the Board that this process had not identified any specific weaknesses.

The Board **confirmed** they took assurance from the Annual Assurance Statement from the Audit & Risk Committee.

5.4. Annual Accounts and Financial Statements Cover Paper 2020/21

This item was covered under agenda item 5.5.

5.5. NHS Fife Board Annual Accounts for the Year to 31 March 2021

The Director of Finance & Strategy presented the Annual Accounts for the year ended 31 March 2021 and confirmed that they had been considered in significant detail at the Audit & Risk Committee on 16 September 2021.

The Director of Finance & Strategy asked the Board to take assurance from the Annual Audit Report from Audit Scotland, particularly the opinions of the Auditors in relation to the accuracy and integrity of the Accounts package and the broader assurance on the effectiveness of the control environment across the organisation.

It was highlighted that, prior to consideration and scrutiny of the Annual Accounts, the Audit & Risk Committee proactively organised and participated in training from Audit Scotland in advance of their review of the Annual Accounts. It was noted training will be considered for all Committees to support scrutiny in various areas.

It was also advised that the Internal Auditors confirmed good progress had been made in addressing a number of previous actions, as reported in the Internal Audit Annual Report, particularly noting important improvements in-year in relation to previous recommendations relating to information governance.

The Director of Finance & Strategy gave an overview of the Annual Accounts.

Assurance was provided to the Board on the governance statement provided by the Chief Executive, and it was advised the statement received significant scrutiny at the Audit & Risk Committee.

The Director of Finance & Strategy advised an unqualified opinion of the Annual Accounts was provided by Audit Scotland.

M Black, Chair of the Audit & Risk Committee, confirmed that the Committee recommended that the Board approve and sign the Performance Report and the Accountability Report in

respect of the accounts and the Letter of Representation and adopt the Annual Accounts for the year ended 31 March 2021.

The Board:

- **Noted** the Annual Report from Audit Scotland (item 5.1);
- **Considered, Approved and Adopted** the draft Annual Accounts for the year ended 31 March 2021 (item 5.5);
- **Approved** the draft Letter of Representation (item 5.2) and authorised the Chief Executive to sign on behalf of the Board;
- **Authorised** the Chief Executive and Director of Finance to sign the Accounts on behalf of the Board, where indicated in the document;
- **Approved** the proposed arrangements for resolution of minor matters in relation to the accounts, and up to the date of submission to the Scottish Government Health & Social Care Directorate; and
- **Noted** that the accounts are not in the public domain until they are laid in Parliament

The Chair, on behalf of the Board, and the Chief Executive, recorded thanks to Audit Scotland and all NHS Fife staff involved for their efforts in finalising this year's accounts against what has been, yet again, a challenging timescale and background.

Patients' Private Funds

The Director of Finance & Strategy spoke to items 5.6 – 5.8.

- 5.6. Patients' Private Funds Fund Accounts for the Year Ended 31 March 2021
- 5.7. Patients' Private Funds Fund Audit Completion Memorandum
- 5.8. Patients' Private Funds Fund Letter of Representation

The importance of ensuring that NHS Fife has effective management reporting and control arrangements to support funds held on behalf of patients was highlighted. Statutory regulations require the Board to produce a Receipts and Payments Account for Patients' Private Funds relating to patients that are in our care for long stay periods of time. Financial statements were audited by Thomson Cooper Accountants and an unqualified audit opinion was confirmed. The audit reported no significant issues and confirmed there was adequate evidence of scrutiny and control over transactions.

The Audit & Risk Committee reviewed the Receipts and Payments Accounts and supporting documentation presented by Thomson Cooper at its meeting on 16 September 2021 and recommended approval to the Board.

The Board:

- **Approved** the financial statements of Fife Health Board Patients' Private Funds Accounts for the year ended 31 March 2021; and
- **Authorised** the Chief Executive and Director of Finance to sign, on behalf of the Board, the:
 - Patients' Private Funds Annual Accounts for the year ended 31 March 2021;
 - NHS Fife draft Letter of Representation to the Auditors; and
 - Thomson Cooper Audit Completion Memorandum

The Chair, on behalf of the Board, recorded thanks to Thomson Cooper Accountants and NHS Fife staff for their work on the audit.

The Board took a short break before resuming to discuss the remaining agenda items.

6. CHAIRPERSON'S OPENING REMARKS

The Chair began her opening remarks by recording thanks on behalf of the Board to all staff of NHS Fife for their continued dedication and commitment throughout the Covid-19 Pandemic.

The Chair congratulated Martin Black and Christina Cooper on their re-appointment to the Board for a further year, to the end of December 2022. The Chair, on behalf of the Board, has appointed Christina Cooper as Chair of the Clinical Governance Committee. With the appointment of three new Board Members and the addition of the new Public Health & Wellbeing Committee from October 2021, the Chair advised an email was recently sent out to the Board prior to this meeting to clarify the new memberships of the committees, which will take effect immediately. The Terms of Reference for the new Public Health & Wellbeing Committee will be discussed at their first meeting and brought back to the Board for formal approval in due course.

Action: Public Health & Wellbeing Committee Chair

The Chair congratulated Karen Gray, Research & Development Lead Nurse, Dr Penny Trotter and Dr Fleur Davey who have been appointed as Honorary Teaching Fellows of the School of Medicine at the University of St Andrews. These appointments serve to strengthen the relationship between Research & Development and the School of Medicine and provide opportunity for sharing clinical research knowledge and skills.

7. MINUTES OF PREVIOUS MEETING HELD ON 27 JULY 2021

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

8. MATTERS ARISING

There were no matters arising.

9. CHIEF EXECUTIVE'S REPORT

9.1. Chief Executive Update

The Chief Executive congratulated Claire Dobson on her formal appointment as Director of Acute Services and Margo McGurk who has been appointed as Deputy Chief Executive. The Chief Executive also welcomed the three new Non-Executive Directors to the Board.

The Chief Executive reported on the new Flu Vaccination & Covid Vaccination (FVCV) Programme and outlined the priority groups the new programme will be available to. Close working is ongoing with General Practitioners across Fife to agree an approach for those over 80 years old and housebound patients. A delivery plan is being finalised and will go through the Executive Directors Group for approval early next week. A bespoke plan for care homes, including staff and residents, has commenced and staff clinics will start very soon. The second

stage of the FVCV programme will commence from the end of October 2021, and the preferred model across Fife is delivery through the National Scheduling Tool. A further update on the FVCV programme was provided at agenda item 11.

The Chief Executive described the challenges being faced due to combined issues of increased Covid admissions, rising emergency attendances and maintaining safe staffing levels, and advised discussions on the challenges are taking place daily through a number of channels.

Discussion took place on safe staffing levels and continuing pressures capacity. The impact of sickness absence and high level of vacancies was raised and discussed. It was reported that over 150 new staff will commence in the next few weeks and includes those on their final placements.

Queries were raised about the number of patients who have not been vaccinated and the impact. In response it was advised around one third of patients are not vaccinated, and it was reported there is a greater severity of illness with those who have not been vaccinated, who, as a result, require higher levels of care.

A declining position was reported on delayed discharge, which is having a significant impact on Acute Services and Community Hospitals in relation to capacity and flow. It was advised actions are in place, and these include areas that were already operational, such as Hospital at Home.

It was noted discussions are also taking place with the Cabinet Secretary on pressures and responding to challenges, as NHS Fife is not alone in experiencing difficulties in addressing the current levels of demand.

Assurance was provided to the Board on the commitment to listen to staff and make decisions to address concerns and respond to the challenges being faced. The Chief Executive explained this includes exploring opportunities to keep safe staffing levels across all services, including postponing non-urgent elective operations, retraction plans both within acute hospitals and community services, recruitment of newly qualified nurses, and a non-clinical staff review, to potentially free up staff to assist in areas such as admin support in a clinical setting. It was noted ongoing discussions are taking place on retraction of other services, which requires to be made reflecting on an appropriate balance of risk.

The Chief Executive thanked the public and citizens of Fife for their understanding and support and recognised the impact decisions on retracting services and making these difficult decisions is having on the population of Fife.

9.2. Integrated Performance & Quality Report Executive Summary

The Chief Executive introduced the Executive Summary, which was previously submitted and considered through the three governance committees in September 2021.

Clinical Governance

The areas of good work within clinical governance were outlined and it was advised targets will be continually monitored through the prevention and control teams. Staff were praised for

their efforts in maintaining good performance, particularly through the challenges and pressures due to the pandemic.

The key performance areas within the report were outlined

It was advised a Falls Champion Network has been developed. It was also advised care planning and documentation has been reviewed and links to national guidance.

Responding to complaints was reported as challenging, particularly due to time constraints with clinical staff. Assurance was provided to the Board on the position to date, and that discussions have taken place with the Scottish Public Services Ombudsman (SPSO) and the Scottish Government and they have been advised, and accepted, the complaints handling procedure is being followed and delays are being highlighted to complainants.

The Clinical Governance Committee recognised the incredible ongoing commitment of staff in this continuing difficult period.

Staff Governance

An increase of 0.86% staff absence rate at the end of June was reported. Work is continuing to reduce absence levels, with a particular focus on long term sickness, which is a significant part of the overall total of absence rates. It was highlighted support for staff returning to work is essential, and discussions are ongoing to support staff and managers. Staff were congratulated for continuing high levels of care.

It was reported the Staff Governance Committee fully recognise the current staffing challenges.

Finance, Performance & Resources

It was reported that all NHS Boards are completing a Quarter 1 financial review and have met with Scottish Government colleagues in relation to the ongoing complexity of identifying and managing both the core financial position and Covid impact.

The Director of Finance & Strategy provided an update and advised the Quarter 1 core position reported an overspend, and discussions are ongoing with the Scottish Government to recognise potential additional funding. Acute prescribing was highlighted as a concern on the core position and a detailed review is almost complete. A first tranche of Covid funding has been received, and the Capital programme is progressing in line with target.

Following a question, it was advised that the Remobilisation Planning work continues and a draft of the RMP4 is due to be submitted to the Scottish Government at the end of September. The RMP4 will be considered through the governance committees in due course.

Challenges within the smoking cessation service were reported due to changes in staffing retraction and prioritisation. Recruitment has taken place and going forward there will be a trajectory of improvement in this area.

A challenging position was reported on delay and flow, and it was advised a joint whole system detailed action plan is now in place, which has been developed in partnership with colleagues in acute and the HSCP. The wider work it considers was outlined.

Challenges with capacity within the Child and Adolescent Mental Health Services (CAMHS) & Psychological Therapies areas was reported. There has been further national investment and a detailed report in relation to CAMHS and Psychological Therapies will be discussed at committee-level in November. It was advised an improvement action plan is in place.

The pressure on Health Boards due to a shortage of social care staff was highlighted. It was advised a detailed paper is going to the Clinical and Care Governance Committee of the Integrated Joint Board, which will enable a detailed discussion between both Health Boards and Fife Council representatives. It was also advised regular meetings take place within community and social care services.

The Board **examined** and **took assurance** from the NHS Fife performance and achieved remobilisation activity to date and **considered** any issues escalated via the Standing Committees.

10. CHAIRPERSON'S REPORT

The Chair outlined the regular meetings she attends and assured the Board concerns and issues will continue to be communicated to the Board outwith meetings, if necessary. The Cabinet Secretary is also aware of concerns and issues, and it was noted these concerns and issues are being experienced across all NHS Boards.

The Chair highlighted the National Care Service Consultation and advised a response will be provided in due course.

10.1 Board Development Session - 31 August 2021

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

11. COVID-19 PANDEMIC UPDATE

11.1. Flu Vaccination & Covid Vaccination (FVCV) Programme Update

The Director of Health & Social Care provided an update on the current position of the FVCV Programme and advised that further clarification has been received in relation to the programme roll-out since the update paper went through the Committees.

The latest position for tranche 1 was provided. In terms of tranche 2, this includes the Winter programme for parts one and two of delivery. Prioritisation of tranche 2 is in line with the Joint Committee on Vaccination & Immunisation (JCVI) guidance. It is expected completion of the Seasonal Flu programme will be by 6 December 2021, and considerable work is ongoing to support delivery.

The Care Home vaccination programme has commenced, and the Area Partnership Forum have been updated on the delivery of the Health & Social Care Workers programme.

Positive messaging and publicity around the benefits of receiving the vaccinations was highlighted and will continue.

Following a query on the two-stage approach, it was advised the first stage will allow people the opportunity to have both their Seasonal Flu and Covid booster vaccinations at the same time. The second approach is to ensure there is no delay in people receiving their Seasonal Flu vaccination, and they will be able to receive this at a different time from their Covid booster vaccination. The process for the population receiving their vaccinations was explained.

The Director of Health & Social Care agreed to provide a further briefing paper to the Board.

Action: Director of Health & Social Care

The Board **considered** and took **assurance** from the progress and information contained regarding the current position for delivery of the programme and ongoing developments in the approach.

11.2. Covid-19 Pandemic Update

The Director of Public Health provided a verbal update on the Covid-19 Pandemic and reported on the increased case numbers in Fife and the pressures within hospitals.

It was advised a Test and Protect Oversight Group meets on a weekly basis and have an overview of the community test centres and where these should be best sited. It was noted there are a range of facilities from NHS Fife, Fife Council, Scottish Ambulance Services and UK Government who support the increased number of people coming forward for testing. It was reported there is adequate staffing across sites, and Scottish Government colleagues are aware of the position in relation to local decisions around testing.

It was acknowledged that, although the vaccine is extremely successful at preventing illness, the high number of cases within the community results in pressures within Acute care setting, particularly due to those who have not been vaccinated. Assurance was provided on the safety of the vaccine and its efficacy in preventing serious illness.

The Board **took assurance** from the Covid-19 Pandemic update.

11.3. Immunisation Strategy

The Director of Public Health advised the Immunisation Strategy is a joined-up approach between NHS Fife and the Health & Social Care Partnership and the strategy covers all vaccination programmes (including Seasonal Flu and Covid), with selective programmes for individuals at higher risk.

The strategy was informed through a review of immunisation arrangements last year, addressing the key recommendations, including the importance of leadership & management of immunisation, governance structures and planning requirements for a cohesive approach to immunisation in Fife. The strategy is evidence-based to ensure we are protecting the population of Fife, and to raise awareness of the benefits of immunisations.

The four key priority areas within the strategic framework were outlined, and it was advised an action plan has been developed which is aligned to these four key priority areas. Progress

updates will be provided through the new Public Health & Wellbeing Committee, Clinical Governance Committee and the Integrated Joint Board.

The Clinical Governance Committee supported the implementation of the Immunisation Strategy at their recent Extraordinary meeting.

The Board **considered** and **took assurance** from the implementation of the Fife Immunisation Strategic Framework 2021-2024.

12. REVIEW OF THE HEALTH & SOCIAL CARE INTEGRATION SCHEME

The Director of Health & Social Care provided an update on the Integration Scheme and advised there is no significant change to the services that are delegated or to membership.

Considerable work has been undertaken to clarify roles and responsibilities of members, statutory responsibilities, and financial governance.

The report outlines both the amended scheme as an appendix and the consultation that has taken place.

The Director of Finance and Strategy advised that close working with the Director of Finance at Fife Council and Chief Finance Officer of the Integrated Joint Board has taken place with a focus on supporting the financial sustainability of the IJB. It was advised new clauses focus on the importance of timely financial planning, and by Quarter 3 of each financial year, to be in a position to understand the IJB spending plans for the following year.

Following a question, the risk share arrangement was explained and how there was now an attempt to move the conversation towards financial sustainability. It was advised the Integration scheme has been scrutinised through the Finance, Performance & Resources Committee, on behalf of the Board, and it has also been widely discussed across the Partners.

Once the integration scheme has been approved by both Fife Council and NHS Fife Board, it will be submitted to Scottish Government for their approval.

The Board formally **approved** the revised Integration Scheme prior to it being submitted to Scottish Government for Ministerial approval.

13. WHISTLEBLOWING STANDARDS QUARTERLY REPORT

The Board **noted** and took **assurance** from the Whistleblowing Standards Quarterly Report.

14. ANNUAL RETURN OF HEALTH PROMOTING HEALTH SERVICE

The Director of Public Health spoke to the paper, and noted the annual return is a well-established national framework with a number of outcomes. Work is aligned with the various groups within the Health & Social Care Partnership, Well at Work Group and Health Promoting Service Managers Group. An update will be provided in Spring 2022.

The Board **noted** and took **assurance** from the Health Promoting Health Service Annual Return.

15. PAYROLL CONSORTIUM

The Director of Finance & Strategy advised that the paper on Payroll Consortium is for information.

It was advised a rescoping on the payroll consortium proposal has taken place, and a revised business case will be brought back to the Board at a later date.

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

16. EAST REGION RECRUITMENT TRANSFORMATION PROGRAMME

The Director of Workforce highlighted that Phase two of the East Region Recruitment Transformation Programme will launch in late November 2021, with a soft launch taking place in October 2021. The programme is being actively reviewed, and dates may alter slightly.

The Board **noted** and took **assurance** from the progress in the East Region Recruitment Service.

17. STATUTORY AND OTHER COMMITTEE MINUTES

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

Statutory Unconfirmed

- 17.1. Audit & Risk Committee dated 16 September 2021
- 17.2. Clinical Governance Committee dated 2 September and 17 September 2021
- 17.3. Finance, Performance & Resources Committee dated 7 September 2021
- 17.4. Staff Governance Committee dated 2 September 2021

Other

- 17.5. East Region Programme Board dated 18 June 2021
- 17.6. Fife Health & Social Care Integration Joint Board dated 18 June 2021
- 17.7. Fife Partnership Board dated 17 August 2021 (unconfirmed)

Approved Minutes

- 17.8. Audit & Risk Committee dated 17 June 2021
- 17.9. Clinical Governance Committee dated 7 July 2021
- 17.10. Finance, Performance & Resources Committee dated 13 July 2021
- 17.11. Staff Governance Committee dated 1 July 2021

18. FOR INFORMATION

The Board noted the items below:

- 18.1. Integrated Performance & Quality Report – July and August 2021

18.2. Corporate Calendar – Board and Committee Dates to March 2023

19. ANY OTHER BUSINESS

There was no other business.

20. DATE OF NEXT MEETING

Tuesday 30 November 2021 at 10.00 am Via MS Teams/Staff Club, Victoria Hospital, Kirkcaldy (tbc).

Meeting:	NHS Board Meeting
Meeting date:	30 November 2021
Title:	Whole System Pressures
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Carol Potter, Chief Executive Fay Richmond, Executive Officer to Chair & Chief Executive

1 Purpose

This is presented to the Board for:

- Assurance
- Decision
- Discussion

This report relates to a:

- Annual Operational Plan
- Emerging issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper seeks to acknowledge the significant ongoing system wide challenges across health and care in Fife, as noted verbally at previous Board meetings and through various reports to individual governance committees including scrutiny of the Integrated Performance & Quality Report.

Many of the issues are not new – the health and care system was under pressure before the pandemic – however, the situation has been exacerbated by Covid-19. The unprecedented challenges currently facing NHS Fife and the Fife Health & Social Care Partnership reflect the combined issues of continuing high numbers of Covid hospital admissions, high volume of attendances within the emergency department, continuing high

emergency admissions, capacity and sustainability challenges within primary care, and difficulties in the flow of patients through our system as we see similar pressures in the social care setting. In addition, the physical constraints of many buildings, which were never designed to enable the extent of spacing requirements to support the infection prevention and control aspects of Covid-19, present further challenges for accessibility and capacity, including primary, community and secondary care services.

These challenges are manifesting in the following ways:

- Pre-pandemic targets and standards are largely unmet
- Unscheduled attendances and admissions to hospital have increased
- Long waits within the Emergency Department have increased dramatically over recent months
- Whilst we have been successful in maintaining elective activity, this is becoming increasingly difficult with inpatient activity running at 79% of pre-pandemic capacity overall (at the time of writing) with variable performance across individual specialties
- Delays in discharge of patients from our acute and community hospitals remain extremely high
- Difficulties in patients accessing GP consultations
- Staff are reporting feeling exhausted and working in an environment of increasing demand, sickness absence and, despite best efforts to recruit, high vacancy levels

The whole health and care system has also been challenged with the delivery of the Covid-19 vaccination programme, including more recently the additional delivery of the combined Flu and Covid-19 booster programme, arguably the most significant public health intervention in a century. This is a political and public health priority and is viewed as the key route out of the pandemic and whilst it has been delivered and continues to be delivered successfully in Fife, it is a significant logistical exercise which has required significant movement of staff to deliver.

As noted at the recent Active Governance development session, the Board need to operate in a manner that ensures there is a focus on the right things, considering the right evidence, and responding in the right way. The purpose of this report, therefore, is to describe the whole system position and thus:

- set out the **challenges** facing health and care services in an open and transparent manner, **supported by data** and **triangulated by patient and staff experience**,
- describe the **range of actions underway** in respect of workforce; capacity and flow; and other measures to address the challenges, and
- seek **confirmation** from the Board that the **information presented provides assurance** that the Chief Executive and Executive Team are taking **all necessary actions to minimise risk to patients and staff as far as possible**, noting that these challenges are unlikely to improve over the next 4-6 months as we head through winter.

This also needs to be considered in the context that the Board, Chief Executive and Executive Directors continue to operate under the direction of Scottish Government, through the emergency legislation put in place early in the pandemic.

Further detailed updates on specific aspects of this report will be provided through the Board's governance committees in January namely:

Staff Governance Committee: a report on the actions and progress to address workforce challenges in partnership, including impact where measurable.

Finance, Performance & Resources Committee: a report on the action and progress to address capacity and flow challenges over winter, including the impact where measurable.

All Committees: a report on the operational escalation plan including agreed triggers; approval of any derogations required and the impact where measurable.

2.2 Background

Health and social care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand on services or a mismatch between demand and supply of services. This can happen at any time of the year, as experienced in Spring 2021 when emergency admissions exceeded pre-pandemic levels, but this is most common in winter when activity rises. Covid-19 continues to have an impact but a surge in influenza and other viruses is predicted for this winter, bringing increased pressure on our health and care services. This was recognised in the most recent Scottish Government Strategic Framework:

"It has been a long and difficult period since the first cases of Covid-19 appeared in Scotland. The pandemic continues and the virus remains very much with us. The current resurgence of cases across much of Europe indicates the ongoing threat that the virus poses. Continued collective effort and commitment, particularly in sticking to the rules and guidance in place, will be imperative as we confront the challenging winter ahead."

Rt Hon Nicola Sturgeon MSP, First Minister of Scotland

NHS Fife, Fife Council and the Fife Health and Social Care Partnership (HSCP) share the challenges of managing service delivery in the context of demographic change across primary, secondary, and social care. The organisations are collectively responsible for managing the local health and social care system. This includes managing information and intelligence; assessing needs and working with community partners to ensure that services are fit for purpose; they meet the needs of patients; and are cost effective despite the pressures described above.

2.3 Assessment

2.3.1 Summary of Whole System Pressures

Key learning from the recent Active Governance development session highlighted the importance of seeking a rounded perspective across a range of assurance metrics. The following assessment therefore seeks to triangulate routinely reported performance data with the staff and patient perspective.

Performance Data

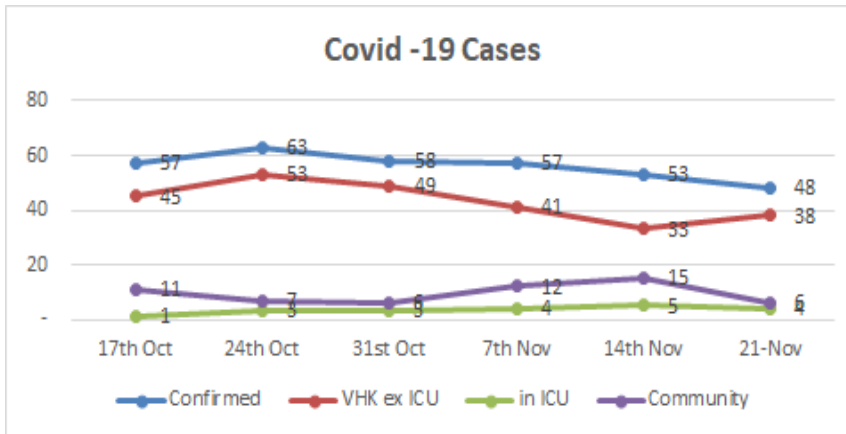
The Integrated Quality and Performance Report provides a comprehensive overview of performance across the health and care system in Fife, against a range of key measures as defined by Scottish Government ‘Standards’ and local targets. Activity performance in the current year, however, is being assessed against forecasts agreed through the Board’s Remobilisation Plan (RMP3).

NHS Fife is a data rich organisation. Data is used on a daily basis to model/predict the trajectory of demand, waiting lists, staffing, etc. However, healthcare provision is unpredictable particularly in the last twenty months. Our ability to deliver against the remobilisation plan is impacted by demand for services (both planned and emergency), flow through the system and staff availability.

The graphic below provides a high level overview of a number of the standards and targets reported via the IPQR, and although Board members are reminded that we are currently monitoring performance against agreed trajectories within the RMP3 rather than the SG standards and targets, the comparison with the pre-pandemic position demonstrates the extent to which performance has deteriorated despite best efforts.



In addition to routine reporting via the IPQR, a range of data metrics are monitored through the pandemic command structure, with weekly monitoring reports taking account of Covid-19 specific data. The chart below details the seven-day average of inpatients with confirmed Covid-19. Since mid October the number has averaged between 48 and 57 with the Victoria Hospital site having between 33 and 53 excluding ICU patients. ICU numbers have fluctuated on a daily basis but remained below 5 at any given time. These patients often have high care needs, as well having to be cared for in areas with specific infection control measures (e.g. bed spacing) which impacts on capacity.



Current modelling suggests hospital admissions for Covid-19 cases will continue at these levels in the coming weeks, thereby continuing the pressure on capacity across the Victoria and community hospitals. In addition, further modelling work is being progressed locally with the support of CapGemini and Public Health Scotland who have jointly led on national modelling work. This work gives a strong indication that the overall increase in unscheduled care hospital admissions will be significant, particularly as we approach the festive period, with an expected shortfall of beds across all Boards.

Staff Perspective

Our workforce remains the greatest asset to NHS Fife and throughout the pandemic there has been an enormous and relentless ask of all members of staff. They are central to the safe and person centred delivery of our services, either directly as clinicians or as part of the wider range of professionals and supporting infrastructure within the organisation.

It is evident within the current climate that we face staff shortages across many professions; with recognised acceptable staffing ratios often being difficult to maintain. This increases workload and places a level of personal pressure on individual members of staff in their commitment to fulfil their role to the best of their abilities.

NHS Fife recognises that listening to staff voices and dealing with concerns and issues in partnership is core to our ability to meet the current challenges and ensure everything possible is being done to address the difficulties being faced on a daily basis by our staff.

As part of the Executive Directors Group the Employee Director is able to directly advocate for staff, supported through a network of staff representatives across all services and through the Area Partnership Forum. In addition to this ongoing feedback mechanism, staff across NHS Fife and the Fife Health & Social Care Partnership can participate in the annual iMatter survey, which provides insight into the views of staff across a range of metrics

Area Partnership Forum

Over the past twenty months, the Area Partnership Forum (APF) and Local Partnership Forums (LPFs) have discussed the challenges faced by the workforce and provided

invaluable support in driving forward a range of staff wellbeing, resourcing, and engagement initiatives.

In July 2021 the Fife branch of Unison conducted a members' survey, with 600 members responding. The summary findings were shared with the Chief Executive and Executive Team. In mid-August a meeting of Unison officials, the Chief Executive, Director of Workforce and Director of Nursing was held. Attendees committed to identify ways to address the concerns raised, which included themes relating to staffing resources / skill mix; staff wellbeing; staff feeling heard; visible leadership and management; and partnership involvement in decision making

Whilst this survey was specific to one union, many of the issues raised have been acknowledged as relating to all staff. An agreement was reached with Unison colleagues that we would discuss key issues through the APF, with a commitment that addressing these issues requires a joint staff side and management response. A report from the Employee Director and Chief Executive was subsequently considered at the September meeting of the APF with a range of immediate actions to offer assurance that the Executive and senior management team are responsive to issues raised.

Notwithstanding the actions and assurances offered, it is recognised that concerns remain with staff side members and this was highlighted in a letter received by the Chair and Chief Executive on 26 September. A copy of this letter was circulated to Board members along with a response from the Chief Executive and Chair on 1 October, setting out a range of mitigating actions and confirming the Board's commitment to continue to work in partnership with trade union and professional association colleagues on every possible opportunity to support the delivery of safe healthcare services across Fife.

iMatter Survey

iMatter is the NHS Scotland staff survey which ran across Scotland in summer 2021. NHS Fife had a 59% response rate, with over 6,500 staff participating in the survey (in comparison to 56% response rate across NHS Scotland as a whole).

A total of 33 scored and standardised questions are reported through the survey, against a weighted index across 4 levels: strive and celebrate; monitor to further improve; improve to monitor; and focus to improve. Overall NHS Fife had a positive report, with 29 of the 33 questions achieving a "strive and celebrate" score and the remaining 4 questions achieving a "monitor to improve" result. The overall experience score was 6.8 on a 1-10 scale, broadly in line with the previous year's result.

Patient Perspective

Patients have experienced significant changes to their health service interactions in the past twenty months. There have been changes in access, treatment and waiting lists. There has been a change to a more digital offering both for access and treatment. The use of digital platforms, Near Me and telephone have become the preferred mode of delivery for some services. This has been difficult for some patients as they contend with digital and other

inequalities. This has been recognised by services and mitigations have developed and more being scoped as services agree the delivery models for the future.

The main ways that feedback from patients is received have remained mainly constant – complaints, compliments and Care Opinion. Between 1st May and 31st October 2021, 421 stories were posted on Care Opinion and 340 compliments were recorded. The majority of these related to staff.

Care Opinion	Positive	Negative
Staff	192	1
Friendly	105	0
Care	85	1
Communication	21	12
Staff Attitude	11	4

During the same period, 553 complaints were received, of which 328 were resolved at Stage 1 of the formal complaints process, with 225 requiring progress to Stage 2. An upward trend in the volume of complaints has been noted in recent months.

2.3.2 Actions to Address Whole System Pressures

A range of actions are underway to address the whole system pressures apparent across our health and care services, which are impacting on workforce, capacity and flow, and ultimately on our ability to ensure safe, person centred effective care.

Actions to Address Workforce Challenges

NHS Fife is not alone in experiencing workforce challenges. These are felt by health and care organisations across Scotland and relate to difficulties with recruitment and retention, increasing absence and the impact of working in a global pandemic for 20 months on staff health and wellbeing. A number of actions have already been taken locally and many others are developing. We also work closely with Scottish Government colleagues on national initiatives

Staff resourcing

The ageing demographic of the workforce, particularly within the nursing profession was already known prior to the pandemic. Some staff have expedited their retirement, for various reasons, during this period and this has contributed to the current vacancy rate. Recruitment remains challenging in a number of areas, often where there is a limited supply of suitably qualified or experienced staff. Flexible and innovative approaches are being pursued and we are in a strong position to learn from the development of the Vaccination and Test & Protect workforce, where unregistered staff have been recruited, trained and supported to work in different ways, to support focussed deployment of registrants. The following table summarises the actions in place to support staff resourcing.

Workforce Resilience Layer	Promoted in November, part of Team Fife campaign. 13 staff offered to support both ward and administrative
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	capacity (with appropriate training). Service release plans identified 29 WTE in category 1 (for initial release) and 50 WTE in category 2 (full non-essential service suspension). Complements work on release of clinical staff to support wards and departments - part of escalation plans.
Band 2/3 Recruitment	93 candidates being interviewed during November.
Ward Admin Recruitment	Main campaign completed -55 new posts WTE commenced Oct-Nov 2021
Increased Bank Capacity	195 student nurses in process 30 healthcare students (70 Medical Students on ban for vaccination) 28 Medical students for B3 Physician Support Worker roles in progress. HCSW – 74 in progress
National Recruitment Campaigns	TMP campaign for registered nurses Oct-Nov 2021 (5 in process), Civvy Street targeting ex-military commenced Nov 2021
International Recruitment	Plan for up to 40 WTE Nurses and 3 Radiographers to be recruited in early 2022
Volunteers	Expanding number of volunteers to support frontline services with assistance from British Red Cross national hub.
Workforce Planning Tools review of Staffing levels/Skills Mix	Led by Nursing Workforce & Midwifery Workforce Group
Guiding Principles	Developed in partnership, launched in Sept 2021. Support for staff (in particular, registrants) in mitigating the risk of staffing gaps and service pressures.
Band 4 Nursing Profile Development	National development to support the development of B4 nursing role for future recruitment (noting use of B4 appointment mechanism for fast tracking engagement of Student Nurses pending registration)

Staff wellbeing

Staff wellbeing has never had such a high profile as over the past 20 months. The opportunities available to staff have increased both in number but also in the breadth of offering to meet the needs of as many staff as possible. These include:

- Time to take a break campaign
- Staff support information sessions for managers
- Peer support
- 7 ways nature can make you feel awesome sessions
- Culture of kindness conference
- Mindfulness courses
- Our Space
- Pause Pods
- Occupational Health Service
- Staff counselling
- Spiritual care service

- Health & wellbeing promotions
- Staff welfare hubs
- Access to refreshments

Through the current review of the IPQR we are exploring options to enhance the reporting and scrutiny of staff resourcing and wellbeing metrics

Actions to Address Capacity & Flow – Acute Services

There are currently several pressures impacting on the capacity and flow of patients through our acute hospitals. These include the need to manage patients with Covid-19 illness alongside those with other health needs, whilst ensuring compliance with enhanced Infection, Prevention and Control guidelines; the continuing high number of emergency attendances in the Emergency Department (ED); and the number of medically fit patients remaining in an acute hospital bed, awaiting their next care provision, commonly referred to as delayed discharges.

To manage this pressure a number of actions and initiatives have been employed, to ensure that patients get the right care, at the right time in the right place:

- Robust use of Redirection guidance to utilise unscheduled care services most appropriately including general practice, dentist, pharmacist, optician and minor injuries services across Fife
- Early daily flow to ensure admission wards have assessment capacity
- Agree pathways and standard operating procedures to improve speciality waits; for example direct surgical admissions for maxo facial, urology and ENT; and earlier transfer to Orthopaedics
- Implement non-respiratory and respiratory pathways
- Additional minor treatment areas
- Additional Aerosol Generating Procedures areas in resus space within the emergency department
- Extended footprint of surge capacity
- Additional medical staffing and enhanced handover processes at weekends
- Improved use of discharge lounge
- Ongoing collaborative working with the Scottish Ambulance Service and HALO at the front door

We also continue to adopt a flexible, responsive approach to our elective programme, recognising the balance of risk associated with delaying treatment. Urgent and cancer surgery remains a priority.

Actions to Address Capacity & Flow – Health & Social Care Partnership

The Health and Social Care Partnership (HSCP) have experienced similar capacity issues within community hospitals and social care services, albeit with a different focus in respect of the discharge and support of individuals in the community.

Scrutiny and consideration of the actions underway within Health & Social Care Partnership (HSCP) services are within the remit of the Integration Joint Board. However, for assurance purposes, the following actions are brought to the attention of NHS Board members as these have the potential to impact directly on capacity and flow in the acute hospitals:

- Admission prevention and early discharge
- Investment in Care at Home, START and Peripatetic Team
- Technology enhanced care to support prevention, environmental monitoring and potential early discharge
- Increased bed base in community hospitals to provide surge capacity
- Robust use of Moving On guidance
- Expand integrated multi disciplinary team to support discharge process

Actions to Address Capacity & Flow – Whole System

It is important to highlight to NHS Board members the extent to which operational teams across Acute services and the HSCP are working collaboratively, recognising the interdependencies in all aspects of our local health and care system. In addition to the actions described above, collaborative work includes:

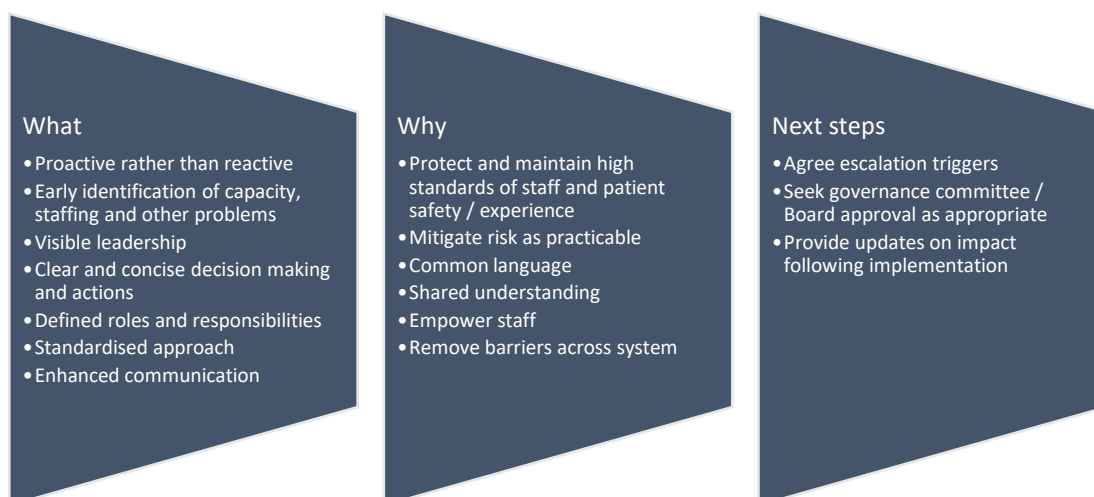
- Earlier matching of patients to community beds via Discharge Hub
- Whole system working through Flow Navigation Hub (24/7) and Hospital at Home
- Speciality assessment both in reach (frailty assessment) and outreach (MSK and mental health) models
- Development and implementation of operational escalation framework
- Prioritisation of complaints investigation
- Pilot site for “Discharge without delay”
- Commitment to further ensure strong and effective communication with public and staff in respect of how to best access our services, using both national and local messages.

Operational Escalation Framework

As we approach the winter period, we are developing at pace an Operational Escalation Framework, designed to support proactive management of increased activity, and the impact on capacity and flow, so that services can manage associated clinical risks within acceptable limits. This framework will sit alongside the existing major incident planning and response procedures

Developed collaboratively across the Acute Directorates with clinicians and managers the framework aims to; manage and safeguard patients and staff safety; provide clear actions and responsibilities expected to be initiated at each level; ensure all staff/ departments are working to the same parameters with common language; provide assurance that through the actions taken, risk is mitigated and senior staff are fully informed and engaged; and safeguard and maintain essential services during periods of escalation

The framework will describe escalation levels (OPEL), with the first level being low levels of pressure to the highest level representing critical pressure. Each level will have pre-defined and agreed triggers associated with, for example, staffing, capacity, impact on elective activity, ambulance waits. Importantly, to support decision making, there will be clear roles & responsibilities from staff at ward level to Executive Director on call. The philosophy behind this approach is akin to the discipline of an emergency planning response. The decision making will largely relate to pre-determined actions to increase bed capacity; to realign staff resourcing between services; or change to operational protocols.



Whilst the current focus is on establishing the framework within acute services, there is a parallel and supportive exercise within the Health and Social Care Partnership, and therefore ensure a whole system response. The framework will also proactively seek to ensure an appropriate response from key members of the health community to contribute to a reduction in the escalation status. Further details will be provided through the standing governance committees to provide assurance and opportunity for decision making where appropriate.

2.3.3 Quality/ Patient Care

The actions described above seek to mitigate as far as possible any negative impact or reduction in the quality of patient care. Without action, there is a risk of poorer outcomes for patients.

2.3.4 Workforce

The actions described above seek to mitigate as far as possible any negative impact or risk to the availability and wellbeing of staff

2.3.5 Financial

The financial impact of the actions underway is largely supported by additional funding from Scottish Government as well as generous donations from the Fife Health Charity, NHS Charities Together and other donors to support a number of the staff wellbeing initiatives. As we look forward to 2022/23 and through the SPRA process, the recurring impact of these actions will require further detailed scrutiny and consideration.

2.3.6 Risk Assessment/Management

The actions described above seek to mitigate as far as possible the risk to the ongoing delivery of safe and effective care, with an emphasis on balance of risk.

2.3.7 Equality and Diversity, including health inequalities

The actions described above seek to mitigate as far as possible any further exacerbation of inequalities across our population and those groups already most affected by the pandemic.

2.3.8 Communication, involvement, engagement and consultation

The Command structure enacted at the outset of the pandemic remains in place with Gold (Strategic), Silver (Tactical) and Bronze (Operational) Groups continuing to meet. In addition, the Chair and Vice Chair meet on a weekly basis with the Chief Executive to ensure an open flow of communication on key matters. The issues raised in this report have been widely discussed in these different forums.

2.3.9 Route to the Meeting

Whilst this report has not been considered formally through any other Board Committees the issues highlighted have been widely discussed through scrutiny of the IPQR over recent months and consideration of the individual components of the Board Assurance Framework. The Area Partnership Forum considered the workforce pressures at its meeting on 22 September 2021. Discussion on the key issues set out in this report took place with the Vice Chair on 24 November 2021 and at an extraordinary meeting of the Executive Directors Group on 26 November 2021.

The Board has received several verbal updates from the Chief Executive in public session over the past few months, setting out the workforce, capacity and flow difficulties facing NHS Fife and the Fife Health & Social Care Partnership. This report seeks to draw together the existing information and data to provide a more rounded overview of the current whole system pressures.

2.4 Recommendation

- **Discussion** - the Board is invited to consider the issues described above and note that further detailed reports will be provided through the standing governance committees for assurance in January 2022
- **Decision** - the Board is invited to confirm that the information presented provides assurance that the Chief Executive and Executive Team are taking all necessary actions to minimise risk to patients and staff as far as possible, noting that these challenges are unlikely to significantly improve over the next 4-6 months as we head through winter.

Report Contact

Carol Potter
Chief Executive
Email carol.potter@nhs.scot

Meeting:	NHS Fife Board
Meeting date:	30 November 2021
Title:	Executive Summary Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented to the NHS Fife Board for:

- Discussion

This report relates to the:

- Performance Management
- RMP3

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the NHS Fife Board of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of August 2021.

Activity performance for the first half of FY 2021/22 has been assessed against RMP3 (the 1-year re-mobilisation plan for this year). A summary of monthly activity covering more areas than required by the SG is provided in the table on Page 4 of the report.

From October onwards, RMP3 has been superseded by RMP4, which has enabled Health Boards to update their plans for the second half of the year based on experiences in the first 6 months. The first report including RMP4-related performance will be available in January 2022.

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

2.2 Background

The Executive Summary Integrated Performance & Quality Report (ESIPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced bi-monthly and is based on the previous month's Integrated Performance & Quality Report (IPQR) which was presented at the last round of Standing Committees (Clinical Governance, Staff Governance, Finance, Performance & Resources and Public Health & Wellbeing).

The ESIPQR incorporates any issues and comments which the Standing Committees feel requires to be escalated to the NHS Fife Board.

2.3 Assessment

Clinical Governance

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

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Above Scottish average
Falls ¹	Monthly	7.68 per 1,000 TOBD	Not achieving
Falls With Harm ¹	Monthly	1.65 per 1,000 TOBD	Achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI ²	Quarterly	2.5%	Not achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD	Not achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	Not achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) ³	Monthly	65% (50% by Oct 2021)	Not achieving

¹ The previous targets for Falls expired in December 2020. Following discussion with the Associate Director of Nursing (Acute), revised targets based on performance in FY 2020/21 have been set for FY 2021/22.

² Formal data collection continues to be 'paused' (as per instruction from Scottish Government), but we are able to report on local data up to the end of June 2021

³ Due mainly to the ongoing pandemic, performance worsened during FY 2020/21. Following discussion with the Nursing Director, a revised target of achieving 50% by October 2021 and 65% by March 2022 was agreed. However, recent hospital pressures have resulted in a decision to 'pause' some complaints activities, and this is inevitably being reflected in the performance figures.

Staff Governance

The Staff Governance aspect of the report covers Sickness Absence.

Measure	Update	Local/National Target	Current Status
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Sickness Absence	Monthly	3.89% for 2020/21 (4.00% is the LDP Standard)	5.95% in August 2021 (worse than the planned improvement trajectory for 2021/22 at this stage, and excludes COVID-related absence)
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Finance, Performance & Resources

The FPR aspects of the report cover Operational Performance (in Acute Services/Corporate Services and the Health & Social Care Partnership) and Finance. All measures apart from the two associated with Dementia PDS have performance targets and/or standards.

Operational Performance

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early ¹	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Not achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving
Psy Ther WT	Monthly	90%	Not achieving
ABI (Priority Settings) ²	Quarterly	80%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Not achieving

Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	(£13.822m)	Achieving
Capital Expenditure	Monthly	£29.207m	Achieving

¹ Formal data collection was 'paused' (as per instruction from Scottish Government) during the latter part of 2020, but has recently restarted and we will be able to report on local data up to the end of March 2021 in the next update

² NHS Fife fractionally missed the target for 2019/20, but this was due to the delivery of interventions in an A&E setting being paused during the pandemic – data collection for 2020/21 and 2021/22 continues to be impacted, and there has been no guidance on expected achievement from the Scottish Government

2.3.1 Quality/ Patient Care

NHS Fife is continually focused on mitigating the impact of the pandemic on patient waiting times.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

Financial performance is summarised in the report and is provided in far greater detail in the monthly IPQR.

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

The Standing Committees are fully involved in reviewing the IPQR which forms the basis of the ESIPQR, and there is a method by which any issues can be escalated to the NHS Fife Board.

2.3.8 Route to the Meeting

The ESIPQR was drafted by the PPT and ratified by the Associate Director of Planning & Performance. It was then authorised for presentation at the NHS Fife Board Meeting.

2.4 Recommendation

The NHS Fife Board is requested to:

- **Discussion** – Examine and consider NHS Fife's performance and achieved remobilisation activity to date and to consider any issues escalated via the Standing Committees

3 List of appendices

None

Report Contact

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Fife Integrated Performance & Quality Report

Executive Summary

for the Report Produced in November 2021

Introduction

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

The ESIPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Remobilisation Activity Summary
- e. Committee Issues and Comments
- f. Assessment, by Governance Committee

The baseline for the report is the previous month's Integrated Performance and Quality Report (IPQR), which was considered and scrutinised at the most recent meetings of the Standing Committees:

- Staff Governance 28th October 2021
- Clinical Governance 3rd November 2021
- Finance, Performance & Resources 9th November 2021
- Public Health & Wellbeing 15th November 2021

Any issues which the Standing Committees wish to escalate to the NHS Fife Board as a result of these meetings are specified.

I. Executive Summary

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

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

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

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

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 6 (21%) classified as **GREEN**, 5 (17%) **AMBER** and 18 (62%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- Cancer 31-Day DTT – above Standard for the 16th successive month (with no breaches for the third time in the last 6 months)
- CAMHS – very close to the 90% LDP Standard for the first time since this measurement was introduced
- Psychological Therapies 18-Weeks RTT – highest monthly performance ever recorded (the second successive month when this has been the case)

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 9 (31%) within upper quartile, 13 (44%) in mid-range and 7 (25%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

c. Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22
Clinical Governance	Major & Extreme Adverse Events	N/A
	HSMR	N/A
	Inpatient Falls	7.68
	Inpatient Falls with Harm	1.65
	Pressure Ulcers	0.42
	Caesarean Section SSI	2.5%
	SAB - HAI/HCAI	18.8
	SAB - Community	N/A
	C Diff - HAI/HCAI	6.5
	C Diff - Community	N/A
	ECB - HAI/HCAI	33.0
	ECB - Community	N/A
	Complaints (Stage 1 Closure Rate)	80%
	Complaints (Stage 2 Closure Rate)	65%

Reporting Period	Year Previous	Previous	Current	Trend
Month	Aug-20	Jul-21	Aug-21	
Year Ending	Mar-20	Dec-20	Mar-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Quarter Ending	Jun-20	Mar-21	Jun-21	
Quarter Ending	Aug-20	Jul-21	Aug-21	
Quarter Ending	Aug-20	Jul-21	Aug-21	
Quarter Ending	Aug-20	Jul-21	Aug-21	
Quarter Ending	Aug-20	Jul-21	Aug-21	
Quarter Ending	Aug-20	Jul-21	Aug-21	
Quarter Ending	Aug-20	Jul-21	Aug-21	
Quarter Ending	Aug-20	Jul-21	Aug-21	
Quarter Ending	Aug-20	Jul-21	Aug-21	

Reporting Period	Fife	Scotland
N/A		
YE Mar-21	1.02	1.00
N/A		
N/A		
QE Dec-19	2.3%	0.9%
QE Jun-21	6.3	18.7
QE Jun-21	8.6	10.9
QE Jun-21	10.0	14.6
QE Jun-21	4.3	5.4
QE Jun-21	37.6	38.2
QE Jun-21	32.2	41.9
2019/20	71.5%	79.9%
2019/20	35.7%	51.8%

Section	Measure	Target 2021/22
Operational Performance	IVF Treatment Waiting Times	90%
	4-Hour Emergency Access	95%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%
	18 Weeks RTT	90%
	Cancer 31-Day DTT	95%
	Cancer 62-Day RTT	95%
	Detect Cancer Early	29%
	Freedom of Information Requests	85%
	Delayed Discharge (% Bed Days Lost)	5%
	Delayed Discharge (# Standard Delays)	N/A
	Antenatal Access	80%
	Smoking Cessation	473
	CAMHS Waiting Times	90%
	Psychological Therapies Waiting Times	90%
	Alcohol Brief Interventions (Priority Settings)	80%
	Drugs & Alcohol Treatment Waiting Times	90%
	Dementia Post-Diagnostic Support	N/A
	Dementia Referrals	N/A

Reporting Period	Year Previous	Previous	Current	Trend
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Year Ending	Dec-19	Sep-20	Dec-20	
Quarter Ending	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Jun-20	May-21	Jun-21	
YTD	Jun-20	May-21	Jun-21	
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	
YTD	Mar-19	Dec-19	Mar-20	
Month	May-20	Apr-21	May-21	
Annual	2018/19	2019/20	2021/21	
Annual	2018/19	2019/20	2020/21	

Reporting Period	Fife	Scotland
N/A		
Aug-21	83.6%	77.8%
Jun-21	69.3%	38.6%
Jun-21	62.1%	53.1%
Jun-21	90.7%	62.6%
QE Jun-21	68.0%	74.7%
QE Jun-21	99.0%	98.1%
QE Jun-21	80.3%	84.1%
2018, 2019	26.1%	25.6%
N/A		
QE Mar-21	5.6%	4.6%
Aug-21	32.76	24.80
FY 2019/20	89.0%	88.3%
FY 2019/20	92.8%	97.2%
QE Jun-21	73.7%	72.6%
QE Jun-21	80.4%	82.7%
FY 2019/20	79.2%	83.2%
QE Mar-21	94.5%	95.6%
2018/19	93.7%	75.1%
2018/19	60.9%	43.4%

Section	Measure	Target 2021/22
Finance	Revenue Expenditure	(£13.822m)
	Capital Expenditure	£29.207m

Reporting Period	Year Previous	Previous	Current	Trend
Month	Aug-20	Jul-21	Aug-21	
Month	Aug-20	Jul-21	Aug-21	

Reporting Period	Fife	Scotland
N/A		
N/A		

Section	Measure	Target 2021/22
Staff Governance	Sickness Absence	3.89%

Reporting Period	Year Previous	Previous	Current	Trend
Month	Aug-20	Jul-21	Aug-21	

Reporting Period	Fife	Scotland
YE Mar-21	4.77%	4.67%

d. NHS Fife Remobilisation Summary – Position at end of September 2021

Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	1,000	1,000	1,120	3,120		
	Actual	3,260	988	942	1,004	2,934	3,394	3,716
	Variance	279	-12	-58	-116	-186		
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	6,227	6,259	6,639	19,125	22,925	24,441
	Actual	19,488	6,154	6,749	7,239	20,142		
	Variance	2,388	-73	490	600	1,017		
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	611	611	611	1,833	1,833	1,833
	Actual	1,406	484	547	475	1,506		
	Variance	-395	-127	-64	-136	-327		
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	3,750	3,750	3,750	11,250	11,250	11,250
	Actual	12,971	4,324	4,221	4,084	12,629		
	Variance	2,121	574	471	334	1,379		
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	6,280	6,590	6,240	19,110	18,370	18,490
	Actual	20,728	7,052	7,192	6,866	21,110		
	Variance	3,618	772	602	626	2,000		
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	2,830	2,800	2,690	8,320	8,680	8,830
	Actual	10,085	3,355	3,367	3,346	10,068		
	Variance	2,045	525	567	656	1,748		
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82				5.85	5.63	5.73
	Actual	5.54				6.16		
	Variance	-0.28				-0.28		
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	870	870	870	2,610	2,610	2,610
	Actual	2,885	996	1,001	1,051	3,048		
	Variance	435	126	131	181	438		
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	415	145	145	145	435	435	435
	Actual	305	110	109				
	Variance	-110	-35	-36				
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	306	84	103	104	291	346	298
	Actual	411	110	107	121	338		
	Variance	105	26	4	17	47		
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	1,369	514	471	437	1,422	1,905	1,780
	Actual	1,816	605	565				
	Variance	447	91	94				
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	35	36	36	36	42	43
	Actual	81	81	99	83	83		
	Variance	44	46	63	47	47		

¹ The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

e. Committee Issues and Comments

Clinical Governance Committee

No specific performance-related issues were highlighted for escalation to the Board.

Finance Performance & Resources Governance

A paper will be submitted to the Committee in January and March to support a focussed discussion on efficiency and savings proposals which will underpin delivery of the 2022/23 Financial Plan.

Staff Governance

No specific performance-related issues were highlighted for escalation to the Board.

Public Health & Wellbeing

No specific performance-related issues were highlighted for escalation to the Board.

f. Assessment – Clinical Governance

		Target	Current
HSMR		1.00	1.02
<p>The HSMR for NHS Fife for the year ending March 2021 rose slightly in comparison to the rate for the year ending December 2020, and was above the Scotland average. The rate for VHK alone was 1.03.</p>			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.61
<p>The significant challenges facing inpatient services continue alongside ongoing workforce challenges and as noted previously an increased usage of supplementary staffing. Staff continue to use the extant falls bundle and local support is being given to areas where falls with harm have increased noting a slight increase in some areas.</p>			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	1.21
<p>Acute: Since January 2021 there has been a shift in the data, with pressure ulcer rates above the median for 8 consecutive months. There has been a reduction in grade 2 and multiple pressure ulcer incidences but an increase in suspected deep tissue injury and grade 3. There have been no grade 4 reported since November 2018.</p> <p>HSCP: The number of acquired pressure ulcers has reduced slightly from the previous quarter, and four hospitals within the HSCP had no hospital acquired pressure ulcers in August. Over the whole partnership, there has been one hospital acquired pressure ulcer (grade 3) in August and one area has achieved three months with no pressure ulcers. There has been no hospital acquired grade 4 pressure ulcers reported since January 2020.</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	3.6%

All mandatory SSI surveillance remains paused (as per the start of the Covid-19 pandemic) until further instruction from the Scottish Government. However, Maternity Services continue to monitor their Caesarean Section SSI cases and, where necessary (in the case of deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.

SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	10.8
NHS Fife is continuing to achieve the trajectory for the 10% reduction target, to be met by March 2022. There was one PVC associated SAB in August, but there have been no CVC SABs since March.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	8.4
NHS Fife is above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022, although the incidence rate has improved since May and remains below average national comparator. There have been 4 recurrences to date in 2021, an improvement from 6 for the same time period in 2020. Reducing the incidence of CDI recurrence is pivotal to achieve the HCAI reduction target, and continues to be addressed.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	46.8
The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For August, NHS Fife was above the trajectory line to achieve this target. In the month, there were 4 CAUTIs and 11 ECBs due to another urinary source. Reducing CAUTI incidence remains the quality improvement focus.			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	30.0%
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity of complaints received and numbers received continue to be high. Although reduced slightly, PRD has responded to a high number of concerns and Stage 1 complaints relating to COVID-19 vaccination appointments. We anticipate an increase in calls, enquiries and complaints as the programme team start to deliver third vaccines.			

f. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	83.7%
<p>The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation hub is being increased further for managing GP admissions for early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	68.2%
<p>Performance in August has plateaued with 68.2% waiting less than 12 weeks compared to 67.9% in June. NHS Fife continues to be one of the best performing Board in Scotland for TTG. Theatres are now fully remobilised however the continued increase in unscheduled care activity is impacting on our ability to undertake elective inpatient surgical activity as planned and slowing improvement. After a period of stability the waiting list in August has risen to 3,401 which is 6% greater than in August 2019 pre-covid. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	58.6%
<p>Performance in August has deteriorated slightly with 58.6% waiting less than 12 weeks compared to 62.4% in June. The waiting list has continued to rise and at 21,955 is 53% higher than in August 2019 pre-covid. Particular attention continues to be focused on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. Activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	81.2%
<p>Performance continues to be under significant pressure, decreasing to 81.2% from 90.6% in June waiting less than 6 weeks. The waiting list has stabilised and at 4,779 is 9% higher than at the end of August 2019 pre-covid. The referrals for CT and Ultrasound remain high with significant pressures from unscheduled care activity and staffing absence resulting in increased routine waits for these modalities. Particular attention continues to be focused on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	91.3%
<p>We saw improvement in 62-day performance in August, however this will remain variable due to an increasing backlog of patients who have breached with no treatment date. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to routine staging and investigations, delays to surgery due to increasing numbers and consultant leave and radiotherapy treatment, while Oncology capacity remains an issue. The majority of breaches continue to be prostate due to the challenging pathway. The range of breaches were 5 to 27 days (average 12 days); the range of maximum days breach has improved.</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	74.8%
<p>There were 49 FOI requests closed in August, 11 of which were late, a closure performance of 77.5%. The performance figure above (71.2%) reflects the performance for the 3-month period ending August.</p> <p>Due to staff turnover in the FOI Role, the Information Governance and Security Advisors are overseeing the administration of FOI requests.</p>			

		Target	Current
<p>Delayed Discharges</p> <p>The number of bed days lost due to patients in delay continues to rise and has remained above the target 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 62 downstream beds over the last 4 months to mitigate against the lack of home care, and this is resulting in the increase in the % of bed days lost which is being reported. Bed days occupied by Code 9 (51X) patients, while not counted in the IPQR measure, accounts for approximately 30-35% of beds days lost.</p>	<p><i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i></p>	<p>5%</p>	<p>10.4%</p>
<p>Smoking Cessation</p> <p>Service provision has continued to be delivered remotely by phone and Near Me appointments. Staffing levels are improving, with two staff members returned from maternity leave (albeit now using accrued annual leave). Continued local training is being delivered to new staff members and refresher training for others. There is an ongoing challenge and potential risk to the LDP Target with supply shortage of Champix (varenicline tartrate) across all doses and presentations which looks set to continue until the new year. Two new staff members have completed their competencies and are now competent and confident practitioners.</p>	<p><i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i></p>	<p>473</p>	<p>68</p>
<p>CAMHS Waiting Times</p> <p>Referral to Treatment (RTT) performance remains high, reflecting the ongoing prevalence of urgent and priority referrals to CAMHS and the allocation of the majority of the workforce to meet this need. Longest waits has been sustained (despite staff employed to address this group leaving post) by reallocating core staff to target those waiting the longest. Recruitment process is ongoing - 6 of the available 8 posts to increase capacity have been appointed with the remaining posts at interview stage. The two 'longest wait' posts have been appointed within Clinical Psychology and will start in early 2022. The outstanding (10) posts identified through the Gap Analysis, funded by the Mental Health Recovery and Renewal Fund, are still in the recruitment system.</p>	<p><i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i></p>	<p>90%</p>	<p>88.8%</p>
<p>Psychological Therapies</p> <p>The overall waiting list continues on a downward trend, and there has been a further reduction in numbers waiting over 52 weeks, with these longest waits being mainly for highly specialised therapy. The trend in referrals remains upward, with the increased referral/self-referral rate for our expanded range of online PTs continuing. Group work has increased. Recruitment to new posts (and current vacancies) is ongoing.</p>	<p><i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i></p>	<p>90%</p>	<p>87.4%</p>

f. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£13.822m)	(£8.884m)

Month 5 financial position

The revenue position for the 5 months to 31 August reflects an overspend of £8.884m. This comprises a run rate overspend position of £1.908m; unmet core savings of £1.286m (to be delivered over the remaining months of the year); and underlying unachieved 'long Covid' savings of £5.690m.

Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£29.257m	£5.961m
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The overall anticipated capital budget for 2021/22 is £29.257m. The capital position for the period to August records spend of £5.79m. Therefore, 19.8% of the anticipated total capital allocation has been spent to month 5.

f. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	5.95%

The sickness absence rate in August was 5.95%, a decrease of 0.08% from July. The average rate for COVID-19 related special leave, as a percentage of available contracted hours, was 1.14%.

MARGO MCGURK
Director of Finance and Performance
23rd November 2021

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance



Report to the Board on 30 November 2021

BOARD DEVELOPMENT SESSION – 2 November 2021

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.

November Development Session

4. The most recent Board Development Session took place via MS Teams on Tuesday 2 November 2021. There were two main topics for discussion: Active Governance and Population Health & Wellbeing Strategy Development.

Recommendation

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

TRICIA MARWICK
Board Chairperson
03 November 2021

Active Governance Board Development Session – 2 November 2021

Attendance

Present:

T Marwick (Chairperson)	K Macdonald, Non-Executive Director & Whistleblowing Champion
C Potter, Chief Executive	M Mahmood, Non-Executive Director
M Black, Non-Executive Director	M McGurk, Director of Finance & Strategy
S Braiden, Non-Executive Director	C McKenna, Medical Director
W Brown, Employee Director	A Morris, Non-Executive Director
C Cooper, Non-Executive Director	J Owens, Director of Nursing
A Grant, Non-Executive Director	J Tomlinson, Director of Public Health
R Laing, Non-Executive Director	A Wood, Non-Executive Director

Other Directors (non Board Members)

N Connor, Director of Health & Social Care
L Douglas, Director of Workforce
S Garden, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management

Active Governance Team

Sharon Millar, Principal Lead Board Development, NES
Michael Bell, Quality Improvement, SAS
Eilidh Munro, Business Partner, Quality Improvement

Attendees

B Archibald, Planning & Performance
S Fraser, Assoc. Director of Planning & Performance
P King, Corporate Governance Support Officer
G MacIntosh, Board Secretary

Apologies

A Lawrie, Non-Executive Director
D Graham, Non-Executive Director

Active Governance Presentation

The Chair welcomed everyone to the session and introduced the facilitators from the National Team. Members had been sent a summary of the morning session's content, along with a link to a useful video and short case study which would be discussed during the session. The aim of the Active Governance Programme is to improve how data is prepared and presented to Health Boards. It also seeks to explore how insights from intelligence are used to assure the quality and performance of the delivery of health and social care services to the people of Scotland.

Following the presentation led by the National Team and the helpful discussion that followed, Board Members noted the following actions for the Board to take within NHS Fife:

Next Steps

	Action	Lead	Timescale
1	Executive Directors to reflect on session and consider presentation of reports to Board/Committees	Chief Executive	31.03.22
2	Consider how data is presented and ensure better consistency to Board/Committees	Board Secretary	31.03.22
3	Consider revision to model template for Board papers to provide greater emphasis on assurance	Active Governance Team/Board Secretary	31.03.22
4	Revise IPQR to bring in other ways of presenting data	Director of Finance & Strategy/Assoc. Director of Planning & Performance	31.03.22
5	Use Board Development Sessions and Committee Self Assessments to reflect on what is being done well and not so well and be agile to change as necessary for the benefit of people of Fife	Chair/Chief Executive	Ongoing
6	Regular use of Board Development site on TURAS to access online learning resources	Board Members	Ongoing

Meeting:	NHS Fife Board
Meeting date:	30 November 2021
Title:	Flu Vaccination & Covid Vaccination (FVCV) Programme Update
Responsible Executive:	Nicky Connor, Director of Health and Social Care
Report Author:	Lisa Cooper, Immunisation Programme Director Emma Strachan, FVCV PMO Project Manager Jemma Lumsden, FVCV PMO Project Support Officer

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to provide an update and assurance to the NHS Board regarding the current progress of the Autumn/Winter vaccination programme (Tranche 2) within Fife.

The Board is advised that previous iterations of this paper have been presented via NHS Fife Clinical Governance Committee and Public Health and Wellbeing Committee who are assured. The Chair of the latter requested a current position on delivery is progressed to the NHS Fife Board for information and discussion.

National direction received 03/11/2021 confirmed an ask to all health boards to accelerate the FVCV Autumn/Winter Vaccination Programme, reducing the previously advised 24-week period between second doses and boosters to 22 weeks for specific cohorts to support operational flexibility. This direction was based on evidence of waning immunity following primary 1st and 2nd dose. To support the associated clinical governance aspects of this direction, the Joint Committee on Vaccination and Immunisation (JCVI) guidance and a proceeding CMO letter (31) **appendix 1** were received 05/11/21 and confirmed the reduced time period from 2nd dose to booster to direct delivery.

Additionally, at the time of writing, further guidance from JCVI has advised that cohorts for boosters will be expanded to include ages 40 - 49s and second doses for 16 & 17 year olds. The CMO letter to direct delivery has yet to be received but is expected imminently.

The Board is asked to consider this report for assurance, and note the progress and updated information regarding the development of the programme.

2.2 Background

National programme board updates, JCVI and CMO guidance continues to direct the effective planning and delivery of the FVCV Autumn/Winter programme (Tranche 2), focussing on the delivery of both Flu and Covid-19 vaccinations.

There has been a national ask from Scottish Government, to accelerate the programme due to emerging evidence, following a summary paper by Public Health Scotland of waning vaccine efficacy following completion of primary doses. It has also been highlighted that nationally there is currently a 'backlog' (a national term for those who fall out with timing for booster dose) across health boards within vaccination planning which the new guidance is directed to address. Revisions to Green Book guidance have given increased operational flexibility which now allows co-administration of Flu and Covid booster vaccinations from 22 weeks following a primary course of Covid vaccination. Health Boards have been guided to use this flexibility, wherever possible.

This will ensure that cohorts considered to be at a higher risk will be prioritised, with the intention for all eligible cohorts to be fully vaccinated (Flu & Covid booster) by end of December 2021. To support operational delivery, administration may be brought forward to a minimum of 5 months (22 weeks) in certain circumstances as detailed in appendix 1.

The new direction issued will not affect those individuals already scheduled therefore those primarily impacted by the reduction to 22 weeks (154 days) will be those within stage 1 and 2 cohorts not already scheduled.

2.3 Assessment

At time of writing, over 651K vaccines have been delivered to include all primary courses and boosters in Fife. While the COVID-19 vaccination continues to progress with remaining cohorts in Tranche 1, Stage 1 of Tranche 2 is also now well underway. Prioritisation of the cohorts within Stage 1 remains aligned with the initial cohorts advised by the JCVI, with the intention to have these groups vaccinated by end of December 2021.

Current progress on vaccination uptake against expected cohort size can be viewed below in the following charts:

Chart 1: Covid 19 Vaccination Uptake

Uptake of COVID-19 vaccine by Fife residents by JCVI age group at 17th Nov

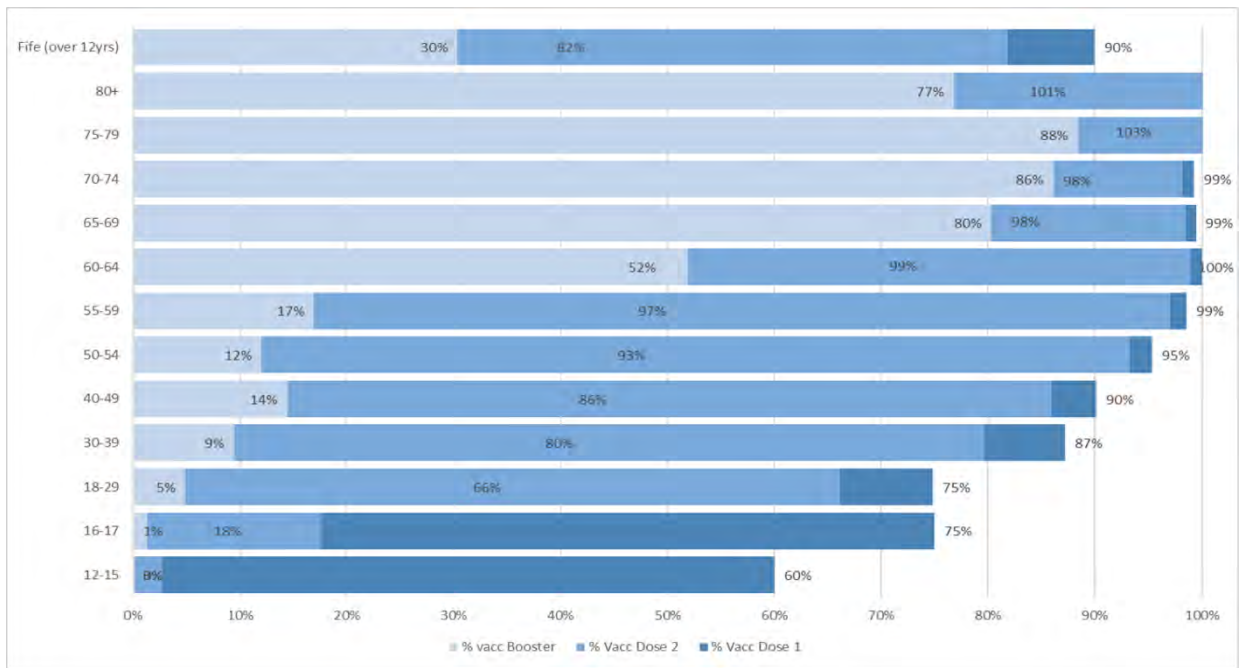
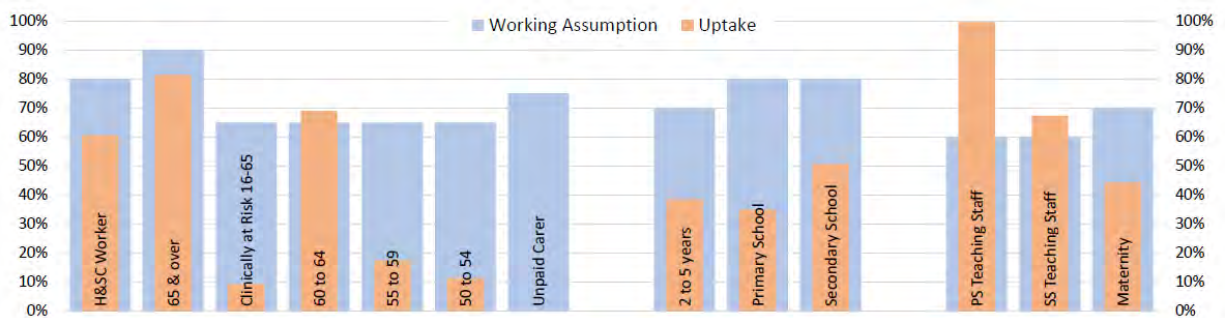


Chart 2: Flu Vaccination Uptake



Graph 2

In respect of the recent ask on programme acceleration, a Short Life Working Group (SLWG) has been convened to agree the implementation plan to deliver the accelerated ask and impact to the existing delivery plan of the FVCV Autumn/Winter Vaccination Programme.

It should be noted that drop-in clinic activity is currently not directed for boosters aside from health and social care workers. Nationally, this approach is due to be reviewed in December, following the assessment of self-registration/online portal success.

Programme Acceleration Current Position

Recent analysis received from the National team has been provided to show the predicted 'backlog' across health boards. Data evidences that Fife are currently in a strong position and ahead of schedule to clear the 'backlog' at this time.

Based on the current average run rate, it is predicted that NHS Fife would clear any backlog by week commencing 20th December.

In anticipation of CMO guidance on expanding cohorts further to receive boosters and 2nd primary dose, assurance is offered that Fife continues to focus on acceleration of delivery of boosters for those eligible; recognising that the Programme Team will consider and manage as far as possible, any perceived risks and unintended consequences that increased numbers of those eligible may create e.g. workforce, scheduling, logistics.

Scheduling

Through initial investigation, a total of 25553 individuals have been identified as being further eligible for co-administration vaccination prior to 20th December, based on reducing the period between 2nd doses and boosters/third doses to 22 weeks (154 days).

The national guidance provided is for programme acceleration to commence from week of 29th November. However, local planning assumptions and proactive management have supported eligible individuals being scheduled from week commencing 15th November. This will allow for a more evenly distributed appointing approach which will reduce risk of increased appointing periods and pressure later in November/early December.

A revised scheduling plan has been developed highlighting the potential opportunities, considering existing scheduled activity within the programme with the key planning assumptions.

Based on the revised plan, this enables 5000 of the 25553 appointments to be completed over weeks commencing 15th and 22nd November. The remaining 20553 appointments would be scheduled week commencing 29th November. This would result in all additional eligible individuals impacted by the reduction of 22 weeks, to be vaccinated by early December.

A self-registration portal was launched on 15th November for those aged 50-59, unpaid carers and household contacts of a person who is immunosuppressed allowing individuals to register and book appointments. National communications to fully promote this and encourage uptake have launched. The portal is expected to remain open throughout the festive period with mop up activity and lettering planned for January 2022 for those individuals who do not self-register.

It should be noted that a risk around the self-registration portal has been raised due to recent issues where individuals have been unable to access usernames. The national

team have communicated that a resolution is expected later in November which will address the username issues.

Venues

In assessing the existing community clinic venues, it has been identified that there is ability to increase capacity as follows:

- Maximising the number of vaccination stations available within clinics
- Extending opening times at evenings and weekends

The revised scheduling plan has utilised both options as detailed above and no risks with venues or capacity are anticipated.

Work has also been undertaken to assess pharmacy requirements in supporting extended opening hours from a vaccine storage and delivery aspect.

Tranche 2 Delivery Progress

Prioritisation of the cohorts within stage 1 remains aligned with the initial cohorts advised by the JCVI. The directive is to complete flu vaccinations by 19th December 2021. Significant progress has now been made within Tranche 2 while continuing to offer an 'Evergreen' option through drop-in activity where possible.

Further detail on progress for specific cohorts and aspects of the delivery as follows:

Childhood Flu Vaccinations

Vaccinations commenced 3rd September, however as advised previously some challenges have been experienced with uptake due to high levels of pupil absence within schools and capacity within the workforce. A SLWG is now convened and progressing a plan to mitigate any risks and meet the working assumptions as advised by the CMO letter (28) appendix 3.

Overall, to date, 24828 children and 3173 teaching staff have now been vaccinated with a breakdown of specific groups detailed below. This cohort is due to be completed by mid-December and planning will ensure extended mop up sessions with the aim that all children are vaccinated.

Tranche 2 – Stage 1	Cohort Size (Approx)	Planned Delivery Dates	Progress to Date	% Complete
2 to 5 years Children's Flu Vaccinations	8969	w/c 06/09/21	3453	38.5%
Primary School Children's Flu Vaccinations	28165	w/c 06/09/21	9831	34.9%
Secondary School Children's Flu Vaccinations	22695	w/c 06/09/21	11493	50.6%
6 to 24 months Children's Flu Vaccinations	79	w/c 06/09/21	51	64.6%

PS Teaching Staff Flu Vaccinations	1573	w/c 06/09/21	1565	99.5%
SS Teaching Staff Flu Vaccinations	2392	w/c 06/09/21	1608	67.2%

Care Homes

Care home vaccinations for residents and staff, commenced 27th September with majority of the cohort completed in mid-October. To date, a total of 2113 vaccinations have been delivered to care home residents from an expected cohort size of 2266 (93%). Mop up continues and is due to complete week ending 19/11/2021.

A total of 1987 vaccinations have been delivered to care home staff from an expected cohort size of 2500.

Frontline Health and Social Care Workers (HSCWs)

Co-administered vaccinations commenced 28th September with an overall cohort size of 20016 anticipated, based on Tranche 1. The majority of staff clinics have now taken place however drop-in/open access clinics are in operation for weeks commencing 8th and 15th November due to lower than expected uptake. Additional proactive comms have been implemented to encourage staff uptake while currently. At time of writing a total of 9885 booster/third dose vaccinations have been administered to this cohort. This cohort can continue to book via the portal and comms will continue to encourage uptake.

Severely Immunosuppressed:

JCVI guidance advises people with a condition which means they are severely immunosuppressed (SI) are to access a **3rd dose** of a Covid vaccine. Following national agreement, a significant proportion of this cohort was identified through national database review (Shielding sub-set; ChemoCare and Transplant databases) by Public Health Scotland (PHS). Following national lettering and appointing via NVSS, vaccination of this nationally identified cohort will complete shortly. The overall cohort size is 2954 and of this, 2786 have been vaccinated (94%).

Over 80s

Delivery of both Flu & Covid 19 booster vaccinations is now well underway to ensure all over 80 patients are vaccinated in a timely and local matter wherever possible. A person-centred approach has been taken during the venue selection process to ensure vaccination appointments are assigned to individuals within a location as close to their GP practice as possible. The majority of over 80s vaccinations have been completed by mid-November with a current total of 14989 Covid booster/third dose vaccinations now administered. It is anticipated once the housebound vaccine delivery model (detailed next) is complete overall uptake as per Graph 1 will increase with some over 80s being within this cohort also.

Housebound

The programme is working closely with community nursing and vaccination teams to facilitate vaccinations for this cohort with delivery of Flu vaccinations having commenced 18th October. There is an expected cohort size is 4209 based on GP practice data received to date. As of 15th November it is estimated that around 2900 housebound individuals are still to be vaccinated. District nurses and members of the vaccination team are providing this service with the understanding that all will be completed by early December.

Over 70s Public Programme

Co administration of Flu and Covid-19 vaccinations commenced 18th October to the wider public. To date, a total of 32,807 Covid 19 boosters/third doses have been administered. During peak periods, drop-in clinic activity has been focused on weekends to ensure that scheduled appointments can be successfully delivered and that concerns with queuing at community clinics can be avoided.

2.3.1 Quality/ Patient Care

A Vaccination Quality and Clinical Care Assurance group is now convened with the main objective to ensure ongoing governance of all Vaccination Services being delivered in line with evidence based best practice, policies and procedures and provide assurance that vaccination services remain current and fit for purpose through ongoing review of the programme designed in line with NHS Quality Ambitions and National and Local strategic drivers for change. This group is co-chaired by the Head of Nursing (HSCP) and Immunisation Coordinator. It will jointly report to the HSCP Quality Matters assurance group and via the Seasonal Flu/Covid Programme Board and the Vaccination Transformation Programme Board.

To date, a total of 651k Covid-19 vaccinations have now been administered in Fife. With the new direction received on the 22 week (154 days) flexibility, individuals aged over 50 and those at risk, aged 16-64 will be positively impacted with the programme acceleration.

This will result in an overall increase of the Fife population having received both Flu and Covid-19 vaccinations before entering into particularly vulnerable winter months. Patient care remains the priority, as the programme continues to ensure high risk groups are supported appropriately. This is illustrated by the sustained commitment out-reach, alongside the commitment to providing drop-in sessions, housebound visits and a thorough mop up process for each cohort, ensuring all eligible individuals are given the opportunity to be vaccinated appropriately.

2.3.2 Workforce

A workforce action plan for the year 2022/23 is currently in development following Scottish Government funding letter received. Discussions are being progressed to agree how spending can be optimised to ensure the same level of care is carried over into the next financial year and a substantive sustainable workforce created.

The board currently has 218 Healthcare Support Worker Vaccinators (band 3) recruited, trained, and actively administering across our community clinics under the supervision of registered nursing staff working within national protocols.

Military Aid to Civilian Authority (MACA) support is now in place with 8 vaccinators and 2 registrants as a compliment to the workforce. This resource is guaranteed until 01/12/2021 and at time of writing an extension has been requested until end of December and is being considered nationally.

The workforce leads have assessed existing capacity to evaluate the additional workforce required to allow appointments to commence from the week of 15th November. An action plan is currently underway lead by the workforce group to provide assurance in key actions being carried out and support workforce availability and sustainability as the pace increases.

A number of resignations along with a recent high level of staff absence over recent weeks has impacted the overall workforce stability and capacity to easily respond to changes in the planned direction. This has currently stabilised and recruitment campaigns are currently underway for Band 3 HCSW vaccinator roles, with 29 individuals having been shortlisted from a total of 38 applicants. Engagement has also taken place with ScotGEM GP students where 100 individuals have been approached to join the NHS Fife bank within a vaccinator role.

Other support from partners is also being explored as potential to supplement from a workforce perspective with a clear action plan to mitigate risk in place and being progressed. This is line with national direction.

A further letter from Scottish Government 19/11/2021 advised an anticipated ask to increase pace of programme further, now known nationally as 'turbo boost' over a 3 week period commencing 29/11/2021. The letter can be viewed as **appendix 3**. All directions within the letter are currently in progress including an ongoing review of workforce and scheduling processes and there are no perceived risks to be escalated in accordance with these directions. The position remains the same that the board are assured pace can be increased to ensure all those eligible for a booster dose will be invited when due as per JVCI guidance and CMO direction.

2.3.3 Financial

The programme continues to work closely with Finance colleagues to track and report on expenditure. Additional costs identified throughout the planning stages of the FVCV programme are being reported accordingly. This is complex to manage and a cohesive approach to ensure effective financial governance of all programmes is evolving.

2.3.4 Risk Assessment/Management

A robust risk review process is in place where risks are reviewed fortnightly across key work streams of the programme. There are currently 28 risks identified for the FVCV programme, with 19 of those carrying a moderate level and 9 carrying a low level.

Risks in alignment with the acceleration planning have been reviewed and mitigated where possible. They will continue to be monitored within the risk review process.

2.3.5 Equality and Diversity, including health inequalities

A robust EQIA was established within Tranche 1 of the COVID-19 programme through strong links with Public Health and partner organisations. The Fife approach to inclusivity and resulting EQIA was noted as an example of best practice at the National Programme Board. Assessment of the EQIA for the FVCV programme is underway by utilising the strong links already established and developed accordingly for the wider immunisation programme. A refreshed inclusivity group will continue to lead delivery of EQIA actions. A full review is important given the move towards limited cohorts being eligible.

2.3.7 Communication, involvement, engagement and consultation

Communications are directly linked with the national direction applying national toolkits provided with adaption locally and the team have established a range of channels, with lessons learned from the COVID programme to ensure effective, timely and targeted communications. The national flu comms campaign went live on 01/11/2021. In addition, weekly communications continue to be issued to elected members and monthly communications are distributed to NHS Fife staff.

Weekly FVCV Programme Board meetings continue to take place every Monday for overall governance, support and assurance purposes.

2.4 Recommendation

The Board are asked to:

- Scrutinise the information provided in this report, noting the progress made and additional details provided since the previous update; and
- Confirm it provides the necessary assurance regarding the programme and developments in the approach to programme delivery, to ensure the people of Fife are invited and have access to a vaccine when eligible.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, CMO letter 31
- Appendix No 2, CMO letter 28
- Appendix No 3, SG Winter acceleration of pace programme letter (19/11/2021)

Report Contact

Nicky Connor
Director of Health and Social Care
nicky.connor@nhs.scot

Appendix 1

Dear Colleague(s)

COVID-19 VACCINATION PROGRAMME: GREEN BOOK UPDATED TO ALLOW OPERATIONAL FLEXIBILITY ON DOSE TIMING FOR BOOSTER VACCINATION

This letter provides details on changes to [the Green Book, Chapter 14a page 22](#), on 29 October 2021 to allow operational flexibility in the COVID-19 booster programme by advising that administration may be brought forward to a minimum of five months in certain circumstances.

Key objectives

1. To update on the 29 October 2021 changes to the Green Book to allow flexibility in administering booster vaccinations. Covid-19 booster vaccination can usually only take place six months after the second dose, although there is now further flexibility to offer vaccination in some operational circumstances after five months and in some clinical situations after four months.

Background

2. The Green Book was updated on 29 October 2021 to state that for operational reasons, administration may be brought forward to a minimum of five months in certain circumstances including:
 - in a care home setting to enable all residents to be vaccinated in the same session
 - where an otherwise eligible individual attends for another reason (for example to receive influenza vaccine)
3. This change will allow for example, care home residents who may have received their second doses at different times to be vaccinated in the same session, as long as it has been 5 months (22 weeks) since their second dose.
4. The change also offers flexibility where someone is attending for flu and could benefit from co-administration if also eligible for COVID-19 booster and has a 22-week gap from their second dose already.

From the Chief Medical Officer

Dr Gregor Smith

5 November 2021

SGHD(2021)31

Addresses

For action

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

For information

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

Further Enquiries

Policy Issues

COVID Vaccination Policy

TeamVaccinationsDelivery@gov.scot

Medical Issues

Dr Syed Ahmed

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Pharmaceutical and Vaccine

Supply Issues

NHS NSS National

Procurement:

NSS.fluvaccineenquiries@nhs.scot

5. There was also a change for those about to receive immunosuppressive treatment where the booster may be brought forward to a minimum of four months (~120 days) to avoid giving a booster when the immune system is less able to respond. Such individuals will need to be scheduled for additional boosting at a later date, currently expected to be around six months after the last dose.

Operational delivery

6. The Scottish vaccination programme has prioritised vaccinating those at greatest risk as early as possible. Based on the efficiency of direct lettering of appointments in the early stages of the Programme, it was decided to adopt the same approach for the most at risk for the 2021/2022 Autumn/Winter Programme.
7. Our approach is to maximise the co-administration of flu and COVID boosters at the same time. This person centred approach will ensure that people, particularly those who are older or at most risk, do not have to arrange and attend two separate appointments. This is also the most efficient use of staffing.
8. This change to the Green Book guidance offers some degree of flexibility which should increase our potential to co-vaccinate, on an opportunistic basis, more people who attend at 22 or 23 weeks as they would previously have been required to return at a later date to receive their booster.
9. As you are already aware from my letter dated 17 September 2021, in order to allow Health Boards operational flexibility, Boards were advised that a COVID-19 booster vaccine could be given at a minimum interval of 24 weeks between the second dose and the booster dose.
10. Health Boards should continue to schedule as currently planned i.e. via cohort group for those groups that are being invited by letter and not using the self-booking portal. This takes up most of the current level of appointment capacity in our clinics for the majority of November. For people coming to these appointments, if they have a gap of 22 weeks and above they can have co-administration.
11. The programme then moves to a self-booking phase, with the portal opening on 15 November for citizens in the next groups which are those age 50-59 years; those 16+ years who are unpaid carers; and those 16+ years who are household contacts of immunosuppressed individuals.
12. People self-booking will be guided to consider when they book to optimise their coadministration to prevent them needing two appointments. From modelling we can see that the vast majority of people by the start of December are within the 22-24-week gap or beyond. For those attending clinics – if they meet this criterion and are eligible for both vaccinations – these again can be administered.

People who are immunosuppressed

13. The flexibility set out in the Green Book also now provides scope to offer those about to receive immunosuppressive treatment the booster earlier, at a minimum of four months (~120 days), to avoid giving the booster when the immune system is less able to respond.
14. In keeping with other stages in the programme, engagement between secondary care specialists providing treatment to this group and with immunisation coordinators is likely to be the best way to implement this. Secondary care clinicians can identify those who would benefit from this earlier booster offer and it is proposed that immunisation coordinators liaise with relevant clinicians to ensure an agreed route through to vaccination for these individuals.

Communications

15. Full details and messaging will be provided to Health Boards when available, allowing them to deploy via their channels to local communities. A Scottish Government news release will be issued, and social media will also be used to highlight these changes.
16. We will ensure this messaging flows through to NHS Inform and the helpline, so that members of the public are aware of – and have access to – the latest details on how and when they can be vaccinated. Clarity of messaging will be crucial to avoid any confusion.

Action

17. Health Boards should exercise flexibility to co-vaccinate eligible people at 22+ weeks following their second COVID-19 vaccination.
18. Health Boards should continue to schedule and appoint based on the highest to lowest risk eligibility criteria; but where people attend for these appointments and are 22+ weeks they can be vaccinated for both COVID-19 booster and influenza.

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

Yours sincerely

Gregor Smith
Dr Gregor Smith

Chief Medical Officer

Appendix 2

CMO letter (28)



Chief Medical Officer
- final version - SGHC

Appendix 3



letter to HBs 19th
Nov from FVCV progr

Dear Colleagues

SEASONAL FLU IMMUNISATION PROGRAMME 2021/22

1. We are writing to provide you with further information about the adult and childhood seasonal flu immunisation programmes for 2021/22.
2. We would like to begin by thanking you for your exceptional work in delivering the COVID-19 vaccination programme. We understand the extreme challenges faced by colleagues in NHS Boards and social care across Scotland in developing plans to deliver the largest scale vaccination programme ever planned and delivered here.
3. You are already aware that Scottish Ministers have extended the eligibility of the seasonal flu immunisation programme this winter.
4. Given the ongoing impact of COVID-19 on the most vulnerable in society, it is imperative that we continue to do all that we can to reduce the impact of flu and COVID-19 on those most at risk, through vaccination. With the enormous success of the COVID-19 vaccination programme, as we enter flu season, it is more important than ever that we build on the success from last year's vaccination programme. These efforts will help us to prevent ill health in the population and minimise further impact on the NHS and social care services.

Planning and Delivery

5. We recognise that delivering the flu vaccination programme this year will be an immense challenge because of the impact of COVID-19 on our health and social care sector. We appreciate that you will draw on your experience with

**From Chief Medical Officer
Interim Chief Nursing Officer
Chief Pharmaceutical Officer**
Dr Gregor Smith
Professor Alex McMahon
Professor Alison Strath

7 October 2021

SGHD/CMO(2021)28

For action

Chief Executives, NHS Boards
Medical Directors, NHS Boards
Nurse Directors, NHS Boards
Primary Care Leads, NHS Boards
Directors of Nursing & Midwifery, NHS Boards
Chief Officers of Integration Authorities
Chief Executives, Local Authorities
Directors of Pharmacy
Directors of Public Health
General Practitioners
Practice Nurses
Immunisation Co-ordinators
CPHMs
Scottish Prison Service
Scottish Ambulance Service
Occupational Health Leads

For information

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

Further Enquiries

Policy Issues

Vaccination Policy Team
seasonalfuprogramme@gov.scot

Medical Issues

Dr Syed Ahmed
St Andrew's House
syed.ahmed@gov.scot

Vaccine Supply Issues

nss.vaccineenquiries@nhs.scot

COVID-19 and be mindful on how best to deliver a vaccination programme that is prioritised towards protecting the most vulnerable.

6. It is a key priority to encourage greater uptake amongst health and social care workers, including Independent Contractors (GP, dental and optometry practices, community pharmacy teams, laboratory staff (working on COVID-19 testing) including support staff, who are delivering patient facing services. An innovative timely approach is required and is critical to safeguard staff, whilst also protecting those in their care.
7. To further increase flu vaccine uptake across all eligible groups, we encourage NHS Boards and social care colleagues to utilise all marketing and learning materials to the greatest extent with particular focus on those who are aged 65 years and over; those aged under 65 years old in an at-risk group, as well as pregnant women (at all stages of pregnancy).
8. NHS Boards are encouraged to use their local and clinical judgement, in line with the Green Book, to vaccinate people experiencing homelessness in temporary accommodation, rough sleeping as well as people experiencing drug and alcohol addiction. It is likely that a significant proportion of these people will have underlying chronic medical conditions and are at high risk of flu related complications. NHS Boards have the support of the Scottish Government in doing so.
9. We continue to work closely with the Scottish Immunisation Programme Group to develop vaccination service delivery to ensure that all who will benefit most from the flu vaccine will have the opportunity to receive it in a timely manner, whilst maintaining Infection Prevention & Control practices and appropriate physical distancing. The provision of appropriate Personal Protective Equipment (PPE) to those involved in the delivery of the flu vaccination programme remains an important part of the programme planning. Please refer to the COVID-19 guidance available at: [HPS Website - Infection prevention and control \(IPC\) guidance in healthcare settings \(scot.nhs.uk\)](https://www.scot.nhs.uk/hps/infection-prevention-and-control/guidance-in-healthcare-settings).
10. GPs will participate on an optional basis where NHS Boards have not fully transferred influenza and pneumococcal vaccinations as part of the Vaccination Transformation Programme. This should only be where NHS Boards cannot directly deliver vaccinations through NHS Board employed or engaged staff. GP practices are not the preferred delivery model for vaccinations. This will enable GPs to focus their time on expert medical generalism, whilst ensuring that patients' needs are met through services which will make the best use of the mix of skills in primary care. GP - GP contractual information / payments – link to the Temporary Enhanced Service (PCA(M)(2021)07 - Temporary Enhanced Service - seasonal influenza and pneu. disease - 2021-22) might be useful: [Influenza & pneumococcal temporary enhanced service \(scot.nhs.uk\)](https://www.scot.nhs.uk/hps/influenza-and-pneumococcal-temporary-enhanced-service).

JCVI Advice on Co-Administration

11. The advice from the Joint Committee on Vaccination and Immunisation, on a COVID-19 vaccine booster programme this winter, alongside the vital annual seasonal flu vaccination programme was published on 14 September 2021. People who are eligible for both flu and COVID booster can be given both vaccines at the same appointment where at least 24 weeks has passed since they received their second COVID dose. The details can be found here: [JCVI issues updated advice on COVID-19 booster vaccination - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-issues-updated-advice-on-covid-19-booster-vaccination)
12. The latest information on co-administration of the COVID-19 vaccines with other vaccines can be found in the Green Book, chapter 14a [Greenbook chapter 14a COVID-19 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101422/gb14a-covid-19.pdf).

Other Vaccinations: Pneumococcal and Shingles Vaccination Programmes

13. The Pneumococcal vaccine (PPV23) can be given at any time in the year, whereas flu vaccine must be given within a short period during the winter months. We therefore suggest that maximum efforts should be directed in optimising flu uptake rates and providing timely immune protection of eligible individuals over the winter period.
14. The Shingles vaccination programme for the year 2021/22 commenced on 1 September 2021, as in previous years, and eligible individuals can be immunised from this time. Shingles vaccinations do not have to be delivered at a particular time, and participating practices can deliver these vaccinations at a time which protects their capacity. It is important to note that some of these patients may also be eligible for other vaccines, and staff should take the opportunity to offer these vaccines opportunistically, if appropriate. The Shingles CMO letter can be accessed here: [CMO\(2020\)21 - Details of the shingles \(herpes zoster\) vaccination programme \(scot.nhs.uk\)](https://www.scot.nhs.uk/cmoletter/shingles). Further information about the programme will be issued shortly.

Working Assumptions

15. Seasonal Flu Immunisation Programme 2021/22 uptake working assumptions are:

Cohort	Uptake Working Assumption
65 and over	90%
Children Aged 2-5	70%
Primary School Aged Children	80%
Secondary School Age Children less than 18 years	80%
Under 65 years old in an at-risk group	65%
Pregnant women(with & without risk factors)	70%
Health & Social Care Staff	80%
Unpaid and young carers	75%
Independent NHS Contractors, (GP, dental and optometry practices, community pharmacists, laboratory staff working on COVID-19 testing) including support staff	80%*
Teachers, support staff, Prison staff and support staff operating the detention estate.	60%*
Prison population (Fluctuates daily – approximate figure provided. Population may also be included in cohorts above.)	60%
50-54 not at risk	65%
55-59 not at risk	65%
60-64 not at risk	65%

* Guidance on how NHS Boards are to record uptake figures for these cohorts, due to each of the Boards using different delivery settings, will be shared shortly.

Key Assumptions

16. To ensure the protection of those most at risk from flu this winter, the flu vaccination programme remains a strategic and Ministerial priority. This is to ensure that the impact of potential co-circulation of flu and COVID-19 is kept to an absolute minimum again this season. The above working assumptions are not official flu vaccination targets, and have been put in place for internal Scottish Government purposes, and to ensure that sufficient vaccine stock is procured to protect those most at risk of flu.

17. For the 2021/22 adult flu vaccination programme an online registration and booking service went live on 21 September 2021 and is available for Health and

Social Care Workers. This service which, offers co-administration bookings where possible. The portal can be accessed here: [Vaccinations for health and social care workers | NHS inform](#). This is in response to last winter's low uptake in this group and an early offer of flu vaccination at the start of the programme may increase uptake.

18. Based on the final JCVI advice regarding COVID-19 boosters published on 14 September 2021, eligible cohorts will be offered co-administration of flu and COVID-19 boosters wherever possible and a CMO letter giving further details is available here: [CMO\(2021\)25.pdf \(scot.nhs.uk\)](#)

Vaccine supply

19. We have procured additional vaccine to support higher uptake, however, ongoing and effective management at a local level is essential to the success of the programme. NHS Boards and social care services should fully consider the needs of their eligible cohorts and plan appropriately and timeously in order to successfully deliver the programme.
20. In our previous letter, vaccine ordering and delivery arrangements were included and these are set out in Annex A.

I would ask that NHS Boards and social care colleagues refer to this information for this flu season.

21. To allow us to be responsive to the changing context this winter, we will review the availability of vaccine after uptake levels become clear within existing and expanded cohorts. The Scottish Government will remain in regular dialogue with delivery partners through the Scottish Immunisation Programme Group and will update on any significant developments.

Health and Social Care Workers

22. Timely immunisation of eligible health and social care workers in direct contact with patients/clients remains a critical component in our efforts to protect the most vulnerable in our society.
23. Influenza viruses are notoriously unpredictable, therefore, it is essential that we maintain focus on delivery to achieve higher vaccine uptake, especially in the health and social care worker cohort. This will help to protect individual staff members, but also reduce the risk of transmission of flu viruses within health and social care settings, contributing to the protection of individuals who may have a suboptimal response to their own immunisation. Furthermore, it will help to protect and maintain the workforce and minimise disruption to vital services that provide patient/client care, by aiming to reduce staff sickness absence.
24. Senior clinicians, NHS Managers, Directors of Public Health, Local Authorities and Integration Authorities should ensure this work aligns with the prioritisation already being given to our COVID-19 response to the care sector as a means to prevent transmission of the flu viruses in an already vulnerable group.

Communication materials and Resources

25. Integration Authority Chief Officers and Local Authorities are asked to work closely to communicate and promote the flu vaccination programme and encourage uptake across all cohorts especially in the social care workers group who are providing direct personal care, and to ensure that they are fully supported to access the service.
26. The national media campaign (TV, radio, press, digital and social media) has been developed and further details will be circulated in due course. The childhood flu vaccination campaign commenced on 19 August.
27. Public Health Scotland has developed a toolkit to encourage the promotion of the flu vaccine that will support NHS and Social Care colleagues. [Flu immunisations - Immunisations - Our areas of work - Public Health Scotland.](#)
28. Public Health Scotland has developed and published a range of national accessible information materials to support informed consent for all eligible cohorts. [The flu vaccine \(nhsinform.scot\).](#)
29. The public should be signposted to [Flu vaccination - Immunisations in Scotland | NHS inform](#) for up to date information on the programme.
30. The COVID-19 Helpline 0800 030 8013 has been extended to include flu enquiries. The helpline will be available from 8am – 8pm (7 days a week).
31. The National Vaccination Scheduling System has been developed and will be used to schedule Flu and COVID-19 appointments. A Self-Registration Portal has been developed to allow greater access to vaccinations and will include the ability to book suitable appointments.
32. Vaccination events should continue to be recorded on the Vaccination Management Tool unless agreed by exception.

Workforce Education

33. NHS Education for Scotland (NES) and Public Health Scotland have worked closely with stakeholders this year to develop and make available a range of workforce education resources/opportunities. These are available on the NHS Education for Scotland TURAS Learn website <https://learn.nes.nhs.scot/14743/immunisation/seasonal-flu>.

Resources

34. NHS Boards are asked to ensure that immunisation teams are properly resourced to develop and deliver the extended programme.
35. Any additional costs related to adapting immunisation programmes to meet COVID-19 requirements (e.g. physical distancing, PPE) should be recorded in

NHS Boards' Local Mobilisation Plans, now called Covid-19 finance returns. This is in the form of a single row figure in the return.

36. A template was issued by Scottish Government Finance on 11 June 2021 to NHS Board Finance leads and returns should be fed back to your Finance Teams. Please ensure that costs are not double counted for services already delivered. NHS Boards are asked to ensure that immunisation teams are appraised of this information.

37. We would like to recognise and express our gratitude for your professionalism and continuing support in planning and delivering this important vaccination programme. Thank you for all your hard work in these most challenging of circumstances.

Yours sincerely,

Gregor Smith

Alex McMahon

Alison Strath

Gregor Smith
Chief Medical Officer

Alex McMahon
Interim Chief Nursing Officer

Alison Strath
Chief Pharmaceutical Officer

ORDERING INFORMATION

Flu vaccines for 2021/22

Vaccine ordering and delivery arrangements

1. Information on ordering and delivery arrangements for the flu vaccine will be provided within further correspondence. Details of the supply arrangements for community pharmacies supporting this year's immunisation programme has been shared directly via relevant NHS Boards.
2. Orders for the flu vaccine should be placed on the Movianto online ordering system - Marketplace: <https://marketplace.movianto.com/>. Log-in details used in previous seasons remain valid and should continue to be used.
3. If you have any issues with log-in arrangements or if you have new staff who require access to the system please contact Movianto Customer Services on 01234 587 112 for assistance.
4. NHS Boards and GP practices participating in the programme should plan appropriately and place the minimum number of orders needed, taking into consideration available fridge capacity. NHS Boards are charged for each delivery made to practices participating in the programme.
5. NHS Boards and GP practices participating in the programme must ensure adequate vaccine supplies before organising vaccination clinics.
6. When placing orders for the vaccines in Marketplace, practices should search for the type of vaccine required. For example, if vaccines are required for patients aged 18 to 64 these can be found in Marketplace by entering the search term "QIVc" or on the 'Orders' screen. If vaccines are required for patients aged 65 or over, these can be found by searching for "aQIV".
7. To make it simpler for front line staff in the coming season, all NHS Boards will be allocated the same type of vaccine for each cohort e.g. QIVc for most cohorts. Only aQIV should be ordered for individuals aged 65 years and over. Only QIVc should be used for 50-64 year olds, not otherwise eligible due to underlying health condition or employment. Those who are egg-allergic should be offered the QIVc vaccine as detailed above.
8. Vaccines are available in packs of 10. On the ordering platform, please read the vaccine information carefully and order the number of packs required rather than the total volume of individual vaccines – for example, if the vaccine is available in packs of 10 and the practice wants to request a delivery of 500 vaccines, an order should be placed for 50 packs of 10.
9. Patient information leaflets for vaccines are supplied in packs of 10 will be provided separately to the vaccines. These will be automatically added to orders by Movianto.

10. A small volume of QIVe (Sanofi) has been procured for children aged 6 months to under 2 years and a small amount of QIVr for order for at-risk adults including pregnant women aged less than 65 years of age. QIVe will be supplied via Vaccine Holding Centres and ordering arrangements for QIVr will be shared in due course.

Further information and support

11. As with last year, NHS National Procurement will act as a link between participating GP practices and Movianto to ensure any potential allocation or delivery issues can be minimised and swiftly resolved. Contact details for the Procurement Officer are as follows: nss.vaccineenquiries@nhs.scot.

For queries linked to ordering and deliveries, please contact the Movianto Customer Service Team on 01234 587 112. If any delivery service issues cannot be resolved satisfactorily through dialogue, the issue should be escalated to NHS National Procurement (contact details as above) in the first instance and thereafter the Immunisation Co-ordinator within the NHS Board. If you require contact details for your NHS Board Immunisation Coordinator please email: immunisationprogrammes@gov.scot.



T: 0131-244 7037
E: stephen.gallagher@gov.scot

Chief Executives
Chief Officers
HR Directors
PH Directors
Vaccination Planning Leads

19th November 2021

Dear Colleagues

WINTER VACCINATION PROGRAMME ACCELERATION

You will be aware of recent changes to JCVI recommendations on the administration of boosters to the over 40s, in response to increasing evidence of the effect of vaccine waning. This comes as we are also implementing programme acceleration for outstanding booster doses for other eligible cohorts, in order to deliver as many as possible before the festive season.

So far, there has been exceptional progress with the delivery of the Covid-19 and seasonal flu Winter Vaccinations Programme, with over 3.4 million doses of vaccine having been administered since the programme commenced in early September. Nevertheless, the programme remains absolutely fundamental to ensuring that can work to minimise the risk of harm associated with Covid-19 in the face an unprecedentedly challenging winter.

It is appreciated that this further programme acceleration requires significant mobilisation of additional staffing, as set out below. **To support the level of mobilisation required, we are asking that boards now urgently take forward the actions set out in this letter, in order to maximise their supply of local staffing.**

Revised national modelling is appended at **Annex A**. It reflects run-rates required to deliver the majority of booster vaccinations to eligible cohorts on or before the week commencing 20th December; To deliver the remodelled programme we assess this will require c. 440 whole time equivalent (WTE) vaccinators in addition to the c, 1400 WTE which forms part of the standing requirements issued to health boards in July 2021. The remodelled WTE vaccination requirements by health board are set out at **Annex B**. **These additional rates are required to be in place for the significant acceleration in the weeks commencing 29 November, 6 December; 13 December**

– up to **Sunday 20 December**. Christmas and New Year leave period arrangements thereafter have been discussed and agreed previously and remain in place.

HEALTH BOARD ACTIONS

We now require all health boards to work towards standing up their additional local WTE requirements through all available staffing routes, prioritising those most likely to realise additional capacity within the very compressed timescales the programme is working to. In particular, health boards should prioritise the following:

1. **Additional GP & GP Practice Staff Capacity** – Boards will already be in discussions with practices within their health board area about the provision of further support to the programme, in connection with existing plans for programme acceleration. Boards are now requested to move at pace to realise as much additional capacity as possible locally. In particular, boards are asked to proactively encourage uptake of shifts by GP practice staff in health board run clinics. Further provisions on pay terms and conditions for GP practice staff are set out at **Annex C**; these replicate the terms and conditions applicable to health board employed registrants working on the vaccinations programme. Any staff available from private providers such as occupational health providers may be taken on under the same terms and conditions. There is already provision made to Boards for the use of private staff agencies.
2. **Maximising use of retired practitioners and healthcare students already registered with staff banks.** Boards are asked to proactively encourage shift uptake through urgently advertising the availability of additional bank shifts for the forthcoming acceleration period, including clinic locations, and changes to clinic opening hours.
3. **Re-engaging and urgently on-boarding recently retired professionals and new healthcare students willing to work through the staff bank.** Details of university points of contact and lists of retired professionals who remain on the emergency registers have been shared previously. It is recognised that the registration and training of staff new to the programme has a lead-in time and as such boards are asked to prioritise registration of new staff where they either have prior experience or would be suitable for streamlined vaccinations training. As the vaccinations programme will continue in the new year, it may still be worthwhile registering new staff even where they cannot commence work immediately the period of programme acceleration commences.
4. **Streamlining training and registration requirements.** Where at all possible new staff and refresher training and registration requirements should be minimised. Training requirements should be determined on the basis of individual's prior skills and knowledge, and at all times the training offered should ensure that prospective staff are confident in safe and effective administration of vaccinations. Boards should identify single points of contact for prospective new recruits and trainees to help guide them through registration and training and ensure we realise maximum capacity. These single points of contacts should be shared with us to the FVCV PMO team on

nss.FVCV@nhs.scot by no later than close of business on Monday 22nd November to allow us to divert any enquiries that come via us. They should also be clearly advertised on your webpages and share on your local social media. For on boarding new staff, there should be an accelerated route out with your normal bank processes. Assessment of suitability; paperwork, using existing disclosures if they are in active employment in health and social care, not requiring other corporate induction etc.

5. **Advert for recruitment into local staff bank on Jobtrain.** To enable a single focal point for recruitment, a national web page for the recruitment of vaccination programme staff has been developed which links adverts through from Jobtrain. It is essential that prospective staff can be routed directly to Board HR infrastructure and to that end we ask Boards to immediately open recruitment to their staff bank via JobTrain.
6. **Appointment length.** Boards should standardise the length of appointments to 8 minutes per double appointment and 6 minutes to single appointments to enable efficient through put and effective use of the workforce. Your NVSS administrators are aware of the process for building clinics. The clinic build user guide and videos are available by clicking [here](#).
7. **Commence strong local communications internal and external.** National communications material will be provided to Boards and a letter alongside this letter is available to send out to appeal widely for prospective staff for those critical three weeks.
8. **Your vaccination operational lead will be asked to provide daily returns on staffing capacity and clinic appointments increased from Wednesday 24 November noon** – to observe the rising WTE booked into clinic shifts – to allow us to guide Ministers on the level of increase we can predict in reality against the modelling. FVCV PMO will send the template for return out on Monday 22 November 2021.

NATIONAL ACTIONS

A number of national actions are being taken forward to support programme acceleration. This includes:

9. National messaging from our Chief Professions Officers encouraging both uptake of vaccinations and continuing staff participation in the vaccinations programme. The messaging will encourage staff to consider taking additional shifts and encourage suitably qualified persons, including retirees and students – pursuant to the national calls issued in October - to come forward if not currently participating in the programme. Any prospective candidates will be directed to staff banks.
10. Additionally, we have issued a request to all Special Health Boards to seek the release of registrants and those who have participated in the vaccinations

programme, via mutual aid for the duration of the planned acceleration. This means staff that come forward under this route, will be paid by the main Board and put through their shifts through their own SSTS etc – so will not need to join your Bank.

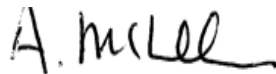
11. The National Volunteer Co-ordination (NVC) Hub can assist to make best use of locally available support wherever needed. Volunteers can, on a temporary basis, support clinical staff by; managing queues, supporting vulnerable members of the public, marshalling parking areas or carrying out admin tasks such as 'checking in', etc. The NVC hub is straight-forward to access by contacting the Single Point of Contact (SPOC): RColburn@redcross.org.uk; Mobile: 07590 445 372. When needed, for certain tasks, PVG checked volunteers can be provided.
12. Further, we continue to engage with Joint Military Command in Scotland in respect of the extant MACA task for military vaccinators and have formally submitted a request to extend the current task.

We are very grateful for the exceptional work that you and your teams have done to deliver what is the biggest and most successful vaccinations programme in the history of NHS Scotland. We realise this is a very significant ask in this timeframe, which reflects the criticality of the need to administer boosters. I would like to thank you in advance for your ongoing co-operation and support.

Yours sincerely



Dr Gregor Smith
Chief Medical Officer



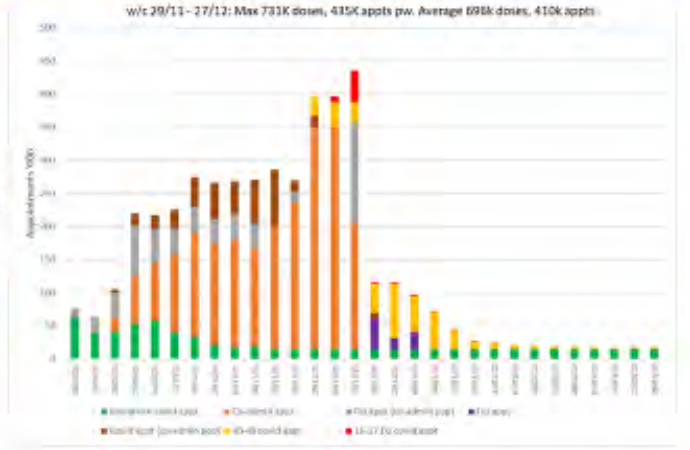
Prof Alex McMahon
Interim Chief Nursing
Officer



Stephen Gallagher
Director for Vaccination
Policy and Strategy

Modelling: Run rate required for acceleration

- New delivery profile, including 40-49 year olds and 16-17 year olds dose 2
- New prioritisation: 40-49 booster and 16-17 dose 2 prioritised over single flu appointments
- Acceleration to reduce backlog: start **w/c 29 Nov** and run to **w/c 27 Dec**. Assumed reduction of around 50% over festive period
- To complete 99% of the covid booster **backlog** (bottom chart), including 40-49 year olds, require run rate of up to 731k doses per week (average of 696k doses during three peak weeks)
- Equates to **average of 696k doses, 410k appointments per week during three peak weeks**
- Split between co-admin and single appointments around 70% / 30%
- Note
 - Adult general appointments only, excl. child/prison/pregnancy flu
 - Currently excludes potential 18-39 year olds booster



Annex B

Health Board	Directed deployed vaccinator WTE	Est req WTE to clear boosters by Christmas	Additional WTE req*
NHS Ayrshire & Arran	103.6	152.5	48.9
NHS Borders	33.5	57.0	23.5
NHS Dumfries & Galloway	42.9	41.5	-
NHS Fife	98.5	102.2	3.7
NHS Forth Valley	79.3	108.9	29.6
NHS Grampian	146.2	217.1	70.9
NHS Greater Glasgow & Clyde	299.2	424.2	125.0
NHS Highland	89.5	118.2	28.7
NHS Lanarkshire	168.4	199.7	31.3
NHS Lothian	221.5	285.3	63.8
NHS Orkney	6.1	13.5	7.4
NHS Shetland	5.9	7.1	1.2
NHS Tayside	109.5	100.9	-
NHS Western Isles	7.2	10.6	3.4
Total:	1,411.3	1,838.8	437.4

*takes account of board progress in clearing outstanding boosters

GP Practice Staff Pay and other private staff engaging with the vaccinations programme unless directly through a staff agency

Extant terms and conditions of service for GP practice staff working in a health board clinic via a health board bank permit payment at a maximum rate of 1.5x band 5 Agenda for Change.

Following engagement with health boards, it is recognised that whilst there is significant variation in practice nurse pay, a number of GP practice nurses are employed at the equivalent of (or near to) AfC bands 6, 7 and 8a.

The principle that has been adopted for health board employed nursing staff is that where they volunteer to work shifts via a staff bank on the vaccinations programme, they will retain their substantive rate of pay (and any applicable enhancements).

Whilst it is not possible to replicate this exactly for GP practice nurses, owing to the variation in pay scales, terms and conditions, as set out above, the following provisions will now apply for GP Practice nurses working in vaccinations clinics via a health board bank:

1. Where it is known (evidence of a payslip is sufficient) that a GP practice nurse is employed locally at the equivalent of AfC band 5, 6, 7 or 8a, or where they attract a rate of pay that falls within the minima and maxima of one of those scales, then Boards will engage Practice Nurses on the staff bank at Band 5, 6, 7 or 8a respectively.
2. This maintains the principle that is applied to health board employees who receive substantive rates of pay for overtime worked on the vaccinations programme.
3. The existing flexibility to retain practice nurses on a staff bank at up to 1.5x the band 5 AfC rate is retained. Where it is not known what a practice nurse is paid, or where they are not paid on the equivalent of a relevant agenda for change banding, then boards will retain registered nurses at band 5. This recognises that the starting rate for a registered nurse vaccinator is band 5 AfC, and offers flexibility to pay the equivalent of AfC overtime rates for additional overtime hours worked on the vaccinations programme for a GP Practice nurse.
4. In line with the provisions set out at point 1 above, the provisions at point 3 only apply where a health board staff bank is unable to match a GP Practice nurse to a relevant AfC rate of pay.

Meeting:	NHS Fife Board
Meeting date:	30 November 2021
Title:	COVID-19 Pandemic Update
Responsible Executive:	Dr Joy Tomlinson
Report Author:	Clare Campbell & Dr Duncan Fortescue-Webb

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- Emerging issue
- Government policy/directive

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

- Effective

2 Report summary

2.1 Situation

It is evident from figures emerging that the vaccination programme is having a significant positive impact on cases, hospitalisations, and deaths from COVID-19. Despite this success, the COVID-19 pandemic is not over. At present there are many factors that are making the impact of this winter uncertain, including increased indoor mixing as weather becomes colder and the positive benefits we anticipate from the booster campaign.

This paper provides an update for the Board on the COVID-19 pandemic in Fife presenting figures on key metrics relating to testing, cases, vaccination, and deaths. It also highlights key priorities and recommendations from Directors of Public Health for the COVID-19 response as we move into winter and beyond.

2.2 Background

Almost two years into the pandemic systems for the monitoring of COVID-19 testing, cases, vaccinations, and deaths have become well established and outputs from these systems are updated daily. These data collection systems, created at pace, have evolved over the course of the pandemic to support work to reduce the harm from COVID-19 and further our understanding of the differing impacts of COVID-19 in our populations.

These systems will continue to develop in response to changes in policy relating to the COVID-19 response can be used to provide the evidence base for moving to living safely with COVID-19.

2.3 Assessment

COVID-19 Testing

There are numerous testing pathways available to Fife residents to access COVID-19 testing. LFD asymptomatic testing can be undertaken at all (four fixed and five mobile) of our community testing programme sites and also collected from these sites, workplace programmes, local pharmacies or ordered online for testing at home. LFD results are self-reported through online portals and up until 14th November 2021 a total of 874,656 LFD results have been reported by Fife residents. Any individual who receives a positive test result using a LFD is advised to self-isolate and arrange for a confirmatory PCR test.

PCR testing can be undertaken at testing sites provided by the UK Government and Scottish Ambulance Service (currently seven sites across Fife) and at our community testing sites where required. PCR testing is also available routinely to staff within parts of the health and social care sector, prior to or on admission to hospital and can be collected from some testing sites or ordered online for home testing. PCR tests are sent to laboratories for processing and resulting. The PCR result will determine the number of cases of COVID-19 in Scotland.

As at 19th November a total of just over 763,400 PCR tests had been undertaken by Fife residents since the start of the pandemic. After falling from higher 7-day testing rates at the end of October rates have increased again in the last seven days. In the seven days to the 19th November 15,664 PCR tests were undertaken by Fife residents. Of these 11.4% returned a positive result compared to 9.6% nationally. Test positivity has shown a small but consistent increasing trend in the last two weeks rising from 9.1% at the start of November.

Directors of Public Health support the continuation of the existing programme of testing over the winter months but recommend that testing policies are able to be flexible to meet local circumstances.

COVID-19 Cases

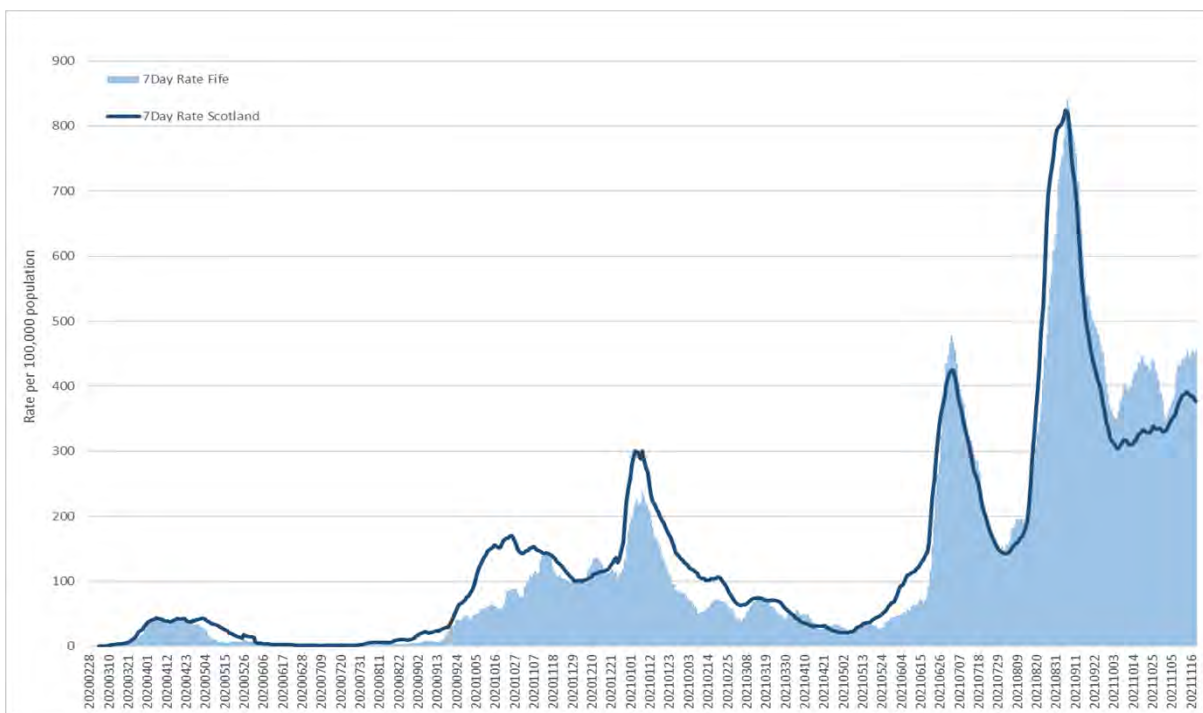
As at 19th November there have been 45,760 positive COVID-19 cases in Fife. In the seven days to the 19th there were 1,720 new confirmed cases. This equates to a rate of 455.5 per 100,000 population. This was higher than Scottish rate of 377.4 per 100,000 population for the same time period. In line with test positivity increases have been seen in case rates since early November although the rate of this increase appears to be slowing in the last few days.

Chart 1 shows the 7-day rolling case rate for both Fife and Scotland since the start of the pandemic. This illustrates the peaks in cases we saw in early July 2021 and again in early September but also shows that current case rates are not far behind those seen in early July and at present are not falling as significantly. This chart also shows the sharp rise in cases we experienced in mid to end of December last year although case rates were much lower then than now. Through this winter, COVID-19 cases are expected to remain high.

It is therefore essential to try and limit the expected increase in cases as much as possible through increased efforts to engage and communicate clearly with people about symptoms,

measures to reduce spread (face coverings, ventilation, physical distancing and vaccination) and actions that individuals can take to protect themselves and the most vulnerable in society.

Chart 1: Confirmed cases in Fife and Scotland; 7-day rolling rate per 100,000 population



Source: PHS

Over the course of the pandemic the age profile of people acquiring COVID-19 has changed with increasing proportion of cases in younger age groups and fewer cases aged 65 and over. At present the highest cumulative rate per 100,000 population of COVID-19 cases across Scotland is among those aged 15-24 years of age.

We know that different groups in our population have been impacted differently by COVID-19 both directly and indirectly. People aged over 60 with COVID-19 are more likely to be admitted to hospital than younger age groups. Currently the highest proportion of cumulative confirmed cases (23%) was accounted for by those living in the 20% most deprived areas across Scotland and people living in deprived areas are more likely to have adverse outcomes as a result of COVID-19.

Vaccinations

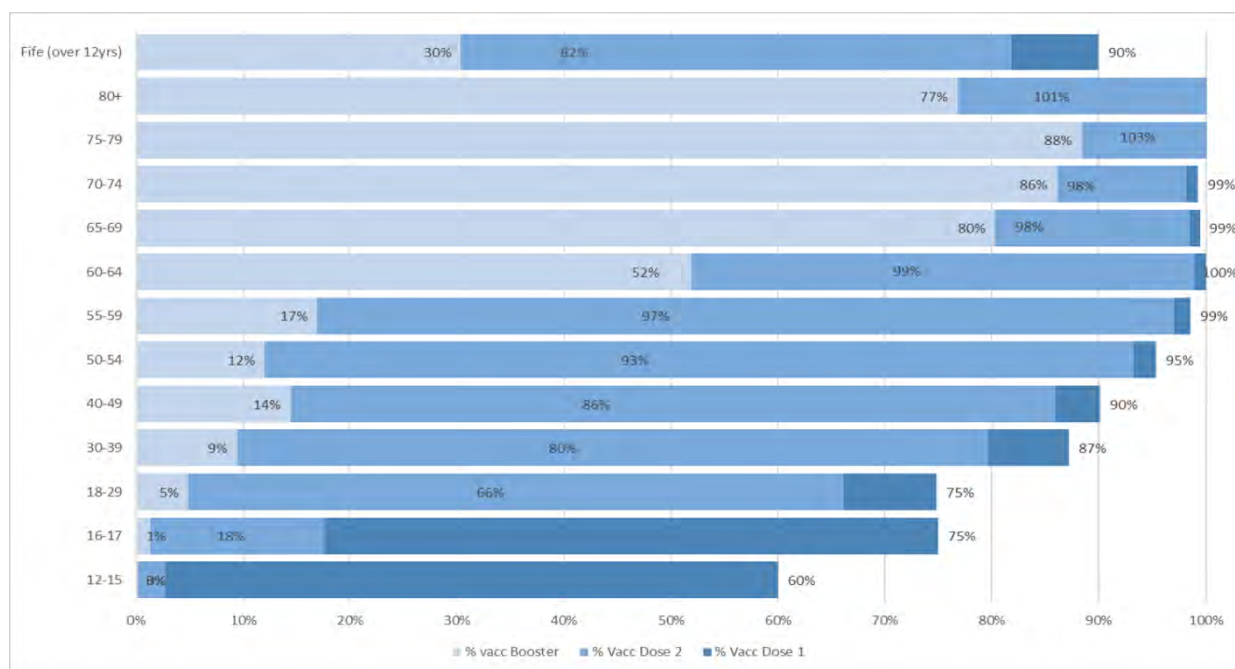
Directors of Public Health stress that one of the most important actions to be taken to maintain our response to, and to reduce the harm from, COVID-19 is maximise vaccination and aim to achieve as near 100% vaccination as possible across all eligible groups and the booster programme.

Figures produced by Public Health Scotland show that among the recent increase in cases the largest increase in case rates was in unvaccinated individuals and there are currently lower rates of cases in vaccinated individuals compared to unvaccinated individuals.¹ In addition the age-standardised acute COVID-19 related hospital admission rates were lower for vaccinated individuals compared to unvaccinated individuals.

¹ Public Health Scotland Covid-19 Statistical Report (17th Nov), https://publichealthscotland.scot/media/10181/21-11-17-covid19-publication_report.pdf (accessed 22nd Nov 2021)

In Fife we are making good progress to try to meet this aim with 90% of our population aged 12 and over having received a first dose and of those aged 18 and over 94% have received two doses. As the booster programme continues to be rolled out, 88% of our population aged 75-79 have received their booster (Chart 2). Vaccination uptake in age groups and across communities in Fife is being and will continue to be closely monitored in order to take action to increase uptake where required.

Chart 2: Uptake of COVID-19 vaccine by Fife residents by JCVI age group at 17th Nov



Source: Vaccination Universe (age at reference date)

COVID-19 Deaths

To date in Fife there have been 621 COVID-19 (confirmed and suspected deaths) registered. Chart 3 shows peaks in the weekly numbers of deaths at start of pandemic and again in January 2021. In recent weeks there has been an increase in the number of deaths in Fife but the numbers remain lower than seen previously.

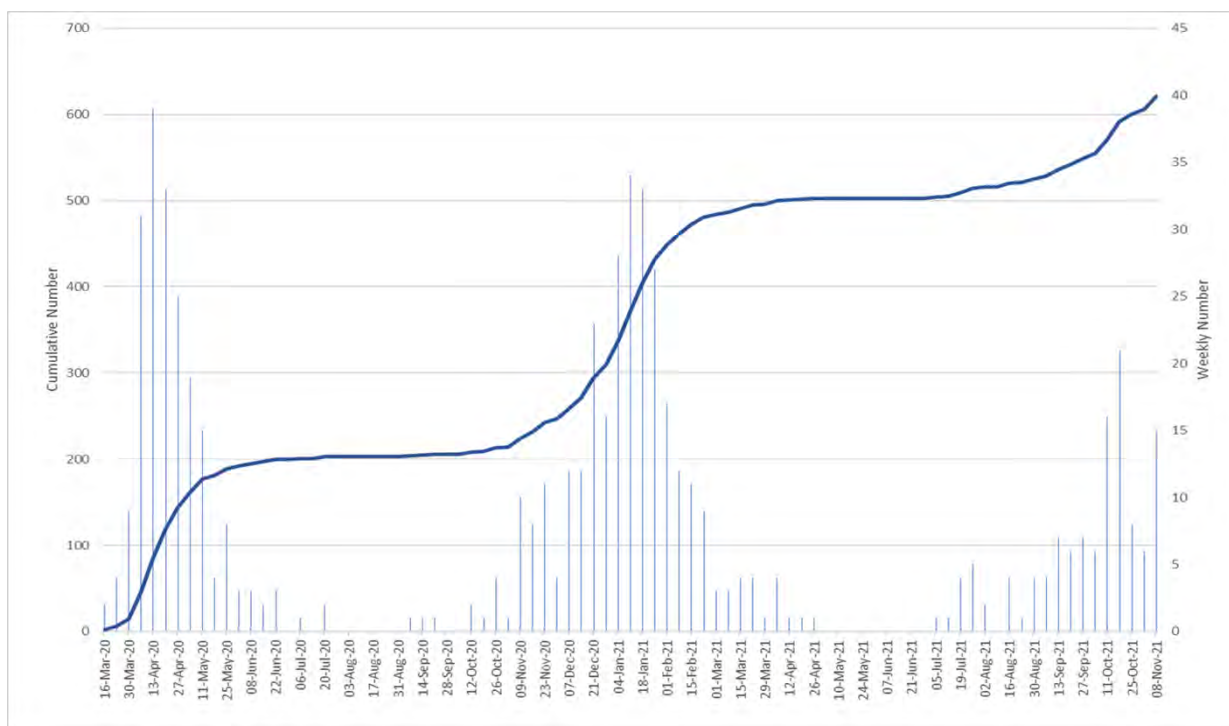
Of the 621 deaths that have been registered in Fife to date 64% related to deaths in hospitals, 28% were deaths in care homes and 8% were in homes or non-institutional settings. 72% of COVID-19 deaths in Fife have occurred to persons aged 75 and over in line with the 71% reported nationally.

Up to the end of October people living in the most deprived areas in Scotland were 2.5 times as likely to die with COVID-19 as those in the least deprived areas (using age-standardised mortality rates). The size of this gap has slowly widened from 2.1 to 2.5 over the period of the pandemic.²

For COVID-19 deaths that occurred in Scotland between 30 October and 05 November 2021, age-standardised mortality rates were lower for people who have received at least two doses of a COVID-19 vaccine compared to individuals that were unvaccinated or had received one dose of a COVID-19 vaccine.¹

² Deaths involving Coronavirus in Scotland, <https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-21-report-week-45.pdf> (accessed 22nd November 2021)

Chart 3: Fife Covid-19 Deaths (Confirmed and Suspected); Weekly and Cumulative Total to 14th November 2021



Source: NRS

2.3.1 Quality/ Patient Care

COVID19 continues to have a direct and indirect impact on the delivery of healthcare services as services treat people with COVID 19 and also provide the protective intervention of vaccination.

2.3.2 Workforce

The pandemic has had both direct and indirect impacts on staff health and wellbeing that are well understood.

2.3.3 Financial

The pandemic continues to require considerable additional mobilisation of resource to support interventions that will interrupt transmission.

2.3.4 Risk Assessment/Management

COVID 19 risks are monitored and managed through the corporate risk register.

2.3.5 Equality and Diversity, including health inequalities

No equalities impact assessment is required for this paper.

2.3.6 Other impact

Describe other relevant impact.

2.3.7 Communication, involvement, engagement and consultation

No specific communications relating to this paper. Protective messages are being provided through national and local communications teams.

2.3.8 Route to the Meeting

This paper was prepared for NHS Fife Board and has drawn on pre-existing reports from national and local sources.

2.4 Recommendation

Board are requested to review the epidemiological update for awareness and discussion.

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

Report Contact

Dr Joy Tomlinson

Director of Public Health, NHS Fife

Email joy.tomlinson3@nhs.scot

Meeting:	NHS Fife Board
Meeting Date	30 November 2021
Title:	2021 Property & Asset Management Strategy
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Scott Baillie, Capital Planning Manager

1 Purpose

This is presented to the Board for:

- Approval

This report relates to the:

- 2021 Property & Asset Management Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This document provides an update to the Board on the 2021 Property & Asset Management Strategy (PAMS) as required by the State of the NHS Scotland Assets & Facilities Report (SAFR) Programme. The Board's PAMS submission to Scottish Government is now every two years with an interim PAMS update report required every other year. The 2021 document is a full update.

2.2 Background

The PAMS is a strategic document which highlights the current condition of NHS Fife's assets together with any current and proposed investments.

2.3 Assessment

This 2021 NHS Fife PAMS document is now presented in the format requested in recent Guidance updates. New information has been presented on the Boards Statutory Compliance figures. The data in this document represents NHS Fife's position as of 1 April 2021 and an allowance for inflation has been included since the last full report.

The 2021 PAMS document is a detailed return which is part of NHS Scotland's data collection for information pertaining to the Estate.

The document also provides useful context for:

- Future infrastructure investment Business Cases which should be in line with the 2021 PAMS
- The strategic issues that are being considered for future developments within the Estate as identified in the Executive Summary

NHS Fife's 2020 PAMS return was compiled by the Directorate of Estates, Facilities & Capital Services in conjunction with leading stakeholders.

The Report covers all buildings owned or leased by the Board and only references third party ownership. All transport, equipment, and IM&T are covered by this report.

2.3.1 Quality/ Patient Care

Not Applicable.

2.3.2 Workforce

Not Applicable.

2.3.3 Financial

A summary investment plan is included within the report.

2.3.4 Risk Assessment/Management

Key risks are monitored and managed in line with the Board's Assurance & Risk Management Framework.

2.3.5 Equality and Diversity, including health inequalities

EQIA Assessments are carried out as and when required for significant developments and/or service changes.

2.3.6 Other impact

Not Applicable.

2.3.7 Communication, involvement, engagement and consultation

Not Applicable.

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.

- FCIG, 24 September 2021
- EDG, 21 October 2021
- FCIG, 28 October 2021
- FP&R, 9 November 2021

2.4 Recommendation

- **Decision** – the Board are asked to approve the 2021 PAMS.

3 List of appendices

The following appendices are included with this report:

- Property & Asset Management Strategy 2021
- Property & Asset Management Strategy 2021 - Appendices

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Property & Asset Management Strategy **2021**

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Appendix A: Current Strategic Assessments

Appendix B: State of the Board's Property Assets

Appendix C: Statutory Compliance

Appendix D: Functional Condition, Space Utilisation & Quality

Appendix E: State of Independent Facilities

Abbreviations

AOP	Annual Operational Plan
BMA	British Medical Association
CAD	Computer Aided Design
CFPU	Central Food Production Unit
CLO	Central Legal Office
CMEG	Capital Medical Equipment Group
CMHT	Community Mental Health Teams
CPG	Capital Planning Group
DHW	Domestic Hot Water
DV	District Valuer
EAMS	Estates and Asset Management System
EDG	Executive Directors Group
ELMO	East Region Laboratory Medicine Operational Board
EMG	Electro-medical Group
FCIG	Fife Capital Investment Group
FCTS	Fife Council Transport Service
GIA	Gross Internal Area
H&SCP	Health & Social Care Partnership
HFS	Health Facilities Scotland
HSCDP	Health & Social Care delivery Plan
IAD	Initial Agreement Document
IAD	Initial Agreement Document
IM&T	Information Management & Technology
LDP	Local Delivery Plan
MRI	Magnetic Resonance Imaging
MTHW	Medium Temperature Hot Water
MWC	Mental Welfare Commission
NFSU	National Fleet Support Unit
NHSS	National Health Service Scotland
NIA	Net Internal Area
NSS	National Services Scotland
OBC	Outline Business Case
PAMS	Property and Asset Management Strategy
PPP	Public Private Partnership
QMH	Queen Margaret Hospital, Dunfermline
RAMP	Regional Asset Management Plan
RIS	Radiation Information Scotland
SACH	St Andrews Community Hospital
SAFR	State of the Assets and Facilities Report
SCART	Statutory Compliance and Risk Tool
SDAP	Sustainability Development Action Plan
SEStran	Scottish Regional Transport
SFT	Scottish Futures Trust
SG	Scottish Government

SPAG	Scottish Property Advisory Group
SPV	Special Purpose Vehicle
VHK	Victoria Hospital, Kirkcaldy

Executive Summary

This Property and Asset Management Strategy (PAMS) has been developed in the midst of the Covid-19 pandemic where the emphasis around planning has been short-term to support operational continuity. More recently remobilisation plans have been prepared to deal with the medium-term horizon so that service postponed by the Covid-19 pandemic can begin to recover.

Looking longer-term, NHS Fife is preparing a Health and Wellbeing Strategy focussing on the next 5-10 years and this is programmed for completion by March 2022. The Fife Health and Social Care Partnership's Strategic Plan is also due to be refreshed in 2022. These two overarching strategies, once complete, will offer direction and sustenance for NHS Fife's PAMS over the next decade.

Whilst the Covid-19 pandemic has hampered planning, it has also allowed us the opportunity to innovate, adapt and do things differently. As we emerge from the Covid-19 pandemic, we must reflect, learn and grow as an organisation so that we can make best use of our resources to provide excellent healthcare services to our population.

Future Objectives

Whilst the strategies noted above are being developed, we are aware of several central themes that may be referenced and work on these priorities is already underway in respect of planning. These include:

Anchor Institution

Connected to the strategies above, NHS Fife has a strong desire and conscious sense of responsibility to become an "Anchor Institution". An Anchor Institution is an organisation whose long-term sustainability is tied to the wellbeing of the population/s they serve. The key objectives of NHS Fife's Anchor Institution Programme are:

- Purchasing more locally and for social benefit
- Widening access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

These key objectives, which are relevant to the PAMS, include maximising growth, community, health and environmental benefits through the design and procurement of buildings, land, and other assets. It also includes how we manage land and built assets and the ways in which they can benefit local communities, help the environment, and create great places. Section 8.3.6 explores further the options we have within our estate to improve our progression towards being an effective Anchor Institution.

Staff Wellbeing and the Creation of Permanent Staff Hubs

As part of the response to managing the particular challenges involved in working through the COVID-19 pandemic, a network of temporary staff hubs was established across NHS Fife. Hubs offered safe, calm, relaxing environments for staff to come to away from busy, demanding clinical and administrative spaces. Free refreshments were made available. In the first wave of the pandemic, as well as being able to rest and recharge, staff could access support in the form of literature as well as Psychologists, speak with members of the Spiritual Care Service and generally achieve respite from the unusual workload. The literature remains in our Hubs with Psychological and Spiritual Care services available, but not physically present in a Hub.

Ten temporary hubs, providing access to staff from across all services, were established across Fife at the start of the pandemic. As a result of positive feedback from staff as well as evidenced need, NHS Fife with the support of Fife Health Charity Trustees have agreed to create permanent hubs to aid the resilience of staff and support their mental health.

NHS Fife will create ten permanent staff wellbeing hubs within its hospital sites. The hubs will provide a space for respite and support the mental wellness of staff.

This is an important aspect of the ongoing support for staff, and we welcome the opportunity to transition the Hubs into permanent assets.

Environment/Zero Carbon

The Scottish Government has set out a policy of achieving a zero carbon estate by 2045. Achieving zero carbon for the retained estate within this timescale will require a significant effort. To address this, our sustainability team will require to be augmented internally and supported via external consultants to develop an overarching zero carbon strategy for the board with individual site strategies underpinning this.

Initiatives central to reducing our carbon footprint include:

- Reducing reliance on fossil fuels
- Moving to clean electricity (decarbonised grid and renewables)
- Improving the fabric of our buildings
- Replacing our existing fleet with electric vehicles
- Ongoing programme of government backed energy efficiency measures

Green Space and Biodiversity

The growing threat to public health from current climate and ecological crisis increases the need for action. NHS Fife's estate provides diverse green space resources for both people and wildlife and these natural environments form the

foundation of a healthy environment. The NHS Fife estate contributes to biodiversity at multiple levels from bat roosts in older buildings to purpose-built gardens and green space.

Collectively, the outdoor estate is a valuable and under used asset. If planned and managed well, it can make a significant contribution to the physical and mental health and wellbeing of our staff, patients, visitors and local communities and is a key part of NHS Fife's response to the climate emergency and to meeting Scotland's biodiversity commitments.

Our short to medium-term goals are to:

- Conduct a green space and biodiversity audit of the NHS Fife estate with recommendations to protect, enhance and expand our environmental assets
- Prepare a green space management plan for each significant NHS Fife's site to improve biodiversity, climate resilience and encourage greater use
- Ensure good quality green space design is incorporated into new build hospitals and refurbishment programmes
- Encourage and support greater use of the NHS Fife estate by patients, staff and visitors
- Develop connections between the NHS Fife estate, community green space and wider green networks in line with the Plan for Fife "Thriving Places"
- Engage with staff to raise awareness of the benefits and opportunities of increasing Green space and biodiversity

Agile Working

Agile working has been a key strand of our approach to safe and effective working during the Covid-19 pandemic and has enabled the organisation to adapt to new ways of working from varying locations using a range of technology. There are frequently over 1,000 remote workers using our IT systems at any one time.

There are many benefits of agile working for the employee and organisation. As we navigate our way out of the Covid-19 pandemic and into a future state, we need to consider how best to organise ourselves moving forward. This may allow better use of our estate for clinical use and provide a better quality of office workspace to serve our future needs.

To enable further consideration around this topic NHS Fife has:

- Set up an Agile Working Strategy Group to jointly consider property and employment aspects of agile working
- Engaged with the Scottish Futures Trust to undertake a property review, looking at our existing office spaces and what might be required whilst we move into a more agile form of working

Primary Care Premises Review

Following identification of a historical gap in the PAMS with respect to Primary Care premises, a proposal has been developed to take forward a Primary Care Premises Review.

This will allow NHS Fife to:

- Identify the appropriateness of current primary care premises including technical assessment of condition, functional suitability, utilisation, and quality of estate
- Assess estate requirements to implement a primary care transformation programme
- Establish investment priorities to inform updated Property & Asset Management Strategy
- Inform discussions with Fife Council in a more proactive way in terms of future housing development and population changes
- Understand the overall capacity within primary care and where there are shortfalls in accommodation needs
- Potentially allow development of a sustainable hub and spoke model with key multi-disciplinary health centres located strategically across Fife

Decontamination

A national initiative, the Decontamination Collaborative Programme (DCP), has been set up to review the current and future requirements for decontamination in Scotland.

The DCP's Strategic Objectives are:

- Decontamination capacity to meet the demands of 2035
- Development of National Contingency arrangements

NHS Fife is represented on this group and within the Strategic Facilities Group to which it reports. NHS Fife will be keen to ensure that resilient and sustainable proposals are developed which meet the Board's future requirements.

Ongoing Objectives

NHS Fife is in the process of implementing a number of ongoing programmes and projects:

Fife Elective Orthopaedic Centre (FEOC)

The FEOC Full Business Case was approved by the Scottish Capital Investment Group on 11 March 2021, allowing the construction phase of the project to commence. Following the completion of car park enabling works, the project started on site on 1 March 2021 and is currently due for completion in October 2022.

Following a client transfer and commissioning period, it is anticipated that the facility will be operational in December 2022/January 2023.

Kincardine & Lochgelly Community Health and Wellbeing Centres

The existing Health Centres in Lochgelly and Kincardine are no longer fit for purpose. The new buildings require a different design and way of working to bring services together in the local areas and allow local teams to co-ordinate appointments together in one place, where possible. The new Community Health and Wellbeing Centres will provide a flexible range of services including GP and wider health services. These centres will act as a future template for new Health Centres arising from the GP Premises Review referenced earlier.

The Outline Business Cases for these projects are currently in the process of being finalised in advance of internal governance approval. The Full Business Cases are currently estimated to be complete in January 2023 with the buildings being completed around March 2024.

Mental Health Inpatient Re-design Programme

The Fife Mental Health Strategy 2020-2024 provides the strategic context for this programme. The refreshed Strategy takes full account of the recommendations of the Scottish Government's National Mental Health Strategy (2017-2027) which emphasises the need to build capacity within our local communities and reduce the reliance on hospital beds.

Currently NHS Fife's mental health inpatient establishment is spread across several sites including Stratheden Hospital, Cupar, Queen Margaret Hospital, Dunfermline, Lynebank Hospital, Dunfermline and Whyteman's Brae Hospital, Kirkcaldy.

NHS Fife is aware that the current configuration of services and beds across multiple sites is sub-optimal which affects patient flow and staffing efficiencies. The condition and configuration of these facilities is also of concern in respect of patient and staff safety, promoting therapeutic interventions and reducing lengths of hospital stays.

The Mental Welfare Commission, Health & Safety Executive and Scottish Government are all actively involved around positive changes to NHS Fife's estate.

To enable change, a dedicated Project Board has been established to initially support completion of the Initial Agreement Document in accordance with the Scottish Capital Investment Manual. The current intention is to complete the Initial Agreement by March 2022 in readiness for internal governance consideration.

Backlog Maintenance and Statutory Compliance

The current position regarding Board's property assets are summarised in the table below:

Analysis of Property Performance /m2 2021				
Facet	Very Satisfactory	Satisfactory	Not Satisfactory	Unacceptable
	A	B	C	D
Physical Condition	25.84%	48.16%	25.62%	0.37%
Functional Suitability	26.80%	49.09%	18.56%	5.55%
Quality	26.97%	40.88%	27.20%	4.96%

Space Utilisation	Empty	Under Utilised	Fully Utilised	Overcrowded
		5.90%	11.49%	78.91%

Average SCART Score	66.11%
---------------------	--------

The investment required to bring NHS Fife properties up to an acceptable physical condition is known as "backlog costs". Guidance defines backlog costs as costs required to bring an element up to an acceptable condition (ie A or B).

Backlog maintenance is prioritised using the Estates Risk Register and SCART data. High risks and statutory non-compliance are prioritised using the calculated risk score and action plans are prepared accordingly. Capital funding is then allocated to eliminate these high-risk areas whilst considering the long-term strategic importance of the premises:

- 74% of NHS Fife's total Gross internal area of 275,840.42m² is now in excellent or satisfactory physical condition
- The risk assessed backlog costs for NHS Fife are currently c£5.1m for low risk items, c£25.5m for moderate risk items, c£53.1m for significant risk items and c£6.54m for high risk items
- The total assessed backlog maintenance figure is £92.24m at 31 March 2021

PART A: Where are we now?

1.0 Introduction

This document provides an update to the 2020 Truncated Property and Asset Management Strategy (PAMS) as required by 2017 State of the NHS Scotland Assets and Facilities Report (SAFR 2016) Programme. The Board's required PAMS submission to Scottish Government is now every two years with an interim PAMS update report required every subsequent year. Last year's full submission was interrupted by Covid activity. The PAMS 2021 document is a full PAMS update report which will be developed following a Regional approach as per the CE letter of 9 April 2019, if required.

This 2020/21 NHS Fife PAMS document is presented in the format set out in 'Strategic Property and Asset Management Guidance for NHS Scotland - Developing a Property and Asset Management Strategy (PAMS) November 2016'.

NHS Fife's 2021 PAMS return has been compiled by the Director of Property & Asset Management in conjunction with leading stakeholders within the Board, the H&SCP as well as significant clinical input in accordance with the November 2016 Guidance Proforma document.

The Report covers all buildings owned or leased by the Board and references third party ownership. All fleet transport, medical equipment, and IM&T are also covered by this report.

The document was approved by the NHS Fife's Executive Directors Group, the Finance, Performance and Resources Committee and the Board on 30 November 2021.

The data in this document represents NHS Fife's position as at 1 April 2021 and an allowance for inflation of 2.86% to the first quarter of 2021 has been included since the last report in 2020.

NHS Fife is working in partnership with NHS Borders, NHS Lothian, NHS Tayside and NHS Forth Valley to develop a regional approach to FM, Estates, property, asset management and capital planning in the East of Scotland. In order to facilitate this, a Regional Capital Planning and Capital Finance Forum has been established with membership drawn from each of the Boards. The initial objectives of the Forum are to:

- Create a virtual regional capital plan, based on a common set of assumptions and parameters with a view to identifying areas where a common or co-ordinated approach could offer benefits arising from synergies between individual Board plans eg where more than one Board is seeking to procure the same or a similar IT infrastructure replacement

- Establish processes that reinforce the inclusion of a regional dimension in capital investment governance processes, in particular, such that full consideration is given to the potential for a regional approach in the early strategic assessment and service planning stage
- Share best practice, particularly in areas where a Board has devised a solution to an asset development issue that can be rolled out to other Board areas
- Consider ways in which resource, skills and expertise can be shared between Boards and managed on a region wide basis, particularly in the area of procurement and project management

Our strategic approach to PPP Contract Management has developed with the assistance of the national SST based at Health Facilities Scotland, in conjunction with SFT. This has included the redesign of the team supporting PPP contracts, adopting a more common approach to reporting, reviewing contract documentation and provision of support and assistance to all NHS Boards.

Regional working has been established across NHS Boards with the sharing of information and peer support and this approach will develop further into the future.

Through the guidance of the Strategic Facilities Group (SFG) and the Scottish Property Advisory Group (SPAG), a national Property Transaction Group has been established to ensure that a consistent approach is taken to property related issues and the sharing of information to allow all NHS Boards to view key information and best practice.

1.1 Progress over the Last Year

Strategic Developments

- NHS Fife's Clinical Strategy is due for review in 2021
- The updated strategy is likely to be based around Health and Wellbeing and is anticipated in the first quarter of 2022 and will recognise changes to the population of Fife and the likely health of the population post Covid-19 pandemic.
- NHS Fife continues to develop facilities in the community enabling integrated teams to come together in order to provide holistic care for the local population which will initially be introduced through the development of Business Cases for Primary and Community Services Health Hubs in Kincardine and Lochgelly
- The Mental Health Redesign Project Board is overseeing the development of a strategy to re-design inpatient mental health facilities within Fife and an Initial Agreement is being developed during 2021 with a view to being finalised for internal governance in March 2022
- The NHS Fife's Elective Orthopaedic Centre Full Business Case (£33m) was approved by the Scottish Government on 11 March 2021 with the project due for completion in October 2022
- A large part of the focus for Estates and Facilities in 2020/21 was taken up by the operational requirements to make NHS Fife sites as Covid-19 secure as possible

Work includes:

- The development of green, amber and red clinical pathways on our major acute sites
 - The mitigation of risk of spreading Covid-19 through redesign of circulation spaces
 - The provision of temporary staff hubs to allow for rest and recuperation of staff during shifts
 - The mitigation of infection risks through the use of protective screens and the re-design of reception areas
 - The reduction of beds in multi-bed spaces to reduce the risk of infection
 - The provision of 13 community and 4 mass vaccination sites throughout Fife
- Whilst NHS Scotland was being managed on an emergency footing, a number of routine issues and developments were very much put in abeyance whilst the organisation coped with the peak of the pandemic including the Site Optimisation Programme
 - The Site Optimisation Programme has already commenced with the introduction of a variety of moves designed to improve patient pathways, assist in winter pressures, enhance the quality & safety of patient care in the acute setting whilst making the best use of our estate

Property Asset Performance (Board Report)

- The reported physical condition of NHS Fife essential properties (A & B condition) as reported in the 2021 SAFR has dropped from 81% since 2019 to 74%. This drop is most certainly down to a backlog maintenance review having not being carried out.
- The property system (EAMS) allows estimated life spans to be included in each backlog item. NHS Fife Estates staff review items transitioning from B to C condition each year with a view to deferring downgrades on assets which are still in working order. Due to Covid restrictions this was not carried out in early 2021 and it is thought that the condition percentage will rise again once 2022 reviews are carried out:
 - Both functional suitability and space utilisation have remained static at around 76% and 83% respectively
 - Backlog costs for NHS Fife properties have increased from £83.4m in 2019 to £92.2m, however, the lack of a general EAMS Condition review will have contributed to this increase as will the inflationary uplift of 2.86% applied nationally.
 - The main increases are apportioned to VHK (£4.2m), Glenrothes Hospital (£1.5m), QMH (£0.6m), and a combined increase at Glenrothes Hospital and Whyteman's Brae Hospital of c£1.0m. Lynebank Hospital showed an overall reduction of over £0.5m due to backlog works carried out
- No sales were concluded during 2020/21 and current property declared surplus is limited to Lynebank Hospital's north plot and surplus land at Skeith Health Centre, Anstruther. Anticipated total receipts for these are estimated at c£2.05m.

Operational Performance (Blue Book)

Key performance indicators which compare costs against either square metres or consumer weeks highlight the following (please note that due to cost book publication dates the figures represent the previous year to 31 March 2020):

	2018-19	2019-20
	£m	£m
Estates Utilisation	4.63	4.73
Cleaning	43.05	47.94
Property Maintenance	28.27	28.03
PFI	213.58	223.14
Energy	17.38	20.36
Rent & Rates	10.99	13.03
Catering	91.54	99.77
Portering	58.91	65.73
Laundry	32.24	31.72
Waste	9.53	24.59

- Increase in superannuation employers contributions in 2019-20 by 6%
- Waste costs are not comparable with previous years due to the changes in the clinical waste service during 2019-20
- Rent and rates comparison are difficult to calculate due to rebates that may have occurred in previous years
- Energy costs have risen due to gas price increases and continued escalation of the Climate Change Levy since the last report in 2019 with rises in gas by 8% and a rise in electricity by 10%
- SCART (Statutory compliance score) has decreased slightly from 69.3% to 66.11% following a large number of surveys having been carried out

It should be noted that the National State of the Assets & Facilities Report (SAFR) document is no longer published, therefore, comparison of NHS Fife's property and various other asset performance reports which are normally provided are no longer readily available.

Capital Projects

The following major Capital Project developments are in progress:

- Fife Elective Orthopaedic Centre (£33m)
Procurement: Framework Scotland/Graham Construction
Status: Construction/completion forecast in October 2022
- Lochgelly Community Health and Wellbeing Centre (£8.3m)
Procurement: SFT Hub, Hub East Central Scotland
Status: Outline Business case
Construction: Forecast completion March 2024
- Kincardine Community Health and Wellbeing Centre (£4.6m)
Procurement: SFT Hub, Hub East Central Scotland
Status: Outline Business Case
Construction: Forecast for completion March 2024
- Mental Health Inpatient Re-design Programme (£40m)
Procurement: TBC
Status: Initial Agreement (due for completion March 2022)
Construction: Forecast commencing in 2024 (Phased Delivery Programme)
- Several major projects to reduce backlog maintenance and improve the condition of the NHS Fife estate have been completed. These projects have been prioritised using a risk based methodology:
 - VHK Boiler House Workshop – associated with VHK master planning
 - VHK Car Park Works (Car Park L) – to improve site accessibility for staff and patients
 - VHK Tower Block Access Cradle – to support ongoing inspection and maintenance of the building's elevations

- QMH Steam Decentralisation – this work will remove steam from the Queen Margaret Hospital site and will resolve many of the significant backlog risk items

Accommodation Review

In 2018 a full review of owned premises was carried out, confirming the current scoring of quality, space utilisation and functional suitability as per the National Exemplar template. A desktop exercise was also carried out to identify the national condition of independent facilities.

The Red, Amber and Green format of both surveys is highlighted in the appendices, giving an 'at a glance' overview of the NHS Fife estate.

Regional/National Working

A number of separate programmes continue on a regional/national basis (please refer to section 4.1):

- Regional Catering Project developed with Lothian, borders and Tayside
- National Laundry Consolidation Project
- Decontamination is being considered nationally with a strategy for capacity and resilience being considered
- National Logistics review – East of Scotland Regional Fleet opportunities
- Regional payroll provision
- Regional recruitment provision

Equipment

NHS Fife Procured £10.134m of medical equipment in 2020/21. This was made up of several allocations received throughout the year:

Capital Equipment	£2.994m
Covid Equipment	£0.921m
Cancer Waiting Times	£0.376m
SG Funded Equipment	£1.207m
Radiology Funding	£2.057m
Hospital Eye Service	£0.425m
Robot	£2.154m

IM&T

There has been continued investment in maintaining a 4-5 year lifecycle of NHS Fife endpoints to support a more mobile workforce with the ratio of laptops to desktops having more than doubled.

There has also been further investment in Primary Care endpoints to enable mobility and flexibility, including the addition of remote access into GP clinical systems.

These endpoint improvements also required some backend network upgrades to manage the significant uplift in remote users.

Further investment in Cyber Security Resilience has been made with maximisation of the Network Access Control (NAC) solution to help meet one of the core objectives of the Network and Information Systems Principles (NIS). The NAC provides additional capability to 'detect and automatically deal with Cyber Security Events'. There is ongoing investment in the core backup solution in order to make it more robust and resilient. Also, the NIS audits have provided several opportunities to make speedy improvements in order to strengthen our overall security posture and our ability to detect and respond.

Some core infrastructure is due for lifecycle replacement in 2021/22 including the TrakCare platform.

Work continues to deliver Office 365 with Phase 1 now complete. This enabled MS Teams available to all staff and migrated email from nhs.net to nhs.scot.

The Morse Primary Care Digital Solution has also been rolled out offering more services with the ability to utilise twenty first century digital solutions out in the community. Preparation work is now underway to deliver Phase 2, which involves the maximisation of MS SharePoint.

The recruitment and programme preparation has begun for HEPMA, which will be a significant delivery over the next few years.

Transport Fleet

The fleet was complimented with two vans to the value of £50k.

2.0 Current Asset Arrangements

Board assets are represented by four main groups:

- Land & Property
- Medical Equipment
- IM&T (eHealth - hardware and infrastructure)
- Transport

Allocations within the Property and Asset Management Investment have been aligned to reflect the demands on all of the Board's assets and allocations have been increased where possible. The following chart highlights the percentage split of the Board assets:

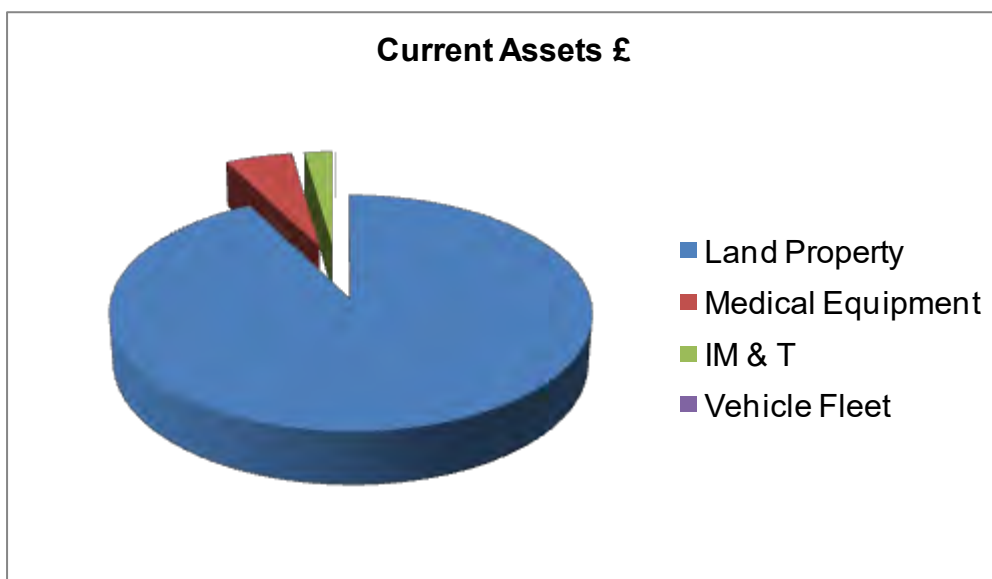


Figure 1 - Split of Assets

2.1 Current Assets

Property	Area (Sq m)	% of Total Area
01 Acute Hospitals	119,825.72	43.44
05 Mental Health Hospitals	58,187.45	21.09
06 Community Hospitals	15,486.94	5.61
07 Older People Hospitals	16,331.50	5.92
21 Health Centres	18,587.11	6.74
22 Clinics (Incl Day Hospitals Dental access & Resource Centres)	7,571.21	2.74
23 Offices	12,113.77	4.39
24 Support Facilities	20,186.97	7.32
25 Staff Residential Accommodation	2,138.76	0.78
99 Other	5,410.99	1.96
Unreported	0	0
TOTAL	275,840.42	100
TOTAL Land & Property	£481.54m	

Medical Equipment (excl. Imaging and Radiotherapy)	Replacement Cost 2021	Replacement Cost 2022
Renal dialysis equipment	£1.25m	£1.41m
Cardiac defibrillators	£0.32m	£0.32m
Flexible endoscopes	£3.41m	£3.47m
Infusion devices	£0.1m	£0.1m
Decontamination equipment	£1.25m	£1.67m
Other high value items	£28.45m	£30.16m
Equivalent PFI financed	£0.95m	£0.95
Total Net Book Value	£35.73m	£38.08m

Vehicles	Number 2019	Number 2021
Owned	56	47
Leased	38	57
Staff Car Scheme	147	150
Long-term hire	44	44
TOTAL (No)	285	285
TOTAL Net Book Value-Owned	£0.11m	£0.1m

IM&T	Number (units, systems, outlets etc)	Replacement Cost 2021
Cabling Networks (Wired outlets)	40240	£432k
Cabling Networks (Wireless access)	1401	£147k
Network Server Infrastructure (circuits, switches and routers etc)	650	£652k
Network/Cyber Security Appliances	70	£90k
Virtual Server Platforms	400	n/a
Data Storage	500 TB	£520k
Physical Servers	112	£577k
Communication Platforms (Telephony)	40	£1145k
Handsets, Smart phones & Desk phones	8252	£701k
Desktops/Laptops	9879	£2066k
Mobile Devices	1200	£138k
TOTAL Net Book Value		£5.878m

2.2 Changes in Property – 2020/21

Since 31 March 2020, no NHS Fife assets have been sold or are in the process of being sold:

SITE	STATUS
North Plot, Lynebank	Preferred bidder stage – current issues around access/egress and drainage capacity
Supplementary Land at Skeith Health Centre, Anstruther	Discussions underway with potential bidders

Please note: Properties declared surplus and vacant are classified as '98 Non-operational' in the Property Assets table above.

The Net Value of property at March 2021 has fallen c£10m since March 2019, primarily due to the sale of Forth Park Maternity Hospital, Kirkcaldy.

2.3 Asset Locations

NHS Fife's main property assets consist of VHK (acute) and QMH (mainly acute with approximately 30% mental health/primary care). Significant investment and reconfiguration in these two sites over the preceding 10 years has cemented their continued use.

These sites are supported by 5 community hospitals:

- St Andrews Community Hospital, St Andrews
- Randolph Wemyss Memorial Hospital, Methil
- Cameron Hospital, Windygates
- Whyteman's Brae Hospital, Kirkcaldy
- Glenrothes Hospital, Glenrothes with no immediate plans to vacate

Mental Health provision is based mainly at Stratheden Hospital, Cupar with additional provision at Queen Margaret Hospital and Lynebank Hospital, Dunfermline. Clinical activity at Lynebank Hospital, Dunfermline has been considerably reduced in recent years with the site now mainly supporting administration, storage and other functions.

2.4 PPP Assets

NHS Fife has two PPP sites at St Andrews Community Hospital, St Andrews and Victoria Hospital (Phase 3), Kirkcaldy which are both operating well.

Site Outline Details:

	St Andrews Community Hospital	Victoria Hospital Phase 3
Est. Total Capital Value (£m)	27	170
Date Financial Close	21/11/2007	30/04/2009
Operational Start Date	03/08/2009	28/11/2011
Contract Length (years)	30	30
Payment Remaining from 2015 (years)	24	26
Unitary Payment (pa)	£3,474,392	£24,658,375
Variable Payment (pa)	Board provides Soft FM	Board provides Soft FM
Equity Providers	St Andrews Hospital Ltd/Aberdeen Standard Investments	Consort/PARIO
Hard FM Provider	Mears FM Group	EQUANS
Soft FM Provider	Board	Board
Benchmarking Data	N/A, Board provides Soft FM	N/A, Board provides Soft FM

Statutory Compliance Audit & Risk Tool (SCART)

SCART is an NHS requirement which is used to demonstrate compliance assurance across the PPP projects delivered and maintained by each FM Service Provider. It is consistent with the approaches and interpretations taken by the Health & Safety Executive and allows the Board to target resources on areas of highest risk.

NHS Fife's two PPP Service Providers, Mears and EQUANS, actively input data on to the SCART system for St Andrews Community Hospital, St Andrews and Victoria Hospital (Phase 3), Kirkcaldy. This allows the Board to measure, monitor and report on statutory compliance. Both projects are in the highest bracket for reporting of 90%+ compliant.

2.4.1 St Andrews Community Hospital, St Andrews

2.4.1.1 Covid-19 Response

During the Covid-19 pandemic, Mears Group has continued to work in collaboration with the Board. All statutory PPM's have been carried out and a flushing regime

was implemented in the Out Patient Departments which were not being utilized during this time.

2.4.1.2 Lease

The lease agreement with BUPA Dental Practice and NHS Fife is currently being reviewed with a view to extending. It is anticipated there will be no material changes to the services, space use or function of the leased space.

Fife Council has extended their lease of office space with NHS Fife until 2035. Fife Council has leased space in the open plan admin office since the operational start date in 2009.

2.4.2 Victoria Hospital (Phase 3), Kirkcaldy

2.4.2.1 FM Service Provider

As of 1 July 2021, Engie announced the launch of a new global entity called EQUANS. In the UK & Ireland EQUANS will separately manage all their activity in FM & technical services, energy efficiency and regeneration.

EQUANS is a wholly owned division within the Engie Group who have assured the Board nothing changes with this announcement, remaining committed to providing high levels of service performance. There are no changes to the EQUANS staff on-site at Victoria Hospital (Phase 3), Kirkcaldy.

2.4.2.2 Covid-19 Response

The FM Service Provider and SPV have worked with the Board in a collaborative and proactive way to continue to provide vital clinical services throughout the ongoing Covid-19 pandemic.

The FM Service Provider has played a significant and valued role in addressing changes within the hospital to aid the challenges faced by our clinical teams. Some of these changes include creating negative pressure isolations rooms within our Rhesus and Medical High Dependency units, and a Point of Care Testing room to perform 24/7 rapid testing for Covid-19 patients.

Revenue Funded Projects – Monitoring of Long-Term Commitments

NHS Fife has delivered two major revenue funded projects (PFI); St Andrews Community Hospital, St Andrews and Phase 3, Victoria Hospital Kirkcaldy. Both of these projects are fully operational.

While revenue funded projects have provided the Board with high quality assets, the contractual obligations that come with these limit the Board flexibility in terms of what

it can do with those facilities which require significant resources to be managed effectively, particularly on the VHK site where privately managed facilities exist alongside NHS managed assets. There currently are no plans in place to procure projects of this nature in the near future.

25.39% of the floor area of the estate is provided under revenue funded (PFI), with unitary payments under these contracts constituting 33.4% of the total recurring facilities costs.

The unitary charges constitute 2.9% of the Board's DEL Budget as at 2020/21 and will continue at this level in 2021/22. This figure remains below the 5% Scottish Government cap. By way of comparison, NHS Greater Glasgow & Clyde spend only £3 million of their £3 billion plus budgets on such contracts.

2.5 Current Developments

This section provides a summary of current key projects commissioned by NHS Fife to ensure that clinical service provision is maintained and improved to provide the best quality of care to meet the needs of the people of Fife and the wider community.

2.5.1 Fife Elective Orthopaedic Project

The project involves the re-provision of the elective orthopaedic service at VHK. The existing orthopaedic service provides a dedicated environment in which patients within the catchment of Fife can be treated. The service currently performs extremely well, demonstrating a high level of attainment against relevant benchmarks and KPI's but it is held back by condition and functionality of the existing environment in which the service is provided. The investment proposal, therefore, seeks to maintain current performance levels whilst safeguarding the service over the longer-term via the provision of a sustainable healthcare environment.

The accommodation comprises of 3 theatres together with inpatient and outpatient accommodation. The gross internal floor area is currently 6,142m² and the forecast project cost is currently £33.2m.

The Full Business Case was approved by the Board in November 2020 and the Scottish Capital Investment Group on 11 March 2021, allowing the construction phase of the project to commence. Following the completion of car park enabling works, the project work commenced on site on 1 March 2021 and is due for completion in October 2022. Following a client transfer and commissioning period, it is anticipated that the facility will be operational in November 2022.

The project has been procured through Health Facilities Scotland, Frameworks Scotland 2 and is being delivered by Graham Construction. The construction contract between NHS Fife and Graham Construction has been executed by both parties.

2.5.2 Mental Health Inpatient Re-design

A large mental health inpatient re-design programme is underway to tackle the need for change including:

- The current arrangements do not support national and local drivers for change which focus on rebalancing care through wider care in the community and appropriate inpatient support, where required
- Inpatient beds are not in the correct location and, therefore, affect staff and patient efficiency
- Current inpatient provision compromises patient dignity and respect
- Existing facilities do not comply with National Guidelines in order to provide safe and therapeutic environments

The programme is currently at Initial Agreement (IA) stage, with the IA forecast to be delivered for governance approvals early in 2022. Once approved, design work will be commissioned to support progression of the Outline and Full Business Case stages. Given the size of the programme and likely constraints around capital funding and resources, it is envisaged that projects will be delivered in a phased manner starting around August 2024.

As part of this on-going work, there may be real opportunities to rationalise and improve accommodation on several sites including Stratheden Hospital, Cupar, QMH and Whyteman's Brae, Hospital, Kirkcaldy. The vision around this opportunity will be made clear through completion of an Option Appraisal (required for the IA) and funding to deliver an enhanced programme of work beyond the core inpatient re-design component.

2.5.3 Lochgelly and Kincardine Community Health and Wellbeing Centres

The existing Health Centre provision in Lochgelly and Kincardine are no longer fit for purpose. The new buildings will require a different design and way of working to bring services together in the local areas and allow local teams to co-ordinate appointments together in one place, where possible. The new Community Health and Wellbeing Centres will provide a flexible range of services including GP and wider health services.

The Initial Agreements for the two Community Health and Wellbeing Centres were approved by the Board on 27 November 2019. Lochgelly (being beyond NHS Fife's delegated limit of £5m) was subsequently approved by the Scottish Capital Investment Group (SCIG) on 9 January 2020. SCIG were also sighted on the Kincardine paper (for information).

Following approval and giving cognisance to resource constraints due to the Covid-19 pandemic, a Project Team was assembled in quarter 4 of 2020 which commenced OBC work in earnest in March 2021. The building designs are currently being developed in consultation with all key stakeholders. Based on progress to date, it is estimated that the Business Cases will be complete for internal governance in December 2021.

The sites selected for development are as follows:

- Lochgelly: Francis Street/Berry Street
- Kincardine: Tulliallan Playing Field (North)

Fife Council is in agreement with the site selection in broad terms, although discussions around land purchase, leasing and transfer are on-going.

The projects are being procured through a Scottish Futures Trust Hub initiative, with Hub East Central Scotland engaged as a partner to deliver the projects.

2.5.4 Annual Capital Programme

Key projects planned for delivery and completion in 2021/22 through NHS Fife's Annual Capital Allocation include:

- VHK - Steam Decentralisation (Phase 4B)
- QMH - Steam Decentralisation
- VHK - Site Rationalisation/Improvement

3.0 Asset Condition & Performance

A Property and Asset Management Strategy sets a strategic direction for the management of assets, be they buildings, vehicles, medical or IM&T equipment. In defining this strategic direction, cognisance must be taken of the environment within which the assets will be required to operate in. This section describes the major aspects that influence strategic decisions and suggest key performance indicators that NHS Fife aspires to.

It should be noted that backlog maintenance and statutory standards costs have been uplifted by an inflationary increase of 2.86% for 2020/21.

3.1 State of Board's Property Assets

Analysis of Property Performance /m ² 2021				
Facet	Very Satisfactory	Satisfactory	Not Satisfactory	Unacceptable
	A	B	C	D
Physical Condition	25.84%	48.16%	25.62%	0.37%
Functional Suitability	26.80%	49.09%	18.56%	5.55%
Quality	26.97%	40.88%	27.20%	4.96%

Space Utilisation	Empty	Under Utilised	Fully Utilised	Overcrowded
	5.90%	11.49%	78.91%	3.70%

Average SCART Score	66.11%
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Change in Property Performance from 2019 Report				
Facet	Very Satisfactory	Satisfactory	Not Satisfactory	Unacceptable
	A	B	C	D
Physical Condition	↑1.42%	↓4.76%	↑3.32%	↑0.02%
Functional Suitability	↑1.47%	↓2.16%	↑0.63%	↑4.08%
Quality	↑1.48%	↑1.35%	↑1.29%	↓0.28%

Space Utilisation	Empty	Under Utilised	Fully Utilised	Overcrowded
	↓0.29	↓0.11	↑0.57	↑0.21%

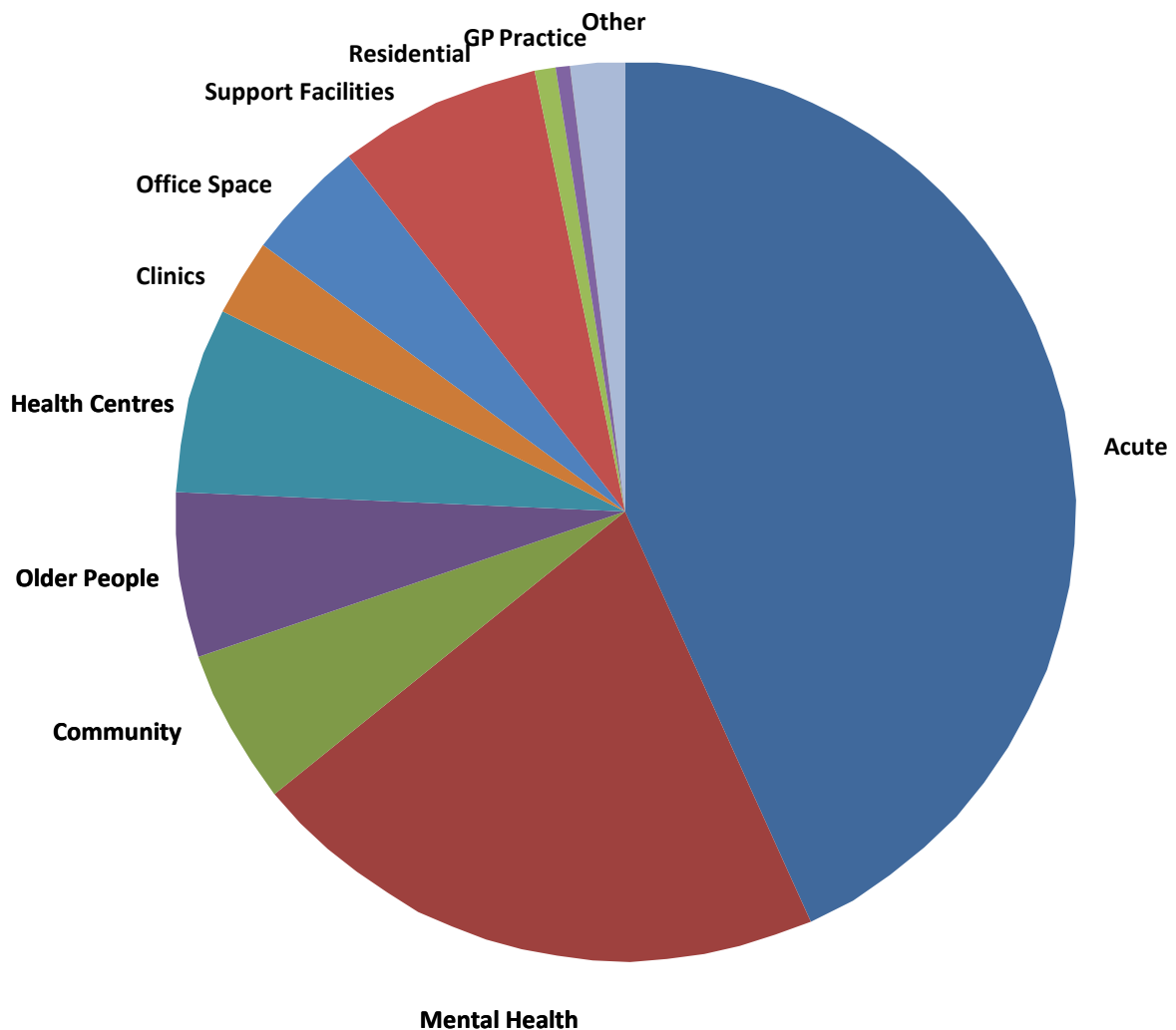
Average SCART Score	↑2.61%
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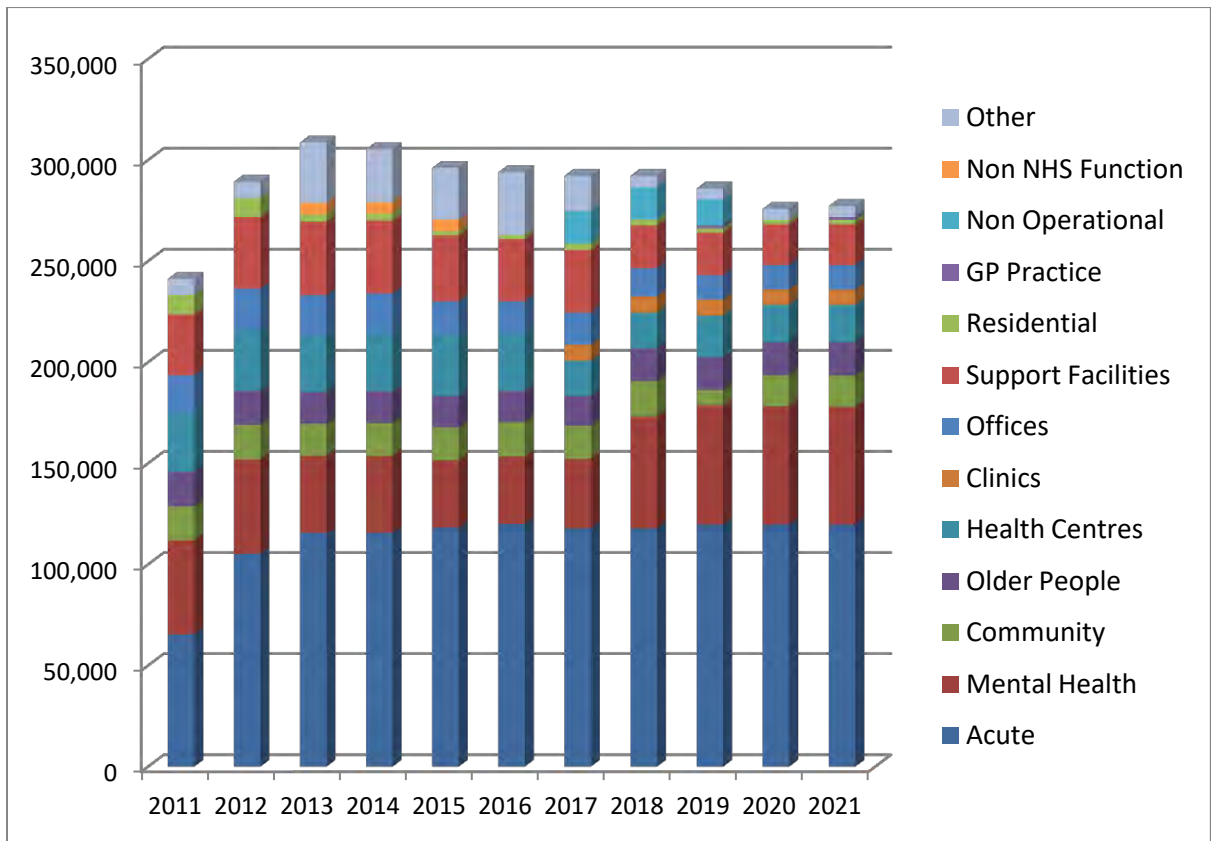
3.1.1 Area Analysis

The total gross internal area (GIA) of NHS Fife properties at 31 March 2021, including vacant and surplus properties, was measured at 275,840.42m², essentially unchanged from 2020. barring minor data corrections. There is currently no non-operational property listed, barring vacant land (ie unsold property declared surplus by the Board).

The graphs below highlight relative space comparison but also include GP practices (which were added to our EAMS system in 2019 but not included in the above areas).

Area Analysis 2021

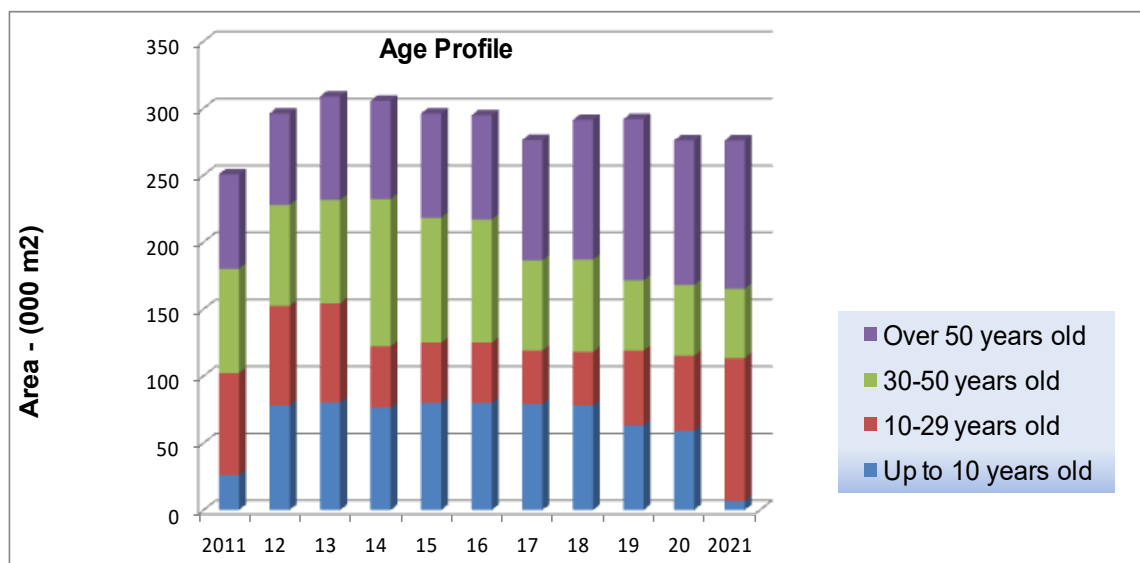




The base data review for NHS Fife’s properties is now complete and consistent. A full synopsis of functional suitability, space utilisation and quality are detailed in Appendix D.

3.1.2 Age Profile

The relative age of NHS Fife property is high showing over 40% of buildings more than 50 years old as opposed to the national average of 23% which undoubtedly contributes to the high cost per m² of backlog maintenance in Fife.



3.1.3 Physical Condition

Physical Condition/Statutory Standards/Backlog Maintenance

Through a combination of capital investment, asset rationalisation and performance enhancements, improvements in the categories of physical condition and statutory standards will be realised. As these improvements are realised, reductions in the level of backlog maintenance will also be achieved.

Using data contained within the Estates Asset Management System, the NHS Scotland Statutory Compliance and Risk Tool, the NHS Fife Risk Management application, Datix and the NHS Fife Fire Compliance Plan (a Capital Investment Plan) is developed based on risk assessment. Additional items for inclusion in this plan are also identified in HAI and other inspections, etc. This plan identifies the projects that will be undertaken in the coming financial year and is reviewed annually to align funding allocations with requirements.

The aim for NHS Fife is to bring at least 90% of all essential properties to a minimum condition 'B' (Satisfactory).

The programme to achieve this has been determined through risk analysis and projected available funding or disposal and targeting of remaining essential properties which fall within the 'Unsatisfactory' condition category.

The high levels of investment required around the VHK Tower Block and other VHK, Phase 2 buildings (which have recently reached 50 years old) must now be classified as Condition C. The VHK Tower Block building is still fully utilised.

It is important to understand the risk around continued deterioration and/or failure of estate assets. As the Property Asset Management Strategy moves forward it will be important for the Board to take investment decisions based upon the risk areas in relation to the physical condition of the estate and to develop risk prioritised investment plans which address any shortfalls.

The annual Property Appraisal Surveys carried out by Health Facilities Scotland's National Contractor targeted all NHS Fife Health Centres and Clinics in 2020 along with Glenrothes with Lynebank Hospitals. Despite this, and by now providing a dedicated internal resource to augment these surveys, NHS Fife will still be approximately 20% behind target of all properties being surveyed on a 5 yearly cycle by the end of 2021/22

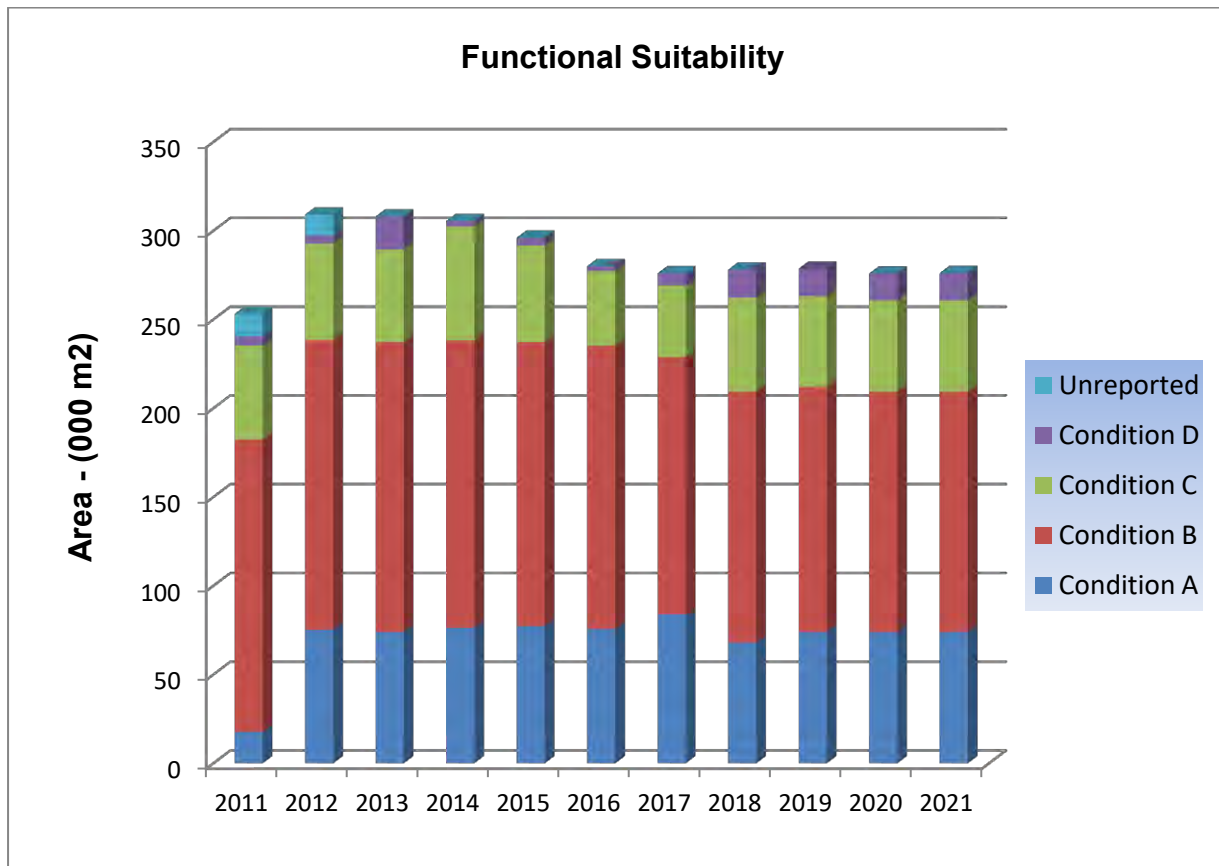
3.1.4 Functional Suitability

The aim of functional suitability assessment is to determine how well the available accommodation supports delivery of healthcare and is assessed on the basis of 3 elements: internal space relationships; support facilities and location.

The aim of NHS Fife is to bring the functional suitability of 90% of all essential properties in use to either 'Satisfactory' or 'Very Satisfactory' assessment level. It was hoped this would be achieved through the acquisition and disposal of properties and implementation of the current investment plan. In those areas requiring improvement the aim will be to ensure:

- The layout of the accommodation allows safe and effective service delivery
- The available accommodation is sufficient for the department to function appropriately
- Critical rooms are adequately sized
- Good observation of patients is possible
- Adequate toilet and bathrooms facilities are available
- Adequate storage space is available
- Adequate seating and waiting space is available
- Public areas are accessible for all
- Location close to inter-dependant departments
- Access via vertical or horizontal circulation is good (lifts, stairs etc)

This is, however, proving very challenging given the relative age of the estate and lack of capital funding which would allow reconfiguration when backlog repairs are addressed. The results for functional suitability facet is shown in the chart below with a total of only 76% of the total gross internal area (GIA) of operational estate is 'Satisfactory' or 'Very Satisfactory'.



3.1.5 Space Utilisation

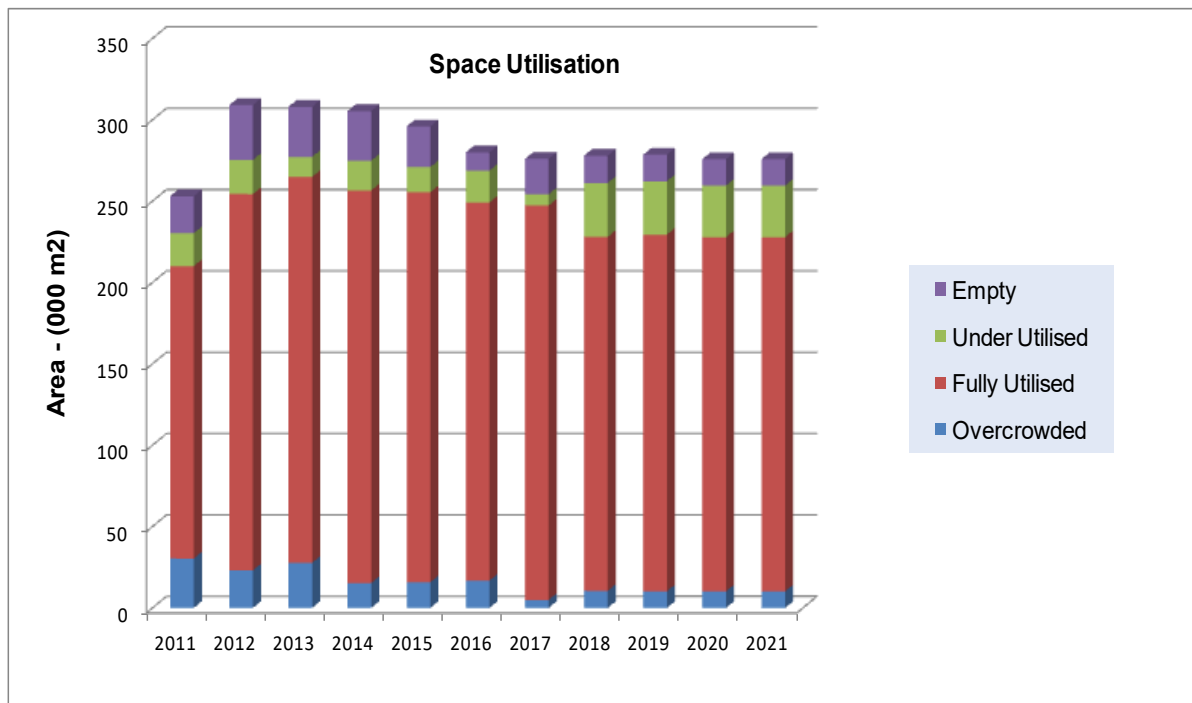
NHS Fife’s aim will be to bring 90% of essential properties within the Space Utilisation ‘Fully Utilised’ category. This will ensure that retained spaces which are currently underutilised will be used intensively and that:

- Usage is maximised over time ie on a working day and/or on a working week
- Space usage will compare favourably with National Guidance
- This approach will assist in ensuring that all remaining space in use is productive and essential to the provision of healthcare

The procurement, refurbishment and disposal of properties in line with clinical service will contribute to improving Space Utilisation standards, however, it is incumbent upon NHS Fife to instil an attitude of effective space management to all relevant staff and to ensure that a general awareness of space management opportunities is created. This will be rolled out at existing management forums, the NHS Fife Facilities Managers taking the lead on this.

The potential changes in space utilisation facet are a result of planned disposals and updating of space utilisation assessment figures as a result of improvements and show that it may be possible to achieve the target figure.

A Space Management Group has been formed whose main objective is to actively manage NHS Fife’s space.



2020/21 figures for the space utilisation facet show that a total of 17.4% of the total GIA was under-utilised. This percentage figure is hampered by a sizeable number of vacant blocks at Stratheden Hospital, Cupar and Cameron Hospital, Windygates.

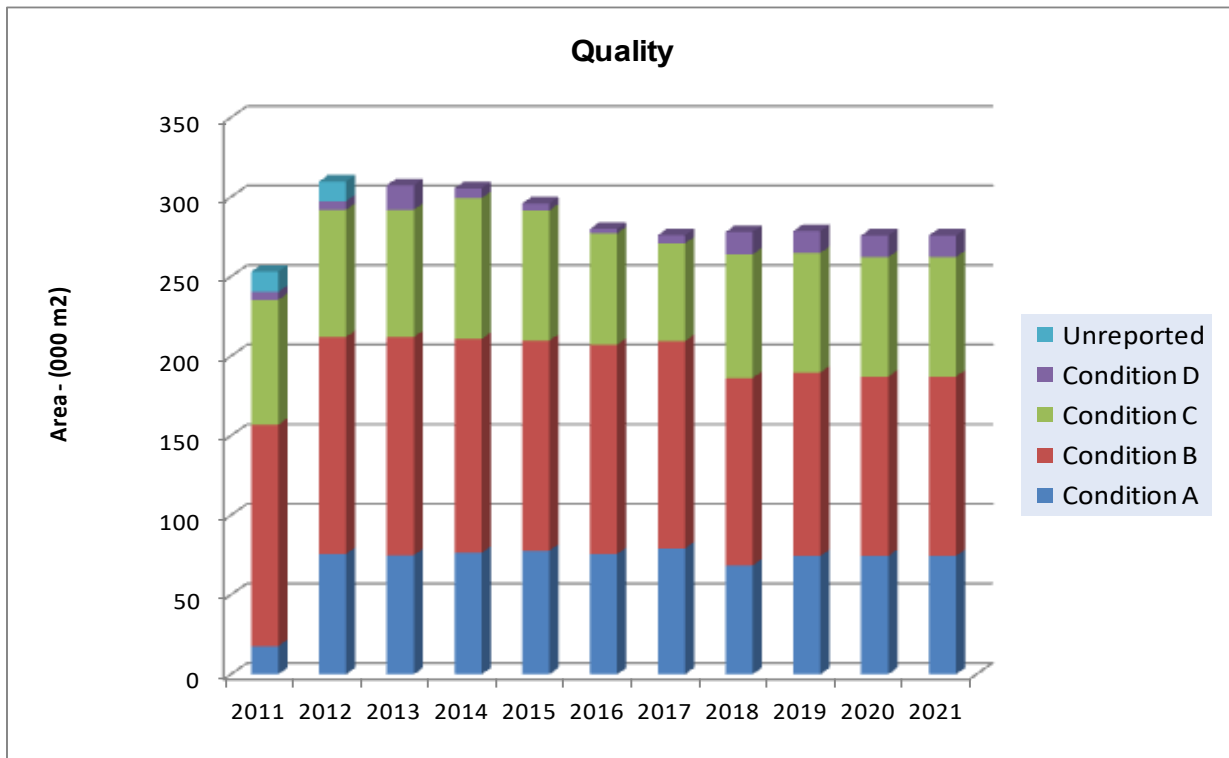
3.1.6 Quality

The aim of the quality assessment is to determine how well the available accommodation provides a comfortable, modern, pleasing environment in which healthcare services can be provided. This is assessed on the basis of three elements; amenity, comfort engineering and design.

The current report shows that 32% of NHS Fife’s property is either ‘Not Satisfactory’ or ‘Unacceptable’.

The NHS Fife objective in relation to the quality of property is to seek 90% of essential properties falling within the ‘Satisfactory’ or ‘Very Satisfactory’ categories. In those areas, not within those categories, the aim will be to provide:

- An attractive and pleasing area for patients and staff (for example in terms of privacy, dignity, comfort, working conditions, signposting etc)
- An acceptable environment (eg well lit, adequately heated and cooled, noise and odour free)
- An internal/external environment attractively designed (eg in terms of good colour schemes, well decorated, well furnished, enhanced by art, plants, landscaping, views etc)



3.2 Statutory Compliance and Assurance

3.2.1 Overview

There are suitable measures in place to manage and control all identified statutory compliance and risks within Estates and Capital Services, NHS Fife.

These measures include:

- An NHS Fife estate wide Health, Safety & Risk Management Committee chaired by the Head of Estates who reports directly to the Director of Property and Asset Management
- A continual appraisal of staff training requirements through TURAS
- The employment of a specialist Health & Safety Advisor dedicated to compliance who has access to the expertise of Authorising Engineers and compliance audits

Where a gap in statutory compliance has been identified, NHS Fife has a risk register and a risk based action plan in place to manage this. This Assurance Statement also includes PPP sites.

3.2.2 Where Are We Now?

NHS Fife has a reporting structure in place (Appendix C1). Through this structure the SCART risk and compliance status is reported on a regular basis.

Due to the Covid pandemic all face-to-face meetings have been cancelled. This impacted all meetings until new technology was rolled out to allow virtual meetings to take place.

SCART activity is a statutory agenda item at the Estates Managers Meetings, Estates Health and Safety Meetings and Risk Management Meetings. This ensures that senior managers and other relevant personnel are aware of any outstanding issues. A KPI matrix has been developed to monitor progress by tracking the monthly percentage compliance per site, the number and percentage of sites inspected, the number and percentage of action plans created and the overall NHS Fife percentage compliance score.

There are departmental procedures and plans in place for the management of health and safety for all our staff and their day-to-day activities. This includes arrangements for monitoring the effectiveness of the control systems in place.

3.2.2.1 Responsibility for Statutory Compliance within NHS Fife

The Chief Executive of NHS Fife has the overall accountability to ensure that the organisational structure, arrangements and resources exist to implement the Health & Safety Policy, its objectives and associated plans to ensure the health, safety and welfare of staff employed by NHS Fife and all persons (eg patients, visitors, contractors etc) liable to be affected by the activities of NHS Fife.

The Board is responsible for ensuring that NHS Fife complies with all the relevant standards related to health & safety. Authority is delegated to the NHS Fife Health and Safety Sub Committee which is required to provide regular reports on work undertaken to the Board.

The Director of Property & Asset Management has the responsibility to oversee health and safety within NHS Fife and will report any known significant organisational failings to the Chief Executive. Many of the duties arising from this responsibility are delegated to senior managers, line managers and to the Health and Safety Manager.

3.2.2.2 What Measures are in Place to Manage and Control Statutory Compliance Risks?

NHS Fife has various control measures in place to ensure compliance. These control measures include: use of the SCART tool, a dedicated Compliance Team, policies, procedures and audits of these control measures both internally and externally resourced.

Where a gap in statutory compliance has been identified NHS Fife has a risk register and a risk based action plan for each site in place. The risk register is reviewed bi-monthly at the Estate Managers Meeting and all risks with a risk rating of 15 or more are then reported to the Executive Directors Group through the Board Assurance Framework. See appendix C4 for an example of a SCART Action Plan, note this is not real data.

There is an on-going program of compliance audits for each site owned or operated by NHS Fife, See appendix C3. These audits are recorded and evidenced on SCART.

The dedicated compliance team has now been in place for two years, which consists of a Compliance Manager, a Compliance Officer, 2.5 wte Fire Advisors and an Administration Assistant. This has recently been expanded to include the Information Services Manager and two Information Services Officers. The compliance department has autonomy and reports directly to the Head of Estates.

There is a full suite of policies and estates standard operating procedures available either through our NHS Fife Intranet page or from the department shared drive.

There is also:

- An NHS Board Health and Safety Committee that convenes on a quarterly basis
- A Corporate Risk Register in place
- An Estates Dept Risk Register in place
- A Corporate Internal Audit team to audit policies & procedures
- Appropriately trained staff who are aware of their responsibilities
- Comprehensive risk assessments in place
- Authorising Engineers available to provide advice, information and practical assistance. These specialist advisors work with Line Managers and Supervisors to assist with statutory compliance requirements

3.2.2.3 How can the Board Improve the Management of Statutory Compliance?

NHS Fife takes their responsibilities with regard to statutory compliance seriously and is aware of the consequences of breaching Health and Safety Law.

The following issues were identified in the financial year 2020/2021:

- Contracts are in place to ensure thorough inspections for pressure vessels are carried out, however, this could be improved to show NHS Ownership/control
- In general, new assets need to be recorded and logged in the CAFM system with asset numbers issued and preventative maintenance schedules altered accordingly
- Not all documentation, service reports, survey information are held in a central place where everyone, who requires, has access
- Estates Standard Operating Procedures require to be reviewed and trained out consistently
- Additional procedures require to be created to standardize operations across the estate
- Additional Authorised Persons are required to cover absence/ holidays etc
- Due to the Covid-19 pandemic, many appointments and training may have lapsed

3.2.2.4 Current SCART Scores

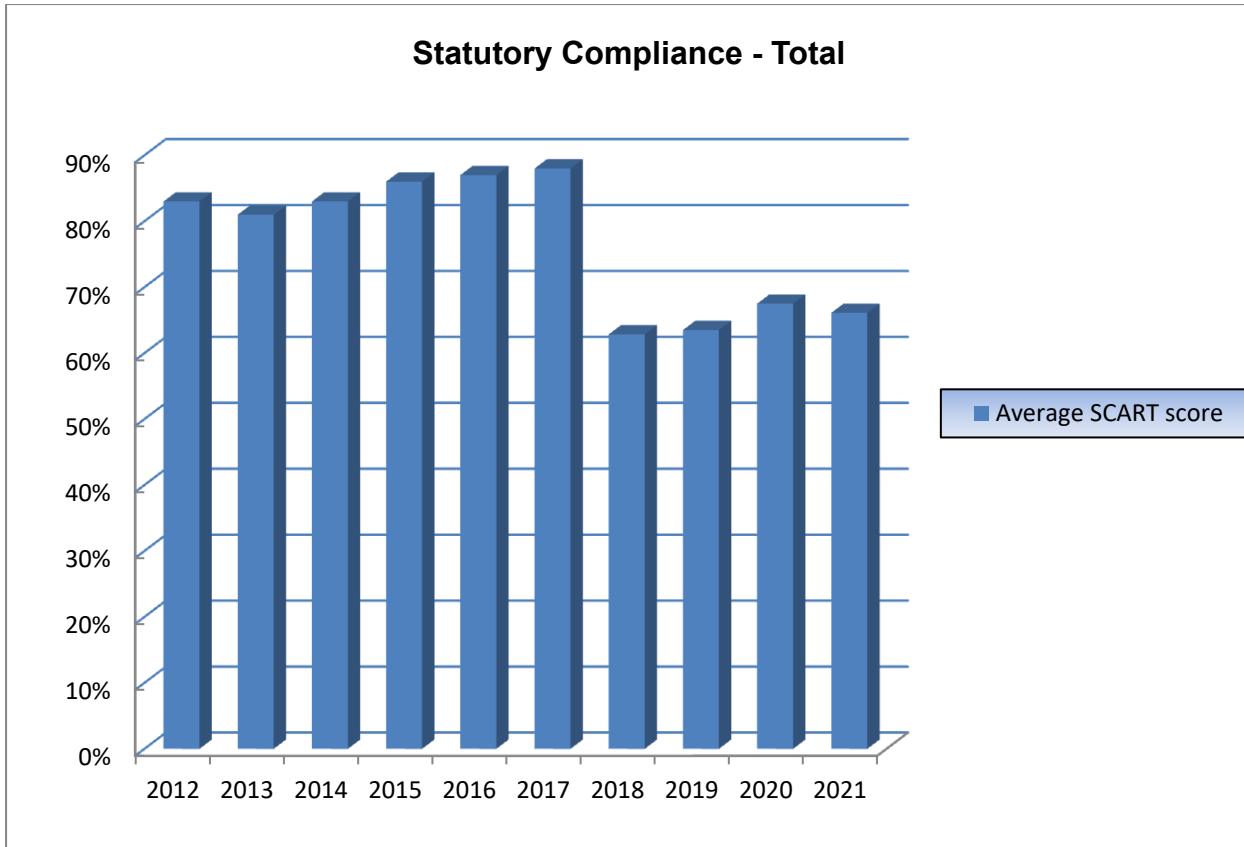
The current maximum risk score, average risk score and compliance % score for NHS Fife is:

	2019/20	2020/21	Difference
Maximum Risk	25	25	0
Average Risk	7.4	7.7	+0.3
Compliance %	69.3%	66.11%	-3.19%

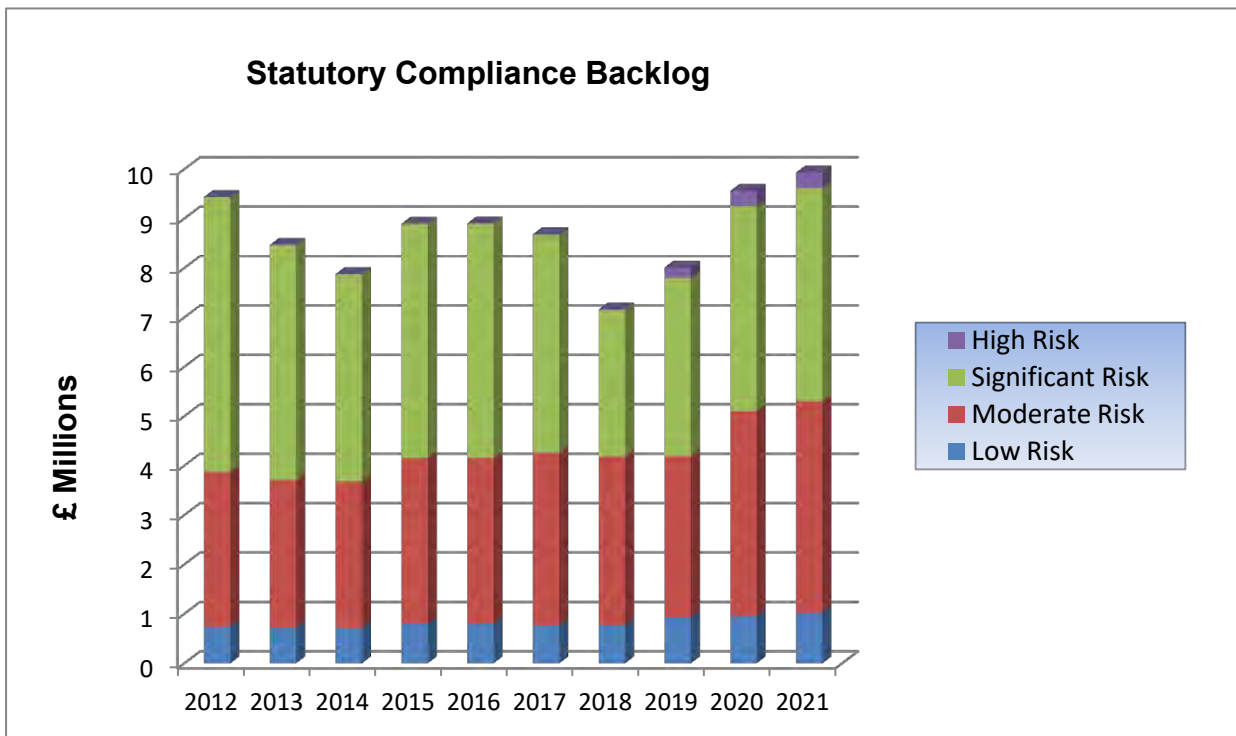
The small decrease in the compliance percentage score is due to the continuation of individual site audits being carried out and accurately recorded/evidenced in SCART. These are not yet fully complete, as some sites have been temporarily closed due to the Covid-19 pandemic and the score may still decrease when the sites are inspected and the scores added into SCART.

Previous audits input to SCART were 'sector' based audits and were generalized across the sector.

A detailed breakdown of the topics, risk and percentage compliance can be found in Appendix C2.



3.2.2.5 Statutory Compliance Backlog Maintenance Recorded in EAMS



3.2.2.6 How is this being Reviewed?

The need to further improve is discussed at the Estates Managers bi-monthly meetings and any concerns that cannot be resolved quickly are recorded on the Estates Risk Register. SCART is also a standing item on the Estates H&S Risk Management Meetings.

3.2.3 How do we get there?

NHS Fife continues to invest in achieving the required improvement in statutory compliance and aims to reduce, so far as reasonably practicable, all non-compliant items in essential properties. This target was originally set to be completed by 2020, however, due to the Covid pandemic this date has not been achieved and a new target will need to be set. A 75% compliance score was originally targeted by the Head of Estates, however, the individual site baseline audits are yet to be completed. Once these audits are complete, we will re-evaluate where best to invest resource.

3.2.3.1 What will need to Change to Further Improve Statutory Compliance?

- MiCAD will require to be developed to hold all the compliance & service information in a central location which will allow NHS Fife to show ownership and control
- An asset management procedure will require to be created and followed to ensure all assets are recorded and maintained in accordance with guidance
- Appoint all the required staff
- Procedures need to be updated/created and trained out across NHS Fife estates to ensure all sectors are working in the same way
- Staff suitably trained on the awareness of the implications of non-compliance
- A detailed working manual will require to be created to ensure all staff are aware of how to restore services in the event of loss.
- Zetasafe will require to be further developed to ensure water management compliance
- Staff training is up-to-date

3.2.3.2 SCART Audits

An audit program covering the 39 topics for all Estates owned sites has been carried out. This has identified good practices across the different sectors and allows these good practices to be rolled out across the other sector areas, thus ensuring consistency across NHS Fife. From these audits a baseline has now been established and identified the high risk and non-compliant topics.

From this baseline information, an annual audit program needs to be created and published.

As issues are resolved, SCART should be updated to reflect the current SCART status. This ensures that SCART is a dynamic tool holding up to date information on

all 39 compliance topics.

3.2.3.3 Action Plan

The first phase of the action plan was to identify all the actions to be taken and the priority of action to be taken. This has now been completed and we have moved on to the second phase. The second phase is to add resources and timeframes required to complete. Responsibility to manage the implementation of the action plan will also be added. Example of the action plan can be found in Appendix C4.

3.2.3.4 Training

The TURAS training tool is used across NHS Scotland. Each member of staff has a Personal Development Plan and as part of this tool we interview staff to identify staff training needs and agree future training requirements. Mandatory training is also identified on our Training Needs Analysis and is trained out as required by Scottish Health Technical Memorandum for the required staff. Staff training is also regularly reviewed at local level.

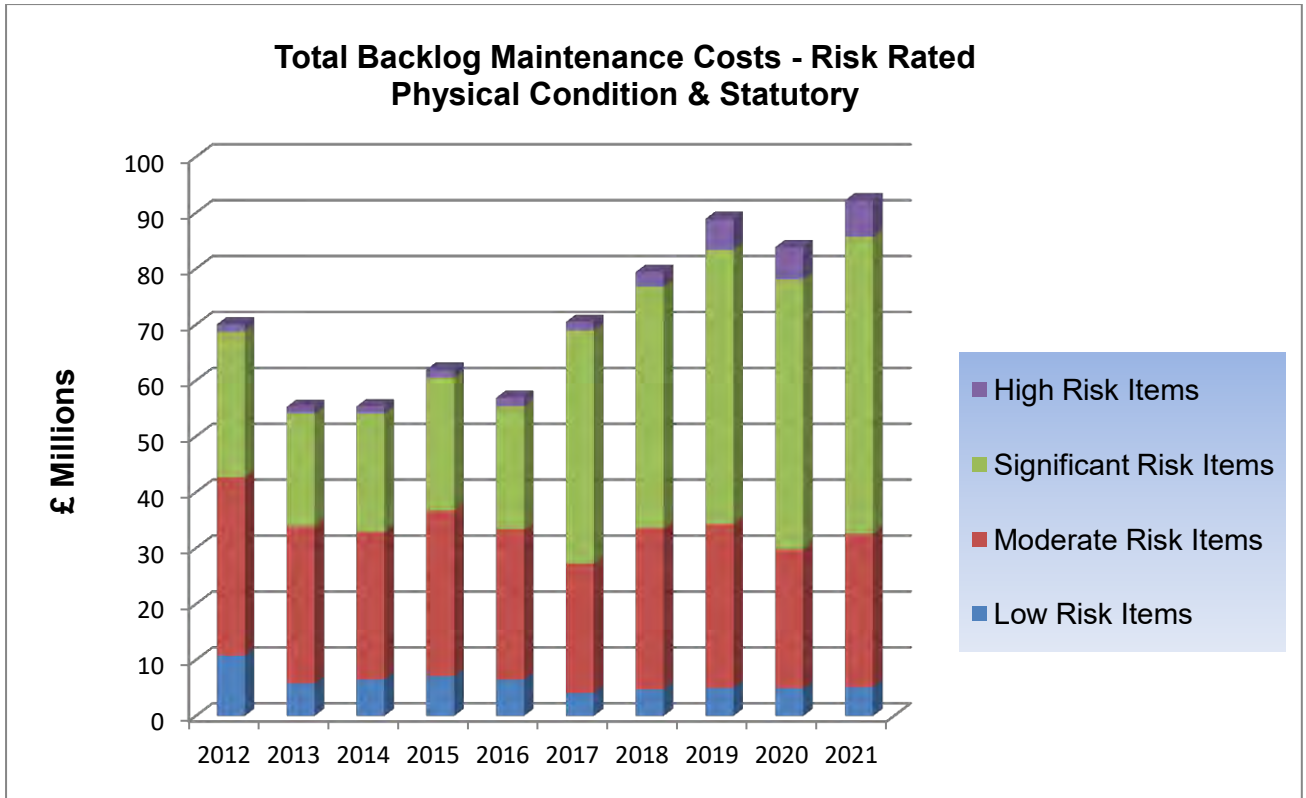
Examples of our Training Needs Analysis and Training Database can be found in Appendix C7.

3.3 Backlog Maintenance

The investment required to bring NHS Fife properties up to an acceptable physical condition is known as “backlog costs”. The guidance defines backlog costs as the costs required to bring an element up to an acceptable condition (ie A or B). The guidance also states that the backlog costs should be expressed as a works cost only. Additional costs are dependent upon the solution chosen. VAT, fees, decant, and temporary services are excluded from backlog costs, however, these are included within project costs brought forward for consideration.

Backlog maintenance is prioritised using the Estates Risk Register and SCART data. High risks and statutory non-compliance are prioritised using the calculated risk score and action plans prepared accordingly. Capital funding is then allocated to eliminate these high risk areas whilst considering the long-term strategic importance of the premises.

For larger projects that require significant capital funding, these are phased over several years. Examples of these could be asbestos removal, fire compartmentalisation and legionella works.



74% of NHS Fife’s total gross internal area of 275,840.42m² is now in excellent or satisfactory physical condition. Aspects of the physical condition of the estate which fall into an unsatisfactory category are risk rated relative to clinical service impact and are incorporated into NHS Fife Capital Plans.

The risk assessed backlog costs for NHS Fife are currently c£5.1m for Low Risk items, c£25.5m for Moderate Risk items, c£53.1m for Significant Risk items and c£6.54m for High Risk items.

This gives a total risk assessed backlog maintenance figure of £92.24m at 31 March 2021. Rationalisation of the use of NHS Fife Estate results in ongoing reductions in the level of backlog maintenance, however, this reduction can only be applied when the building or property is demolished or sold. If a building or property remains in the ownership of NHS Fife then the backlog maintenance burden also remains. These figures detailed reflect the position at a particular date and are therefore subject to change when buildings are reassessed and data updated.

Major changes to Backlog to note from 2019/20 to 2020/21 are increases of c£4.2m at VHK, c£0.6m at Stratheden Hospital, Cupar, c£0.6m at QMH, c£0.47m at Whyteman’s Brae Hospital, Kirkcaldy. (This includes the aforementioned rise of 2.86%).

Summary of Property Appraisal Results by Site for NHS Fife (Backlog £)

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
F004T	Fife College of Nursing & Midwifery	Non-Clinical	155,716.28	848,294.52	1,156,548.95	105,332.16	0	2,265,891.91
F013A	Matthew Street, 26	Non-Clinical	9,105.53	9,573.39	32,968.90	24,838.07	0	76,485.89
F016C	Dalgety Bay Health Centre	Clinical	31,017.54	137,365.29	22,331.15	17,474.68	0	208,188.66
F701H	Cameron Hospital	Clinical	53,022.85	440,393.09	916,896.06	733,554.61	0	2,143,866.61
F701H	Cameron Hospital	Non-Clinical	228,122.67	419,467.45	879,579.56	436,350.78	0	1,963,520.46
F704H	Victoria Hospital	Clinical	1,788,999.98	14,066,028.64	33,305,485.70	541,081.38	0	49,701,595.70
F704H	Victoria Hospital	Non-Clinical	157,071.60	1,732,763.93	1,113,963.56	1,118,519.69	0	4,122,318.78
F705B	Kennoway Health Centre	Clinical	0	0	23,644.99	0	0	23,644.99
F705C	Dovecot Clinic	Clinical	7,072.53	173,338.99	15,137.69	0	0	195,549.21
F706B	Kirkcaldy Health Centre	Clinical	33,989.64	123,877.71	0	0	0	157,867.35
F707B	Leven Health Centre	Clinical	0	0	8,866.85	0	0	8,866.85
F708B	Masterton Health Centre	Clinical	868.53	164,653.43	0	0	0	165,521.96
F708H	Adamson Hospital	Clinical	7,928.84	80,435.26	187,459.75	35,679.65	0	311,503.50
F708H	Adamson Hospital	Non-Clinical	4,351.63	1,132.68	73,624.65	0	0	79,108.96
F709B	Cupar Health Centre	Clinical	0	13,262.94	0	0	0	13,262.94
F710B	Pitteuchar Rothes Practice	Clinical	28,041.96	204,110.74	23,699.18	0	0	255,851.88
F710H	Randolph Wemyss Memorial Hospital	Clinical	29,378.61	128,632.99	109,870.70	35,679.65	0	303,561.95
F710H	Randolph Wemyss Memorial Hospital	Non-Clinical	20,349.02	154,230.74	1,240.79	0	0	175,820.55
F711B	Cardenden Health Centre	Clinical	2,955.60	4,433.42	20,541.58	0	0	27,930.60
F711H	Whytemans Brae Hospital	Clinical	146,045.22	1,587,089.57	3,549,426.40	265,615.09	0	5,548,176.28
F711H	Whytemans Brae Hospital	Non-Clinical	20,543.11	65,017.62	286,053.60	5,663.43	0	377,277.76
F712B	Kinghorn Health Centre	Clinical	1,488.95	134,254.01	10,050.43	0	0	145,793.39
F712C	Ladybank Clinic	Clinical	7,389.02	4,433.42	0	0	0	11,822.44
F712H	Stratheden Hospital	Clinical	105,888.87	428,909.72	252,711.51	0	0	787,510.10
F712H	Stratheden Hospital	Non-Clinical	751,184.46	1,458,163.73	4,714,571.71	34,546.95	0	6,958,466.85
F713C	Leslie Dental Access Centre	Clinical	0	1,477.80	87,190.85	0	0	88,668.65

Where are we now?

F714H	Weston Day Hospital	Clinical	5,911.22	0	36,945.25	0	0	42,856.47
F714H	Weston Day Hospital	Non-Clinical	14,778.09	13,300.29	382,566.93	0	0	410,645.31
F716H	Glenrothes Hospital	Clinical	23,973.76	888,834.16	586,009.64	185,443.81	0	1,684,261.37
F719C	Thornton Clinic Roths Practice	Clinical	2,344.88	35,167.80	6,880.65	6,006.92	0	50,400.25
F801B	Valleyfield Health Centre	Clinical	54,679.00	16,386.09	175,874.42	17,755.69	0	264,695.20
F802B	Kincardine Health Centre	Clinical	2,955.60	1,477.80	96,496.03	0	0	100,929.43
F804B	Oakley Health Centre	Clinical	10,344.64	25,122.79	313,892.44	0	0	349,359.87
F805B	Rosyth Health Centre	Clinical	35,467.43	4,433.42	55,979.04	0	0	95,879.89
F805H	Queen Margaret Hospital	Clinical	547,660.92	1,965,437.24	2,999,088.25	1,612,219.59	0	7,124,406.00
F805H	Queen Margaret Hospital	Non-Clinical	16,266.95	468,324.04	213,559.45	1,319,436.76	0	2,017,587.20
F806B	Kelty Health Centre	Clinical	2,955.60	43,885.12	62,896.43	1,423.58	0	111,160.73
F807B	Lochgelly Health Centre	Clinical	116,747.08	2,955.62	158,829.17	0	0	278,531.87
F810H	Lynebank Hospital	Clinical	432,834.88	1,136,984.44	573,625.82	2,265.38	0	2,145,710.52
F810H	Lynebank Hospital	Non-Clinical	229,994.96	465,544.36	306,641.60	3,085.80	0	1,005,266.72
F811B	Skeith Anstruther Medical Practice	Clinical	6,075.83	0	0	0	0	6,075.83
F811C	Rosewell Clinic	Clinical	8,866.82	16,255.92	165,293.79	0	0	190,416.53
F813C	Linburn Road Health Centre	Clinical	2,955.60	9,552.48	29,685.84	39,909.68	0	82,103.60
F815C	Gordon Cottage Clinic	Clinical	0	2,533.44	13,923.58	0	0	16,457.02
F827C	Cowdenbeath Clinic	Clinical	2,955.60	2,955.62	95,227.27	0	0	101,138.49
F838C	Cowdenbeath Dental Access Centre	Clinical	0	0	7,043.69	0	0	7,043.69
F841C	Linburn Road Dental Access Centre	Clinical	0	0	19,007.37	0	0	19,007.37
F842C	Cupar Dental Access Centre	Clinical	0	9,257.40	2,674.36	0	0	11,931.76
F843C	Kirkland Dental Access Centre	Clinical	0	7,389.04	0	0	0	7,389.04
F844C	Glenwood Dental Access Centre	Clinical	0	1,477.80	0	0	0	1,477.80
TOTALS			5,108,301.30	27,498,615.95	53,094,005.58	6,541,883.35	0	92,242,806.18

Where are we now?

Totals By Use	Low	Moderate	Significant	High	Unreported	Total
Clinical	3,500,817.00	21,862,803.20	43,932,685.88	3,494,109.71	0	72,790,415.79
Non-Clinical	1,607,484.30	5,635,812.75	9,161,319.70	3,047,773.64	0	19,452,390.39
TOTALS	5,108,301.30	27,498,615.95	53,094,005.58	6,541,883.35	0	92,242,806.18

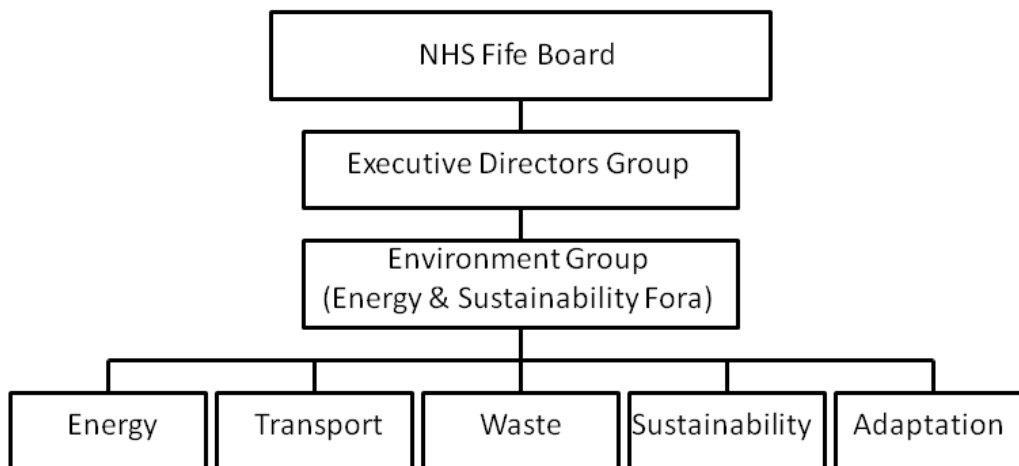
3.4 Environmental Management Strategy

3.4.1 Overview

NHS Fife in common with other Boards, has a clear commitment to operating and developing sustainable practices. The Sustainability Group is chaired by the Director of Property & Asset Management/the Estates Officer – Sustainability and meets at quarterly intervals assisting the Board’s work in delivering its sustainability targets.

A Sustainability Officer has recently been appointed together with an Administration Assistant who will work alongside the existing Estates Officer - Sustainability.

Energy, Water and Waste sub-groups also meet regularly and report back to the Sustainability Group. The latter group monitors progress towards meeting revised energy reduction, carbon reduction and other targets:



In 2018 NHS Scotland began a project to look at sustainability across all 22 territorial and special NHS Boards and, in particular, to look at a replacement for the Good Corporate Citizen Assessment Model (GCCAM) which was deemed to be outmoded. To this end, it ran a benchmarking exercise (which lasted about a year) to look at how Boards were aligning themselves with the United Nations Sustainable Development Goals as shown below.

The GCCAM replacement has replaced the original six strands of GCCAM (Facilities Management, Workforce, Transport and Travel, Procurement, Buildings and Community Engagement) with ten modules based around the three core themes of People, Plant and Place as shown below.

All Boards were assessed on their responses to a 280 questions set to cover the modules and themes. The results were issued in March 2019. NHS Fife scored joint eighth out of 22, achieving Bronze Award Status (only one Board, NHS Ayrshire & Arran, was awarded silver, whilst three Boards did not achieve Bronze status). In 2019 a web-based toolkit (pre-populated with the benchmarking results) was used but abandoned. In 2019-2020 this assessment was repeated and the results were unable to be validated due to non-return of evidence from managers due to the on-going pressures of the Covid-19 pandemic on services.

NHS Scotland has split these in to the following groups:

- Governance & Policy
- Transport
- Green Space
- Capital Projects
- Nature & Biodiversity
- Active Travel
- Sustainable Care
- Ethics
- Welfare
- Communities
- Awareness
- Procurement
- Greenhouse Gases
- Adaption
- Waste
- Environmental Management

These actions are assessed by the National Sustainability Assessment Tool which assesses each Board's sustainable actions.

An initial review suggests NHS Fife has fared well in active travel and transport. A dedicated Waste Officer is also in post so we have progressed well in this area too.

Our NHS values identify a need to integrate sustainability with health teams and a revision of funding and support to procurement, sustainability, green space and biodiversity will be welcome.

From next year, the required evidence will be submitted in order for the Board to gain a validated score via the National Sustainability Assessment tool (NSAT). NHS Fife intend to continue to align our goals with these questions and to follow the Strategic Framework.

The COVID pandemic has highlighted the need for change. NHS Fife should not only be dealing with the consequences of the pandemic; we also need to broaden our focus to confront other urgent issues, such as the climate crisis. We need to consider how we can build towards a greener society and a more sustainable healthcare system. Active and sustainable travel also plays a key part.

NHS Fife will follow the National Performance Framework.

NHS Fife has set the following goals:

- Zero emissions by 2045 by meeting 5-yearly targets and one-yearly reductions
- Sustainable care embedded into our health care system
- Improve biodiversity on our sites with increased expertise
- Updated plans in place for climate change risk reduction
- Include UN sustainable development goals into our plans
- Sustainability will continue to be incorporated into our health and wellbeing goals
- Increased fleet electrification
- NHS Fife will generate 10% of its heat onsite and 20% of its electricity onsite by low carbon means by 2030
- Reduce unnecessary water consumption
- Continue to update our building stock

Staff have been encouraged to participate in as many feasible sustainable efforts as possible, with the Zero Waste Scotland Campaign calendar having been communicated to all staff.

3.4.2 Strategy

Environmental management is an important aspect within NHS Fife and continues to be implemented in line with Scottish Government and NHS Scotland objectives and targets. Current management systems and initiatives include the monitoring and targeting of utilities, waste management and reduction initiatives in accordance with the NHS Scotland Waste Management Action Plan. A number of performance indicators have been established in relation to energy use in order to measure performance against the basic climate targets. These are defined below:

- Electricity kWh/m² - this figure includes electricity supplied from the grid, self-generated by CHP units and renewable electricity from PV solar panels etc
- Fossil & Other kWh/m² - this figure includes all natural gas consumed, oil, biomass and other sources of renewable heat supplied to NHS Fife buildings including ground source heating etc
- Energy kWh/m² - this is a sum of the electricity, fossil and other figures
- Electricity kg/m² - this figure converts the energy consumed from the electricity sources to kg of CO₂ using appropriate factors
- Fossil & Other kg/m² - this figure converts the energy consumed from the electricity sources to kg of CO₂ using appropriate factors
- Energy kg/m² - this is a sum of the electricity, fossil and other figures

The tables (refer to Appendix E) summarise the targets which replaced the previous HEAT targets used up until 2014. The Actual and Forecast figures show the actual and potential consumption of energy based on amount of energy, kWh, consumed per m² of gross internal area up to 2020/21.

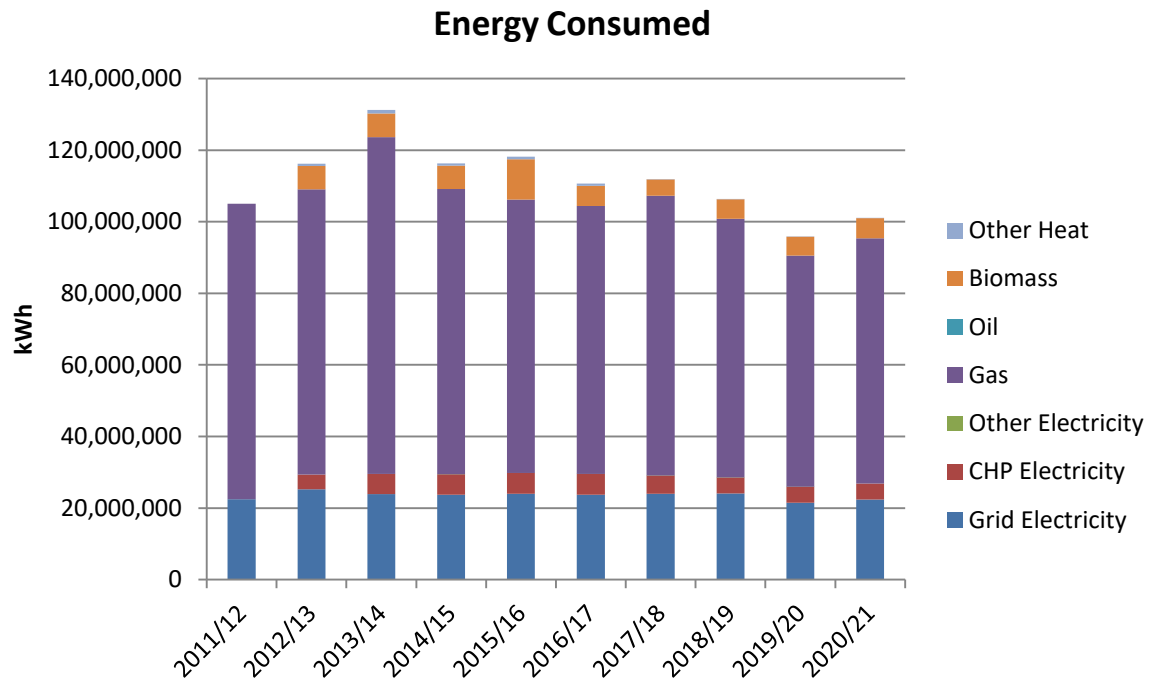
3.4.3 Basic Target

The Basic Target figures have been established with a minimum investment of £100,000 per annum in energy efficiency measures, lighting projects, heating controls projects etc. Additional changes are also made to the target figures because of changes in floor areas etc.

The forecast for the consumption of fossil and other fuels is that they will exceed the Basic Target. The consumption of electricity will, however, increase and will not meet the Basic Target. 2020/21 saw the significant increase in Vaccination Centres and related properties.

The forecast for the consumption of both electricity and other fuels is that they have met the building related target due to increase in consumption from electrification of transport which was not separately metered in 2020.

Future projects being considered to improve the environmental performance of NHS Fife include those that are agreed via the NDEE Framework. This should result in significant yearly savings in money and carbon.

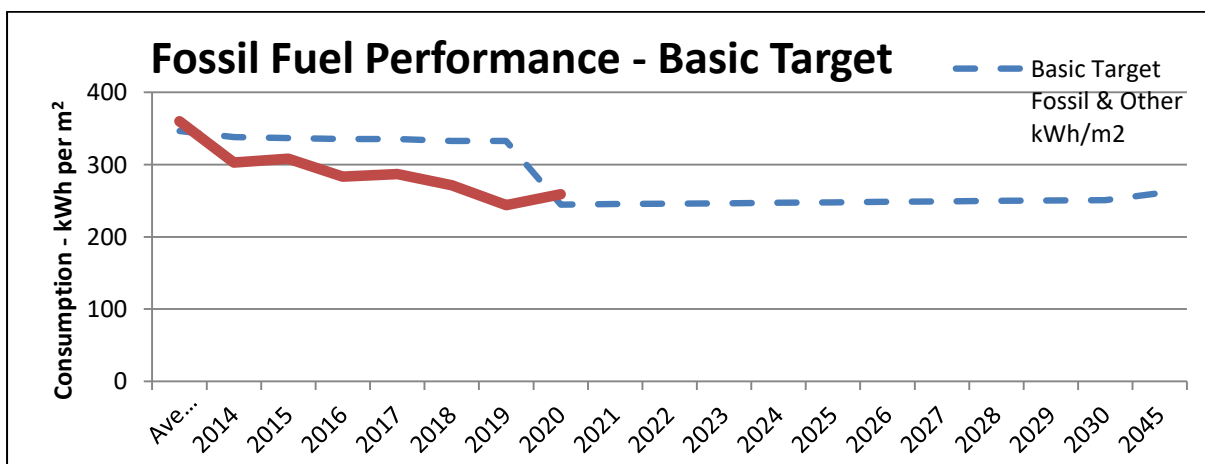
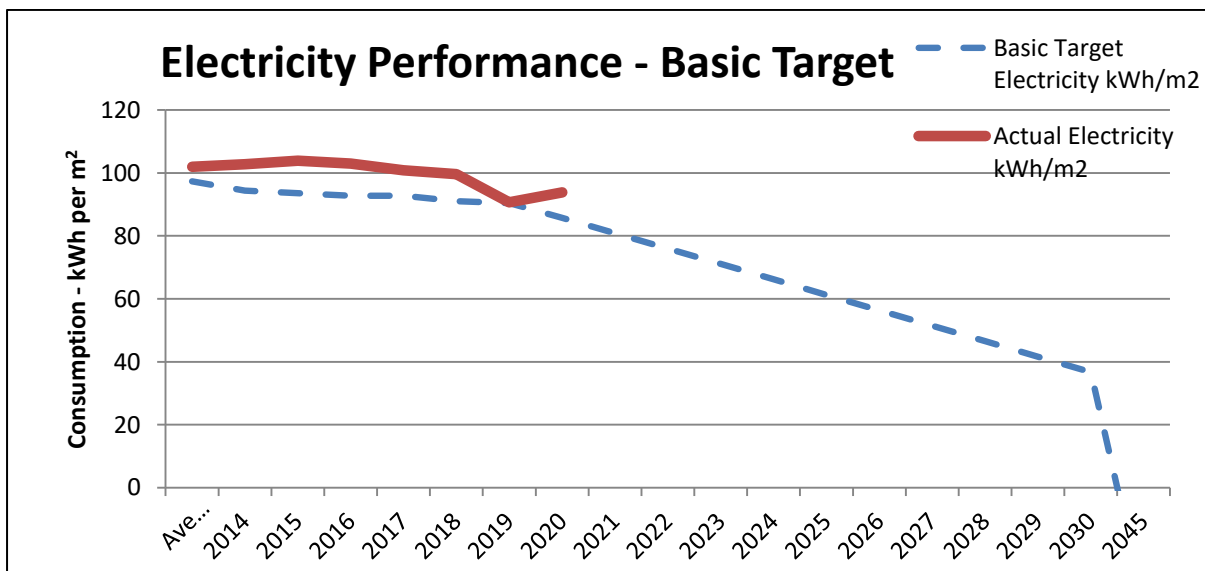
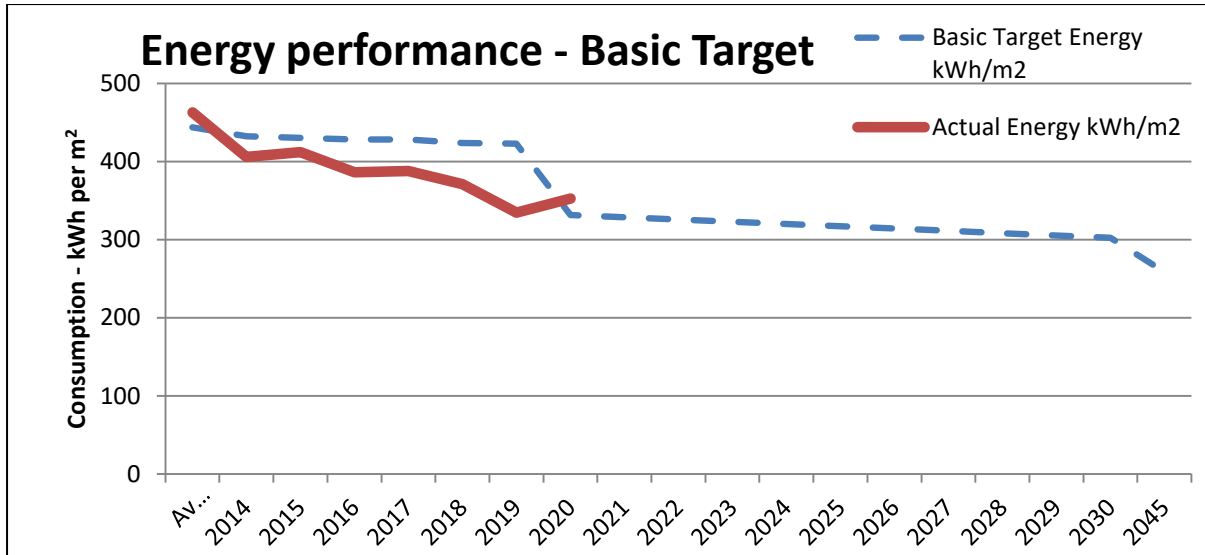


For the 2020/21 period, NHS Fife consumed 5.4% more energy than in the 2019-20 reporting year. This was due to colder weather and increased consumption due to Covid-19 related measures. With transportation being included in electricity consumption figures, this is helping towards overall emissions over the reporting period. The number of heating degree days (HDD) for the reporting year was 3,440 compared to 3,429 for the previous year.

3.4.4 Environmental Management

Energy performance targets have been established in line with the requirements of Health Facilities Scotland for a basic, stretch energy and CO₂ reduction targets. NHS Boards are expected to set their own targets on the basis of potential investments in properties. The target figures are assessed against an average consumption over a 3 year period, from 2011/12 to 2013/14. The Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 which amends the Climate Change (Scotland) Act 2009 sets targets to reduce Scotland's emissions of all greenhouse gases to net-zero by 2045 at the latest, with interim targets for reductions of at least 56% by 2020, 75% by 2030, 90% by 2040. These are now seen as the target figures for the NHS Fife Board and include not only building related but all reasonably measurable emissions.

Criteria	NHS Fife: Energy & GHG Reduction Targets for 2020/21 (against a 3-year average baseline 2011/12, 2012/13 and 2013/14)			
	Basic		Stretch	
Energy Consumption (kWh/m ²)	Electricity	Fossil Fuel	Electricity	Fossil Fuel
	-11.85%	-29.42%	-29.32%	-18.97%
	Combined		Combined	
	-25.27%		-21.43%	
Greenhouse Gas Emissions (kgCO ₂ e/m ²)	-38.04%		-33.83%	
Criteria	NHS Fife: Percentage of Total Energy Consumption from Renewable Energy Sources			
	Basic		Stretch	
% of heat consumption from renewable energy sources	7.04%		15.22%	
% of electricity consumption from renewable energy sources	0.11%		2.29%	
% of total consumption from renewable energy sources	5.30%		11.97%	



With regard to the percentages of energy due to renewable sources, the respective values for heat, electricity and overall energy are 7.04%, 0.11% and 5.3% for the

reporting year. There has been a move away from fossil to electrical energy in fleet emissions that has raised the building related emissions in conjunction with the colder year. The above plot incorporates larger use of electricity for transport, not yet separately metered.

3.4.5 Strategy Summary

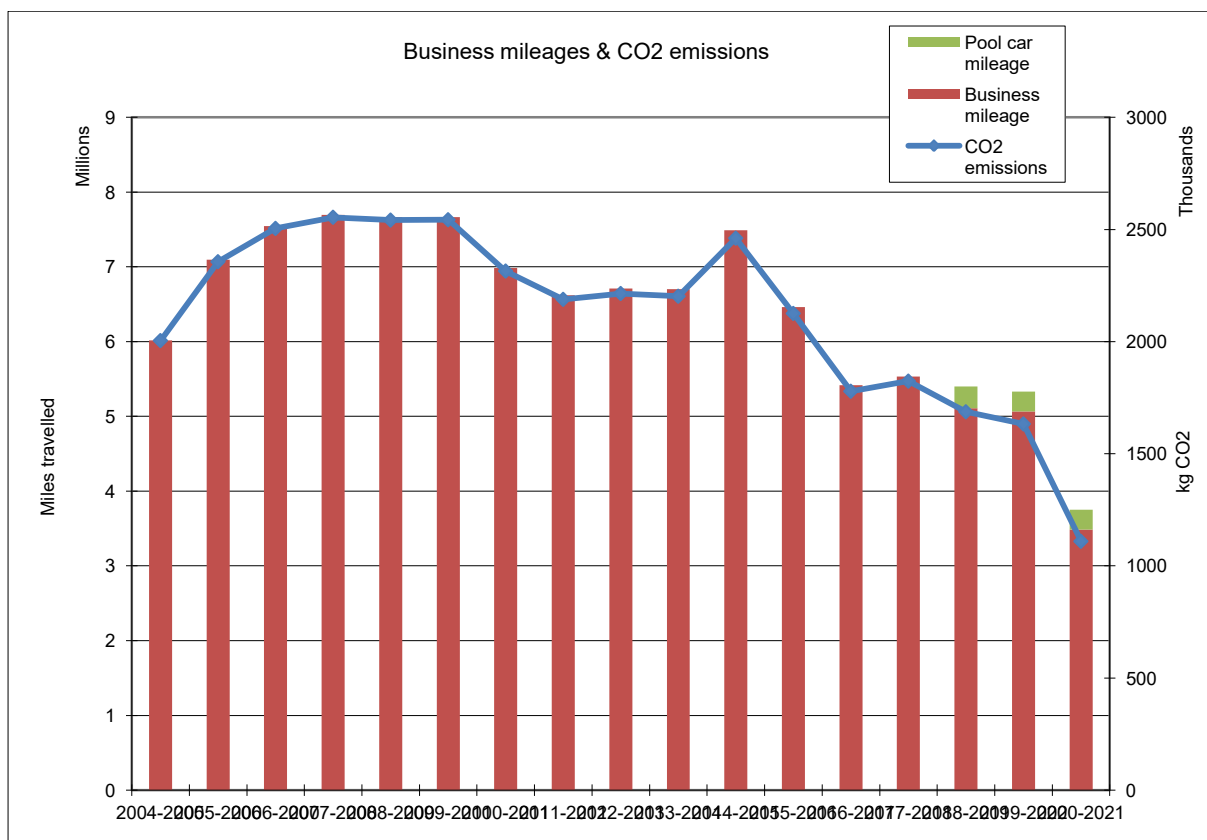
The critical actions NHS Fife Board will require to consider over the next 5 years are:

- Potential expansion of the Sustainability team
- A range of heating options implemented, gas boiler network decarbonisation and retrofit, heat pump installation and heat recovery for smaller sites
- Investigation of alternative fuels and implementation
- Working with suppliers to purchase locally and sustainably in terms of packaging and smartly in relation to long-term goals and finances
- Outdoor spaces require a sustainable strategy. With the enactors implementing measures from a financial budget supported by biodiversity expertise
- More environmentally friendly vegetarian options in dining rooms and for patients, with food waste being utilised or reused for other purposes
- A review of controls for HVAC systems and items
- Gradual sale of older properties, implementation of best practice for new buildings
- Provision of native trees on site boundaries with benefits to nature, sheltering for buildings and carbon offsetting and capture or within spaces unlikely to be developed or used for service utilities
- Possible purchasing of land or forming a contract for replanting and carbon offsetting for patient and community use
- Increased implementation of solar and wind technologies, where appropriate
- Follow the Reuse of Cutlery Policy whereby individuals are required to bring their own or keep in areas of hospital for reuse with no single use plastics in catering
- Inclusion and adaptation of the Sustainability Policy and Framework in all areas of care overseen by a sustainability responsible person
- Improved sustainability communication
- Pipework insulation, fabric improvement, controls and BEMS system upgrades and solar pv installations within the retained estate

3.4.6 Grey Fleet - CO₂ Emissions

In common with most Scottish NHS Boards, there is a considerable amount of business mileage conducted by staff using their own vehicles, commonly referred to as the Grey Fleet.

The following graph shows the business mileage (and associated CO₂ emissions) attributable to NHS Fife activity in the period 2004-2020. With some exceptions, there has generally been a gradual reduction in business mileage, mainly due to increasing adoption of telephone and/or video conferencing between sites. The introduction of pool cars in 2020 has seen an improved reduction in CO₂ emissions due to the pool car fleet achieving 35 mpg on average during their use over 259k miles in the reporting period.



3.5 State of the Board's Office Accommodation

Although stand alone offices are rare, NHS Fife is looking to reduce the office accommodation footprint, in particular rented office accommodation. As part of the learning from the pattern of working during the Covid-19 pandemic, NHS Fife intends to capitalise on the agile nature of working and it is hoped that work will soon come to fruition which will formalise agile working department by department. Leading from these measures, the non-renewal of a lease for accommodation, currently used by the Finance Department, should follow.

Full details of our strategy are given in section 8.3.4.

A recent feature of space management for administrative bases within hospital buildings, again attributable to the Covid-19 pandemic has been the critical review of which departments should be based within a hospital setting. This has allowed small improvements in the functional suitability of the available space used.

3.6 State of the Board's Medical Equipment

3.6.1 Current Arrangements

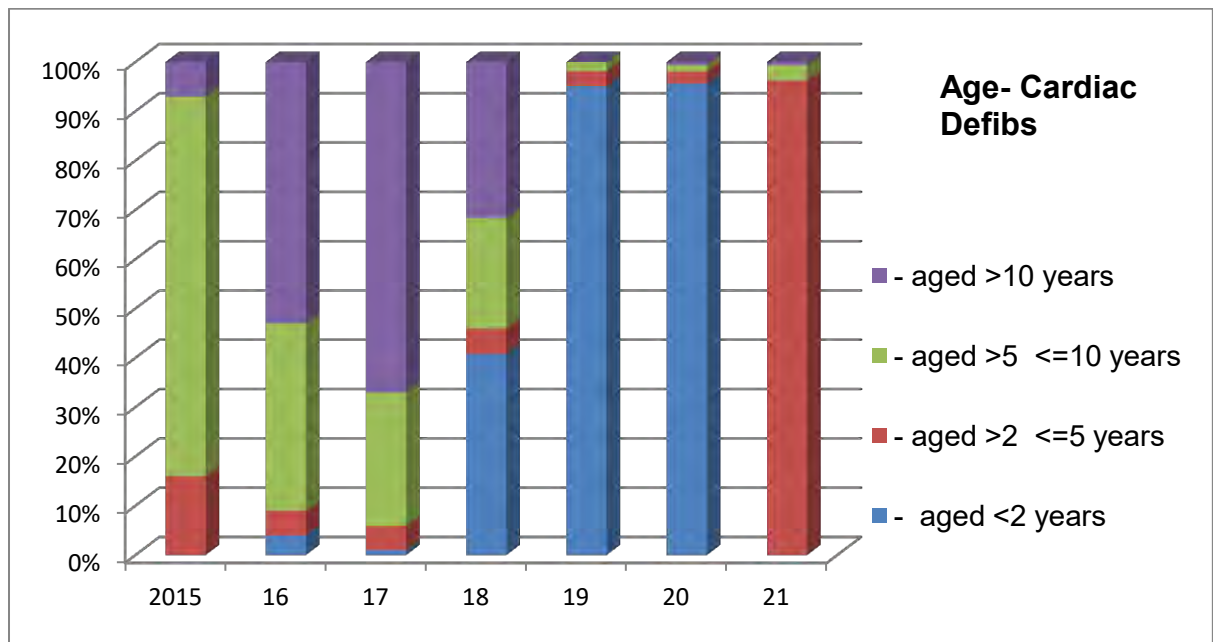
In 2020/21, NHS Fife committed £10.314m to new and replacement equipment with the major items being the Robot purchased for VHK (£2.154m), MRI Unit for QMH (£1.461m), Endoscopy Storage Cabinets (£192k) and an Ophthalmology Microscope (£114k). The breakdown is shown in Appendix F.

3.6.2 Condition & Performance

The NHS Fife Capital Equipment Management Group continue to monitor the performance of medical assets and provide advice and guidance on equipment, policy development and implementation.

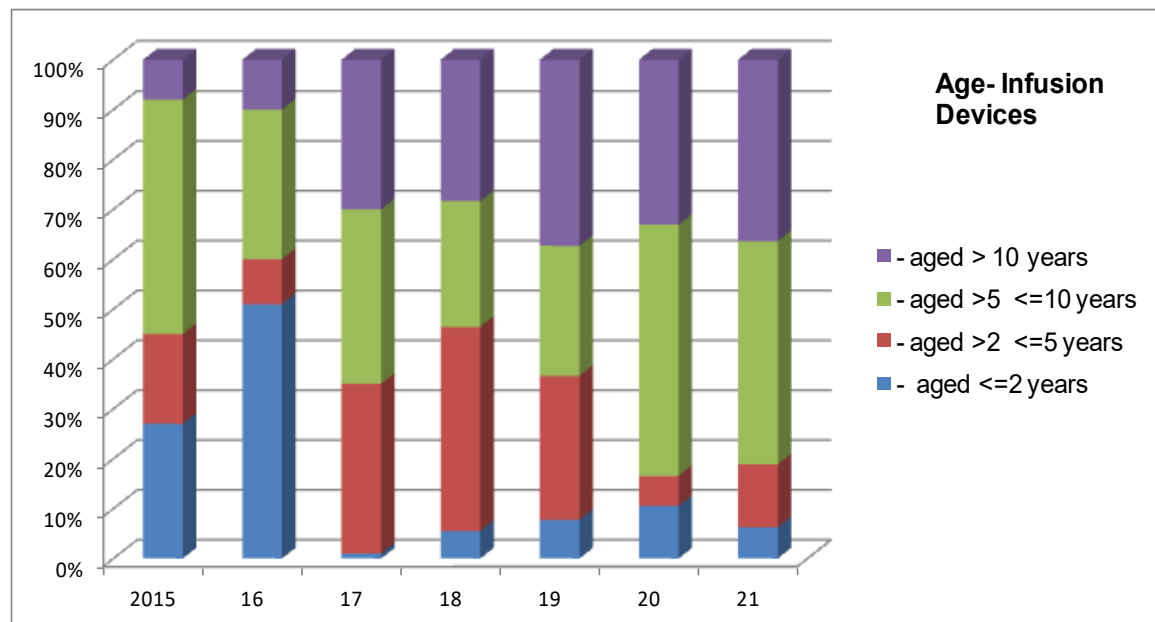
The charts below give indication of the age profile for some of the Boards most significant pieces of medical equipment

3.6.2.1 Cardiac Defibrillators (164 units)



Following a large scale replacement programme which finished in 2018 there should be no requirement for further significant expenditure on defibrillators until financial year 2025-26.

3.6.2.2 Infusion Devices (842 units)



350 B Braun Infusomat Volumetric Infusion pumps have been purchased at the end of FY 2020-21 to replace aging and unsupported Baxter Colleague devices. Roll out of the new devices is still at the planning stage and will incorporate the Drug Library option available to reduce potential dose errors.

The replacement of aged Asena Syringe Pumps within the Special Care Baby Unit was completed in March 2021 which, together with the programme mentioned in the previous paragraph, will see this unit with a full fleet of new infusion devices.

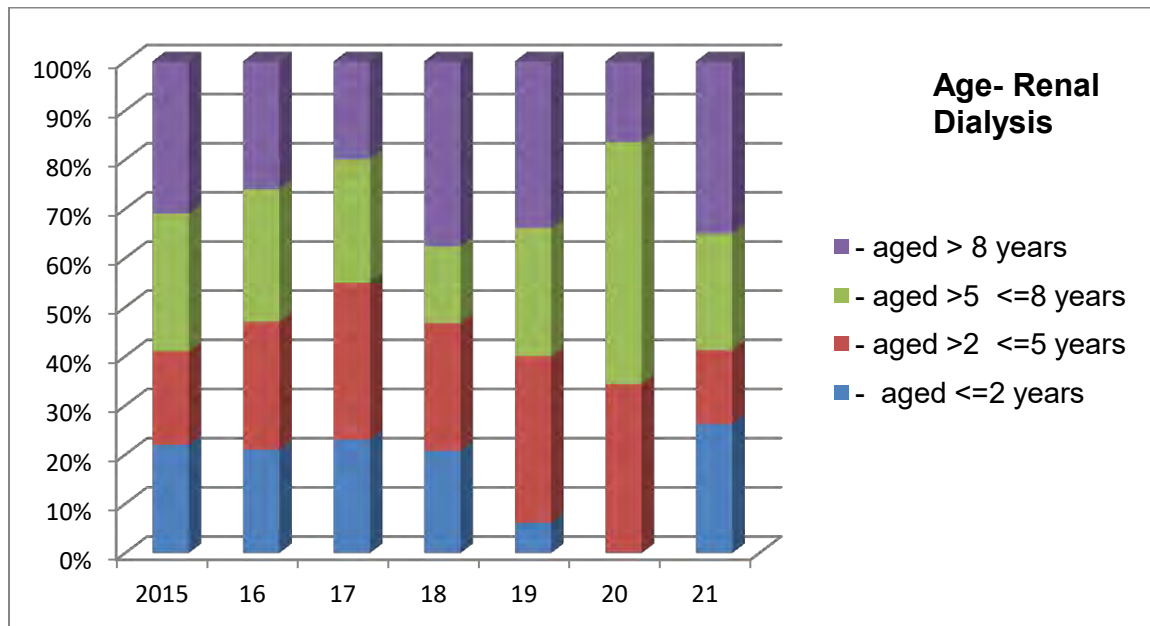
Available infusion device numbers have been increased by 110 through provision of devices from NSS as part of Covid-19 pandemic response.

3.6.2.3 Imaging Equipment

The imaging equipment replacement plan will continue via the Capital Equipment Management Group. This will allow the lowest dose and best quality imaging available in order to comply with the Health and Safety Act IR(ME)R and IRR99.

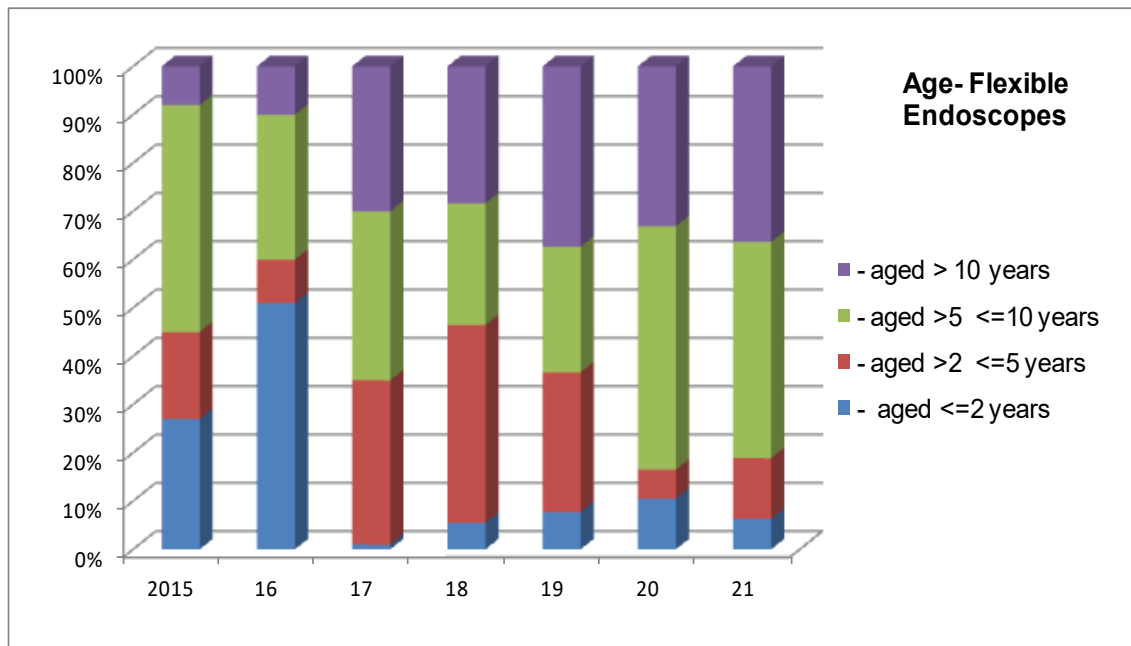
MRI replacement at VHK in 2019 has been followed by the same operation at QMH in March 2021.

3.6.2.4 Renal Dialysis (65 units)



In conjunction with the Technical Services Manager, NHS Lothian all dialysis machines are identified with planned replacement dates and this information is shared with the Capital Equipment Management Group. This ensures appropriate allocation of funding as a standing priority and for equipment to achieve an acceptable age profile. The aim is to maintain the current numbers of dialysis machines in use and current management arrangements for this equipment are seen as fully adequate.

3.6.2.5 Flexible Endoscopes (142 units)



The majority of endoscopes and endoscopy equipment are supplied from one company which allows for service contracts to attract a higher discount by negotiating over a 4-year contract. Over the next 7 years, many endoscopes and endoscopy equipment will no longer be covered by these contracts. NHS Fife must develop a robust Endoscope and Endoscopy Equipment Replacement Plan in order to ensure that an endoscopy service for patients continues.

The phased withdrawal of service contracts from endoscopes and endoscopy equipment means that NHS Fife will replace the endoscopes and endoscopy equipment and this will be planned via the Equipment Management Group. The replacement equipment will be supplied from the same company.

3.6.3 Management Arrangements

3.6.3.1 General

Medical equipment is essential for the delivery of healthcare. A report by Audit Scotland titled 'Equipped to Care: Managing Medical Equipment in the NHS in Scotland' was published in March 2001. The report highlighted that:

- Medical equipment is essential to patient care
- The correct equipment requires to be available in the right place at the right time
- Properly trained staff must be available to use the equipment
- The need for NHS organisations to have adequate systems in place to manage their equipment
- The importance of these issues with the establishment of a formal duty of clinical governance

- Given the strategic importance of medical equipment overall responsibility needs to be taken at Board level

A subsequent report was published in February 2004 entitled 'Better equipped to Care'. This reviewed progress across Scotland since the first report and its main findings were:

- Strategic management of medical equipment will require to be given a higher priority
- More requires to be done to manage medical equipment risks
- Information to support the management of medical equipment needs to improve

These reports together with other guidance from the UK Medicines & Healthcare products Regulatory Agency (MHRA) have guidance arrangements for the management of medical equipment within NHS Fife.

3.6.3.2 Policies & Procedures

Compliance with CEL 35 (2010) require:

- Individual Boards to manage their medical equipment effectively, with supporting strategies governance and reporting arrangements
- Individual Boards to have clear knowledge of their medical equipment (condition, lifecycle replacement programme, value and cost of ownership)

Policy GP/E4 – The Electro-Medical Equipment Management Policy was previously revised and renamed the Medical Equipment Management Policy to, as closely as possible, reflect the then most current MHRA guidance document Managing Medical Devices - Guidance for healthcare and social services organisations, dated April 2014. It is due for review and the review will require taking into account the latest UK Medical Device legislation and guidance.

This policy is supported by:

- E14.1 Equipment Procurement
- E14.2 Accessing Equipment
- E14.3 Equipment Inventory
- E14.4 Equipment on Loan or Free Issue
- E14.5 Equipment permanent Location Change
- E14.6 Condemnation of Equipment
- E14.7 Transfer of liability for Written-Off Equipment
- E14.8 Equipment Maintenance

E14.1 was re-written late 2018, and work continues on revision of the remainder before re-issue or incorporation as Appendices to the main GP/E4 Policy.

3.6.3.3 Safety Action Notices

NHS Fife now uses the Datix System as the distribution system for the dissemination of all safety warnings received. This work is undertaken by Corporate Services supported by the Medical Physics Manager in their additional role as Incidents & Alerts Safety Officer.

3.6.3.4 Equipment Incidents

All reportable incidents in NHS Fife are recorded using Datix. In a recent change to procedure, the reviewers of incidents are required to inform the Capital Equipment Management Group of any reports that have significant equipment related risk that require purchase of capital equipment to mitigate those risks.

3.6.3.5 Medical Equipment Management Group

See section 10.1.4 for Terms of Reference.

3.6.3.6 Department Equipment Controllers

Each ward or department formally nominates a person to carry out the duties of the Department Equipment Controller (DEC). Overall responsibility for equipment control lies with the Line Manager/Charge Nurse.

The duties of the DEC include:

- Maintain an up-to-date list of all equipment in the department
- Participate in equipment selection arrangements
- Ensure new equipment is commissioned before use
- Be responsible for user equipment servicing
- Record all events and build a history of each item in conjunction with the Estates Department
- Ensure equipment is maintained in accordance with manufacturer's recommendations
- Record movement of equipment

A record of all Department Equipment Controllers is held within Estates Department.

3.6.3.7 Inventories

In NHS Fife, a comprehensive Asset & Maintenance Register is managed by the Estates Department utilising MiCAD; a Commercial Asset Management database. All new equipment is given an electronic asset tag and is logged by the Estates Department and also locally by the Department Equipment Controller. This allows

Where are we now?

for an accurate record to be kept on all equipment together with up-to-date service history information.

3.6.3.8 Procurement of Medical Equipment

The process for procuring medical equipment is included in the Equipment Procurement Policy and NHS Fife Board's Financial Operating Procedures.

The Capital Equipment budget is managed and allocated by the Capital Equipment Management Group who maintains a list of requests for new or replacement capital equipment identified by departments. All requests are scored using the standard Datix risk grading matrix and funding allocated by the highest priorities identified by these scores. Managers who view a lack of equipment to be a valid risk to patients enter the concern on the Datix Risk Register.

Unfunded items are carried over to the next year and the risk score is reviewed for reconsideration. The CEMG now manages the Capital Equipment Condemnation budget.

Part of the remit of the CEMG is now also to consider non-capital equipment that is used throughout both acute sites.

3.6.4 Current Challenges & Future Strategy

Three major improvement projects are under considered:

- Following on from replacement of Anaesthetic machines at QMH as reported in the previous PAMS document, replacement of 15 Primus machines, nearing 14 years old, has been approved and should be in place by the end of this financial year.
- Building of a new Fife Elective Orthopaedic Centre on the Victoria Hospital site will add a third operating theatre to the number available now together with associated increases in recovery areas and a supporting ward. There will also be increased outpatient facilities. Extra equipment will require to be supplied with ongoing maintenance costs.
- Manufacturer's notification of End of Life status has been received for twenty two ECG Recorders currently in use in both acute hospital sites. All but two of these are at least 13 years old. A replacement strategy will be required.

There will be challenges meeting servicing requirements for £1.7m of extra equipment in response to the Covid-19 pandemic and doing so from within existing resources.

3.6.5 Investment Needs

An outline of the Boards 5-year equipment procurement plan, including cyclical replacement, is set out in Appendix F. Current budgets of c£2m per annum need raised significantly if equipment condition is to be maintained.

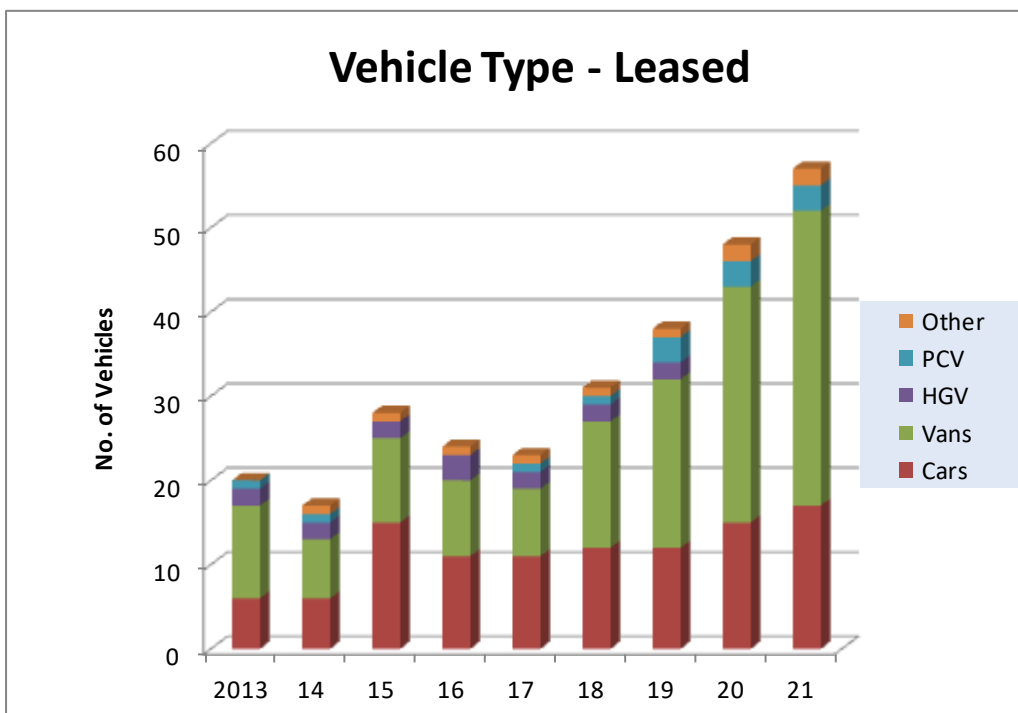
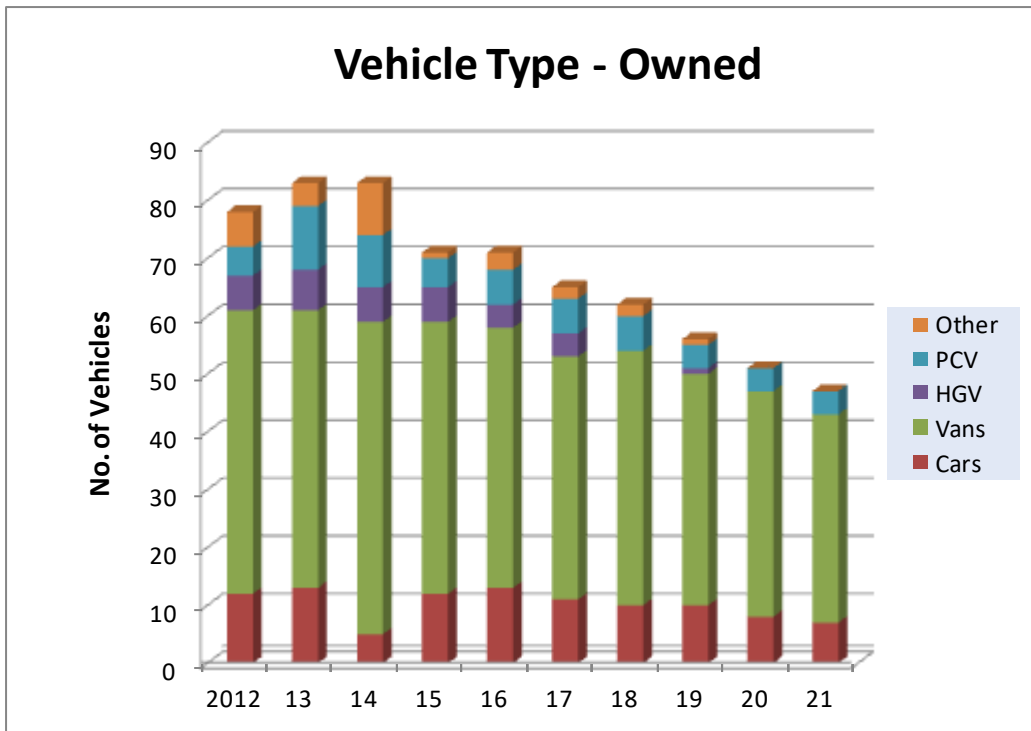
3.7 State of the Board's Vehicular Fleet

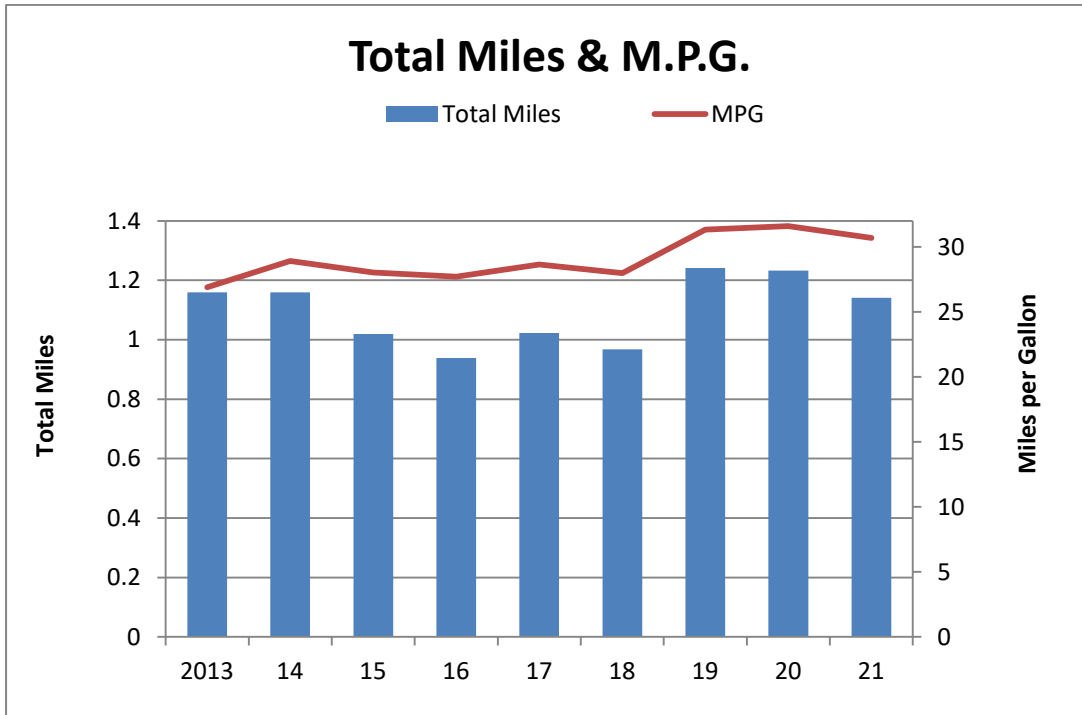
3.7.1 Transport Assets

The total number of vehicles within NHS Fife has increased and there are plans to reduce numbers in the near future back to previously held levels, however, more than 93% of the vehicles owned by NHS Fife are in excess of 5 years old. The replacement of owned vehicles as part of NHS Fife Capital Investment Plans will be addressed as funding allows. 45% of vehicles are owned by the Board and 54% leased on a 3, 4 or 5 year basis as determined by the National Procurement contract through which they were procured.

The percentage number of vehicles being leased has increased and this will help address future replacement plans.

	2016/17	2017/18	2018/19	2020/2021
Owned	65	62	56	47
Leased	23	31	38	57
Staff Car Scheme	184	154	146	150
Long-term hire (Enterprise)	4	30	30	44
Total	276	277	270	298
Age (% less than 5 years old)				
All Vehicles:	43	83.3	100	100
Mileage (average per vehicle)				
Owned	10473	9971	9083	9443
Leased	14842	8948	11917	6900
Staff Car Scheme	8186	12897	13037	885
Fuel Type (percentage)				
Petrol	15	46	14	35
Diesel	82	52	76	52
Alternative (state type(s)): Electric	3	3	2	13





While the total mileage for NHS Fife fleet vehicles has increased, the efficiency of vehicles in terms of miles travelled per gallon of fuel consumed has also increased.

Also, 270,071 miles included as a result of using the Enterprise Car Club vehicles, will see a corresponding reduction in staff using their own personal cars for NHS business.

Whilst the leased vehicles are routinely replaced at the end of their lease, the owned fleet is becoming increasingly older. The consequence of this is that high maintenance costs are being borne to keep the vehicles mobile, lower fuel efficient vehicles are being operated and our carbon footprint cannot be significantly reduced in the short-term.

3.7.2 Condition & Performance

The Fleet Management System has been replaced with a new system, purchased for use throughout the NHS in Scotland. This, in conjunction with the vehicle Telematics System, which has also been procured on a national basis will enhance the vehicle, driver and utilisation data available to influence operational and vehicle replacement plans.

3.7.3 Financial Consequences

There is an ongoing replacement of the leased fleet with the lease costs generally being similar to current costs. The Board spends £150k on current leases per annum. Routine maintenance of this fleet is included within the lease costs. The replacement cost for the owned fleet of vehicles is in excess of £862k. During the year a capital investment of £50k per annum was made available for owned fleet replacement.

Routine maintenance and all mandatory checks are pre-planned 12 months in advance as recommended by Driver & Vehicle Standards Agency (DVSA). Maintenance is carried out by several suppliers, including Fife Council. All new vehicles remain with franchised approved dealers during the warranty period, which is normally three years.

Vehicle maintenance is undertaken to manufacturers recommended time/mileage periods with a number of passenger carrying minibuses being subject to more frequent inspections.

3.7.4 Fleet Complement

Vans - These vehicles are used for a variety of functions by various departments throughout NHS Fife. Their tasks include meals delivery, labs/courier service, estates, horticulture, clinical waste, dental service and chilled vaccine delivery.

Patient Carrying Vehicles - These vehicles are used primarily for transport of children to Child Assessment Centres in Fife. As such they are built to a child friendly specification. This reduces the amount of awkward lifting required to be carried out by staff. The seats in the most recent four are on tracks to allow for sufficient spacing between passengers where required. The vehicles are 14/15 seat capacity reduced to 8/9 to allow for extra space required. As passenger carrying vehicles they are, voluntarily, subject to Public Service Vehicle inspection regulations and drivers also hold a Midas training certificate.

Cars - The cars are used primarily for light goods, patient /staff transfer, case notes, etc. Three vehicles are used as pool cars and one is a 4x4, used by security which is redirected for bad weather duties as and when required.

Condition - A number of vehicles are showing signs of significant wear and damage, with ten becoming uneconomical to repair throughout the year and are now requiring disposal.

3.7.5 Recent Initiatives

A number of developments have been implemented over the last few years to reduce cost and contribute to carbon emissions targets, including:

- A reduction in large vehicles

- Improved fleet utilisation with corresponding reductions in miles travelled by the fleet vehicles
- Review of latest technology and vehicle improvements, incorporating national targets and industry KPIs
- Use of tracking, speed limiters and fuel saving equipment, providing reduced fuel consumption
- Implementation of multipurpose vehicles to further increase utilisation
- The new nationally Managed Fleet Management System has been introduced and is being developed
- A Transport Supervisor has been appointed in 2018 to aid operational improvement and rationalisation of duties and our Fleet Manager is now employed direct on a part-time basis
- The Covid-19 outbreak has resulted in the long-term hire of more vehicles for various departments to fight the pandemic
- Revised working practices as a result of the pandemic have impacted passenger carrying vehicle capacities

NHS Fife services are continually bench marked through the National Fleet Support Unit of NSS. There are also formal meetings between Health Boards to discuss working practices and legislative matters on a Shared Service fleet management basis. Where possible there is engagement with external partners where experiences are share and information exchanged.

NHS Fife also engages with third party suppliers and transport operators to maintain knowledge of various improvements, new technology, best value products and efficient vehicles. There is also a good relationship with Logistics UK (formerly the Freight Transport Association) regarding training and prior notification of regulation changes, which may affect NHS Fife.

NHS Fife has presence on the Senior Fleet Managers Group organised by the National Fleet Support Unit of NSS, National Procurement Commodity Advisory Panels, where we give and receive advice on pertinent transport matters including insurance and vehicle purchasing and leasing and new technology such as in-cab Telematics Systems and fleet management system.

3.8 State of the Board's IM&T Assets

3.8.1 Current Arrangements

NHS Fife's Digital Strategy & IM&T assets offer the opportunity for Digital & Information to be a real enabler in order to improve the quality of healthcare delivery through the introduction and use of modern technology to both healthcare professionals and patients.

NHS Fife has made steady progress improving the 'foundation state' of IM&T over the past 4 years. The core infrastructure has received investment to bring it up to date, improve resilience and ensure that most hardware and software is within a support lifecycle:

- The GP server estate has been refreshed and centralised backup has removed legacy tape solutions
- Significant investment continues to be made in the endpoint estate working towards a 4-5 year refresh cycle
- The rollout of Windows 10 is 100% complete save an exceptions list of just over 100 units running and application reliant upon Windows 7
- Significant progress has been made to improve the Cyber Resilience Posture in Fife with additional security tools and allocation of skills and resources
- There has been ongoing release management with TrakCare PMS which has kept NHS Fife leading the way regarding 'Scottish Edition' alignment and running the latest TrakCare releases
- The TrakCare infrastructure is approaching 6 years into its 6-year life and due for replacement in 2021/22
- The Telephony infrastructure is 5 years into its 5-year life and the core servers are due for replacement in 2021/22
- The core server farm and storage infrastructure is also 4 years into its 5-year life and due for replacement in 2022/23

NHS Fife's main IM&T assets consist of:

NHS Board: FIFE	Number (of units, systems, outlets, etc)	Replacement Value (£'000's)	Net Book Value (£'000's)	Ownership (%)		Age Profile (%)			
				(approx. % of replacement value)		(approx. % of replacement value)			
				NHS owned	Non-NHS owned (e.g. Leased)	Over 7 years old	5 - 7 years old	3 - 4 years old	Up to 3 years old
Cabling Networks (Wired outlets)	40240	2830	432	75%	25%	60%	14%	12%	14%
Cabling Networks (Wireless access points)	1401	490	147	100%	0%	70%	15%	13%	2%
Network Server Infrastructure (circuits, switches, routers etc)	650	2,333	652	100%	0%	35%	30%	25%	10%
Network / Cyber Security Appliances	70	350	90	100%	0%	0%	10%	30%	60%
Virtual Server Platforms	400	205	n/a	100%	0%	0%	0%	0%	100%
Data Storage	500 TB	705	520	100%	0%	90%	0%	0%	10%
Physical Servers	112	811	577	100%	0%	20%	25%	45%	10%
Communication Platforms (Telephony)	40	2,290	1,145	100%	0%	2%	45%	50%	4%
Handsets, Smartphones & Deskphones	8252	905	701	100%	0%	0%	3%	69%	18%
Desktops / Laptops	9879	3743	2,066	99%	1%	0%	1%	44%	55%
Mobile Devices	1200	306	138	100%	0	0%	0%	35%	65%
TOTAL	62,244	14,968	5,878						

3.8.2 Condition & Performance

Infrastructure	High Level Description of Assets and Usage
Data Networks	Used to network IM&T devices and peripherals including IP Telephony.
Standalone Servers	Used access to digital information across the network. Some are used for storage.
Core Enterprise Server Technology	Used to provide core / critical systems and includes: SAN Storage Arrays, SQL Database Farms, Virtual Server Farms and Standalone Critical Application Platforms.
Endpoint Infrastructure	User access tools including desktop personal computers and peripherals, mobile personal computers and peripherals and other mobile devices including Wi-Fi telephones and mobile telephones.
Software	Application Software which has a perpetual licensing model.
Modernisation	Cloud Computing, Software as a Service, Hosted Solutions, Shared Instances, Shared Services, Shared Premises etc.

The high level where are we now status of each of these assets is summarised below:

- Data Networks - Networking and IP Telephony technology investment has not been on a permanent replacement cycle and 7+ year old kit exists. We need to replace the outstanding ageing kit and maintain the 6 year supportable asset horizon and there is a long list of network switches due for replacement should funds become available. The Wide Area Network requires some investment to improve performance at some sites which are experiencing Network saturation and currently will not be able to absorb the additional demands of O365.
- Standalone Servers - The server estate is on a 5-7 year replacement cycle and standalone servers are consolidated onto Virtual Server Farms where possible. Any servers with local storage are also consolidated into SAN as the refresh cycle allows. Improvements are being made slowly as funding becomes available. The GP estate has recently received significant investment in hardware keeping it current and this will be due for replacement in 2023/24, assuming that GPIT re-provisioning doesn't remove the need for local servers in GP practices. There is an ongoing challenge to maintain a robust and supported estate which does not have legacy infrastructure contributing to Cyber Security vulnerabilities.
- Core Enterprise Server Technology - Is generally where critical platforms are hosted and a 5 year replacement cycle is maintained where funding allows. The ultimate aim is to maintain all critical platforms within a 6 year age limit. Significant investment continues to be made in order to maintain a current and support estate. This is advancement from a previous normality filled with regular outages, fragmented technologies and widespread end of life or out of support hardware. We now need to maintain the 6 year supportable asset horizon.

- Endpoint Infrastructure - NHS Fife has just completed an 18 month programme to upgrade from Windows 7 to Windows 10. This programme is also replacing all personal computers older than 5 years and upgrading to solid state disks and increasing memory where appropriate. Annual investment in the PC estate is required to maintain a 5 year cycle. NHS Fife is a leader in this space compared to other NHS Scotland organisations. Due to Covid-19 and the demand for remote working, NHS Fife's ratio between laptops: desktops changed from 1:5 to 2:5.
- Software - In terms of software, perpetual licensing (especially amongst the large software and enterprise vendors) is being phased out and as software is moving towards being licensed on a subscription basis, meaning NHS Fife (and all other health boards) will not own any licences in the future. The severe ongoing revenue impacts of this have began this year with a National Microsoft EA subscription for Windows 10 and Office 365 licences.

The modernisation of IM&T means that NHS Fife and other NHS Scotland organisations are considering all the options when refreshing ageing 'on-premise' platforms. This means considering the 'once for Scotland', regional solutions and other joint ventures with attractive economy of scale. A prelude to this will be movement towards a Regional IT Service Desk with Lothian and Borders. Aligning out IT Service Management process and toolset will path the way to adopting other means of modernisation.

3.8.3 Financial Consequence

D&I is currently reviewing and improving IM&T 'contract alignment' so that support and maintenance costs will be assigned to infrastructure/services. This work was delayed due to COVID 19 and not available at this time.

D&I do not currently measure incidental running costs such as electricity, cooling, premises etc.

3.8.4 Current Challenges and Future Performance

NHS Fife is working towards a fully supported and within lifecycle IM&T estate to enable a solid foundation for delivery of our 2019 – 2024 Information and Digital Technology Strategy. Delivery of this strategy will enable and empower service users to utilise digital to engage with their healthcare and will support our workforce to provide the most efficient health and care services possible through exploitation of technology. Considerations will be made on up and coming core infrastructure refreshes whether they should remain on premise, move to cloud or shared with other NHS Boards via Regional or National working. The response to COVID has increased the number of Endpoints substantially as we purchased more laptops for mobility and iPads for the Vaccination Programme. Enormous challenges remain regarding the lead times for components and this is a worldwide issue across all sectors.

3.8.5 Investment Needs

A detailed breakdown of the current 5 year plan, a detailed breakdown can be found in section 8.5.

3.9 State of Independent Facilities

3.9.1 Current Arrangements

New GP Contracts and the National Code of Practice for GP Premises

There are a range of independent GP contractor facilities that provide a supporting role to NHS Fife in the delivery of health and care services across the area.

Following the establishment of a Scottish Government short life working group in 2015/16, recommendations regarding the long-term management of GP premises that sought to address the problems created by premises-related issues in terms of GP recruitment and retention were approved by ministers in December 2016

An implementation Group was subsequently established with representation from NHS Boards, the SG, BMA & H&SCPs. This group developed a Code of Practice to support and facilitate a phased move from the current position to one where GPs do not own or lease premises, with accommodation being provided entirely by Health Boards.

The Code was launched November 2017 alongside finalisation of the new GP contract, and both were accepted by the BMA on January 2018. Consequently, the Code has been formally adopted and is now in the implementation stages. In both the short and longer term this Code of Practice will result in a significant impact on NHS Fife's asset plans. The Code sets out how the Scottish Government and Health Boards will enable the transition over a 25 year period to a model where GP contractors no longer own their premises.

A key measure around which the Code is built is to offer all practices an interest-free loan. This loan, known as the GP Sustainability Loan Scheme, will be lent by Boards using a standard security against premises, and will be for up to 20% of the property value, or more in exceptional circumstances, to be used to secure stability in the GP premises system by allowing practices to, for example, repay part of their mortgage, pay off outgoing partners or address other premises-related issues that threaten practice viability.

The Loan will only be repayable if the premises are sold. Boards may also purchase premises. The process for this is set out in the Code, with Boards forbidden to purchase at anything other than District Valuer (DV) value and with stipulations over the condition of the building being in place - any rectifications required will be at practice cost.

Purchase will only take place where the Board is satisfied that the Loan would not resolve the practices issues, or where the Board itself decides it wishes to do so.

As a consequence of the Code, the Board will have to undertake the following actions, in addition to existing processes in relation to GP property:

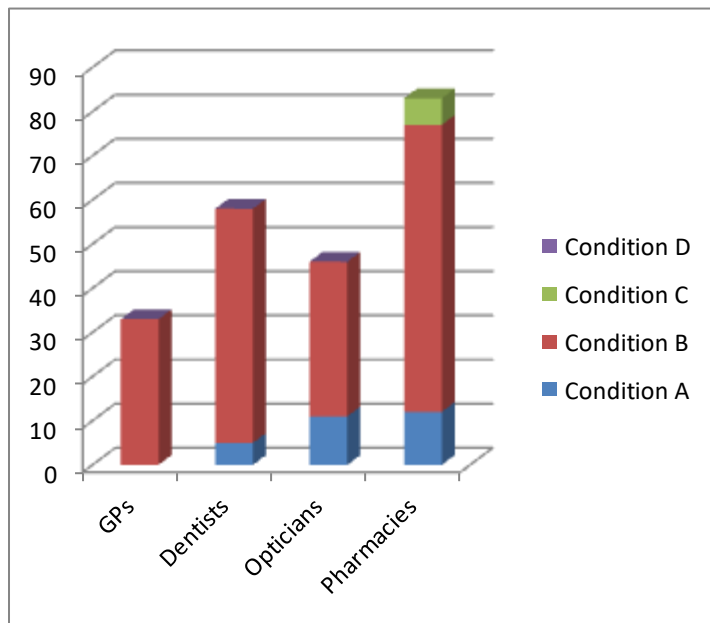
- Play its part in undertaking the survey of GP premises
- Accept, carry out due diligence and administer applications to join the Register
- Accept, carry out due diligence and administer applications for loans under the Code and account for these in its financial processes.

The Code also defines the actions that GP contractors who no longer wish to lease their premises from private landlords must take to allow Health Boards to take on that responsibility.

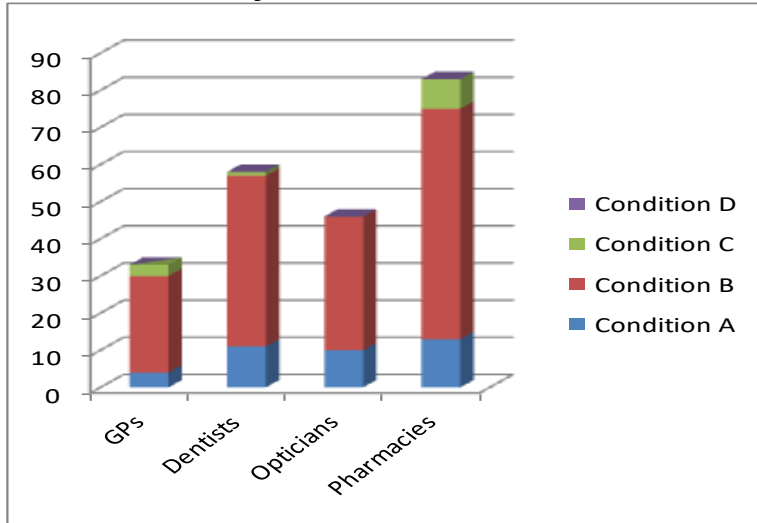
3.9.2 Condition and Performance of Independent Facilities

Surveys of independent GP premises were commissioned by HFS Scotland in 2019 and the results uploaded to our Estates EAMS system. No annual reviews are carried out however and there are currently no formal conditional surveys carried out in independent dental, pharmaceutical or Optician premises as this is not funded. A desktop review of condition, functional suitability, space utilisation and quality was carried out in late 2017 confirming these premises, although aging, are generally in good order. A detailed synopsis is provided in Appendix G.

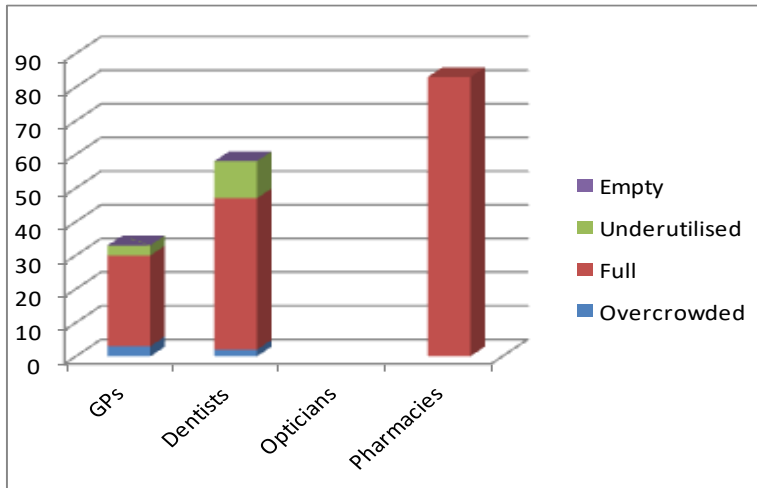
Condition



Functional Suitability

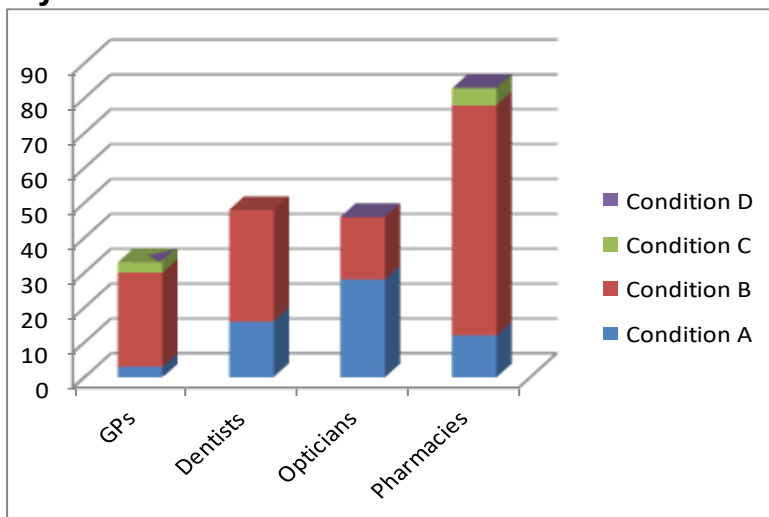


Space Utilisation



(No information is available for Optician and Pharmacy - data is incomplete)

Quality



3.9.3 Current Challenges and Future Strategies

These premises are not owned by NHS Fife but deliver services on behalf of NHS Fife. At the present time, the 33 GP Practices occupy 14231 m² and 57 Dental Practices occupy 5910m². The areas occupied by Optometrists and Pharmacies have not yet been collected.

The current tenure data held for the Primary Care premises is for GP and Dental Practices only and shows that more than 75% of the buildings are owned by the occupier.

Support and Prioritisation

The Code of Practice confirms that Primary Care priorities must support HSCP and Health Board improvement plans as the HSCP take into account needs of population. The HSCP must also take into account the need to provide fit for purpose premises when they identify investment in these. NHS Fife achieves this by consultation via the Primary Care Medical Services Sub Committee which has local medical input and by GP members on the Local Medical Committee Premises Group.

GP Support Accommodation

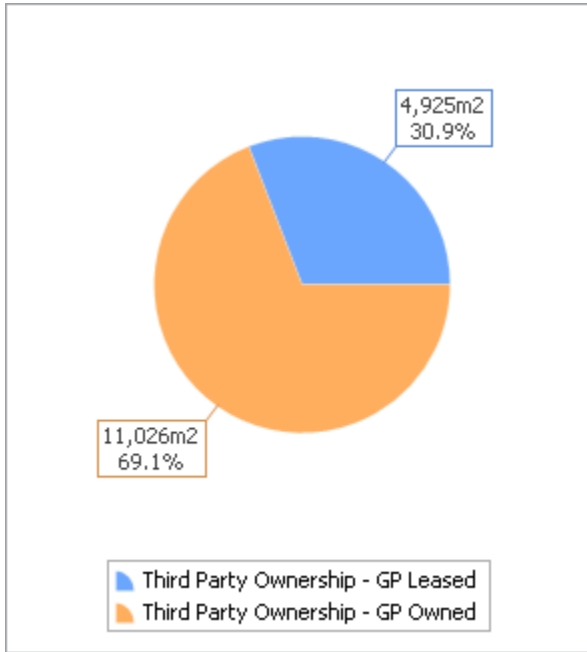
Facilities are working with the implementation team for the new GMS contract to secure additional space for the clinical support which will be given to GPs as part of the new contract. This includes additional Phlebotomists, Pharmacists, ANPs, First Contact Physiotherapists, CAHMs Immunisation teams etc. In some cases this may mean simple rearranging of the site users, in others we are looking at who can be moved elsewhere eg: centralising Health Visitors and/or School Nurses, and for some, significant amounts of capital may be required but this is as yet at an early stage and no real estimates are yet available. There are also plans to develop Pharmacy “hubs” with remote access to GP practices, to accommodate the significant increase in pharmacy staff and to support delivery on the non patient facing elements of the GP contract.

Vaccine Transformation Programme

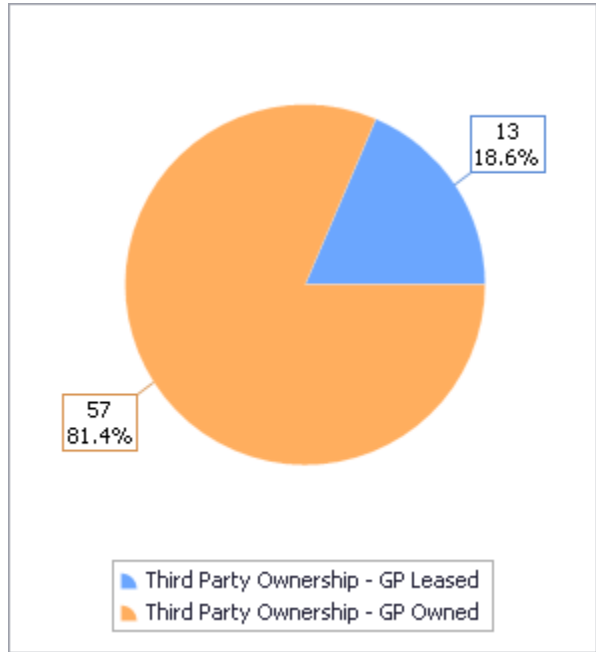
Fife Health and Social Care Partnership (HSCP) will be undertaking immunisation of the whole Fife population as part of the changes outlined in the GMS contract. These changes will have very significant impact on the number of vaccines that will require to be supplied from NHS Fife Pharmacy Vaccine Holding Centre (VHC) at Queen Margaret Hospital, how these vaccines are stored and transported. Significant structural change to the whole vaccine cold chain will also be required to ensure the vaccines required for all programmes and stored and transported within a robust vaccine cold chain.

NHS Scotland - Independent GP Premises - Board Report NHS Fife

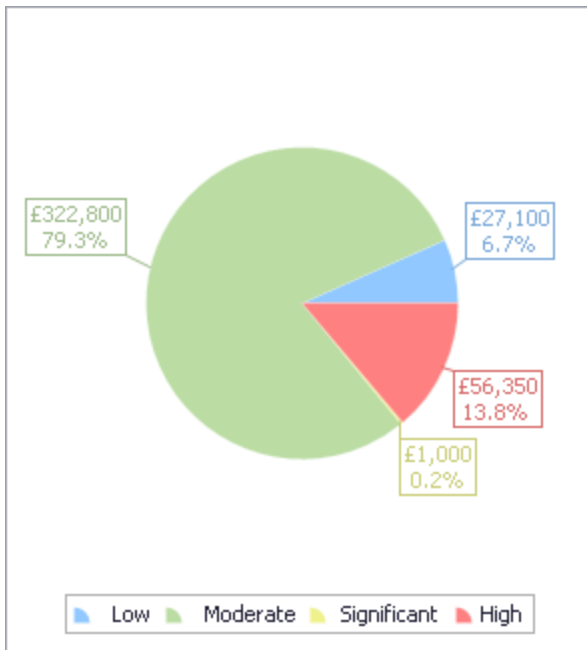
Tenure by GIA (m²)



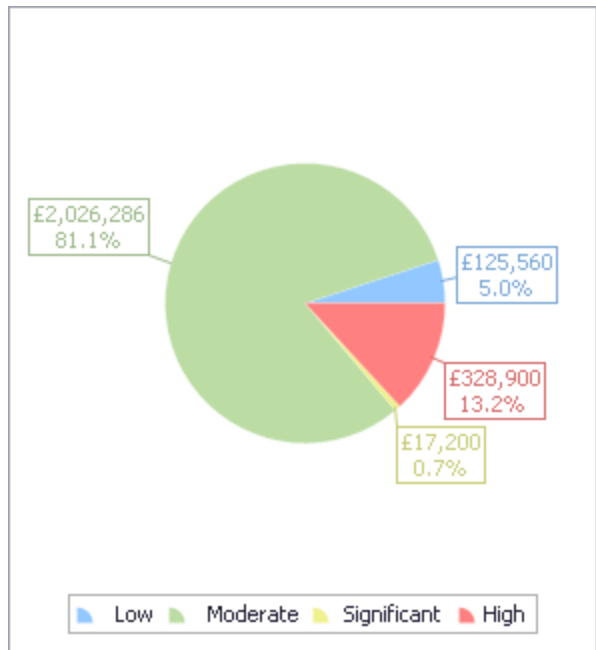
Tenure by Number of Blocks



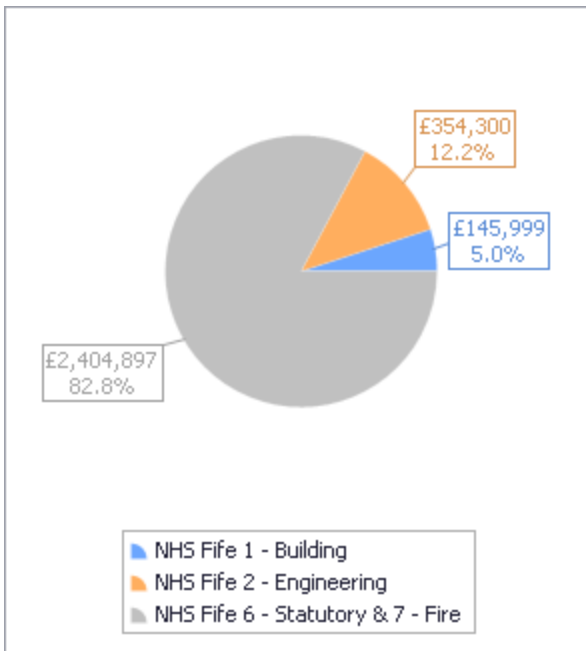
**Backlog Cost By Risk:
Third Party Ownership – GP**



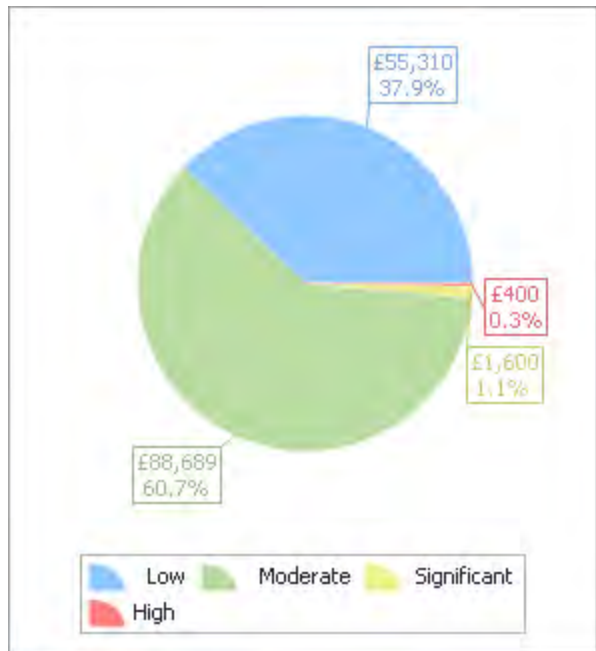
**Backlog Cost by Risk:
Third Party Ownership – GP**



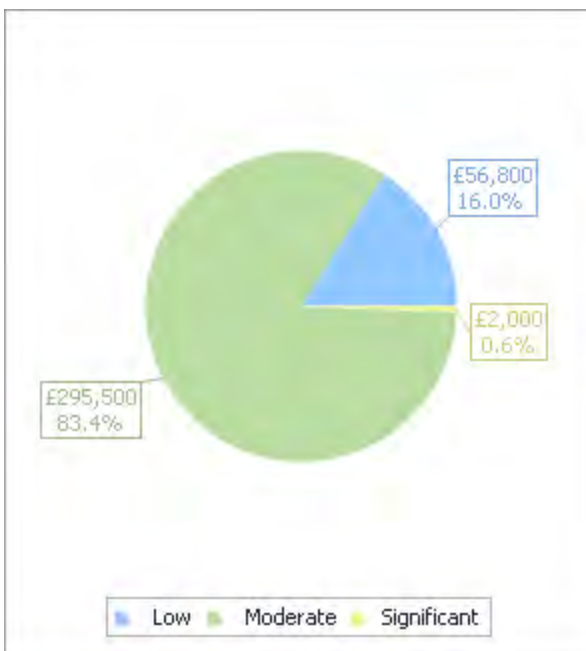
Backlog Cost by Facet



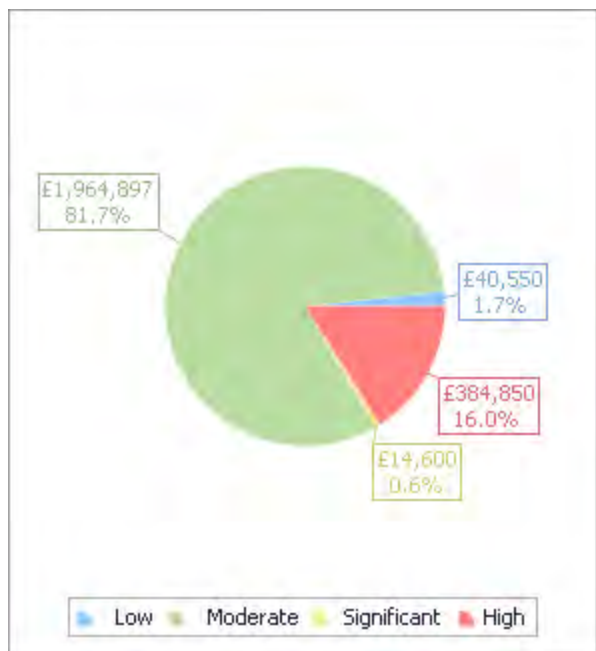
Building Facet by Risk



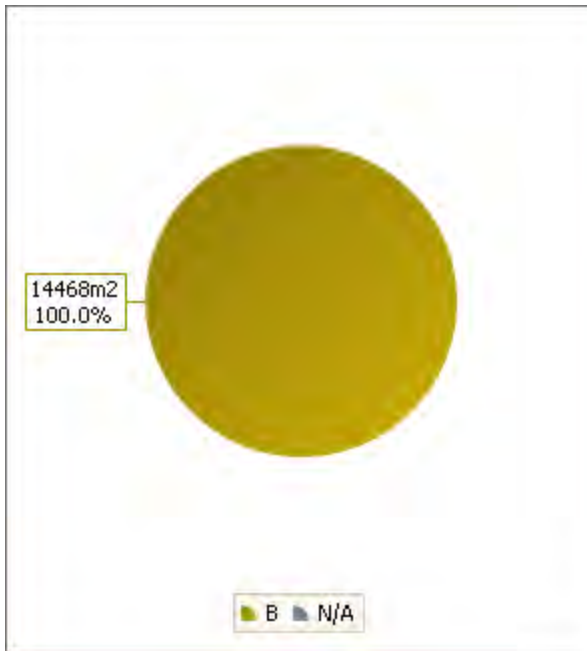
Engineering Facet by Risk



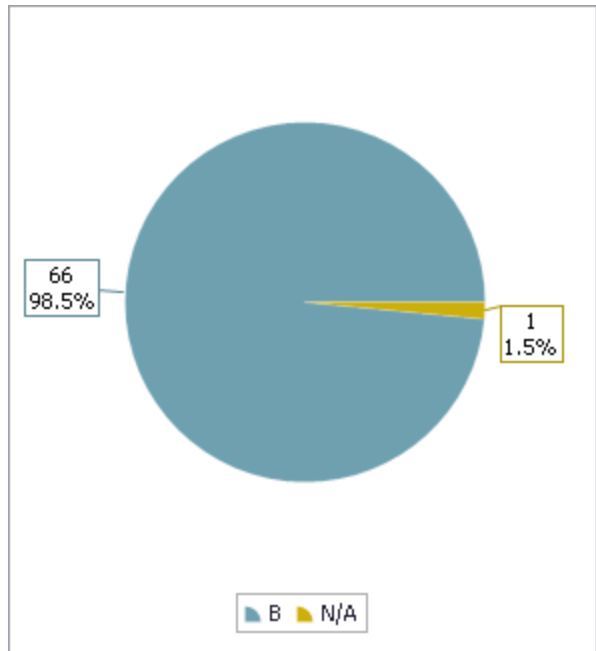
Statutory & Fire Facets by Risk



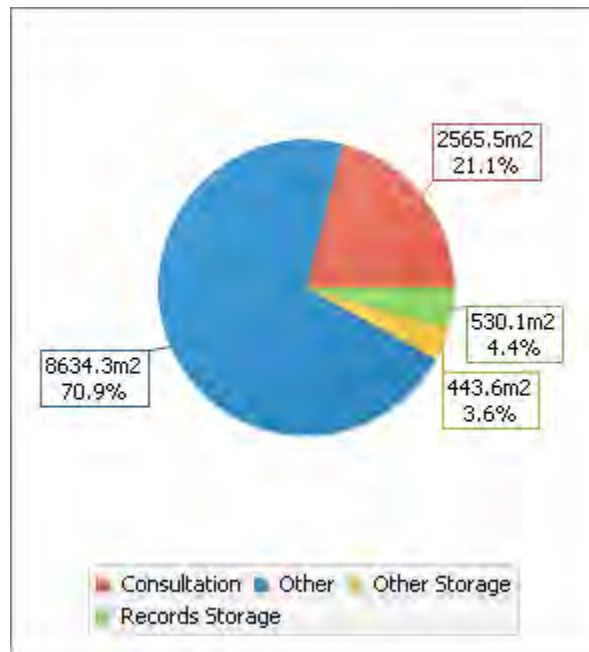
**Physical Condition:
Overall Block Condition by
GIA(m²)**



**Physical Condition:
Overall Block Condition by Count of
Blocks**



Space Use – Floor Area (m²)



4.0 Competing Asset Based Investment Needs

4.1 Local Competing Asset Based Investment Needs

(Note: This section refers to a direct assessment of current asset based needs. Developments from Strategic Plans will be detailed in Section 7).

An overview of the current condition and challenges for each of the assets has been provided. These challenges are compounded by:

- Aging assets
- Compliance with legislation
- Functionality
- Advanced Technologies
- Additional Service Needs

The financial outlook remains challenging maintaining competing demands on the Board's Capital and Revenue Budgets. It is therefore essential that the Board continues to review its assets to ensure that they are all put to their most efficient use.

A number of capital projects were completed last year with others due for completion which will resolve a number of issues and also reduce some of the competing demands as detailed in Section 1

The capital projects will not eliminate all the competing demands, and it is therefore essential to explore alternative solutions which can build capacity within the system without the need for capital investment.

The Board has established a robust risk based prioritisation process which includes the preparation of a Strategic Assessment for the allocation of formula capital and major service proposals which require capital investment. Fifes' Capital Planning Group, (FCIG), reviews and recommends to the Board how Capital investment is allocated on this basis.

4.1.1 Backlog Maintenance

The 2021/22 proposals for backlog maintenance drawn from our conditional surveys, SCART and Datix sources and listed in order of risk priority are tabled in Section 9. £3.5m has been allocated this year in order to deal with top priorities. Funding is allocated primarily in risk order in conjunction with consideration of clinical and estates strategies but it should be noted that this level of funding will in no way maintain the estate at condition B. In context, it should be noted that the current significant and high risk Backlog (elemental figures excluding fees, decant, VAT etc) total some £51m.

4.1.2 Equipment

The Capital Equipment Management group has identified a 5-year investment plan as detailed in Section 9. Ideally, £2.126m has been allowed per annum in the 10-year Capital plan.

The trend below identifies the current figures for replacement in the coming years - these figures will be subject to change as the years progress as the replacement programme is constantly updated and funding shortfalls push unfunded equipment into future years.

Year	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000
Total Investment Envisaged (£)	£5,363	£3,108	£1,440	£912	£1,551

4.1.3 IM&T

The capital plan for the next 5 years is underfunded (recent Scottish Government funding has been £1.1M pa) so is subject to constant re-prioritisation, individual business cases and modernisation. The D&I department is not adverse to receiving donations of kit from other public sectors organisations to replace ageing equipment and will rely upon ADEL funding and other opportunities in order to make up the shortfall. There is a risk that some assets will need to be 'sweated' and legacy equipment retained if full funding is not able to be sourced. This may result in less than optimal Production environments, affordable performance regarding availability and NHS Fife slipping in and out of compliance with the Cyber Security Framework (due the additional security vulnerabilities running legacy assets may afflict).

A Summary of the 5-Year capital plan is below:

Year	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000
Total Investment Envisaged (£)	£2,174.2	£3,503.5	£3,600	£1,727.5	TBC

4.1.4 Transport

The following table identifies the required level of investment to maintain the owned fleet to an ideal age profile standard. This level of investment is simply not available and vehicles are retained until capital becomes available.

Year	21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000	26/27 £'000
Total Investment Envisaged (£)	£617	£131.6	£18	£11	£11	£50.4

(In terms of leased vehicles, we currently require £228k of revenue funding annually to maintain the current fleet).

4.2 Regional Working and Competing Investment Needs

4.2.1 National Approach

The Scottish Government's Health & Social Care delivery plan sets out the importance of delivering better health, better care, and better value. The National Clinical Strategy and Health & Social Care Delivery Plan set the approach and way forward for the delivery of high quality healthcare services for the people of Scotland. Within these, the Scottish Government has stated that "future delivery should be based around individuals and their communities; planning hospital networks at a national, regional or local level based on a population paradigm providing high value, proportionate, effective and sustainable healthcare; transformational change supported by investment in e-Health and technological advances".

At present, Estates, Facilities, Asset Management and Capital Planning are carried out at Board level, however, there are clear opportunities for these services to operate at a Regional level. The current approach is becoming increasingly challenging due to the changes in demographics, financial climate, increasing patient expectation and the large number of staff reaching retirement.

The Shared Services Programme has adopted a once for Scotland approach. To enable, where appropriate, services that should be managed on a Region/Scotland wide approach and be delivered in a consistent way.

4.2.2 East Region Approach

In line with the Regional Delivery Plan there is a requirement to develop a Regional Asset Management Plan (RAMP), which will demonstrate the joint working across the region and that services are being planned on a regional basis. A combined RAMP will provide the greatest potential of securing future investment in support of the Regional Delivery Plan.

4.2.3 Development of East Regional Asset Management Plan

It is recognised that there will always be a need for the delivery of services at a local level. However, it is proving difficult in some areas to provide specialist expertise in all Estates, Facilities, Asset Management and Capital Planning Services across all areas. Additionally, to ensure the delivery of a sustainable, efficient service, more consideration should be given to the opportunities that cover more than one NHS Board, which where appropriate may move naturally to a Regional solution or indeed a National approach where appropriate. Estates, Facilities, Asset Management and Capital Planning leads have proposed to focus collaborative efforts to identify the best service delivery solution be that on a national, regional or local level.

The following areas have been identified suitable to be taken forward as part of the Shared Services Programme in Fife:

- Catering Services
- Fleet Management
- Decontamination
- Laundry Services
- PAMS
- Public Private Partnerships (PPP)

The East of Scotland Estates, Facilities, Asset Management and Capital Planning Group and Property Planning Group will work with those tasked with delivering the shared services agenda to ensure that the East Region is fully responsive to providing the most effective and efficient delivery model(s) and current projects ongoing are as follows:

4.2.3.1 Regional Catering Services - Project

NHS Scotland National Catering Production Strategy developed in 2016 proposed that NHS Boards move over time to larger scale “cook freeze “ central production units (CFPUs) with potentially 4 purpose built units servicing the needs of NHS Scotland.

The East Region, (including NHS Tayside), supports 22 production kitchens which are difficult to sustain with varied menus and varied levels of food waste. Some deliver low patient satisfaction (not NHS Fife), varying levels of compliance with FFN Specifications and considerable disparity in food costs per patient day.

Environmental Health Officer inspections at NHS Lothian facilities, has highlighted under investment in catering and they require significant capital funding.

As part of the Regional Estates & Facilities agenda, an opportunity has arisen to create a “proof of concept” CFPU to supply NHS Boards with frozen meals in the South East Region ie NHS Lothian, Fife, Borders and Tayside.

For 4 sites in NHS Fife (which service approximately 60% of the inpatient numbers) a delivered meal service is used. A delivered meal service is where the bulk of the

food is purchased ready-made. Notably this system delivers consistency and NHS Fife has the highest patient satisfaction and lowest food cost within the region. Cost is not the only driver for change. There are other organisational risks in catering production and having a standardised menu which complies with all current legislation and best practices will help minimise these risks. This will reduce reliance on local resources and may reduce risk from allergen mismanagement.

The CFPU will likely also be located in Lothian and option appraisals will be carried out to determine whether leased premises are used or new build. The IA has therefore been drafted with NHS Lothian as the lead Board.

Discussions are underway regarding the financial model as NHS Fife's challenge is that there is less incentive for the CFPU to provide a value for money due to our efficiency. Indicative costs on options being considered now range from c£15.8m, (do minimum), to £35.6m for a complete new facility.

4.2.3.2.1 Regional Fleet Management Opportunities

Due to the Covid-19 pandemic there has been no progress in the regional fleet work outlined in the previous PAMS.

4.2.3.2.2 Regional Decontamination Project

A National Initiative, the Decontamination Collaborative Programme (DCP) has been set up to review the current and future requirements for decontamination in Scotland.

The aim of the DCP is to produce a draft National Strategy and Business Case to the Strategic Facilities Group to develop Central Decontamination Units (CDUs) in order to meet strategic objectives:

- decontamination capacity to meet the demand of 2035
- development of national contingency arrangements

The Programme will improve the sustainability and resilience of the services through capital investment in capacity and improved contingency arrangements between CDUs, with the following outcomes:

- NHS Scotland's decontamination services will provide a resilient, sustainable and effective service fit to meet the increasing healthcare needs of the population to 2035
- NHS Scotland's decontamination services will operate in the most efficient and effective way
- NHS Scotland decontamination services will have arrangements in place and spare usable capacity available sufficient to support full contingency efforts in the event of the unplanned shutdown of a CDU, with minimal impact on services to hospital theatres

4.2.3.2.3 National Laundry Consolidation Project – Regional Aspect

In 2014 the Programme began investigating ways to improve efficiencies and value for money in the NHS Scotland laundries. A Laundry Strategic Review Group (LSRG) was formed to take this forward. The group included a Programme Director, representatives from each of the NHS Scotland territorial Health Boards, Laundry/Linen Services Management, Trade Union representatives, NHS Scotland Strategic Facilities Group, National Services Scotland (NSS) Finance, territorial Health Boards Finance and NSS Project Management and Administration. The LSRG quickly decided that it was necessary to develop an Outline Business Case (OBC). In the absence of territorial Health Board resources being available it was agreed to engage external consultants Capita to work with NHS Scotland to produce the OBC. This outline business case was considered, however the affects of the Covid-19 pandemic on NHS Scotland laundries included:

- a very steep increase in laundry to be treated as infected (rather than simply used), resulting in a slower processing time
- an increase in the quantity of laundry processed
- a requirement for re-usable PPE to be sourced and processed
- increased demand for items such as scrub suits
- an increase in demand for processing of uniforms (for both uniformed and previously un-uniformed staff

The result of this increased expectation of our in-house laundries along with the ongoing development of a truly workable contingency for major disruption of production has resulted, at this point, in a different approach. This approach is summarised in the OBC update extract below. As a consequence, there is no current change in in-house laundry or the consequent accommodation occupied by NHS Fife's laundry.

These main findings re-affirm some of the original LBC recommendations and current understanding of the challenges facing NHSS Laundry Services and introduce some new dimensions in respect of the case for change. They remain aligned, however, to the key benefits, investment objectives and operating principles of the LBC. The findings are listed as follows:

NHS Scotland should prioritise the Capital Investment Programme identified in the original Business Case as a matter of urgency with particular emphasis on CBTW replacement. Since 2019, spend to date has been modest and £3.1m (on CBWs that provide washing capacity) should be spent immediately to avoid risk to resilience of those laundries needing replacements:

- NHS Scotland should establish logistical (ie transport) contingencies to provide for maximum flexibility in the event of service failure in one area (moving soiled linen to alternative LPU's should one become inoperative for a period of time)
- NHS Scotland should consider standardising the manner in which textiles are finished across all LPU's
- NHS Scotland should consider environmental impacts such as the use of disposable PPE and a potential move to reusable PPE

- NHS Scotland should ensure that the regular liaison between LPU's and the service users provide as much standardisation of textile use policy eg the designation of infected linen, to support the LPU's operation
- NHS Scotland should consider investing in the implementation the BS EN 14065:2016 Bio-contamination Control System across all LPU's. The BS EN 14065:2016 Bio-contamination Control System supports best practice and governance by providing a visible and monitorable demonstration of safe systems and processes
- NHS Scotland and its LPU's should ensure that they invest in training and development to ensure Management and operational succession requirements are met

4.2.4 Regional Prioritisation

In addition to an internal prioritisation process, NHS Fife is working in partnership with NHS Lothian and NHS Borders to develop a regional approach to property, asset management and capital planning in the East of Scotland

PART B: Where do we want to be?

Overview

The Board remains committed to helping sustain and improve health and to providing safer, more effective, person-centred healthcare for the population of Fife and beyond as outlined in its Clinical Strategy

As NHS Fife continues to deliver high quality services to its communities, the work to shift the balance of care from acute to community health services will progress as different ways of working are explored and more services are moved out of hospitals and into communities, re-prioritising spend on these services.

Through the East of Scotland Health & Social Care Delivery Plan Programme Board, NHS Fife continues to work with its regional and national partners to provide specialist services where required and plan on a wider population level to ensure better value and the sustainability of services. NHS Fife continues to explore how to implement its strategies within existing resources and investigate how services can be re-organised to maximise these resource.

Investment in the Board's infrastructure will be based on the design and needs of health care services and will reflect and address future requirements, taking cognisance of the latest advances and best practice and designed in collaboration with partners and with flexibility to evolve and meet future challenges.

The following section reviews the national and local context for service change. It outlines how this context shapes asset arrangements and improvement plans and provides the framework from which investment plans are formed.

5.0 Context for Service Change

5.1 National Context for Service Change

Population

In line with predictions for Scotland, current predictions for Fife show an increasing population of nearly 8% by 2037 to more than 400,000. Data for 2013 highlights nearly 20% of the current population age is 65 years and above and this percentage is likely to increase in future years. This will impact on all services provided by NHS Fife.

Multi-morbidity in Scotland

Multi-morbidity is the presence of two or more long-term conditions and people living with multiple conditions is becoming more common. This trend is becoming important in terms of physical assets as health service buildings are typically designed to provide services for single diseases or conditions and along specific care pathways. Future delivery of care will likely require a review of the layout of buildings to accommodate service provision.

Strategic Overview

The Scottish Government defines the National Framework for improving Scotland's health and healthcare in its Quality Strategy which sets out NHS Scotland's vision to be a world leader in healthcare quality, described through 3 quality ambitions: Effective, Person Centred and Safe. The Quality Strategy builds on Better Health, Better Care and together with subsequent supporting publications they provide the overall strategic context.

Building on the progress made in implementing the Quality Strategy, a vision for healthcare services in Scotland was introduced to provide a focus and impetus in developing these health services. To deliver patient centred, safe and clinically effective care, the 2020 Vision proposes that;

Everyone is able to live longer, healthier lives at home or in a homely setting.

It describes 12 priority actions in 3 domains, known as the "triple aims". These are:

- **Quality of Care** – further improving the quality of care with a particular focus on:
 - Increasing the role of Primary Care
 - Integrating health and social care
 - Accelerating the programme to improve safety in all healthcare environments
 - Improving the way unscheduled and emergency care is delivered
 - People-powered health and care services
 - Improving the approach to supporting and treating people who have multiple and chronic illnesses

- **Health of the Population** – improving the health of the nation with a focus on:
 - Early years
 - Reducing health inequalities
 - Preventative measures on alcohol, tobacco, dental health, physical activity and early detection of cancer
- **Value and Financial Sustainability** – securing the value and financial sustainability of the health and care services provided:
 - Increase our investment in new innovations which both increase quality of care, and reduce costs and simultaneously provide growth in the Scottish economy
 - Increase efficiency and productivity through more effective use of unified approaches coupled with local solutions and decision making where appropriate

How assets are managed in the NHS is ultimately driven by health policy. All NHS organisations have plans to redesign their services to achieve the aims of the Scottish Government’s key policies as set out in the Healthcare Quality Strategy for NHS Scotland and the 2020 Vision. This service redesign will require significant changes in the way that assets are managed and used in the NHS.

5.2 Regional Context for Service Change – H&SC Plan

In September 2018, the paper ‘Common Ground - Developing a Health & Social Care Plan for the East of Scotland’ highlighted the drivers for change through population age, increase in service demand and workforce challenges.

Our 5 objectives in the East of Scotland are to:

- Shift the balance of care and investment from hospital care to primary and community care settings so that people receive more of their care closer to home
- Shift the emphasis of our system so we are focussing much more than ever before on the prevention of ill health
- Improve access to care and treatment in unscheduled (urgent and emergency) and elective (planned) care including a new elective centre and regional specialist cancer centre
- Improve the quality of care and the experience that patients receive
- Deliver recurring savings each year to break even while responding to increased demand driven by demographic change and population growth

5.2.1 A Plan for Scotland

The Scottish Government published the National Health & Social Care Delivery Plan to respond to the question of how we meet these challenges in a sustainable manner. It describes a vision of joined up health and social care systems that work together to provide the right care in the right place at the right time while taking account of staffing, financial and service access challenges. It requires Health Boards to work together to deliver safe and sustainable health services across the East Region. We must develop new models of care that harness innovation and make the most of our collective resources to be the best we can be.

5.2.2 A Plan for the East of Scotland

In the East of Scotland, NHS Borders, NHS Fife and NHS Lothian are working together to develop such a plan, working with the region's Health and Social Care Partnerships and local Councils as services require to be joined up if they are to be effective. Much consultation has been carried out with the population to help us frame our vision. We already collaborate across Health Board boundaries to make sure all our populations get access to the services they need. For example, Fife is home to a regional Endoscopy Unit which offers diagnostic testing to patients from Lothian and Forth Valley as well as Fife.

We have a number of networks that work across all East Region Boards to support high quality, resilient and sustainable services including joint ventures in education and training eg South East Cancer Network, Child Protection Network and Learning Disability & Mental Health Networks.

The emphasis in the East is much more about sharing our collective expertise and resources to develop new models of care and new ways of working so that the best care is available to everyone who requires it, regardless of where they live.

It is proposed that in future there will be the development of a Regional Property Asset Management Plan.

5.2.3 Key Propositions

Over the coming months we will develop our propositions. Moving forward we plan to:

- Agree the best models of service and treatment thresholds for the region for a range of priority specialties for acute (hospitals) services
- Progress a region wide approach to laboratories achieving the same high standard of service across the 3 Boards, while making best use of technology as well as providing better value for money

Next Steps

The development of a Health & Social Care Delivery Plan for the East of Scotland is an ongoing process. To be successful and to produce a plan we can all have confidence in, we will involve patients who are users of the specific services we are developing. We will also be communicating and engaging over the coming months with carers, third sector organisations and professional bodies such as the health unions. We will also continue to work side by side with our Health & Social Care partners and the region's six councils. We look forward to listening to as many people as possible and in particular to the involvement of the experts: those who use our services.

6.0 Local Context for Service Change

6.1 The NHS Fife Health and Wellbeing Strategy

The Covid pandemic has significantly impacted on performance and transformation in NHS Fife. As a result of the Covid pandemic measures and the Covid-19 pandemic activity surges experienced throughout last year, the performance management framework has been replaced by performance against projected activity. This activity is based on capacity which has been reduced due to the 2 metre restrictions. NHS Fife approached remobilisation of services in a safe and phased way which meant that capacity significantly reduced during periods of surge.

During the last year, the transformation programme was paused as services and staff focussed on the Covid-19 pandemic effort and the consequent national priority programmes such as the seasonal flu and Covid Test and Protect programmes. Transformation has, however, moved at pace particularly in the field of digital and information where virtual consultations have increased significantly.

During the Covid-19 pandemic period, NHS Fife submitted an integrated mobilisation plan in March 2020, a remobilisation plan in June/July 2020 and a further remobilisation plan in February 2021 to the Scottish Government. These plans replaced the Annual Operational Plan for 2020/21 with the third plan submitted in February outlining actions and activity performance for 2021/22. These plans outline how NHS Fife and Fife Health and Social Care Partnership will remobilise services following the Scottish Government Framework for NHS Scotland in respect of Remobilise, Recover, and Redesign.

During 2020/21, the Strategic Planning and Resource Allocation (SPRA) process was introduced to support financial and organisational planning and this has supported the development of the financial plan for 2021/22.

The SPRA guiding principles ensure alignment of workforce, financial and operational planning. There is also a key focus on digital and the opportunities it brings to service redesign and delivery. Our SPRA process is committed to delivering services as safely, effectively and efficiently as possible and will enhance our strategic planning with an initial focus on developing a 3-year medium term plan.

The process will recognise and prioritise both investment and disinvestment to support the delivery of our objectives. Disinvestment requires the development of plans to release cash savings and productive opportunities. We are also planning to develop the capacity and capability of our Corporate PMO arrangements to support service transformation.

The focus now is on remobilisation, recovery, and redesign of services; and to deliver a recurring balanced position over the medium-term.

NHS Fife is now actively developing a wider Population Health and Wellbeing Strategy in an integrated approach to replace the Clinical Strategy which has come to the end of its term.

A Population Health and Wellbeing Programme (PHWP) Board is being established to deliver the co-ordination of the emerging strategy. It will also enable senior leadership to successfully deliver the entire range of programmes, projects and other related activities across Fife on an ongoing basis.

Portfolio Approach to Population Health and Wellbeing

This approach will align existing programmes of work alongside the development of the Population Health and Wellbeing Strategy as well as providing leadership to new prioritised programmes of work. A PHWP Board is being established to provide leadership and oversight of the programmes across health. The first meeting of this Board is planned for September 2021.

Alignment of Strategy and Portfolio to Care Programmes

The PHWP will align the existing key programmes and projects to the 4 National Care Programmes: Integrated Unscheduled Care, Integrated Planned Care, Place and Wellbeing and Preventative and Proactive Care. In addition, the Fife PHW Strategic Framework will be designed using the 4 National Care and Wellbeing Programmes and strategic direction will focus on these areas. Existing programmes in Fife will be aligned to these.

Strategy Development

A detailed Programme Plan is currently being drafted for the development and delivery of the 5-year Strategy. Given the current COVID restrictions, it is proposed to engage with staff virtually to develop the strategic framework initially to gather the current service position. Once the information is gathered, analysed, and themed, the group will convene to agree gaps and recommendations.

6.2 The NHS Fife Remobilisation Plan (RMP3) 2021/2 (Formerly the Annual Operational Plan (AOP))

In order to capture and make sustainable the changes that have taken place and to protect the new ways of working and prioritisation, a methodology was adopted to ensure NHS Fife and the Fife HSCP provides safe and resilient services going forward. This is aligned to the guiding principles which are whole system, safe and person-centred care, clinical prioritisation, agile, flexible and responsive, realistic medicine/care, protecting our workforce, digitally enabled and data enabled.

The national roadmap Re-mobilise, Recover, Re-design: The Framework for NHS Scotland describes the aims of the framework and has 7 principles for remobilising clinical services. As we come out of the third wave of the pandemic, the initial focus will be to allow staff to rest and recover before planning the remobilisation of services.

We are implementing a refreshed approach to strategic planning over the coming months and this will develop in parallel with further development of our immediate plans as described in this Remobilisation Plan for 2021/22. The Remobilisation Plan 3 included our intention to develop a refreshed clinical strategy - a population health and wellbeing strategy - by March 2022 to drive forward the redesign of health and healthcare for the population of Fife over the next 5-10 years. An approach that seeks to maximise value for the population, to promote reform, to build capability, to learn from best practice, and to truly embed improvement and innovation in everything we do will be adopted.

Planning Assumptions

Following on from the approach and methodology taken by NHS Fife, the high-level planning assumptions for the delivery of this plan are:

- Test and Protect service in place to prevent the spread of Covid by tracing and isolating any community transmission and community asymptomatic community testing
- Continuation of testing of staff and patients in health and social care as well as care homes
- Vaccination programme will be well underway into 2021/22 with the aim of vast vaccination of the population of Fife
- Contingency plans in place to mobilise inpatient areas and clinical services if faced with a second Covid surge including ITU capacity
- There is evidence to suggest greater health inequalities as a result of the Covid-19 pandemic in terms of Long Covid and mental health
- There continues to be demand and supply challenges (demographics of current workforce, impact of pensions, retirement numbers increasing etc)
- Any changes that will affect health and care service have been identified and will form part of the national and local risk register
- The specific Covid-19 pandemic planning assumptions in RMP3 are included but these will be revised as guidance changes

- Future planning will assume a level of Covid-19 vaccination across the population in 2021/22
- Physical distancing will remain in place and redesign of services will account for this. Clinical capacity will be reduced as a result of physical distancing and clinical services will be prioritised
- Pathways for shielded patients will be included in any redesign work
- Contingency plans are in place, if faced with future Covid-19 surges, including ITU capacity
- Covid workforce impacts will be captured separately and reported through the the Interim Workforce Plan 2021/22
- Covid-19 costs will continue to be captured separately and reported through the Covid Financial Mobilisation Return

An Action Tracker was created following approval from Scottish Government of RMP3 with regular 2 monthly updates being provided by services. The Fife Remobilisation Plan Forum was re-established to review and regular updates. Reports to EDG, Committees and Board were by exception only.

Financial Planning

- The financial plan for 2021/22 has been developed using a confirmed baseline funding uplift of 1.5% plus £1.9m funding in support of NRAC parity.
- Assumption of £9.75m funding from Scottish Government to support a move toward achievement of waiting times targets in 2021/22
- The Strategic Planning and Resource Allocation (SPRA) process rolled out in autumn 2020 captured the key cost pressures and confirmed areas of priority for 2021/22. Through this prioritisation, additional investment has been supported across the following areas: safe staffing within the Acute Services Division; specific Acute Medicines increase; and the expansion of both Governance and Corporate PMO arrangements.
- The financial plan assumes the continuation of SG funding for Covid-19 costs on a non-recurring basis (funding to be confirmed). This extends to include Public Health expansion costs for 2021/22 with the recognition that recurring commitment is required over the medium term.
- Whilst the focus last year was responding to the Covid-19 pandemic; and unmet savings for Health and Social Care were fully funded; we have highlighted to Scottish Government our requirement for funding for 'long Covid' historic efficiency savings for 2021/22. A key focus on the medium term plan to deliver carry forward savings remains extant, with the PMO expertise critical to the assessment of options and delivery.
- Our financial plan shows an overall savings requirement of £21.8m for Health Board retained comprising of an unmet savings target for 2021/22 of £13.6m (1.9% of baseline) and assumes £8.2m of savings can be met (1.2% of baseline)
- There continues to be significant uncertainty about the financial impact of the Covid-19 pandemic in both the short and longer-term, and what this will mean both for service delivery and associated financial plans
- We are working in partnership with the Local Authority and the IJB in respect of the HSCP Health Delegated Budget. The creation of the IJB earmarked reserves

in 2020/21 allows some flexibility which has been used to meet legacy and in-year savings, which allows a balanced opening budget position for 2021/22.

6.3 Local Priorities

6.3.1 Acute Services Transformation Programme

The focus of the Acute Services Transformation Programme (ASTP) for 2021/22 will be the development of a Whole System Programme covering both urgent and elective care pathways working across Health & Social Care and Acute Services.

6.3.2 Primary Care

There is a need to develop modern fit for purpose facilities that reflect the changing nature of primary care services through the changes to the GMS Contract.

6.3.3 Mental Health Redesign

Following publication of the national Mental Health Strategy which was launched in March 2018, NHS Fife has refreshed the local mental health strategy. This included a comprehensive engagement and consultation process and resulted in a new Mental Health Strategy for Fife “Lets Really Raise the Bar”.

The Strategy reinforces NHS Fife’s commitment to embrace an ethos of recovery, focussing on maximising opportunities for people experiencing mental ill health and mental illness and embedding values-based practice into service delivery. The implementation of the Strategy will ensure an equality of access to support across Fife’s localities, tailored to meet local needs, which will be co-ordinated with the person at the centre. The Strategy commits to the principles of personalisation, where people can build a meaningful and satisfying life.

Following approval of the strategy through the Integration Joint Board, the delivery plan will enable phased implementation to evidence outcomes and delivery of the commitments within the strategy. Implementation will be monitored through the Integrated Transformation Board.

Inpatient re-design is underway with an Initial Agreement anticipated around April 2022. Mental health in the community will be taken forward as a separate but interlinked work stream ensuring that there is a robust correlation between community and inpatient care.

6.3.4 Accommodation for the Pharmacy Workforce

Accommodation in GP practices remains crucial for medicines efficiencies as well as Pharmacotherapy delivery which directly enhances patient care and is in line with local and national strategic goals.

Significant space in practices is required to deliver Pharmacotherapy. Pharmacy is one of several priorities in this area and clinical space is necessary for direct patient care, as well as delivering GMS contract commitments. This requirement is likely to increase across the GMS programme following agreement of year 4 funding in the coming months. The most recent agreement between Scottish Government and the BMA specifically notes the patient facing clinical role of the Pharmacy service.

As we develop a sustainable Pharmacy model (including Pharmacotherapy and other integrated services), a number of moderately sized spaces are required within clusters to develop an integrated approach to delivery of elements of level one pharmacotherapy, medicines efficiencies, as well as other priorities such as support for prescribing in care homes. The current site within Lynebank is an example of this, however, there is a requirement to enhance provision and provide long-term, sustainable accommodation across Fife.

There will be a Board-wide focus on high-risk pain medicines, which has been supported by EDG. Work is underway to scope this, but it is almost certain that there will be an increased requirement for clinical space to undertake reviews in the primary care and acute settings.

7.0 Competing Service Based Investment Needs

All NHS Boards are competing for Service based investment needs. Following the completion of the NHS Fife Clinical Strategy, these are still being developed.

7.1 Local Competing Service Based Investment Needs

7.1.1 Primary Care

Outline Business Cases are being developed initially for the Kincardine & Lochgelly Health & Wellbeing Centres as a blueprint for future investment. A review of Primary Care Premises will identify other priority areas for investment which relate to the changing population and demographics together with the condition and capacity of the existing primary care estate. This is likely to take the form of a programme which would allow finances to be identified and spread over a number of years in a pro-active way.

7.1.2 Mental Health Redesign

Development of the Mental Health Inpatient Redesign, as described above, is still at an early stage and project costs are still in the process of being developed. £40m was identified at the Strategic Assessment stage, however, this is now being tested against a notional schedule of accommodation within the Initial Agreement. The capital requirement for the Mental Health Inpatient Redesign is anticipated to be considerable; however, there may be opportunities to spread the cost via a programme of projects.

7.1.3 Automation of the Pharmaceutical Supply Chain in Fife

Pharmacy is key to ensuring that medicine use is optimised to reduce harm, variation and waste and it is vital that the pharmacy workforce is provided with the necessary skills and training to deliver enhanced pharmaceutical care in support of the Clinical Strategy along with the Scottish Government's strategic plan for Pharmacy "Achieving Excellence in Pharmaceutical Care" (AEPC) where the use of digital solutions and automation are recommended. In addition, the Clinical Strategy advocates that patients should be discharged from hospital in a safe and prompt manner with the turnaround of discharge prescriptions specifically highlighted as an enabler for this.

NHS Fife is one of the few Boards in NHS Scotland that does not use pharmacy or ward based automation and relies on a largely manual system via two pharmacy stores located in VHK and QMH. There is no automation in use in clinical areas or pharmacy and to maximise the one-stop dispensing model, improve turn-around times and facilitate the delivery of enhanced pharmaceutical care for all patients and release nursing time a transformational project will be undertaken.

The key expenditure points are:

- Centralisation of the pharmacy stores into a single pharmacy site at VHK with a satellite pharmacy at QMH which will require the introduction of pharmacy automation and both sites for labelled and unlabelled medicine supplies including controlled drugs (storage and electronic register) and refrigerated products
- The VHK location must be able to house a significantly larger cold store to house automation and manage vaccines as well as other medicines, be able to facilitate goods in and out for up to 18T vehicles and be easily accessible for patients
- The QMH location must be supported by automation for labelled supplies and use of electronic CD register and must be able to facilitate goods in and out (small vans) and be easily accessible for patients
- Introduction of automated medicine storage cabinets in all NHS Fife hospitals where significant quantities of medicines are stored eg wards, theatres

Work to establish a programme board will progress in 2021. The full cost is estimated to be £5-6m and was submitted to SGHSCD in 2020. Development of an outline business case is now a core part of NHS Fife's Corporate Objectives for 21/22.

7.1.4 HEPMA Project (Hospital Electronic Prescribing & Medicines Administration)

Hospital Electronic Prescribing Medicines Administration (HEPMA) is currently being implemented across NHS Scotland. NHS Fife Outline Business Case was approved by the board in November 2019. The Full Business Case will be submitted to the board for approval in July 2020.

The primary aim of (HEPMA) is to remove paper-based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered. This will enable monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality. A National Business Case was developed in 2016, agreement was reached that HEPMA would be available as a National Framework with NHS Boards calling off the agreed framework.

There will be infrastructure requirements which continue to be scoped with the supplier, including disaster recovery IT not reliant on power supply on each site, (multiple instances will be required on larger sites).

7.2 Regional Service Based Investment Needs

Regional key priorities for 2020/21 are highlighted below:

7.2.1 Laboratory Information Management System

A national Business Case has been prepared by external consultants for 11 Boards across Scotland. Each Board will review their share of the Business Case at local level to include savings and costs.

7.2.2 Cancer Services

Opportunities presented during 2020/21 and beyond are being taken into account to develop a more regional approach to addressing access and workforce challenges. Well established regional cancer network arrangements and collaboration on the development of a new regional Cancer Centre will also be utilised.

PART C: How do we get there?

8.0 The Strategic Asset Plan

The previous sections updated NHS Fife Board's progress on the Clinical and other key strategies in response to the national and local context thus providing a framework from which investment plans will be formed.

This section outlines how the Board intends to develop its major investment proposals whilst using the Capital Investment Prioritisation Process against competing investment needs. It will also outline the asset management arrangements for successfully implementing such plans.

A number of facets help us to develop the Strategic Asset Plan from Clinical Strategy. The following section highlights asset related activities completed during 2021/22 and on-going system improvements which will assist in developing a robust PAMS document.

8.1 Property Management & Data Update

Property Review and Capital Plans

To retain and maintain adequate Estate to meet clinical need

Item	Objective	Action	Lead	Status %	Timescale
1	Continue Property reviews.	Continue review of property performance and selected disposal	Director of Property & Asset Management	100%	Next review 12 Months
2	Create Site Master plans for Stratheden, VHK and Cameron	Property advisor appointed, considerations being given to each site	Director of Property & Asset Management	50%	Ongoing
3	Replacement Kincardine & Lochgelly Health Centres.	OBC Stage	Director of Public Health	25%	Ongoing
4	Elective Orthopaedic Unit - VHK	FBC approved, construction started February 2021	Director of Nursing	60%	Ongoing

EAMS Condition Survey Reviews

(Collect data on six condition facets of the Estate, identifying, quantifying and prioritising Capital needs)

Item	Objective	Action	Lead	Status %	Timescale
1	Standardise EAMS Property data across Fife	Review all EAMS Property data in Acute and Primary Care to ensure consistency across Fife in terms of identification and measurement	Capital Planning Manager	100%	Dec-20
2	Standardise CAD data across Fife	Review all NHSF owned property CAD plans, standardize format and polyline to determine address system/room numbering and exact Gross Internal Areas on which all NHSF data is reported	Capital Planning Manager	100%	Apr-20

Other Property Data Updates

Item	Objective	Action	Lead	Status %	Timescale
1	Complete SCART 2 question set	Complete revision of SCART 2 Question set for Fife	Compliance Manager	95%	Mar-22
2	Asbestos register update	Utilize new CAD drawings and room numbering to more accurately record position and develop software. New management surveys complete and minor drawing corrections ongoing	Estates Managers	60%	Ongoing
			Compliance Manager		
3	Estates Terrier	Consider development of data into Estates Terrier	TBC	0%	Ongoing
4	EAMS Risk Manager - Fire	Move to V10 Risk Manager to link Fire data – (awaiting HFS software update)	Compliance Manager	0%	Awaiting HFS

Where do we want to be?

5	MiCAD	Review all existing NHS Fife asset data to improve confidence in statutory maintenance requirements and accurate reporting	Compliance Manager	0%	Ongoing
6	Zetasafe	Review all existing NHS Fife asset data to improve confidence in statutory requirements and accurate reporting	Compliance Manager	5%	Ongoing
7	MiCAD	Utilize the compliance module to provide a Fife wide dashboard of current statutory compliance	Compliance Manager	0%	Not Started

8.2 Master Planning

A long-term estate Master Plan is underway in respect of establishing an understanding of our estate in terms of geography and condition. This information will then be cross-checked against NHS Fife's Clinical Strategy (due in March 2022) and the Fife Health & Social Care Partnerships Strategy (due in 2022) to create a high-level Master Plan for the following services:

- Acute
- Community Care
- Mental Health
- Primary Care

With a clear understanding of long-term clinical requirements and a wider appreciation of the existing estate, there is an excellent opportunity to improve care arrangements in Fife whilst rationalising the existing estate sustainably for future generations.

Several Sub-strategies and Frameworks include:

- A mental health inpatient re-design business case is being progressed
- A primary care strategy focussing on asset condition, location and use is due to be commissioned
- Discussions regarding acute provision (particularly in respect to Victoria Hospital) are underway at a senior level
- A community care strategy had previously been progressed but was subsequently paused – this work requires to be remobilised by the FH&SCP

NHS Fife's Estate, Facilities & Capital Services directorate are aware the following sites require prioritisation and are linked into the Clinical Strategies noted above:

- VHK
- QMH
- Stratheden Hospital, Cupar
- Cameron Hospital, Windyates
- Lynebank Hospital, Dunfermline

8.2.1 Victoria Hospital, Kirkcaldy



— EXTENT OF N.H.S.
FIFE OWNERSHIP

- OCCUPIED
- PART OCCUPIED
- VACANT
- EMPTY USED FOR STORAGE
- MOTHBALLED



VICTORIA HOSPITAL
HAYFIELD ROAD, KIRKCALDY, KY2 5AH

Discussions with senior staff are ongoing regarding long-term changes at the Victoria Site. Currently, there are several deteriorating assets with limited viability to develop any further due to space constraints. Recognising these challenges, the following assets are under consideration:

Asset	Comments
Phase 2 Tower Block	<p>Two floors of the Tower Block will become vacant once the Elective Orthopaedic Centre is delivered towards the end of 2022. This would afford an opportunity to create decant space to facilitate a rolling programme of refurbishment within the building.</p> <p>There has also been discussion about the long-term viability of the building due to external concrete defects and limited clinical functionality internally. A feasibility study has been commissioned to report on these matters and provide a recommendation.</p>
Phase 1	<p>With the creation of an Estate Workshop within the old Boiler House and the potential displacement of the Pharmacy within the building, a decision will be reached on how this may be used more coherently in the future.</p>
Pharmacy	<p>Work has been commissioned to investigate how robotics may be introduced into the Pharmacy. This will allow options to be developed for consideration in the future.</p>
North Labs	<p>This North Labs are in a poor state of repair and consideration is required in respect of long-term viability. A feasibility study has been commissioned to report of this and provide a recommendation.</p>
Hayfield House	<p>This asset is currently used for office space. Given the possible refurbishment of the Phase 2 Tower Block to create efficient modern office accommodation, there may be an opportunity to decant from this facility. A feasibility study has been commissioned to report on long-term viability taking into account its relatively poor condition and some reported structural settlement.</p>
Laundry	<p>The laundry facility is subject to a substantial back-log of roof and roof-light repairs which will be extremely difficult to resolve from a logistical perspective given the high use and operational demand of the facility. A feasibility study will be commissioned to review the condition of the facility to determine how works may be carried out without detriment to health and safety or operational continuity. If works can be accommodated, cost/benefit will be considered in respect of viability.</p>

8.2.1.1 Site Optimisation

A significant programme of work for Acute Services has been commissioned which will deliver on the agreed recommendations of the current Clinical Strategy and is the next step in our ever-evolving improvement journey. The Site Optimisation Programme will build on work to date and improve services further by:

- Improving patient pathways and flow
- Enhancing the quality and safety of patient care in the Acute setting
- Making the best use of our estate, ensuring services are in the most appropriate places

At the heart of Site Optimisation, there are five key work streams:

- Site Utilisation
- Site Management
- Front Door Flow
- Women and Children's Services
- Cancer Services

Site Optimisation provides an opportunity to explore enhanced ways of working by ensuring safe, effective, efficient and sustainable care. This is a key programme of work which will deliver on and implement agreed recommendations from Clinical Strategy across Acute Services.

Site Optimisation focuses on sustainability and value to ensure that we continue to improve patient experience by delivering safe, effective and efficient care.

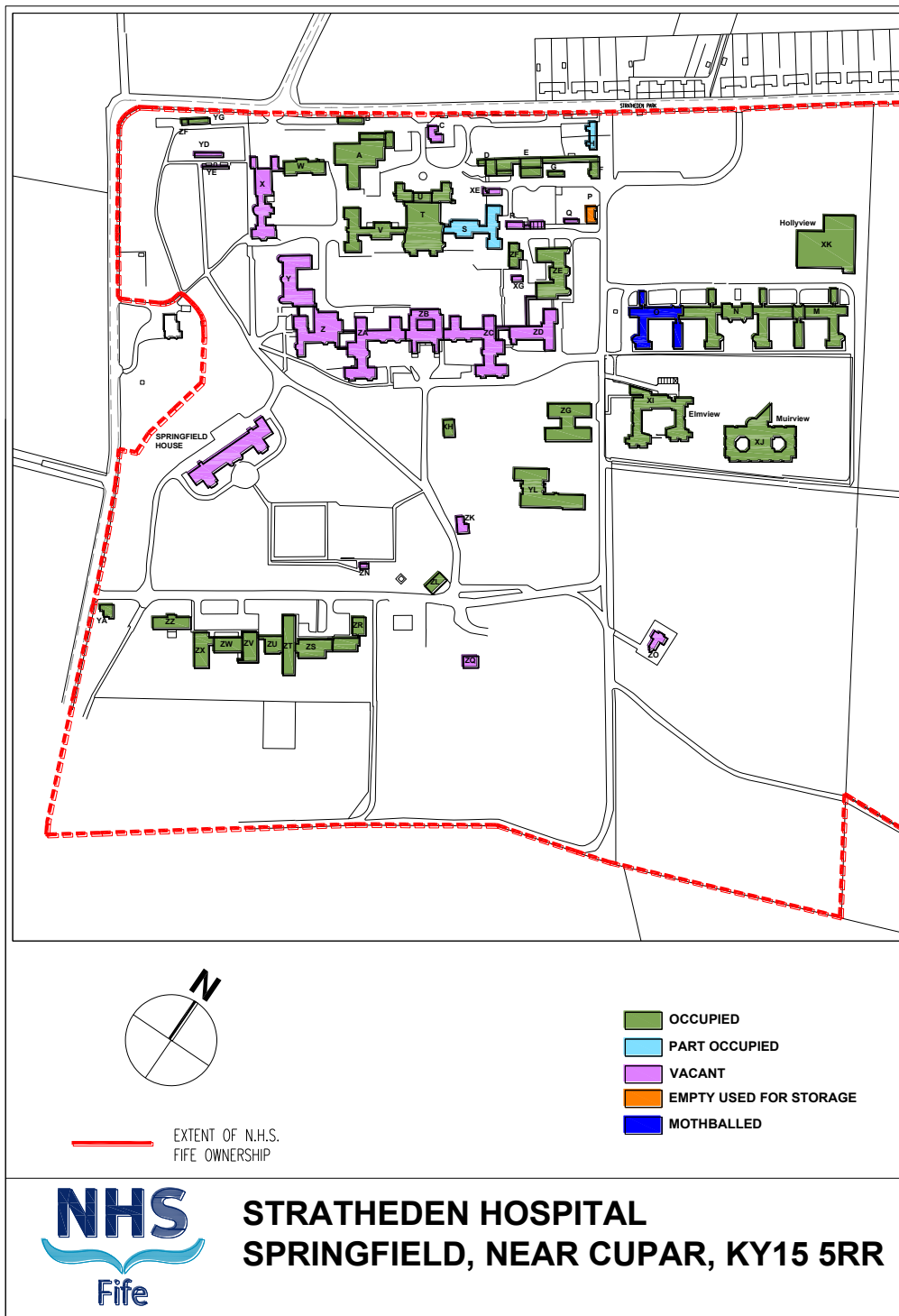
8.2.1.2 Other Issues

As an addendum, Historic Scotland has visited VHK with a view to listing five buildings namely; Phase 1, Phase 2 Tower Block and Podium, Hayfield House, North Labs and the Whyteman's Brae site. This may have a bearing on the future feasibility studies and the wider site master plan.

8.2.2 QMH

QMH will be subject to change associated with emerging acute, mental health and community strategies. There are clear opportunities for the hospital to concentrate on outpatient and day case activities whilst also accommodating mental health and community care services.

8.2.3 Stratheden Hospital, Cupar



Stratheden Hospital, Cupar currently accommodates mental health services. The site is substantial featuring a mix of assets including three relatively new developments; Muirview, Elmview and Hollyview. Many of the buildings on the site are vacant, dilapidated and no longer fit for clinical functionality.

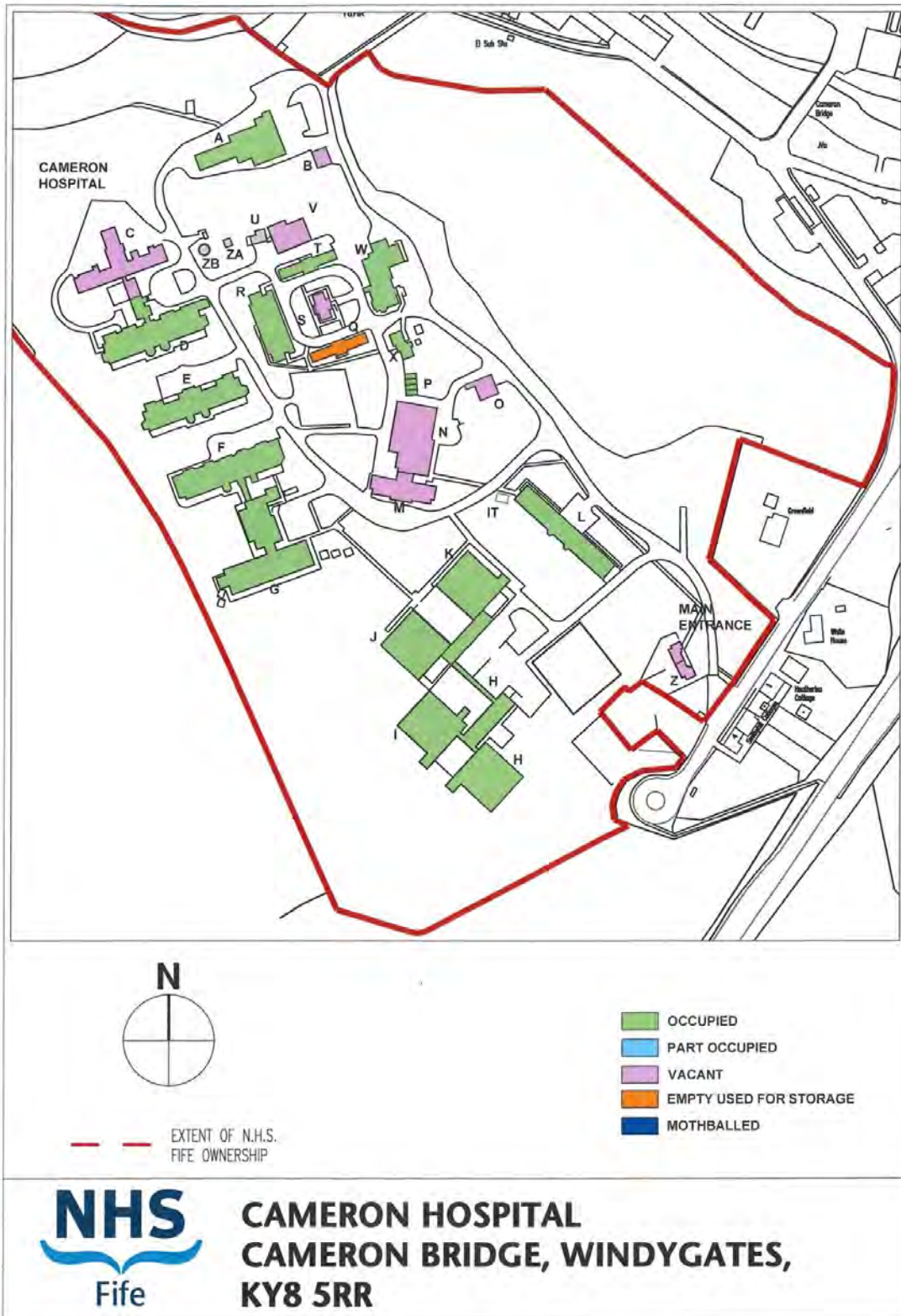
The site is likely to be considered as part of the Mental Health Inpatient Programme which is currently being progressed. Site options around the mental health estate

will be considered once a service driven option appraisal has been completed as part of the Initial Agreement.

If Stratheden does emerge as a preferred site for inpatient re-design work, then there is likely to be opportunities to rationalise the site over the longer-term whilst removing a large portion of legacy back-log. This may include a demolition and disposal/sale programme. Given the rural location and close proximity to Cupar, it is considered that the site, or part of it, would be attractive to perspective developers.

The site is also subject to a community transfer request which is currently being considered in parallel with the other work streams noted above.

8.2.4 Cameron Hospital, Windygates



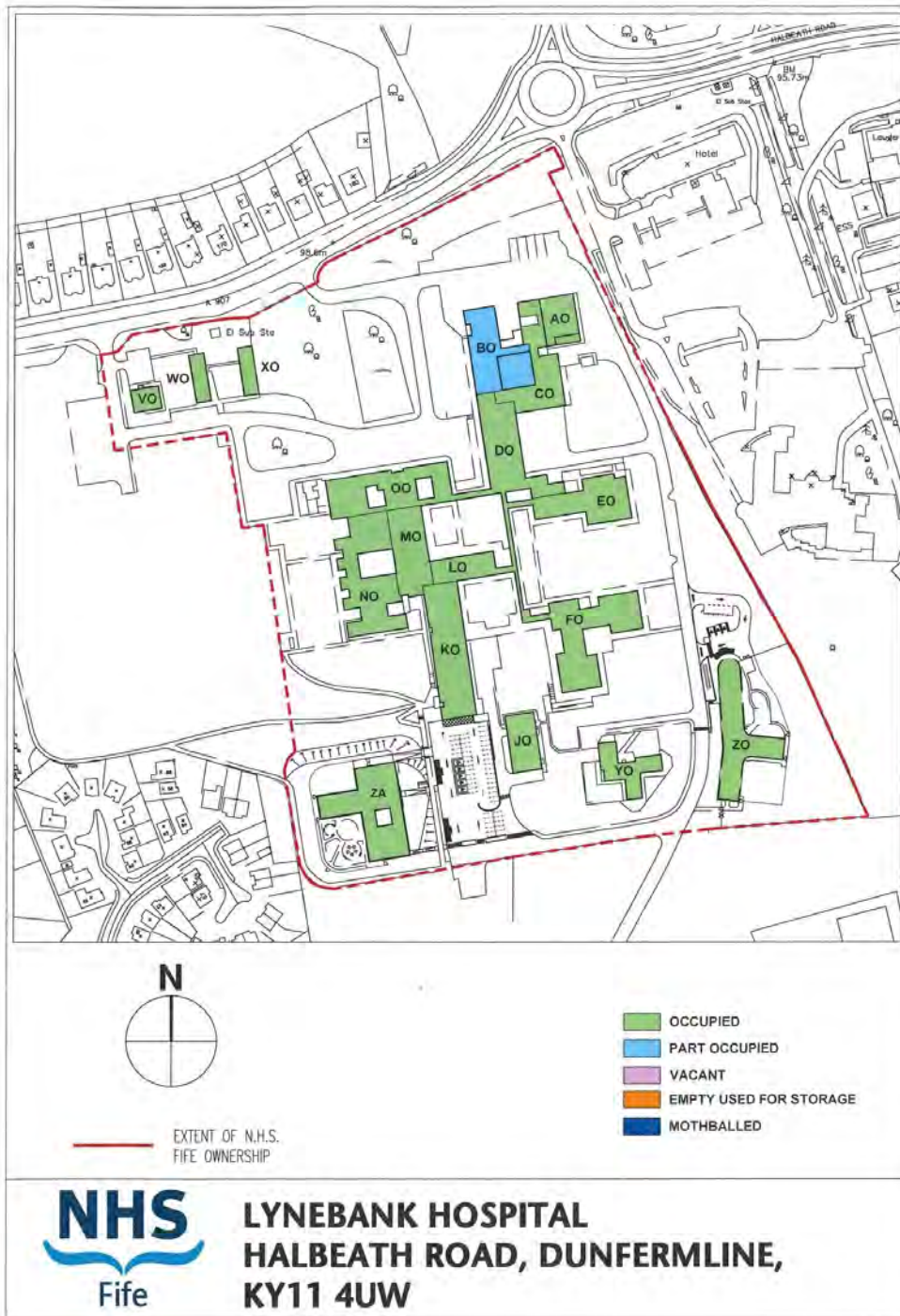
Cameron Hospital, Windyates is a Community Hospital located to the north of Leven/west of Windyates on the A915 main trunk road between Kirkcaldy and Leven. The site extends to 15.82 hectares and contains a number of buildings ranging in age from the late 1800's to 1970's. The total GIA for the site is 14,687m² with 1,238m² currently vacant. Services provided on site at present include Rehabilitation, Care of the Elderly, Addictions Services, Health Promotion and CHP Offices.

The site is adjacent to the Diageo distillery which, due to the nature of its business, is a COMAH site, (Control of Major Accident Hazards). Discussions with the Planning Department of Fife Council have intimated they are open to development of the low and medium risk areas but will not approve development on the high risk blast zone. The potential blast zone extends to approximately 70% of the site making it less attractive to any developers due to the limited development potential. This will have a negative impact on capital receipts should NHS Fife opt to declare the land surplus for subsequent disposal.

Diageo has confirmed they have no interest in the site. we are, therefore, investigating development of areas out with the blast zone. Given that community redesign is still ongoing, there may be opportunity to retain and invest in the site. Until these plans are developed, the short-term estate strategy would be to maintain buildings which remain open at minimal maintenance costs in a safe and functional condition.

Unfortunately, the centralised site steam heating systems have reached the end of their lifecycle and work is underway to review the decentralising of the systems. This will, however, be dependent on future site use. In addition, the roadway infrastructure is extremely poor but as the final layout of the site is unknown, basic safety works continue on an annual basis.

8.2.5 Lynebank Hospital, Dunfermline



Originally, predominantly, a mental health facility, the number of clinical areas has declined and remaining buildings are increasingly being utilised for non-clinical purposes to take pressure from acute sites.

Our previous strategy for this site was to demolish dis-used buildings and dispose of two large parcels of land to the North and South. Whilst the area of land to the South was sold, the viability of the land to the North for residential sale has been hampered by the drainage capacity and access restrictions.

A feasibility study is underway to investigate site services and accessibility with a view to making the proposition more appealing for potential developers. As an alternative, NHS Fife is also considering if the site could be retained and utilised more strategically. With excellent access to the M90, the site would be well placed to facilitate regional requirements with good adjacencies between NHS Fife's two main hospitals, NHS Lothian and NHS Tayside.

8.3 Other Property Based Developments

8.3.1 Strategic Liaison Group

More robust links with the Fife Council Planning Department is being established to ensure that the NHS Fife PAMS is communicated to appropriate personnel within partner organisations.

This is an important link in light of recent developments in the Cupar area where the potential for new housing could result in more than 1,000 homes being built over the next 5 to 10 years. Discussions have already taken place on the impact on local health provision and close monitoring continues with Fife Council.

8.3.2 Space Management Group

Continuing efforts are being made via this group to validate and update space data, set space standards and forecast future space requirements whilst considering space requests and options.

Space targets are set and provide recommendations on space allocation and prioritisation. The ultimate aim of this group is to maximise the space utilisation of NHS Fife properties and dispose of any surplus space.

8.3.3 Office Accommodation

Essentially, NHS Fife is consolidating office accommodation to current space standards where possible. A good example of this is at VHK.

When the Victoria Hospital Phase 3 PPP was built, little work was done on the retained estate which is now over 50 years old and in need of improvement. As part of the VHK Site Master Plan, our goal is to remove inpatient clinical services from the

Phase 2 Tower Block and occupy with mainly non-clinical services. A draft proposal using smaller workstations was prepared and it was determined that each floor could potentially accommodate approximately 150 staff. Where possible, new working practices are being implemented ie hot desking arrangements. This will dramatically improve the space utilisation of the Tower Block.

8.3.4 Agile Working

Agile working has been a key strand of our approach to safe and effective working during the pandemic and has enabled the organisation to adapt to new ways of working from various locations using technology such as Microsoft Teams and Near Me virtual consultations. There are frequently over 1,000 remote workers using our IT systems.

A Working Group was set up by the Chief Executive in early 2021 to determine the impact of agile working on the organisation. Short and medium-term prospects are being considered by learning from new adapted ways of working during the Covid-19 pandemic resulting in a more balanced approach to work.

The Agile Working Strategy Group is jointly chaired by the Director of Workforce and the Director of Property & Asset Management and includes stakeholders from staff side, operational divisions and departments. The group has been set up in this way to jointly consider the property and employment aspects of agile working.

The focus of the group has been to:

- Continue to issue updated guidance for staff returning to work based around appropriate social distancing
- Consider an Agile Property Policy to support the development of future capital projects such as the new Health hubs in Kincardine and Lochgelly
- Look at the potential for agile working across the organisation to include areas of good practice

There are employer and employee benefits of agile working. These include:

EMPLOYER BENEFITS	EMPLOYEE BENEFITS
Increased productivity/efficiency	Less commuting/reduced travel costs
Improved morale	Ability to meet caring responsibilities
More diverse workforce	Greater job satisfaction
Greater loyalty	Flexible working hours
Employer of choice	Better work life balance
Improved utilisation of workspace	

There are also many wider benefits such as: carbon reduction, improved sustainability and a general improvement in service delivery.

Through the promotion of agile working, the focus should shift from time and attendance to a working culture concentrating on results and performance.

Agile Working is an essential feature of the modern workplace, the introduction of which has been hastened by the reaction to the Covid-19 pandemic.

Office Review

The Accommodation Planning Group will be responsible for considering and prioritising the use of accommodation across NHS Fife sites to ensure effective use.

The group will consider and agree accommodation usage, change requests and accommodation related proposals to ensure they are controlled and co-ordinated in line with NHS Fife's overriding strategic objectives. The work of the group will have strong links to both clinical and supporting Estates strategies. The group will also take cognisance of Workforce and Environmental strategies and will be influenced by modern space standards and practices.

The group will cover, where appropriate, related sites such as in partner organisations.

In addition, the Accommodation Planning Group will work with The Scottish Futures Trust (SFT) to develop an office review which will consider:

- Consolidation of non-clinical office needs, particularly where corporate accommodation is located on acute sites
- Reduction of non-clinical space requirements
- Reduction of associated overheads (eg lease costs)
- Improving the working environment for staff
- Improve efficiency

The options that could be considered within this initial stage of the work stream are all focused on the reconfiguration of the existing NHS Fife Corporate Office estate. The scope would include corporate office functions, located on major acute hospital sites, together with the principal corporate office locations.

A two-stage approach is recommended:

Stage 1:

Carry out a high-level desk top review to identify the existing baseline, future objectives, key parameters, strategic options and an initial appraisal of their potential costs of a reconfiguration of the existing estate. Incorporate the organisation's willingness and ability to adopt and promote more agile working practices.

This will identify an emerging direction of travel:

Stage 2:

Subject to approval, a second stage will involve a more detailed assessment of future organisational needs to inform a SCIM/'Green Book' Option Appraisal and Business Case together with an assessment of the organisation's readiness to introduce cultural change and transform to a more ambitious way of working.

8.3.5 Primary Care

Following identification of a historical gap in the PAMS with respect to Primary Care premises, a proposal has been developed to take forward a Primary Care Premises Review which would allow NHS Fife to consider the following:

- Identify the appropriateness of current Primary Care premises including technical assessment of condition, functional suitability, utilisation and quality of estate
- Assess estate requirements to implement Primary Care Transformation Programme
- Establish investment priorities to inform updated Property & Asset Management Strategy
- Inform discussions with Fife Council in a more proactive way in terms of future housing development and population change

An initial assessment has been carried out to identify potential outputs for a Primary Care Premises Review and will include:

- Understanding of the overall capacity within primary care and where there are shortfalls in accommodation needs
- Identified list of investment requirements across all primary care premises
- Any potential areas for disinvestment
- Develop a list of key investment priorities to include within the Property & Asset Management Review
- Inform/be informed by the development of the Health and Wellbeing Strategy

This in turn will allow:

- Primary Care premises with the potential capacity to deliver full range of services outlined within Transforming Primary Care Programme
- Improved access to functionally across suitable Primary (& Social) Care premises

Similar exercises have been carried out by NHS Borders and NHS Forth Valley. Hub East Central Scotland has supported NHS Fife in obtaining a proposal through an approved procurement process that we are using to deliver the two new Health & Care Hubs in Lochgelly and Kincardine.

It is anticipated that this work will take 6 months to complete and will be presented to the Board in due course in line with the updated health and wellbeing integrated strategy for NHS Fife.

8.3.6 NHS Fife as an Anchor Institution

NHS Fife has set out its ambition to become an Anchor Institution and has constituted with the NHS Fife Anchor Institution Programme Board accountable to the NHS Board. The NHS Fife Anchor Institution Programme Board will provide strategic leadership to the development of NHS Fife as a recognised Anchor Institution to support NHS Fife's key objective in order to continue to work to reduce poverty and inequality.

The key objectives of NHS Fife's programme are:

- Purchasing more locally and for social benefit
- Widening access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

These key areas have been taken from the "Health Foundation's five key features of an Anchor Institution".

Using buildings and spaces to support communities and further reducing NHS Fife's environmental impact

These key objectives, which are relevant to the PAMS, include maximising inclusive growth, community, health, and environmental benefits through the design and procurement of buildings, land, and other assets. It also includes how we manage land and built assets and the ways in which they can benefit local communities, help the environment, and create great spaces. The following sections describe what we can do to improve our progression towards being an effective anchor Institution:

Design and Procurement of new Infrastructure and Developments

- NHS Fife will design and commission new infrastructure with inclusive growth, community and the environment in mind including location, access, attractive design and usability
- NHS Fife will go beyond standard procurement good practice by adding clauses that are specific to the opportunities provided by large construction projects eg minimum requirements for new job opportunities accessible to local and previously unemployed people, enabling local subcontracting, and links to local schools/colleges

Management of Existing Buildings, Land and Other Assets

- NHS Fife will adopt good environmental practice and management systems and retrofit assets to improve their attractiveness, enhance green infrastructure and enable active travel
- NHS Fife will widen the extent to which local groups and communities can use buildings and spaces for enjoyment or positive uses
- NHS Fife will encourage the sharing of resources/facilities, involve communities in managing and maintaining assets and take opportunities to transfer assets to the third party sector where this would improve their use and strengthen communities
- NHS Fife will work across localities to develop shared anchor asset strategies e.g. looking at the assets of a hospital, university, local authority and planning how they can best be used for the benefit of the economy, people and places

8.3.6 Green Space and Biodiversity

The growing threat to public health from the current climate and ecological crisis increases the need for action. NHS Fife's estate provides diverse green space resources for both people and wildlife and these natural environments form the foundation of a healthy environment. The NHS estate contributes to biodiversity at multiple levels from bat roosts in older buildings to purpose-built gardens and green space.

Collectively, the outdoor estate is a valuable and under used asset. If planned and managed well, it can make a significant contribution to the physical and mental health and wellbeing of our staff, patients, visitors, and local communities and is a key part of the NHS response to the climate emergency and to meeting Scotland's biodiversity commitments.

Our short to medium-term goals are to:

- Conduct a green space and biodiversity audit of the NHS Fife estate with recommendations to protect, enhance and expand our environmental assets
- Prepare a green space management plan for each significant NHS site to improve biodiversity, climate resilience and encourage greater use
- Ensure good quality green space design is incorporated into new build hospitals and refurbishment programmes
- Encourage and support greater use of the NHS estate by patients, staff and visitors
- Develop connections between the NHS estate, community green spaces and wider green networks in line with the Plan for Fife "Thriving Places" priority theme
- Engage with our staff to raise awareness of the benefits and opportunities of increasing green space and biodiversity

A Green space audit was carried out on the main sites in estate in 2011 outlining the issues for priorities and action. We are in the process of updating these reports with the support of our staff side colleagues to identify any further actions required over the short, medium, and long-term. This will be considered in taking forward service re-design and where we further develop master plans for the main sites in our estate.

The importance of green space during the Covid pandemic has been clearly demonstrated and NHS Fife and the Fife Health Charity have worked together to provide additional outdoor space opportunities for staff and patient respite and recuperation. It is proposed that further work can proceed within the framework of our updated audit plans for our main sites.

8.3.7 Covid-19 Vaccination Programme

The challenge of the Covid 19 Vaccination Programme has presented significant property requirements. The requirement of the Scottish Government was that the programme was patient focussed, moved at pace, was flexible, complied with IPC requirements (such as social distancing) and was designed to ensure an appropriately high uptake. In the case of NHS Fife during 2020/21, this meant

entering into several licensing agreements with local authority partners, third party voluntary organisations and private landlords.

The following is a summary of the property assets used in the delivery of the vaccine in 2020/21:

Local Authority Premises:

- Corn Exchange, Cupar
- Oakley Community Centre, Dunfermline
- Parkgate Community Centre, Rosyth
- Templehall Community Centre, Kirkcaldy

Fife Cultural Trust Premises:

- Lochgelly Centre, Lochgelly
- Rothes Halls, Glenrothes

Third Party Premises:

- Dunfermline East Church, Dunfermline
- East End Park Stadium, Dunfermline
- East Neuk Centre, Anstruther
- Larick Centre, Tayport
- Tayside Institute, Newburgh

NHS Fife accommodation was also repurposed for vaccination work:

- St Andrews Community Hospital, Endoscopy Suite, St Andrews
- Randolph Wemyss Memorial Hospital, Wellesley Unit, Buckhaven
- Forthview Day Hospital, Queen Margaret Hospital, Dunfermline
- Education Centre, Victoria Hospital, Kirkcaldy

In preparation for the younger cohorts larger venues were secured at:

- Former Marks & Spencer store, High Street, Kirkcaldy
- Former Argos store, Kingdom Centre, Glenrothes
- Carnegie Conference Centre, Dunfermline
- Savoy Sports Hall, Methil

To facilitate outreach/pop-up clinics, mobile vaccine stations were leased in the form of Welfare Vans which were deployed to be used at various locations, often combined with use of local on site facilities. The “borrowing” of facilities at outreach clinics included amongst others the use of football stadium, farm staff rest areas, college refectories and sporting organisation clubhouses.

To March 2021, property related costs in the delivery of the Vaccination Programme totalled £476,343.

8.3.7 Further Potential Developments

It is essential for NHS Fife to actively engage with Fife Council to understand the local development plans which will have an impact on clinical services. A number of developments across Fife are envisaged which NHS Fife is considering in the context of future service delivery.

8.4 Medical Equipment

Item	Objective	Action	Lead	Status %	Timescale
1	Implement RFID tracking of prioritized medical devices at Victoria only.	Install and commission system hardware and software. Identify first priority mobile medical devices that are hard to locate for service, tour hospital to attach and log RFID tags. System development and uptake is highly likely to be ongoing	Estates Services Manager Victoria.Estates Project Managers.Medical Physics Manager	100%	System implementation now complete. All work now is considered general upkeep and management tasks for the system
2	Replace all Criticare branded lower end specification patient monitoring devices (approx 110) as no longer supported by a supplier in UK.	Confirm actual numbers of all lower end specification held, regardless of model or manufacturer and review actual clinical requirements to indicate realistic numbers needed.	Capital Equipment Management Group. Head of Nursing - Acute Services.	5%	Has not been taken forward on a "replace all now" basis. Replacement will be on individual basis whenever each piece becomes defective and beyond repair. Should no longer be considered a defined objective.
3	Identify standard replacement model of Volumetric Infusion Pump declared end of life at Dec 2023 by supplier, before those deemed BER lead to equipment shortages.	Identify manufacturer and models to be considered as standard for at least next 10 years.	Capital Equipment Management Group. Head of Nursing - Acute Services.	100%	CEMG decided not part of their remit and delegated to a newly formed IV Fluids Management Group. Preferred model has been identified and procurement finalised. See Item 6 for follow on project.
4	Replace aging Primus operating theatre anaesthetic machines	Identify replacement model and specifications. Obtain quote for CEMG approval. Place order, carry out acceptance checks.	Operating Theatre Managers, CEMG	30%	Nov-21
5	Replace 22 x End of Life ECG machines in acute hospitals	Identify replacement model and specifications. Obtain quote for CEMG approval. Place order, carry out acceptance checks.	ECG Service managers, CEMG	5%	Requirement only recently identified no time scale yet.
6	Complete roll out of new BBraun Infusomat Infusion Pumps	Identify replacement model. Develop replacement strategy and plan.	Medical Physics, BBraun representatives, IV Fluids Mngmnt Group.	10%	Dec-21

Investment Needs

The 5-Year Medical Equipment Capital Plan is dynamic but the current yearly strategy is detailed in Section 9.2.3.

8.5 IM&T Assets

Item	Objective	Action	Lead	Status %	Timescale
1	Maintain Internal SLA and Core Infrastructure availability	Focus on continuous improvement and innovative ways to protect the production environment	Head of Digital Operations	75%	Ongoing
2	Continue to progress towards maximum Cyber Resilience	Continue working towards compliance with NIS Directive and best practice.	Head of Digital Operations	69%	Ongoing
3	Complete the GP Estate IM&T Improvements	Complete the workstreams that deliver GP equipment improvements	Head of Digital Operations	95%	Paused
4	Continue to move the organisation towards paperlite	Scanning solution for Health Records in order to reduce paper (forward scanning)	Head of Strategy & Programmes	90%	Completing
5	Introduce a robust and layered Service Catalogue	Improve understanding and engagement with stakeholders and services	Head of Digital Operations	5%	Starting
6	Implement the O365 Business Transformation Programme	Business transformation for O365 to maximise the investment and improve productivity	Head of Strategy & Programmes	30%	Ongoing
7	Maintain a standardised and within 5 year lifecycle endpoint estate	Upgrade all endpoints to Windows 10	Head of Digital Operations	80%	Ongoing
8	Morse Community System Rollout	Replace MiDIS community system with Morse and onboard new services previously paper based.	Head of Strategy & Programmes	85%	Ongoing
9	Clinical Portal (H&SC Portal)	Development of Clinical Portal, horizontal expansion	Head of Strategy & Programmes	25%	Ongoing
10	HEPMA (Hospital Electronic Prescribing & Medicines Administration)	Business Case approved – progress programme resourcing and inception	Head of Strategy & Programmes	5%	Starting

8.6 Transport & Vehicular Fleet

Fleet replacement will involve the requirement for a vehicle being justified, the right size/type of vehicle being specified and procured to enable the service to be provided in an effective manner. This involves Service User input.

The continued replacement of vehicle fleet by means of capital and leasing expenditure in line with the target vehicle replacement programme as described below:

- Pool cars – 4/5 years
- Commercial vehicles up to 3.5 Tonnes - 4/5 years dependant on condition
- Large Goods Vehicles - 5/7 years
- Minibuses - 5 years

Environmental considerations will lead to the further development of alternatively fuelled vehicles being added to the fleet; there are two vehicles at the moment. We will continue to participate in these initiatives that enable us to procure and operate such vehicles.

Investment Needs

2021-2022 planned fleet replacements include:

By Lease:

- One small car - Mental Health Services, Cupar
- Two 3.5 tonne laundry vans - Laundry Services, VHK
- One 3.5 tonne box van - Cameron Hospital, Windygates
- One van - Estates Department, Stratheden

By Purchase: (£60k funding requirement)

- One 3.5 tonne van - VHK
- One small van - Lab Services, VHK
- One small van - Estates Department, VHK

9.0 Prioritised Investment & Disposal Plans

9.1 Prioritisation of Investment Proposals

9.1.1 Capital Investment Programme

The Scottish Government's Health and Social Care Directorate (SGHSCD) have provided £9.258m Formula Capital allocation to NHS Fife for the year 2021/22.

Formula Capital is designed to cover ongoing requirements for equipment, IT, Minor Capital Works Schemes and Statutory Compliance/Backlog Maintenance.

In addition to the above sources of funding, the Board is able to supplement these allocations by requesting capital allocation through the submission of Business Cases in line with the Scottish Capital Investment Manual.

NHS Fife has identified 4 Schemes through the Capital Planning System (VFA) with evaluated priority scorings as follows:

	Scheme/Development	Est. Base Cost (£000)	VFA Prioritization Score
1	Kincardine Health Centre	£5,000	95
2	Lochgelly Health Centre	£6,000	91
3	Victoria Hospital Fife Elective Orthopedic Centre	£30,000	92
4	Mental Health Review	£40,000	100

In addition to the projects detailed in the above table, proposals are currently being developed for the redesign of mental health, pharmacy robotics and HEPMA.

9.2 Investment Plans

9.2.1 Summary 10-Year Investment Plan

10 Year Investment Plan (£millions)												Comments
Investment Projects likely to be revenue based (Hub, NPD, etc) - include total capital value, upfront costs, and equivalent capital spend												
Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	(Equivalent capital spend should be profiled over the anticipated construction investment period)
	0											
	0											
	0											
	0											
	0											
	0											
Capital / Board Funding Projects:												
New Investment Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Elective Orthopaedic Centre	31.495	2.199	18.125	11.171								
Lochgelly Health Centr	8.267	0.061	0.517	2.877	4.812							
Kincardine Health Cent	4.644	0.038	0.323	1.614	2.669							
Mental Health Review	40.000		0.076	1.074	1.335	13.121	19.514	4.880				
Investment in Existing Estate:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	(including refurbishment schemes, direct backlog maintenance projects, environmental improvements projects etc)
Backlog	30.739	3.116	3.440	3.369	3.369	3.369	3.369	3.569	3.569	3.569	3.569	
Refurb/Upgrade	4.461	0.475	0.500	0.498	0.498	0.498	0.498	0.498	0.498	0.498	0.498	
Contingency	0.700			0.100	0.100	0.100	0.100	0.100	0.100	0.100	0.100	
Investment in Other Assets:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Fife Wide Equipment	22.196	2.994	2.194	2.126	2.126	2.126	2.126	2.126	2.126	2.126	2.126	
eHealth	10.327	0.999	1.000	1.041	1.041	1.041	1.041	1.041	1.041	1.041	1.041	
Vehicles	0.600	0.060	0.060	0.060	0.060	0.060	0.060	0.060	0.060	0.060	0.060	
Covid Equipment	0.921	0.921										
Cancer Waiting Times	1.096	0.376	0.720									
SG Funded Equipment	1.207	1.207										
Robot	2.154	2.154										
Radiology Equipment	2.057	2.057										
Hospital Eye Service	0.425	0.425										
Energy Funding	1.850		1.850									
Any Other Investment Plans												
Projects:	Total Capital Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
HEPMA	1.697	0.025	1.100	0.572								
Pharmacy Robot	6.000		0.060	0.320	1.405	4.215						
Planned Disposals												
Properties:	Tot Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	Include current anticipated / estimated disposal value
Lynebank Land - North	1.576			1.576								
Skeith Land	0.049		0.049									
SUMMARY												
	Total Value	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	
Total Investment	175.003	17.107	29.965	24.822	17.415	24.530	26.708	12.274	7.394	7.394	7.394	
Total Disposal Receipts	1.625	0.000	0.049	1.576	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Balance	173.378	17.107	29.916	23.246	17.415	24.530	26.708	12.274	7.394	7.394	7.394	

9.2.2 Backlog/Statutory Capital Plan 2021/22

This is NHS Fife's funded capital (£3.5m) prioritised using Estates the Risk Register, SCART and DATIX.

PROJECT	Location	Risk Score	Source	2021/22	Cumulative Total
Clinical Site Relocations	Victoria Hospital	NA		240,000	240,000
Steam Decentralisation	Queen Margaret Hospital	25	EAMS	1,900,000	2,140,000
Vehicles - Electric Fleet	Fife Wide	NA	Datix	60,000	2,200,000
Roof Replacement	Whiteman's Brae Hospital	20	EAMS	100,000	2,300,000
Window Replacement	Whiteman's Brae Hospital	12	EAMS	25,000	2,325,000
Workplace Transport	Fife Wide	12	EAMS	75,000	2,400,000
Asbestos Removal	Fife Wide	25	SCART	75,000	2,475,000
Legionella	Fife Wide	25	SCART	75,000	2,550,000
Phase 4b Steam	Victoria Hospital	25		750,000	3,300,000
Boiler Burner Controls	Whiteman's Brae Hospital	16	EAMS	55,000	3,355,000
Electrical LV Upgrade Works	Lynebank Hospital	16	EAMS	20,000	3,375,000
BMS Systems Replacement	Queen Margaret Hospital	25	EAMS	15,000	3,390,000
Fire Safety	Fife Wide	12	SCART & EAMS	60,000	3,450,000
Wash Hand Basin Replacement	Fife Wide	8	Datix	50,000	3,500,000
TOTAL				3,500,000	

9.2.3 Medical Equipment – Draft Capital Plan 2021-28

Equipment Description	Department	Qty	Risk Score	CAPITAL Estimated Price (inc VAT)							
				21/22 £'000	22/23 £'000	23/24 £'000	24/25 £'000	25/26 £'000	26/27 £'000	27/28 £'000	Unknown £'000
Haemodialysis Machine	Physio	10		165							
Database - Device service follow up & implant	Physio	1	25	101							
Pathfinder Analyser & Server	Physio	1	25	75							
Exercise Treadmill Machine & CPX	Physiology	1	25	70							
ECG Machines	Emergency Care	2		28							
ECG Machines * 2	Physio	2	25	20							
ECG Machines	Emergency care	4	25	20							
Bladder Scanner	AU1	1	25	6							
Catering Equipment	Estates	1	25	24							
Ultrasound	Rheumatology	1		50							
Thymatrons	Community	3	20	47							
Canon CR-2 AF Non Mydriatic Retinal Camera including table	DRS	3		45							
Specialist Children's Bed	Community	6	20	33							
Bladder Scanners	Continenence Service	3	15	33							
Top Stands	Community	4		30							
HAGG BQ 900 Slit Lamp including table	DRS	1		23							
Mobile Trolley	DRS	2		18							
MSK Shockwave Device	Podiatry	1	20	13							
Bladder Scanner	GNEF Hospital at Home Team	1	15	11							
Portable Ultrasound	Fife Post Stroke Spasticity Clinic	1	20	10							

Specialist children's beds	Occupational Therapy	1		7							
Astral Vent	Community	1	20	7							
Mobile Storage System - Glenwood HC	Children's Services	1		7							
Theatre Anaesthetic Machines	Phase 2 & Phase 3	14	25	346							
Laparoscopic Stack With 2 X Wireless Second Monitors	QMH Theatres	2	25	169							
Floor Standing Microscope	Theatre	1	25	81							
Cell Saver Elite+	Theatre	2	25	50							
Laparoscopic Trays & Instruments	QMH Theatres	4	20	32							
Pirhana Handpiece & Blade	QMH Theatres Urology	1	20	14							
Colposcope	QMH Theatres	1	20	8							
6x Endoscope Washer Disinfectors & RO Plant	Endoscopy	1	25	410							
EVIS Lucera Stack (260)	SACH Endoscopy /VHK P3 L1 Endoscopy	2	25	129							
Siemens Acuson Sequoia Ultrasound	VHK Vascular Lab	1	25	87							
Therapeutic Gastroscope (GIF 1T240)	Endoscopy	2	25	86							
ENT Endoscope Storage Cabinets	Endoscopy	2	25	47							
Siemens Acuson Juniper Ultrasound	VHK Vascular Lab	1	25	41							
Urodynamics Chair	Urology	2	20	38							
Bladder Scanner	Urology	1	25	9							
ECG Machine	AU2	1	25	8							
Lens star	Cataract Unit		20	36							
Safety Cabinets	Microbiology	4	20	86							
Dissection Bench	Cellular Pathology	1	20	35							
Microscopes	Blood Sciences	2	20	23							
Centrifuges Floor standing	Microbiology	2	20	20							
Centrifuges Benchtop	Microbiology	2	20	12							
Blood fridge	Blood Sciences	1	20	7							

Sample/Reagent Fridge	Blood Sciences	1	15	5							
CT	Radiology, VHK P3	1	25	700							
CT	Radiology, VHK P2	1	25	600							
General	Radiology, QMH x2 / SACH / VHK	2	20	512							
MP room	Radiology, QMH	1	25	500							
Mobile II	Radiology, QMH	1	20	80							
DR Detector	Radiology	1	25	39							
X4 Fabian HFOI Ventilators	Paediatrics	4	25	122							
Stryker Beds	CLU	4	25	45							
Diagnostic Ultrasound system	Gynaecology	1	25	42							
GIRAFFE INCUBATORS	SCBU	1	25	37							
Portable echocardiogram scanner	Paediatric Cardiology	1	25	33							
Drager Incubators C200	SCBU	2	25	31							
Haemodialysis Machine	Emergency Care	10			160						
Echo Machine	Emergency Care	1			90						
Drager Monitors	Emergency Care	6			29						
ECG Machines * 2	Emergency Care	2			16						
Stryker Trolleys	Emergency Care	6			-						
Operating Theatre Lights	QMH Theatres	6			163						
Infinity Phaco Machines	QMH Theatres	2			98						
Phaco machine	Ophthalmology, QMH Theatres	2			82						
Theatre Anaesthetic Machines	QMH Theatres	2	25		52						
Stryker Insufflator	QMH Theatres	1	20		7						
Gastroscope (GIF Q260)	QMH Endoscopy/VHK P3 L1 Endoscopy	5	25		191						
Gastroscope (GIF XQ260)	QMH Endoscopy/VHK P3 L1 Endoscopy	4	25		171						
Endoscope Washer Disinfectors	St Andrews Endoscopy	2	25		82						
Acuson S2000 Ultrasound	Vascular Surgery		15		75						

Electronic Track & Trace to cover all 3 sites	Endoscopy	1	25		72						
RO Plant	St Andrews Endoscopy	1	25		61						
ENT Endoscope Storage Cabinets	Endoscopy	2	25		47						
Draeger Incubators C200	SCBU	1			17						
General	Radiology, QMH x2 / SACH / VHK	2			512						
MP room	Radiology, VHK DIU	2			460						
Dental	Radiology, QMH / SACH / VHK	4			227						
Ultrasound	Radiology, VHK General	3			216						
Ultrasound	Radiology, SACH	1	20		72						
Integral Cold Storage	Microbiology	2			44						
Incubators	Microbiology	6			33						
Slide Writer	Cellular Pathology	1	6		25						
Microtomy Cold Plates	Cellular Pathology	8	6		23						
Free Standing Cold Storage	Microbiology	4			22						
Microscopes	Cellular Pathology	2	6		20						
Microtomes	Cellular Pathology	1	6		16						
Freezer	Microbiology	2			13						
Laminar Flow	Microbiology	2			12						
Faxitron	Cellular Pathology	1			-						
Haemodialysis Machine	Emergency Care	5				80					
Drager Monitors	Emergency Care	6				29					
ECG Machines * 2	Emergency Care	2				16					
HOLEP trays	Urology QMH Theatres	3	20			22					
General	Radiology, ACH/VHK	2				512					
MP room	Radiology, VHK P2	2				460					
Ultrasound	Radiology, QMH	3				216					
Ultrasound	Radiology, VHK A & E	1				72					
Incubators	Microbiology	5				33					

Dexa Scanner	VHK	1					105				
CT	Radiology, QMH	1					566				
Mobile II	Radiology, VHK	3					241				
EMG Machines *2	Emergency Care	2						80			
Haemodialysis Machine	Emergency Care	5						80			
Colonoscopes (CFH260DL)	QMH Endoscopy/VHK P3 L1 Endoscopy	11	25					527			
Paediatric Colonoscopes (PCF Q260DL)	QMH Endoscopy/VHK P3 L1 Endoscopy	2	25					96			
General	Radiology, QMH/VHK	3						768			
Gastrosopes (GIF H260)	QMH Endoscopy/VHK P3 L1 Endoscopy	8	25						342		
Colonoscopes (CFQ260DL)	QMH Endoscopy/VHK P3 L1 Endoscopy	7	25						335		
Bronchoscopes (BF 1T260)	VHK P3 L1 Endoscopy	2	25						56		
Bronchoscopes (BF F260)	VHK P3 L1 ENDOSCOPY	1	25						28		
Mobile x-ray unit	Radiology, VHK	3							270		
General	Radiology, GCH	2							256		
ESG-100 Diathermy Machines	QMH/VHK ENDOSCOPY	9	25							86	
IR Suite	Radiology VHK	1								560	
Mobile x-ray unit	Radiology, VHK/QMH	3								270	
Teaching slit lamp	Ophthalmology OPD										42
Slit lamp	Ophthalmology										20
Maternity Beds	Women & Children	8									85
Drager Incubators C200	SCBU	2									34
Drager Incubators C200	SCBU	2									34
CT	Radiology	3									1,698
MP Rooms	Radiology VHK	2									960
Ultrasound	Radiology, QMH/VHK	4									288
Intraoral unit	Radiology, VHK/QMH	2									-

TOTAL				£5,363	£3,108	£1,440	£912	£1,551	£1,287	£916	£3,161

9.2.4 IM&T 5-Year Capital Plan

Expenditure (£)	2021/22	2022/23	2023/24	2024/25	2025/26
Desktop Replacement		640,000	640,000	640,000	TBC
Clinical Tablets	108,000	238,500	135,000	202,500	TBC
Network Development	630,000	165,000	330,000	45,000	TBC
Wi-Fi	656,200	180,000			
Server / System Replacement (including Trak)	660,000	1,420,000	1,340,000	840,000	TBC
Data Centre Upgrades					TBC
Telephony	120,000	860,000	1,155,000		TBC
Modernisation (will increase Revenue Spend)				TBC	TBC
Total	2,174,200	3,503,500	3,600,000	1,727,500	TBC

9.2.5 Fleet Transport Year Capital Plan

Year	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27
No. Of Vehicles	34	5	1	1	1	4
Total Investment Envisaged (£)	£617,000	£131,577	£18,000	£11,050	£11,050	£50,436

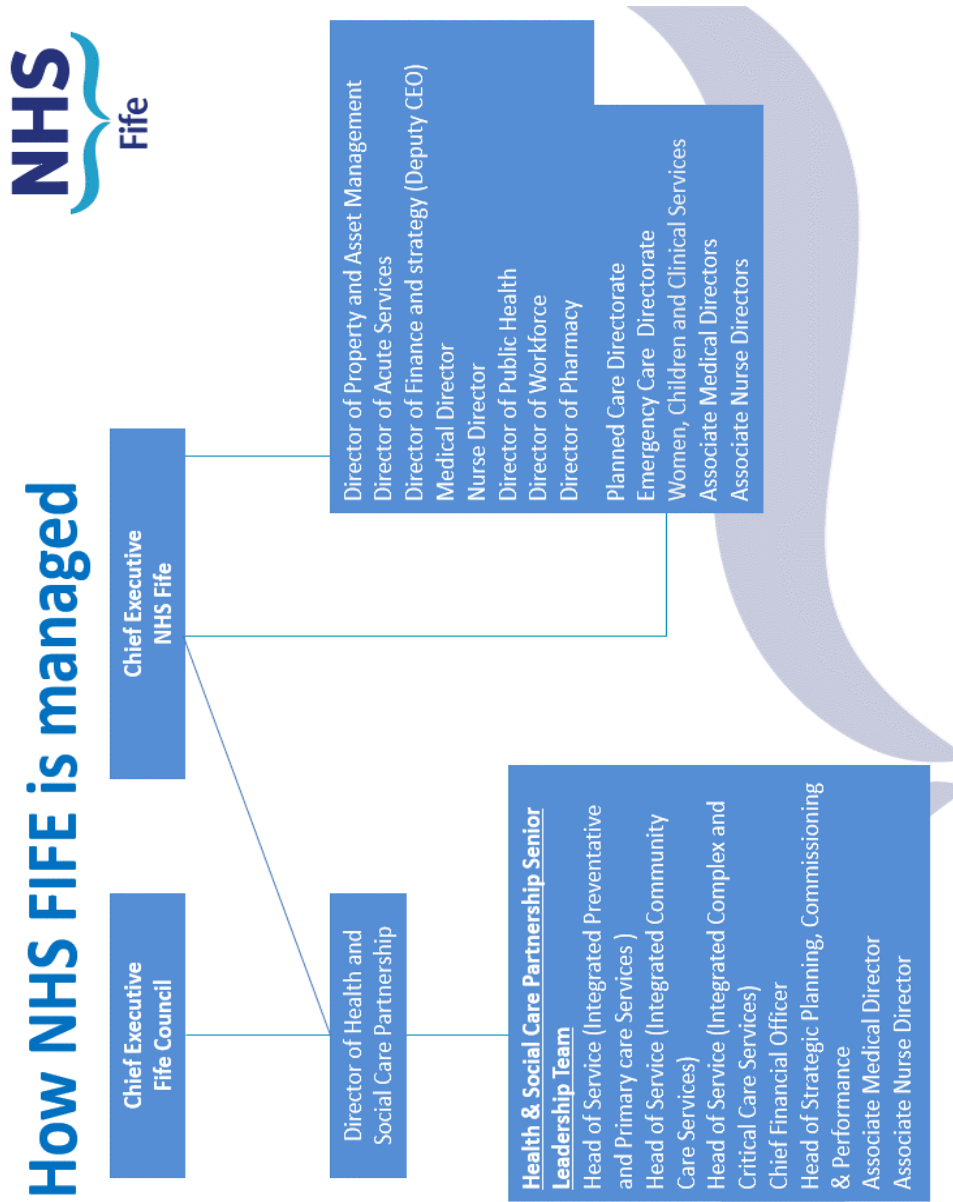
9.3 Disposal Plans

No sales were concluded in 2020/21. The full current list of premises declared surplus and being marketed is as follows:

Location	Current Backlog	Estimated Proceeds
North Plot, Lynebank, Dunfermline	£0	£2,000,000
Land at Skeith Health Centre, Anstruther	£0	£48,500

10 Implementation Plans

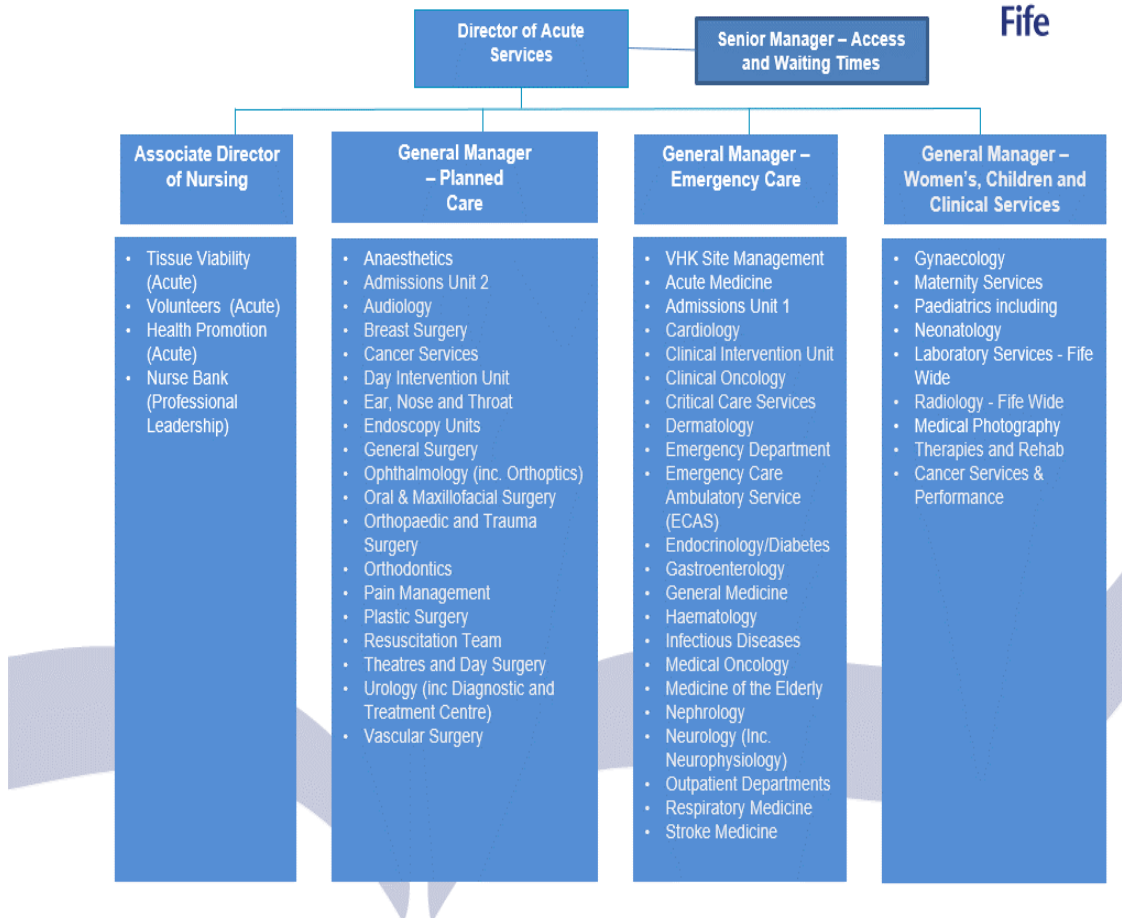
10.1 Asset Resource Arrangements



Health and Social Care Partnership

Head of Service Integrated Preventative & Primary Care Services	Head of Service Integrated Community Care Services	Head of Service Integrated Complex & Critical Care Services
<ul style="list-style-type: none"> • Children's Services • Urgent Care • Sexual Health • Rheumatology • SALT • Primary Care (General Practice, Community Pharmacy, Community Dental, Community Ophthalmology) • Podiatry • Physiotherapy • Dietetics • Occupational Therapy • Dental • Health Improvement / Promotion • Locality Workers • Local Area Co-ordinators 	<ul style="list-style-type: none"> • Home Care (including telecare and telelink) • Community Hospitals • Residential Care Homes • Day Care • Palliative Care • District Nursing • Integrated Discharge Hub • ICASS • H@H • Specialist Long Term Conditions Management • Rehabilitation & Reablement 	<ul style="list-style-type: none"> • Mental Health • Addiction Services • Child and Adolescent Mental Health Services (CAMHS) • Learning Disability Services • Psychology • Adult Protection • Adult and Older Adult Social Work • Adult Commissioning and Resources • Mental Health Officers

Acute Hospital Services



10.1.2 PAMS Implementation

The day-to-day management of property assets is the responsibility of the Director of Property & Asset Management together with the Projects & Property Administration Officer. The CLO and SFT are also part of the Asset Management Team.

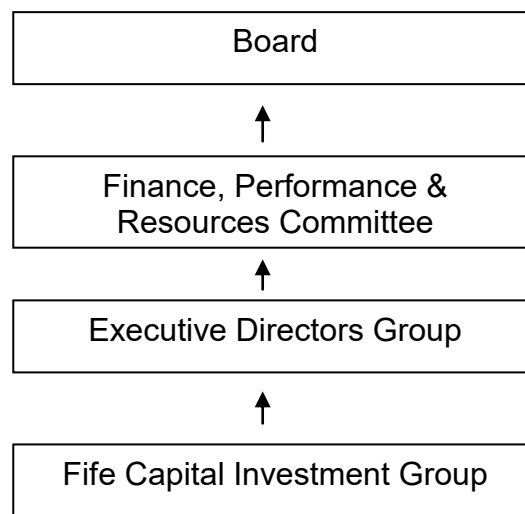
The preparation of the PAMS document and its implementation will be monitored by the Fife Capital Investment Group. A timetable for the development and updating of information for the PAMS has been submitted to the FCIG and this is currently being reviewed in light of the extended deadline for submission of the document to Scottish Government.

The development of the PAMS document is managed by the Capital Planning Manager with support from appropriate colleagues, where required.

10.1.3 NHS Fife Governance Arrangements

The management of all assets within NHS Fife is co-ordinated by the Fife Capital Investment Group (FCIG). This group is responsible for prioritising capital spend on assets and ensure that the requirements of CEL 35 (2010) are implemented. The

reporting and approval arrangements for major capital projects and disposal of property etc are described below:



The Scottish Governments CEL 35 (2010) places a requirement on NHS Fife to develop strategies for each type of asset held and integrate them into a Property and Asset Management Strategy (PAMS) and plan, linking to the NHS Fife Service Strategy.

Since 2011, the PAMS Strategy has been routinely submitted annually to the Capital Planning & Asset Management Division of SGHSCD in a time frame consistent with the submission of local delivery plans and features the following requirements:

- Ensure NHS Fife's estate condition is assessed meeting statutory compliance, functional suitability and space utilisation requirements on a regular basis (20% of entire estate annually)
- Ensure all information on assets is held electronically
- Review performance management arrangements and, where required, develop performance measures against targets for assets

The intention is to manage corporate asset management through the Board's Fife Capital Investment Group which is chaired by the Director of Finance. RICS best practice guidance on Asset Management recommends that the Board appoint an Asset Champion and responsibility for this role lies with the Director of Finance on behalf of NHS Fife. This Champion is charged with promoting and sustaining of good practice in Asset Management within the Board.

NHS Fife's Capital Investment Group will set priorities in accordance with the Boards service strategy and PAMS within the resources available. The Board's FCIG will agree the PAMS and the resulting priorities in order to inform the Annual Capital Investment Plan. The PAMS and Capital Investment Plan will be agreed by the FCIG Executive Directors before submission to the Finance, Performance & Resources Committee prior to consideration by the Board for approval on an annual basis.

An NHS Fife PAMS Implementation Action Plan is being developed for 2021/22 and includes actions and outcomes for each of the objectives. This Action Plan will be used by the proposed Steering Group and FCIG to assess progress in achieving outcomes and objectives that reflect the requirements of NHS Fife.

10.1.4 Fife Capital Investment Group (FCIG): Role & Remit

The FCIG is responsible for managing and monitoring the NHS Fife Capital Programme including the prioritisation of the NHS Fife wide minor capital allocation for projects. The group ensures that the requirements of the SGHD Policy CEL 35 (2010) are implemented and support the development and updating of the Board's annual Property and Asset Management Strategy.

The Group meet on an as and when required basis in order to fulfil its purpose.

Purpose

The Capital Investment Group provides operational oversight on all aspects of the NHS Fife Capital Investment Programme.

Membership

The core membership of the Capital Investment Group include:

- Director of Finance (Chair)
- Director of Property & Asset Management (Vice Chair)
- Director of Acute Services
- Director of Health & Social Care
- Medical Director
- Director of Nursing
- Staff Side Representative

Regular attendees at the meeting include:

- General Manager, Digital and Information & IMT
- Director of Capital Planning
- Head of Estates
- Head of Facilities
- Deputy Director of Finance
- Assistant Director of Finance (Chair of CEMG)
- Capital Accountant
- Capital Project Accountant
- HR Representative

Other individuals may be invited to attend, where necessary.

Meetings

The NHS Fife Capital Investment Group meet on a monthly basis, however, this can vary at the discretion of the Chair.

The agenda and any supporting papers shall be sent out at least 5 working days in advance of the meeting, to allow for due consideration of any issues.

Remit

The remit of the group is to:

- Recommend to the Executive Directors Group approval of NHS Fife's Property and Asset Management Strategy (PAMS) which covers premises, medical equipment, digital and information, and transport
- Lead the development of the 5-year Capital Programme in line with NHS Fife's strategic directions
- Monitor the progress of both capital funding and expenditure within the Capital Programme and make proposals, as required, through the Executive Director Group to the Finance, Performance & Resources Committee for any substitution of schemes or banking with the Scottish Government Health & Social Care Directorate for utilisation in subsequent years
- It is the responsibility of the sub-groups of the FCIG to manage the allocation and escalate any appropriate funding or expenditure issues to the FCIG
- Funding received from sources out with the allocated budget must be reported to the FCIG to be fed back into the Capital Programme
- Ensure that the revenue consequences of the Capital Investment Programme associated with the approval of a Capital Scheme have been recognised through the Board's financial planning process
- Review all property acquisitions, disposals and leases
- Commission and review proposals for changes in the use of accommodation within and across services
- Receive and consider Business Cases for Capital Investment Projects in excess of £100,000
- Receive and consider Business Cases for equipment replacement orders in excess of £100,000
- Oversight of the Consort Liaison Committee, by receipt of minutes of meetings.
- Oversight of PPP contracts
- Develop and maintain a suite of template documents eg Business Cases
- Provide any information and advice that the chair may require in order to provide assurance to the Executive Directors Group, Finance, Performance & Resources Committee and the NHS Board

The Group will delegate budget responsibilities and day to day management of the Capital Investment Programme to various sub-groups as set out in the attached schematic. The budget delegation levels will be determined annually by the FCIG.

Where there is any material variance (£20,000) to the costs associated with specific projects by way of under or overprovision, then a decision on management of that position shall be referred to FCIG for approval.

Authority

The Group has been granted authority by the Executive Directors Group to provide strategic oversight on all aspects of the NHS Fife Capital Investment Programme.

Any individual business case in excess of £500,000 must be submitted to the Executive Directors Group for consideration and onward endorsement by the Finance, Performance & Resources Committee and approval by the Board.

Reporting Arrangements

The group will report to the Executive Directors Group.

The group will prepare regular and ad hoc reports, as required, for the Finance, Performance & Resources Committee to consider and recommend to the Board for approval, in line with the constitution and Terms of Reference for the Finance, Performance & Resources Committee within the Code of Corporate Governance.

10.1.5 The Capital Equipment Management Group

Purpose

The Capital Equipment Management Group is responsible for agreeing the prioritisation of capital equipment spend in line with available budget both in-year and as part of a wider rolling 3-5 year replacement programme. The group will review and assess the level of criticality associated with the equipment replacement portfolio to inform the agreed prioritisation of spend.

Membership

The core membership of the Capital Equipment Management Group includes:

- Assistant Director of Finance (Chair)
- Head of Estates (Vice Chair)
- Head of Facilities
- ASD Representatives
- General Manager for WCCS
- WCCS Service Manager
- Radiology Manager
- Theatre Manager
- PCD Service Manager
- ECD Service Manager
- Head of Pain Services
- Head of Nursing
- Senior Charge Nurse ICU
- Consultant Anaesthetist
- Pharmacy Operations Manager

- HSCP Representatives:
- Senior Manager (tbc)
- Capital Projects Accountant
- Capital Accountant
- Medical Physics Manager
- Risk Management Co-ordinator
- Procurement Compliance Manager
- Infection Prevention & Control Manager
- Health & Safety Manager
- Staff Side Representative
- Technical Services Manager

Other individuals may be invited to attend, where necessary

Meetings

The Capital Equipment Management Group will meet on an as and when required basis in order to fulfil its purpose at the discretion of the Chair.

The agenda and any supporting papers shall be sent out at least 5 working days in advance of the meeting to allow for due consideration of any issues.

For the Group meetings to be decisive, a quorum of 5 members must be present from across the various disciplines.

Remit

The remit of the group is to:

- Prioritise and routinely monitor the progress and expenditure on the purchase of Capital Equipment against available allocation
- Prioritise and monitor progress of expenditure on condemned Capital Equipment allocation
- Review a rolling programme of Capital Equipment replacement and advise on the consequences of not fulfilling the programme
- Prioritise any mitigating action recommending the purchase of equipment following any Datix risk or adverse events involving equipment failure or misuse and recommend change of practice or equipment, as required
- Oversee the procurement of medical equipment and ensure that appropriate policies are in place
- Oversee the monitoring of Medical Equipment Device Management by the Medical Physics Manager and other clinical staff
- Digital and Information work alongside Equipment Procurement to ensure that organisational infrastructure requirements are met.

Authority

The group has been given the authority by the Capital Investment Group to prioritise and monitor the Capital Equipment programme with the allocation provided.

Reporting Arrangements

The group, through the Chair, will report to the Fife Capital Investment Group. The group will prepare regular and ad-hoc reports as required by the Capital Investment Group to inform Executive Directors Group, the Finance, Performance & Resources Committee and the Board for approval, in line with the constitution and Terms of Reference for the Finance & Resources Committee within the Code of Corporate Governance.

10.1.5 IM&T Equipment Management & Procurement

Capital Funding within eHealth supports the upkeep of the IM&T estate and thus enables revenue funding from Scottish Government. This allows NHS Fife to maintain a safe and secure IM&T environment and deliver National Digital Health and Care Strategic aims. Capital spend is governed by the eHealth Board quarterly reporting to relevant NHS Fife Committees together with the submission of an Annual Performance Report to Scottish Government. Priorities are defined by the Corporate Risk Register or approved Business Cases. Further guidance and regulations are available from the NHS Fife Financial Capital Management Accountant and the Minor and Major Capital Management Groups.

10.2 Sustainability and Environmental Reporting

The Climate Change (Emissions Reduction Targets) (Scotland) Act 2019 amends the Climate Change (Scotland) Act 2009 and sets out targets adopted by the Scottish Government to reduce emissions in Scotland by at least 100% by 2045. Interim targets of 56% in 2020, 75% lower in 2030 and 90% lower in 2040 have also been introduced. This includes annual targets of approximately 2% each year.

In 2015, an Order was introduced requiring all designated organisations (including NHS Fife) to submit an annual report to the Sustainable Scotland Network (SSN) detailing compliance with the climate change duties imposed by the Act. The information returned by the Board is compiled into a National Analysis Report, published annually, and supersedes the prior requirement for public bodies to publish individual sustainability reports.

Further information on the Scottish Government's approach can be found in the Climate Change Plan 2018-2032, while national reports can be found at <https://sustainablesotlandnetwork.org/reports>

NHS Fife, in common with other Boards, has a clear commitment to operating and developing sustainable practices. It is working to become an anchor institution in sustainable healthcare and to actively support sustainable care via local recovery and health and wellbeing promotion.

The Energy & Sustainability Forum is overseen by the Executive Directors Group, the Sustainability Champion, and the Board. The Forum is chaired by the Estates Officer for Sustainability who co-ordinates all work undertaken. The Forum meet at quarterly intervals assisting the Board's work in delivering its sustainability targets and promoting preparation for climate change. The Forum also has representation at the Health & Wellbeing Group in order to co-ordinate efforts with other areas of the Board. During meetings, Managers report on their progress within their respective areas towards meeting sustainable targets.

The National Sustainability Assessment Tool is utilised as a benchmark to measure progress in other sustainability areas. A dedicated Waste Officer oversees the work of reducing emissions and increasing recycling across all NHS Fife sites. The Energy Group monitors progress towards meeting revised energy reduction, carbon reduction and other relevant targets. Members include Sector Estates Managers and PPP partners.

Work on improving sustainability across these areas is central to the Board's Performance Monitoring Framework and is assessed continuously. Reports are prepared annually via Scottish government reporting and policies and the SSN.

As in previous years, energy saving measures such as boiler decentralisation, combined heat and power (CHP) installations together with replacement of lighting with more energy efficient LED lamps are being pursued wherever practicable.

PPP sites are utilising ground source heat pumps and Biomass boilers to reduce overall reliance on fossil fuels.

The Board is adding more intelligent lighting controls and replacing historic outdated lighting and currently planning to use further Scottish Government funding to improve measures across the NHS Fife estate. A recent review has identified a range of potential energy saving revenue and capital projects.

NHS Fife has been increasing the use of electric fleet vehicles and charging points.

Over 60 cycle storage spaces have been installed across NHS Fife sites actively increasing opportunities for wider ranging carbon savings, as well as many other measures.

Continued partnership with Fife Council and other Boards is actively sought, where improvements in the general environment will result in benefits to the local population of Fife.

The Board is represented on the Fife Environmental Partnership Group which meets on a quarterly basis. The Board participates in numerous sustainability campaigns throughout the year eg Bike Week, Lift Share Week, Cycle to Work and promotes these via intranet news items, websites and staff newsletters.

10.3 Statutory Compliance

In order to achieve the required improvement on Statutory Compliance, it will be necessary to ensure that the actions identified are controlled and coordinated, with line responsibility being allocated to staff accountable for the ongoing management and effectiveness of the Asset Management System. In addition, it is essential that the use of the Asset Management System is integrated into the roles and responsibilities of all NHS Fife Estates & Facilities staff in order that the data within the system is constantly live and reliable.

Actions to deal with significant and high risk items of statutory compliance will be facilitated by allocating responsibilities to specific Estates Managers/Estates Officers within NHS Fife and integrating them into personal objectives formalised within the current staff appraisal system. Progress continues to be monitored on a 2-monthly basis at NHS Fife Estates Health and Safety meetings chaired by the Head of Estates.

Issues relating to capital will be entered on the risk prioritised Statutory Compliance Capital Plan and addressed accordingly. The statutory compliance action plans based on SCART will always be prioritised on a risk rating basis thus eradicating higher risk items initially and progressing down to lower risk rated items.

10.4 Performance Monitoring

Scottish Government guidance lists a set of PAMS key performance indicators (KPI's) which must be reported against. These KPI's must be specific, measurable, agreed, realistic and timed. NHS Fife has KPI's for the measurement of the performance of property and related assets. These KPI's will progressively demonstrate improvements through the following objectives:

- Reduce age profile
- Improve physical condition
- Reduce backlog maintenance
- Improve space utilisation
- Improve functional suitability
- Improve environmental performance
- Improve quality
- Improve statutory compliance

These KPI's are detailed in Section 3.

In addition, NHS Fife's operational performance targets were also established and have been monitored since 2012. These targets are published annually in 'The Blue Book' but results are not available until later in the year.

The following table shows final year projections for last year 2020:

Key Operational Performance Indicators

Quality Ambition	Performance Measure	Key Performance Indicator	2020 Perf'nce Target	NHS Fife Target	NHS Fife 2012 Actual	NHS Fife 2013 Actual	NHS Fife 2014 Actual	NHS Fife 2015 Actual	NHS Fife 2016 Actual	NHS Fife 2017 Actual	NHS Fife 2018 Actual	NHS Fife 2019 Actual	NHS Fife 2020 Actual
Patient Centred	Patient opinion of healthcare accommodation	Positive response to Patient Questionnaire on patient rating of hospital environment	95%	95%	73%	---	84%	84%	91%	91%			
Effective & Efficient	Estate Utilisation (from Cost Book)	Building Area sq.m. per Consumer Week (from Cost Book)	3.0	3.0	3.6	4.4	4.4	4.2	4.4	4.4	4.64	4.63	4.73
	Cleaning	Cleaning Costs £ per sq.m. (from Cost Book)	36.2	35.0	34.3	32.9	34.7	37.4	37.5	38.3	42.18	43.05	47.94
	Property maintenance	Property maintenance costs £ per sq.m. (from Cost Book)	33.3	33.0	20.8	20.8	21.2	22.4	21.7	21.6	23.38	28.27	28.03
	PFI - Facilities Management	PFI - Facilities Management Costs £ per sq.m. (from Cost Book)	31.8	32.0	102.1	218.8	193.0	201.8	205.3	200.6	205.11	213.58	223.14
	Energy consumption	Energy Costs £ per sq.m. (from Cost Book)	28.2	28.0	18.4	17.2	17.2	16.4	17.7	22.7	16.65	17.38	20.36
	Rent & rates	Rent & Rates Costs £ per sq.m. (from Cost Book)	13.7	13.0	10.1	12.6	12.5	12.9	11.7	13.7	13.36	10.99	13.03
	Catering	Catering Cost £ per consumer week (from Cost Book)	75.2	75.0	71.5	81.6	81.5	83.1	82.0	84.0	87.16	91.54	99.77
	Portering	Portering Costs £ per consumer week (from Cost Book)	43.1	43.0	41.6	46.4	49.0	48.7	50.8	53.6	56.59	58.91	65.73
	Laundry & Linen	Laundry & Linen Cost £ per consumer week (from Cost Book)	28.4	28.0	29.4	27.9	27.4	26.7	29.4	29.1	31.3	32.24	31.72
	Waste	Waste Cost £ per consumer week (from Cost Book)	10.5	10.0	8.7	11.4	12.4	10.9	10.0	10.5	10.05	9.53	24.59

10.5 Risks and Constraints to the Successful Delivery of the PAMS

The main constraint to the delivery of the PAMS is the lack of available Capital Funding.

NHS Fife is competing with all other Public Sectors for this funding, however, doing nothing is not an option. The biggest single risk is the aging Victoria Hospital Tower Block which has a limited life expectancy and without major investment in the very near future, will become unsafe.

Property condition survey work commissioned by HFS to populate our EAMS database has not fully covered our 5-yearly cyclic needs and NHS Fife will be approximately 25% behind this target by the end of 2022.

NHS Fife has, over the past two years, employed a dedicated Estates Officer to increase survey capacity, assist operational staff and review commissioned surveys to ensure consistency.

In developing robust statutory and compliance data, the new SCART 2 question set is now being developed to site level as it is currently only at Sector level. This will give better identification of site specific risks.

It was hoped that inclusion of fire risk data directly into EAMS via version 10 software would have been completed by 31 March 2019. A delay in the roll out of this software has prevented automatic linking but all capital sums have been manually input.

NHS Fife uses the proprietary risk management tool 'Datix' to record and compare risks throughout the organisation. The system comprises a 5x5 scoring matrix which evaluates both probability and magnitude in the event of any risks materialising. The system is applied to all risk evaluation to create a level playing field over the differing assets when considering which capital projects are considered in the PAMS.

Assembly of the PAMS document is a labour intensive process and requires committed input from a large number of sources to provide a coherent and meaningful document. The pandemic has accentuated difficulties in obtaining input from a number of sources, in many instances, and although the general direction of the various strategies is known, many are at varying stages of development. Our focus in 2022 will be to target the key linkage to the evolving system-wide health and wellbeing strategy.

10.6 Next Steps

Summary

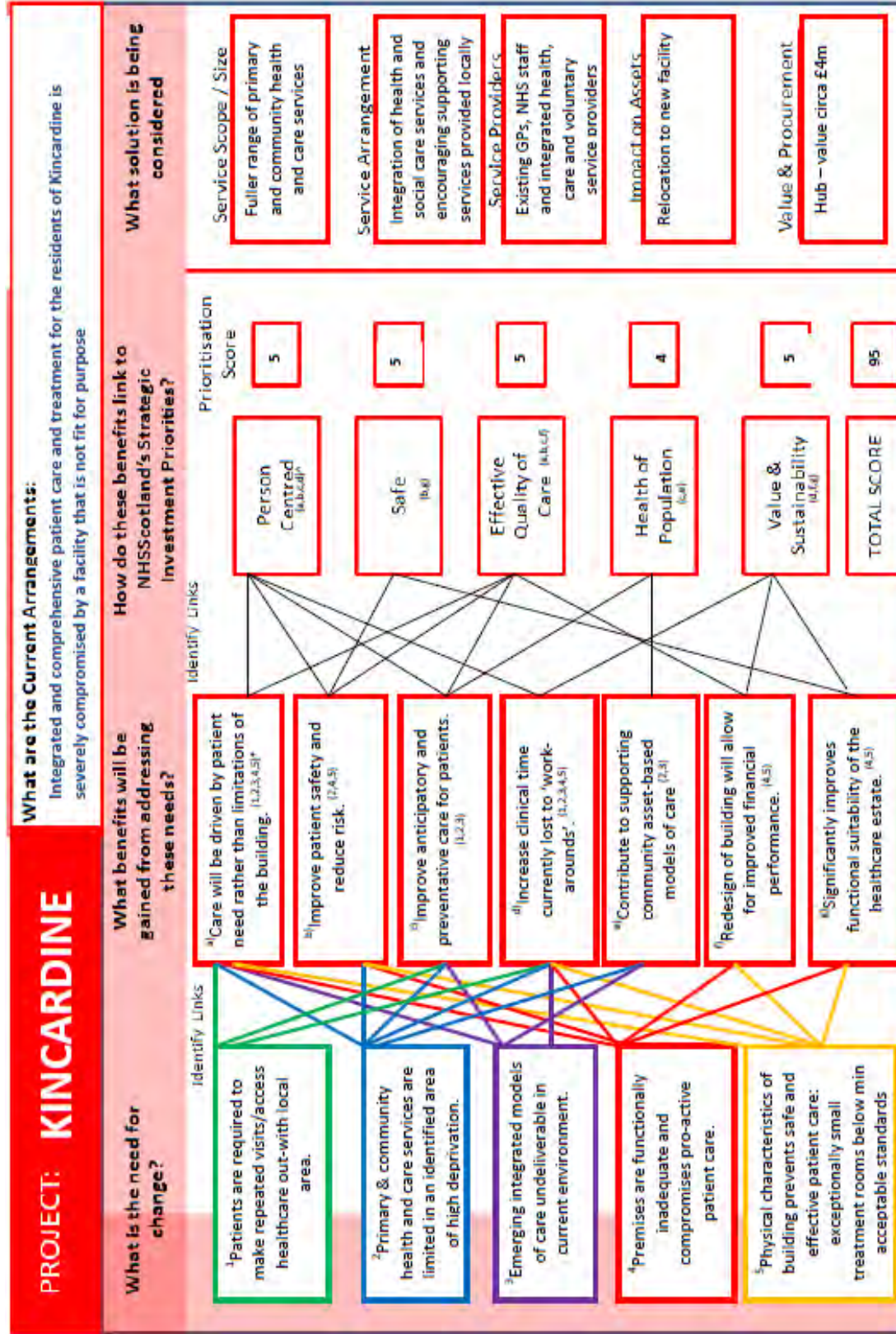
This PAMS 2021 document begins to build upon the progress that has been made by NHS Fife in implementing previous strategies. A robust and effective Asset Management Strategy can help to ensure the changing needs of a modern health service are addressed and deliver quality clinical care.

The emphasis for NHS Fife Property & Asset Management over the next few years will be to:

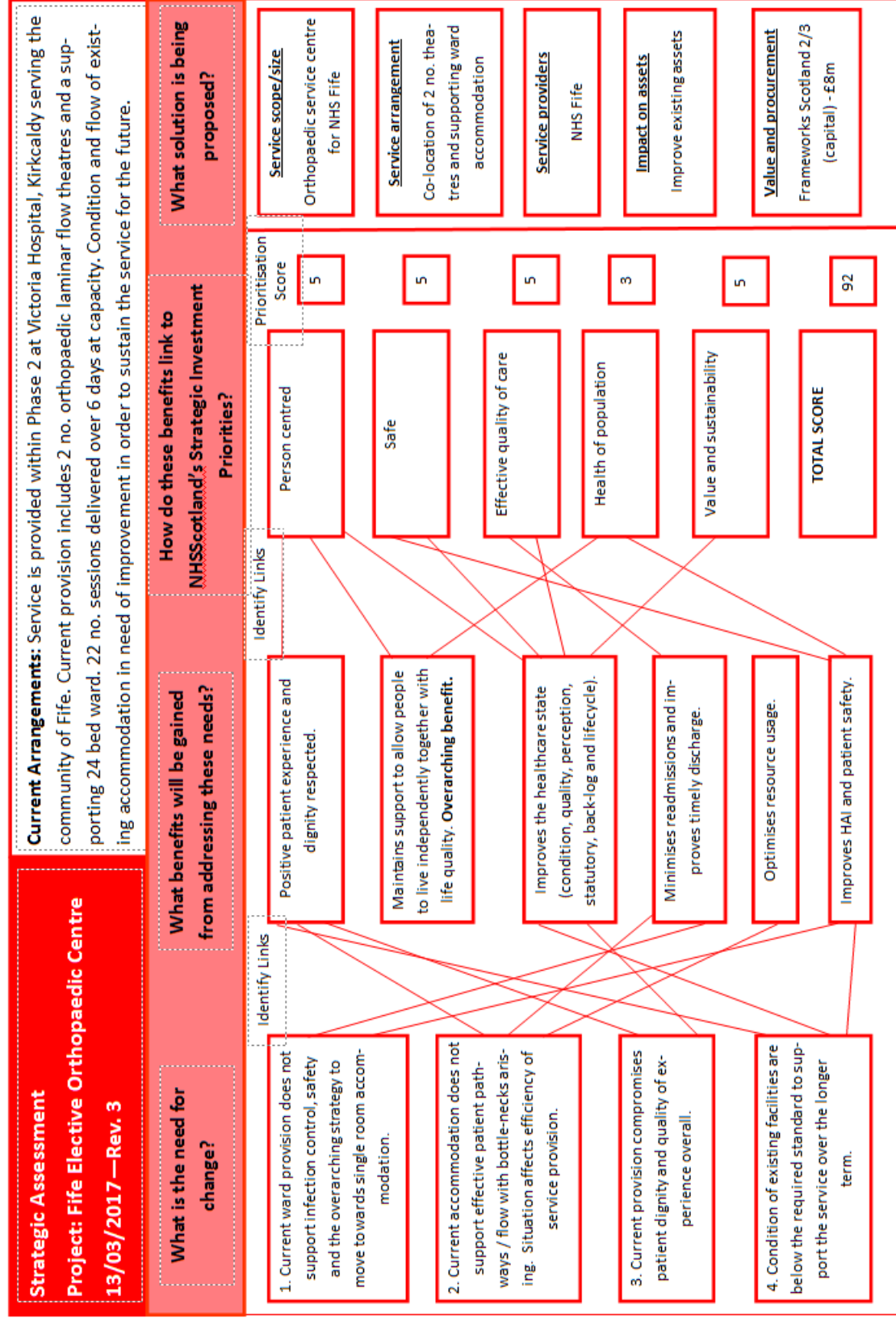
- Support the development and deliver the objectives of the Health & Wellbeing Strategy as it relates to property & assets
- Support the ambitions of NHS Fife as an anchor institution through increased community use of our estate and better environmental stewardship
- Identify and divest surplus assets where appropriate
- Ensure that green space and biodiversity within our estate are maintained and, where possible, improved
- Improve, where practicable, the environment in which services are provided for the benefit of patients, staff, visitors etc
- Finalise the major site master plans which will assist in the elimination of backlog maintenance and to address the significant retained estate issues on the main VHK site

Appendix A: Current Strategic Assessments

Kincardine Health Centre Strategic Assessment



Victoria Hospital Elective Orthopaedic Centre Strategic Assessment



Appendix B: State of the Board's Property Asset

Table 1a: An Analysis of the Existing Estate by Block Area

	Area (Sq m)	% of Total Area
01 Acute Hospital	119,825.72	43.44
02 Children's Hospital	0.00	0.00
03 Maternity Hospital	0.00	0.00
04 Specialist Hospital	0.00	0.00
05 Mental Health Hospital	58,187.45	21.09
06 Community Hospital	15,486.94	5.61
07 Older People Hospital	16,331.50	5.92
08 Multi Service Hospital	0.00	0.00
21 Health Centre	18,587.11	6.74
22 Clinics Including Day Hospitals Resource Centres)	7,571.21	2.74
23 Offices	12,113.77	4.39
24 Support Facilities	20,186.97	7.32
25 Staff Residential Accommodation	2,138.76	0.78
26 Patient Residential Accommodation	0.00	0.00
41 GP Practice	0.00	0.00
42 Dental Practice	0.00	0.00
43 Pharmacy	0.00	0.00
44 Optician	0.00	0.00
51 Care Home	0.00	0.00
91 Non-NHS Functions	0.00	0.00
97 Multi-storey Car Park	0.00	0.00
98 Non-Operational	0.00	0.00
99 Other	5,410.99	1.96
Unreported	0.00	0.00
TOTALS	275,840.42	100.00

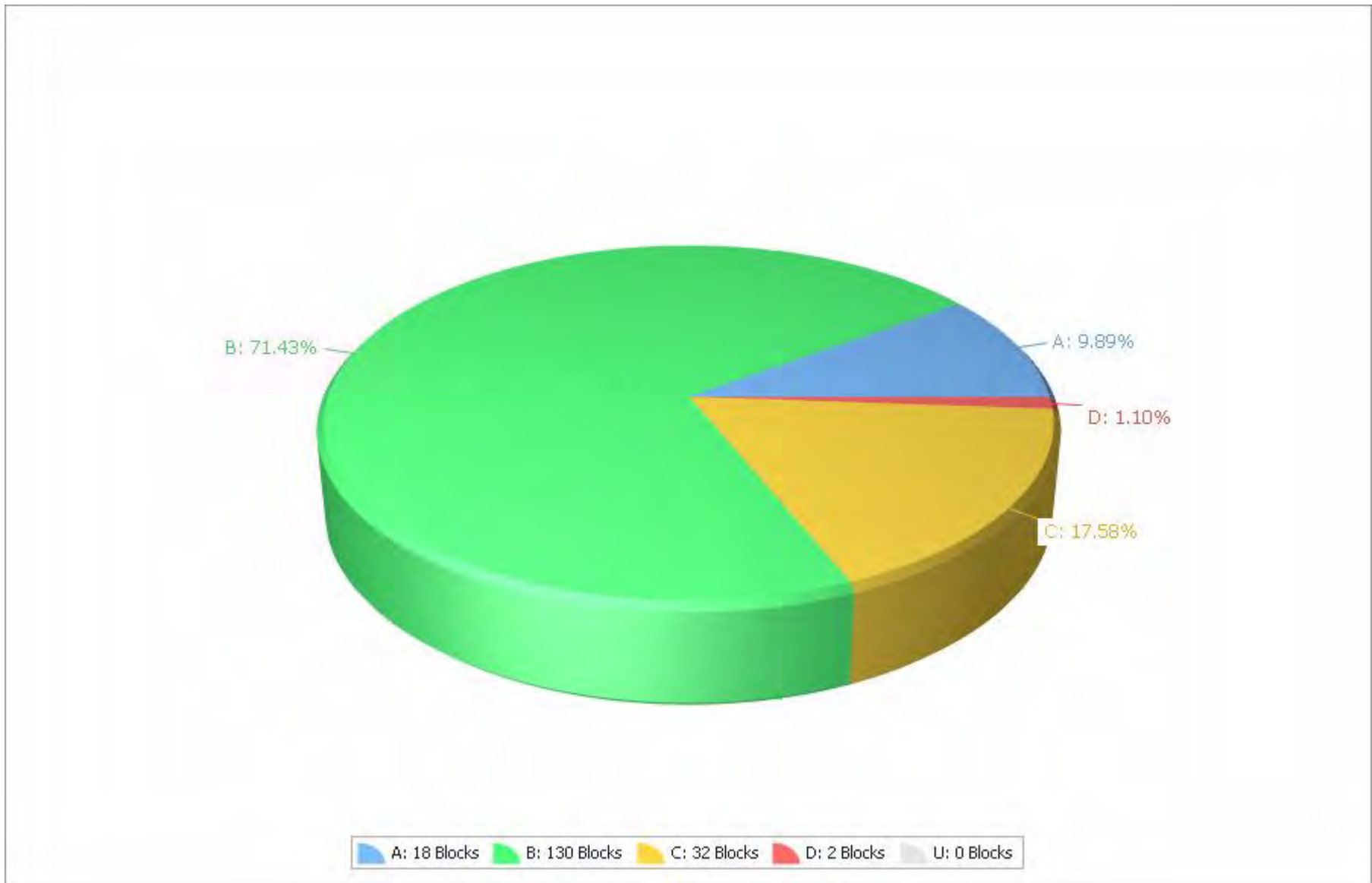
NB: Blocks with Code No '00' have been excluded from the Area calculation. Third Party Ownership Tenures are excluded from the area calculation.

Table 1b: An Analysis of the Existing Estate by Site Value

	No of Sites	Net Book Value	% of NBV Value	Land Value	% of LV	Total Value	% of Total
01 Acute Hospital	2	£291,102,436.00	66.60	£15,556,000.00	35.01	£306,658,436.00	63.68
02 Children's Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
03 Maternity Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
04 Specialist Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
05 Mental Health Hospital	3	£57,874,404.09	13.24	£12,446,500.00	28.01	£70,320,904.09	14.60
06 Community Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
07 Older People Hospital	4	£24,243,369.00	5.55	£7,721,000.00	17.38	£31,964,369.00	6.64
08 Multi Service Hospital	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
21 Health Centre	19	£21,557,585.46	4.93	£4,103,000.00	9.23	£25,660,585.46	5.33
22 Clinics (Including Day Hospitals Resource Centres)	12	£9,313,258.80	2.13	£1,162,500.00	2.62	£10,475,758.80	2.18
23 Offices	1	£0.00	0.00	£0.00	0.00	£0.00	0.00
24 Support Facilities	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
25 Staff Residential	1	£105,000.00	0.02	£96,000.00	0.22	£201,000.00	0.04
26 Patient Residential Accommodation	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
41 GP Practice	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
42 Dental Practice	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
43 Pharmacy	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
44 Optician	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
51 Care Home	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
91 Non-NHS Functions	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
97 Multi-storey Car Park	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
98 Non-Operational	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
99 Other	1	£5,097,198.00	1.17	£1,500,000.00	3.38	£6,597,198.00	1.37
Unreported	0	£0.00	0.00	£0.00	0.00	£0.00	0.00
TOTALS	43	£437,107,790.35	100.0	£44,433,000.00	100.00	£481,540,790.35	100.0

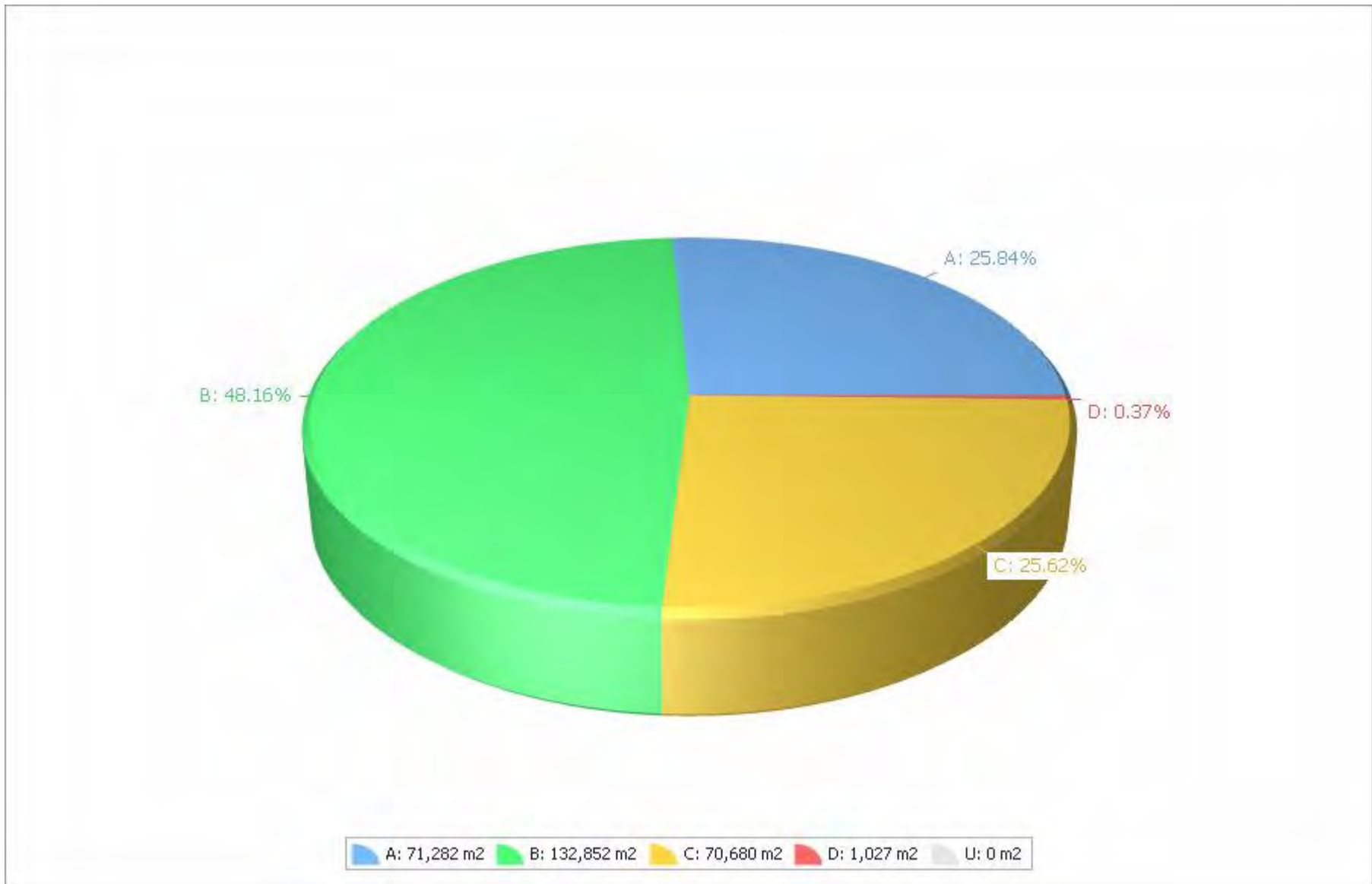
NB: Number of sites is count of 00 blocks for each category. Net Book and Land Values Use only Block '00' valuations. Third Party 00 blocks are excluded from this table. PFI/NPD are excluded from the site count.

Chart 1A: Physical Condition – Percentage of Blocks with Overall Block Condition



NB: Third Party Ownership tenures are excluded. Block No. 00 has been excluded.

Chart 1B: Physical Condition – Percentage of Square Metres with Overall Block Condition



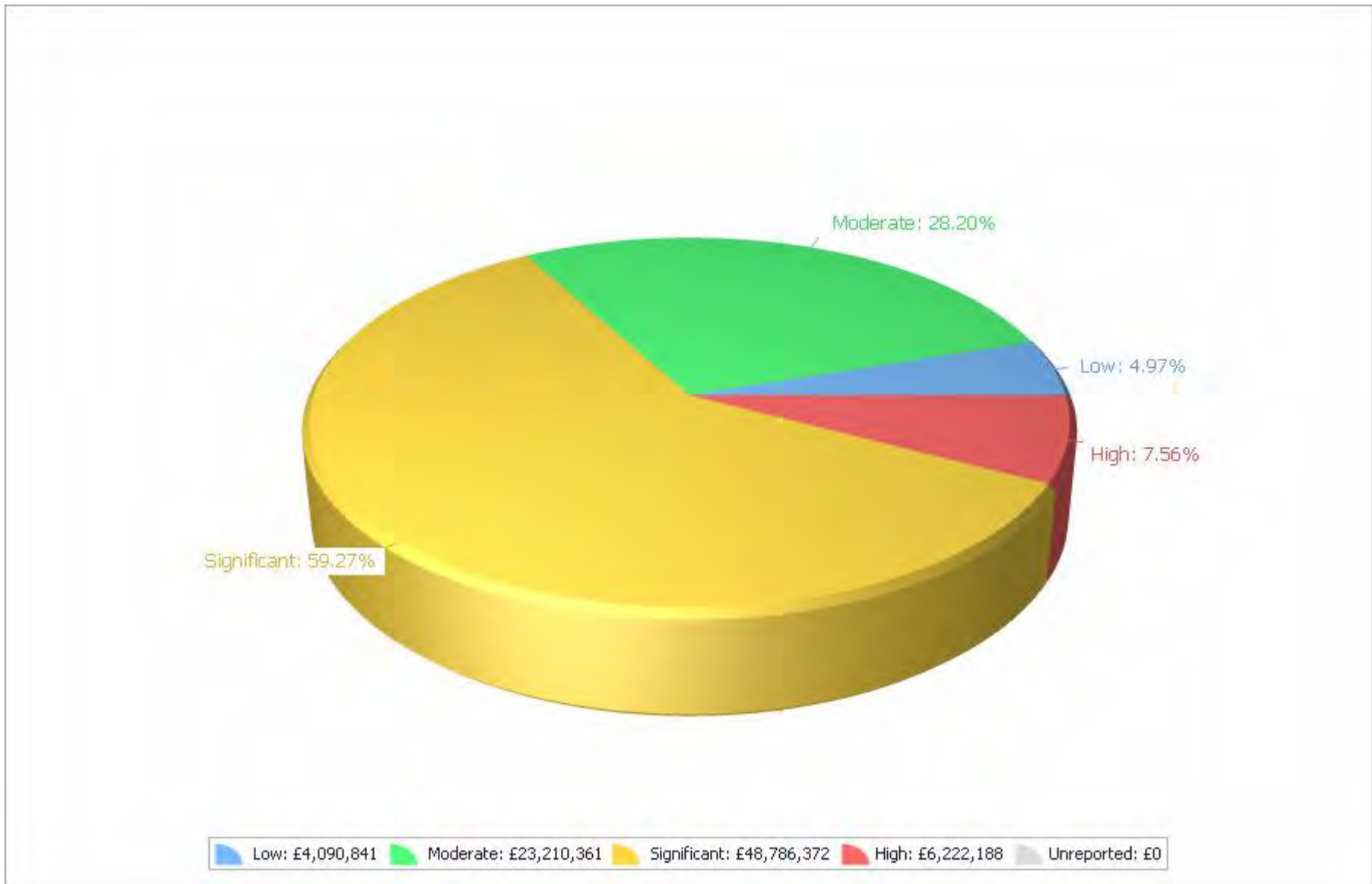
NB: Third Party Ownership tenures are excluded. Block No 00 has been excluded.

Table 3: Physical Condition – Risk Profiled Backlog Costs

Type	Physical Condition Backlog Cost/Percentage of Total										
	Low	%	Moderate	%	Significant	%	High	%	Unreported	%	Total
01 Acute Hospital	1,415,507.47	3.00	11,499,146.71	24.40	33,090,851.25	70.21	1,128,512.98	2.39	0.00	0.00	47,134,018.41
02 Children’s Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	1,498,243.48	9.32	4,883,368.62	30.38	9,183,163.80	57.13	510,067.26	3.17	0.00	0.00	16,074,843.16
06 Community Hospital	31,035.87	10.54	188,621.04	64.07	74,757.33	25.39	0.00	0.00	0.00	0.00	294,414.24
07 Older People Hospital	420,812.37	6.23	2,173,253.47	32.16	2,216,330.31	32.80	1,947,041.74	28.81	0.00	0.00	6,757,437.89
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	57,601.17	4.06	606,954.76	42.83	693,473.22	48.94	59,088.95	4.17	0.00	0.00	1,417,118.10
22 Clinics (Including Day Hospitals & Resource Centres)	41,467.34	4.49	256,735.09	27.81	615,383.31	66.66	9,523.75	1.03	0.00	0.00	923,109.49
23 Offices	274,331.24	13.23	1,051,628.30	50.73	740,364.38	35.71	6,692.03	0.32	0.00	0.00	2,073,015.95
24 Support Facilities	245,103.57	4.57	1,338,703.15	24.94	1,344,261.97	25.05	2,439,282.75	45.45	0.00	0.00	5,367,351.44
25 Staff Residential Accommodation	25,459.03	5.46	374,030.55	80.24	44,007.23	9.44	22,653.74	4.86	0.00	0.00	466,150.55
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	81,279.64	4.51	837,918.92	46.49	783,779.65	43.49	99,325.24	5.51	0.00	0.00	1,802,303.45
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	4,090,841.18	4.97	23,210,360.61	28.20	48,786,372.45	59.27	6,222,188.44	7.56	0.00	0.00	82,309,762.68

NB: This table includes only Costs where the Physical Condition grading is Not A or B. Third Party Ownership and PFI/NPD Tenures are excluded from this table. Blocks with Code '00' have been included.

Chart 4: Physical Condition – Risk Profiled Backlog Costs



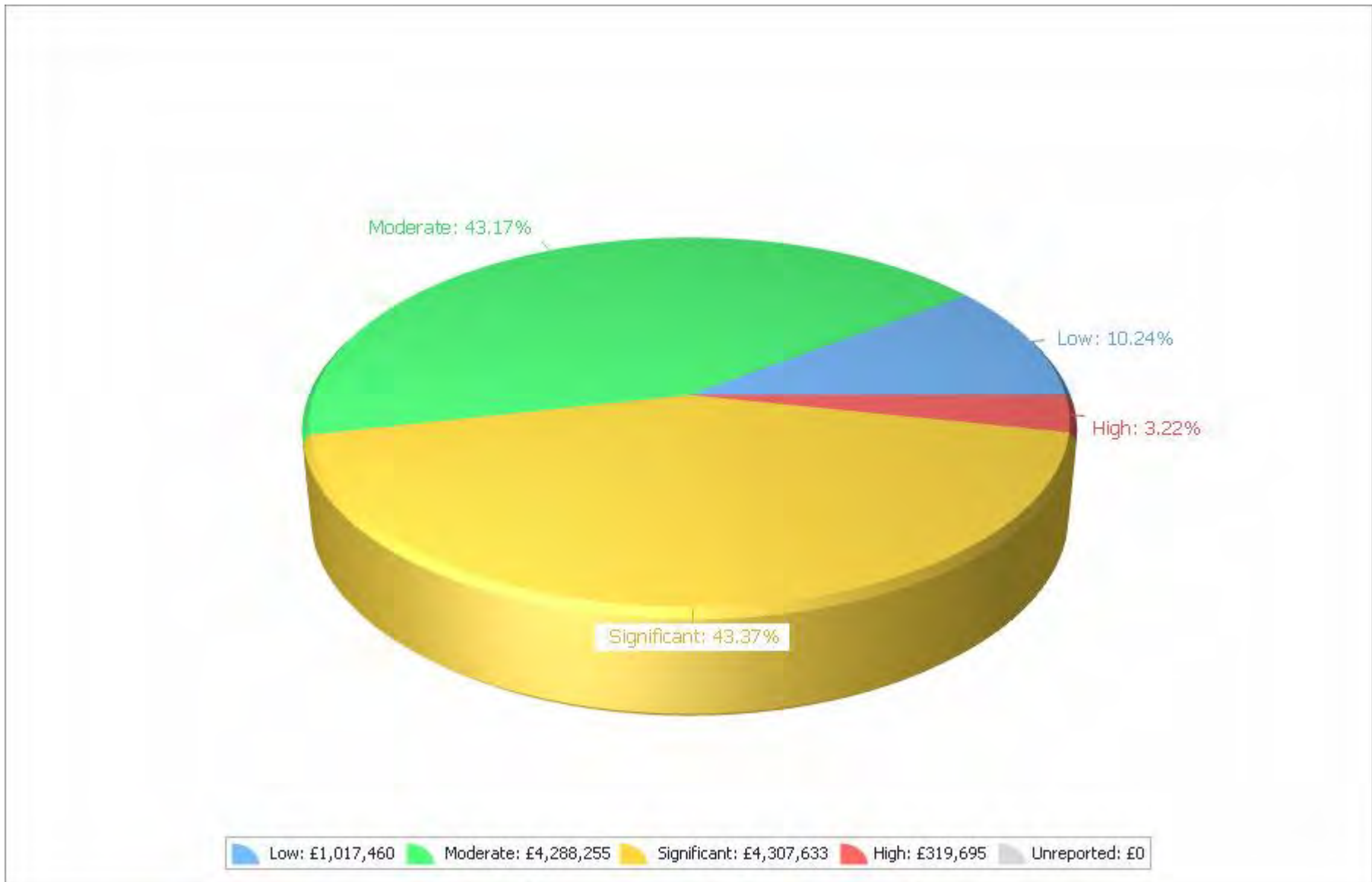
NB: This chart only includes costs where the Physical Condition grading is Not A or B. Third Party Ownership and PFI/NPD Tenures are excluded. Blocks with Block No '00' are included.

Table 5: Statutory Compliance & Fire – Risk Profiled Backlog Costs

Type	Statutory Compliance Cost/Percentage of Total										Total
	Low	%	Moderate	%	Significant	%	High	%	Unreported	%	
01 Acute Hospital	556,161.70	8.23	3,777,629.95	55.91	2,332,930.85	34.53	90,368.13	1.34	0.00	0.00	6,757,090.63
02 Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	19,255.72	3.22	57,993.62	9.68	483,657.45	80.76	37,945.03	6.34	0.00	0.00	598,851.82
06 Community Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
07 Older People Hospital	27,184.56	3.63	79,288.23	10.59	482,640.74	64.45	159,708.90	21.33	0.00	0.00	748,822.43
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	275,897.43	28.16	281,771.72	28.76	404,541.60	41.29	17,474.68	1.78	0.00	0.00	979,685.43
22 Clinics (Inc. Day Hospitals & Resource Centres)	18,388.94	9.82	38,527.11	20.57	124,366.65	66.40	6,006.92	3.21	0.00	0.00	187,289.62
23 Offices	37,029.60	27.01	27,790.52	20.27	72,277.45	52.72	0.00	0.00	0.00	0.00	137,097.57
24 Support Facilities	0.00	0.00	0.00	0.00	566.35	100.00	0.00	0.00	0.00	0.00	566.35
25 Staff Residential Accommodation	9,105.53	15.16	14,878.59	24.78	33,882.74	56.42	2,184.33	3.64	0.00	0.00	60,051.19
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	74,436.64	16.06	10,375.60	2.24	372,769.30	80.41	6,006.92	1.30	0.00	0.00	463,588.46
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	1,017,460.12	10.24	4,288,255.34	43.17	4,307,633.13	43.37	319,694.91	3.22	0.00	0.00	9,933,043.50

NB: This table includes Statutory Compliance and Fire facet items of all conditions including unreported. Third Party Ownership and PFI/NPD Tenures are excluded. Blocks with code '00' are included in this table.

Chart 6: Statutory Compliance & Fire – Risk Profiled Backlog Costs



NB: This table includes Statutory Compliance and Fire facet items of all conditions including unreported. Third Party Ownership and PFI/NPD Tenures are excluded. Blocks with code '00' are included.

Table 7: Energy Performance Certificate

Type	EPC Ratings													
	C or Better		D		E		F		G		Not Required		Unreported	
	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.	Area sq m	No of Bldgs.
01 Acute Hospital	0.00	0	0.00	0	554.55	1	6,667.38	1	1,149.04	2	111,454.75	6	0.00	2
02 Children's Hospital	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
03 Maternity Hospital	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
04 Specialist Hospital	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
05 Mental Health Hospital	0.00	0	1,174.58	1	0.00	0	5,626.10	3	9,709.21	3	41,677.56	26	0.00	0
06 Community Hospital	10,971.00	1	0.00	0	3,246.27	3	0.00	0	0.00	0	1,269.67	3	0.00	0
07 Older People Hospital	0.00	0	0.00	0	0.00	0	9,336.96	4	5,274.39	3	1,720.15	3	0.00	0
08 Multi Service Hospital	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
21 Health Centre	1,875.00	1	2,611.37	3	5,762.41	7	1,624.69	1	1,318.88	2	6,183.46	7	0.00	0
22 Clinics (Inc. Day Hospitals & Resource Centres)	440.52	2	1,894.94	4	994.51	2	1,990.98	5	1,253.94	3	1,157.17	2	0.00	0
23 Offices	450.00	1	0.00	0	1,795.20	3	941.88	2	2,586.06	1	6,340.63	5	0.00	0
24 Support Facilities	0.00	0	0.00	0	0.00	0	1,631.73	1	4,620.85	6	13,934.39	50	0.00	0
25 Staff Residential Accommodation	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	2,138.76	8	0.00	0
26 Patient Residential Accommodation	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
41 GP Practice	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	1,688.70	5	14,107.21	31
42 Dental Practice	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
43 Pharmacy	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
44 Optician	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
51 Care Home	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
91 Non-NHS Functions	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
97 Multi-storey Car Park	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
98 Non-Operational	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
99 Other	0.00	0	2,709.97	1	0.00	0	0.00	0	0.00	0	2,701.02	5	0.00	0
Unreported	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
TOTALS	13,736.52	5	8,390.86	9	12,352.94	16	27,819.72	17	25,912.37	20	190,266.26	120	14,107.21	33

This table shows the total GIA and the number of all blocks with a record in the Block Condition table with a facet of 9 - Environment. All condition ratings are included plus Unreported, but A, B and C condition ratings are shown added together in one column. Blocks with Block No 00 are excluded.

Table 8: Results from the Appraisal of Functional Suitability

Type	Functional Suitability										Total
	A –Very Satisfactory		B - Satisfactory		C – Not Satisfactory		D - Unacceptable		Unreported		
	Area sq m	%	Area Sq m	%	Area sq m	%	Area sq m	%	Area sq m	%	
01 Acute Hospital	50,811.07	42.40	30,176.56	25.18	38,837.77	32.41	0.00	0.00	0.00	0.00	119,825.40
02 Children’s Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	5,734.01	9.83	38,384.84	65.82	2,487.29	4.27	11,709.00	20.08	0.00	0.00	58,315.14
06 Community Hospital	10,971.00	70.84	4,294.12	27.73	221.82	1.43	0.00	0.00	0.00	0.00	15,486.94
07 Older People Hospital	0.00	0.00	15,108.21	93.34	0.00	0.00	1,078.00	6.66	0.00	0.00	16,186.21
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	3,034.27	16.29	13,609.16	73.05	1,987.01	10.67	0.00	0.00	0.00	0.00	18,630.44
22 Clinics (Inc. Day Hospitals & Resource Centres)	2,421.80	32.00	3,651.48	48.26	1,493.68	19.74	0.00	0.00	0.00	0.00	7,566.96
23 Offices	0.00	0.00	9,532.57	78.70	854.44	7.05	1,725.00	14.24	0.00	0.00	12,112.01
24 Support Facilities	946.00	4.69	14,543.19	72.04	4,035.83	19.99	662.27	3.28	0.00	0.00	20,187.29
25 Staff Residential Accommodation	0.00	0.00	722.29	33.77	1,285.66	60.11	130.81	6.12	0.00	0.00	2,138.76
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	0.00	0.00	5,411.01	100.00	0.00	0.00	0.00	0.00	0.00	0.00	5,411.01
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	73,918.15	26.80	135,433.43	49.09	51,203.50	18.56	15,305.08	5.55	0.00	0.00	275,860.16

NB: This table is based on ratings allocated against Rooms/Areas. Third Party Ownership Tenures are excluded from this table.

Table 10: Results from the Appraisal of Space Utilisation

Type	Space Utilisation										Total
	E – Empty Not Used		U – Under Utilised		F – Fully Utilised		O - Overcrowded		Unreported		
	Area sq m	%	Area Sq m	%	Area sq m	%	Area sq m	%	Area sq m	%	
01 Acute Hospital	173.20	0.14	0.00	0.00	119,652.20	99.86	0.00	0.00	0.00	0.00	119,825.40
02 Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	12,000.26	20.58	25,010.12	42.89	21,304.76	36.53	0.00	0.00	0.00	0.00	58,315.14
06 Community Hospital	28.90	0.19	192.92	1.25	15,265.12	98.57	0.00	0.00	0.00	0.00	15,486.94
07 Older People Hospital	1,078.00	6.66	746.63	4.61	14,361.58	88.73	0.00	0.00	0.00	0.00	16,186.21
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	42.05	0.23	0.00	0.00	12,662.68	67.97	5,925.71	31.81	0.00	0.00	18,630.44
22 Clinics (Inc. Day Hospitals & Resource Centres)	0.00	0.00	438.63	5.80	7,128.33	94.20	0.00	0.00	0.00	0.00	7,566.96
23 Offices	1,725.00	14.24	3,719.18	30.71	6,667.83	55.05	0.00	0.00	0.00	0.00	12,112.01
24 Support Facilities	901.50	4.47	1,593.14	7.89	13,422.86	66.49	4,269.79	21.15	0.00	0.00	20,187.29
25 Staff Residential Accommodation	323.81	15.14	0.00	0.00	1,814.95	84.86	0.00	0.00	0.00	0.00	2,138.76
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	0.00	0.00	0.00	0.00	5,411.01	100.00	0.00	0.00	0.00	0.00	5,411.01
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	16,272.72	5.90	31,700.62	11.49	217,691.32	78.91	10,195.50	3.70	0.00	0.00	275,860.16

NB: This table is based on the ratings allocated against Room Areas. Third Party Ownership Tenures are excluded from this table.

Table 11: Results from the Appraisal of Quality

Type	Quality										Total
	A –Very Satisfactory		B - Satisfactory		C – Not Satisfactory		D - Unacceptable		Unreported		
	Area sq m	%	Area Sq m	%	Area sq m	%	Area sq m	%	Area sq m	%	
01 Acute Hospital	50,811.07	42.40	30,731.11	25.65	38,283.22	31.95	0.00	0.00	0.00	0.00	119,825.40
02 Children’s Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
03 Maternity Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
04 Specialist Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
05 Mental Health Hospital	5,734.01	9.83	28,814.62	49.41	11,854.51	20.33	11,912.00	20.43	0.00	0.00	58,315.14
06 Community Hospital	10,971.00	70.84	4,294.12	27.73	221.82	1.43	0.00	0.00	0.00	0.00	15,486.94
07 Older People Hospital	0.00	0.00	9,419.83	58.20	5,688.38	35.14	1,078.00	6.66	0.00	0.00	16,186.21
08 Multi Service Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21 Health Centre	3,034.27	16.29	11,523.54	61.85	4,072.63	21.86	0.00	0.00	0.00	0.00	18,630.44
22 Clinics (Inc. Day Hospitals & Resource Centres)	2,901.36	38.34	3,849.68	50.87	815.92	10.78	0.00	0.00	0.00	0.00	7,566.96
23 Offices	0.00	0.00	8,115.96	67.01	3,996.05	32.99	0.00	0.00	0.00	0.00	12,112.01
24 Support Facilities	946.00	4.69	10,106.88	50.07	8,584.14	42.52	550.27	2.73	0.00	0.00	20,187.29
25 Staff Residential Accommodation	0.00	0.00	495.29	23.16	1,512.66	70.73	130.81	6.12	0.00	0.00	2,138.76
26 Patient Residential Accommodation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
41 GP Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
42 Dental Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
43 Pharmacy	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
44 Optician	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
51 Care Home	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91 Non-NHS Functions	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
97 Multi-storey Car Park	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
98 Non-Operational	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99 Other	0.00	0.00	5,411.01	100.00	0.00	0.00	0.00	0.00	0.00	0.00	5,411.01
Unreported	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
% of Overall Total	74,397.71	26.97	112,762.04	40.88	75,029.33	27.20	13,671.08	4.96	0.00	0.00	275,860.16

NB: This table is based on ratings allocated against Rooms/Areas. Third Party Ownership Tenures are excluded from this table.

Table 12: Typical Analysis of Property Types

Functional Type	Endowment (GIA) sq m	Owned (GIA) Sq m	Leased (GIA) Sq m	HUB (GIA) Sq m	PFI/NPD (GIA) Sq m	Unreported (GIA) Sq m	Area (GIA) Sq m	% of Total Area
01 Acute Hospital	0	69227.33	0	0	50598.39	0	119,825.72	43.44
02 Children's Hospital	0	0	0	0	0	0	0.00	0.00
03 Maternity Hospital	0	0	0	0	0	0	0.00	0.00
04 Specialist Hospital	0	0	0	0	0	0	0.00	0.00
05 Mental Health Hospital	0	58187.45	0	0	0	0	58,187.45	21.09
06 Community Hospital	0	4515.94	0	0	10971	0	15,486.94	5.61
07 Older People Hospital	0	16331.5	0	0	0	0	16,331.50	5.92
08 Multi Service Hospital	0	0	0	0	0	0	0.00	0.00
21 Health Centre	0	18587.11	0	0	0	0	18,587.11	6.74
22 Clinics (Inc. Day Hospitals & Resource Centres)	0	7506.48	64.73	0	0	0	7,571.21	2.74
23 Offices	0	11663.77	450	0	0	0	12,113.77	4.39
24 Support Facilities	0	19240.97	0	0	946	0	20,186.97	7.32
25 Staff Residential Accommodation	0	2138.76	0	0	0	0	2,138.76	0.78
26 Patient Residential Accommodation	0	0	0	0	0	0	0.00	0.00
41 GP Practice	0	0	0	0	0	0	0.00	0.00
42 Dental Practice	0	0	0	0	0	0	0.00	0.00
43 Pharmacy	0	0	0	0	0	0	0.00	0.00
44 Optician	0	0	0	0	0	0	0.00	0.00
51 Care Home	0	0	0	0	0	0	0.00	0.00
91 Non-NHS Functions	0	0	0	0	0	0	0.00	0.00
97 Multi-storey Car Park	0	0	0	0	0	0	0.00	0.00
98 Non-Operational	0	0	0	0	0	0	0.00	0.00
99 Other	0	5410.99	0	0	0	0	5,410.99	1.96
Unreported	0	0	0	0	0	0	0.00	0.00
TOTALS	0	212810.3	514.73	0	62515.39	0	275,840.42	100.00

NB: Block Code 00 has been excluded from this table. Third Party Ownership Tenures are excluded from this table.

Table 13: Typical Analysis of Property Ownership

	Area (GIA) sq m	% of Total Area	Count of Blocks
Endowment	0.00	0.00	0
HUB	0.00	0.00	0
Leased	514.73	0.18	2
Owned	212,810.30	72.73	176
PFI/NPD	62,515.39	21.37	4
Third Party Ownership	495.85	0.17	2
Third Party Ownership - GP Leased	5,766.36	1.97	8
Third Party Ownership - GP Owned	10,483.25	3.58	28
Unreported	0.00	0.00	0
TOTALS	292,585.88	100.00	220

NB: Block 00 has been excluded from this table

Chart 14: Analysis of Size Range of Properties

Site Type	Less than 1001	1001 To 2000	2001 To 3000	3001 To 4000	4001 To 5000	5001 To 6000	6001 To 9000	9001 To 10000	10001 To 20000	20001 To 30000	Greater than 30000	Unreported	Total
01 Acute Hospital	0	0	0	0	0	0	0	0	0	0	0	2	2
02 Children's Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
03 Maternity Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
04 Specialist Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
05 Mental Health Hospital	0	0	0	0	0	0	0	0	0	2	0	1	3
06 Community Hospital	0	0	0	0	0	0	0	0	0	1	0	0	1
07 Older People Hospital	0	0	0	0	3	0	0	0	0	1	0	0	4
08 Multi Service Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0
21 Health Centre	0	12	6	1	0	0	0	0	0	0	0	0	19
22 Clinics (Inc. Day Hospitals & Resource Centres)	0	12	0	0	0	0	0	0	0	0	0	0	12
23 Offices	0	1	0	0	0	0	0	0	0	0	0	0	1
24 Support Facilities	0	0	0	0	0	0	0	0	0	0	0	0	0
25 Staff Residential Accommodation	0	1	0	0	0	0	0	0	0	0	0	0	1
26 Patient Residential Accommodation	0	0	0	0	0	0	0	0	0	0	0	0	0
41 GP Practice	0	0	0	0	0	0	0	0	0	0	0	0	0
42 Dental Practice	0	0	0	0	0	0	0	0	0	0	0	0	0
43 Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0
44 Optician	0	0	0	0	0	0	0	0	0	0	0	0	0
51 Care Home	0	0	0	0	0	0	0	0	0	0	0	0	0
91 Non-NHS Functions	0	0	0	0	0	0	0	0	0	0	0	0	0
97 Multi-storey Car Park	0	0	0	0	0	0	0	0	0	0	0	0	0
98 Non-Operational	0	0	0	0	0	0	0	0	0	0	0	0	0
99 Other	0	0	0	0	0	0	1	0	0	0	0	0	1
Unreported	0	0	0	0	0	0	0	0	0	0	0	0	0

NB: Block 00 has been excluded from this table. Third Party Ownership Tenures are excluded from this table.

Table 15: Age Profile of Properties

	Count of Blocks	Area (m²)	% of Total Area	
Over 50 years old	89	110,619.89	40.10	£64,842,314.11
30-50 years old	48	51,771.72	18.77	£19,122,558.00
10-29 years old	38	106,666.69	38.67	£1,873,346.55
Up to 10 years old	7	6,782.12	2.46	£73,675.64
Unreported	0	0.00	0.00	£6,330,911.88
TOTALS	182	275,840.42	100.00	£92,242,806.18

NB: Block 00 has been excluded from the Area Calculation but included in the Backlog Costs. Backlog Costs include Physical Condition C, D or Unreported and all Statutory Compliance conditions ratings. All other costs have been excluded. Costs exclude Third Party Ownership and PFI/NPD Tenures. Count and Area exclude Third Party Ownership tenures.

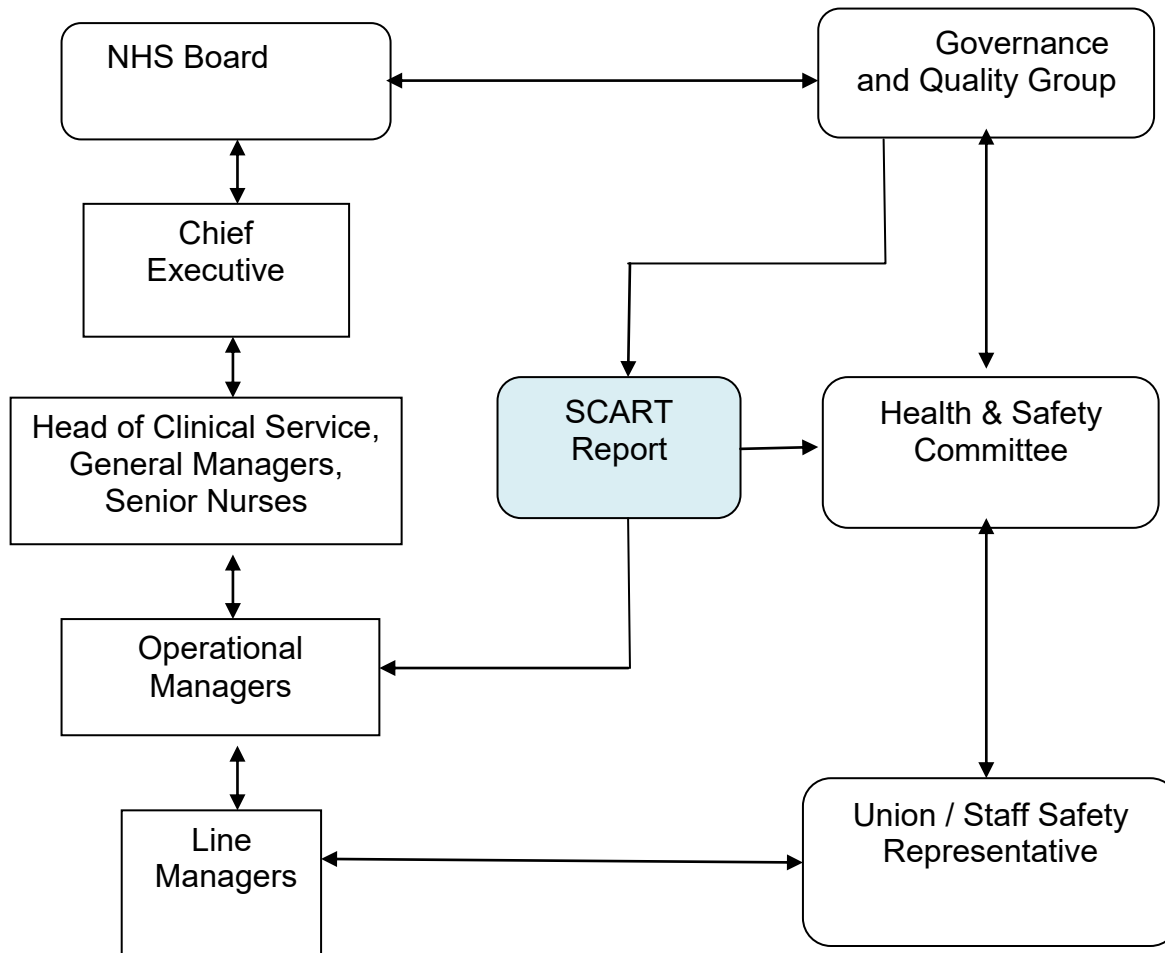
Table 16: Summary of Property Appraisal Results

Functional Type	Gia Sq m	GIA as % of Total Area	Backlog Expenditure Required					Total
			Low Risk	Moderate Risk	Significant Risk	High Risk	Unreported	
01 Acute Hospital	119,825.72	43.44	£1,971,669.17	£15,276,776.66	£35,423,782.10	£1,218,881.11	-	£53,891,109.04
02 Children's Hospital	0.00	0.00	-	-	-	-	-	-
03 Maternity Hospital	0.00	0.00	-	-	-	-	-	-
04 Specialist Hospital	0.00	0.00	-	-	-	-	-	-
05 Mental Health Hospital	58,187.45	21.09	£1,517,499.20	£4,941,362.24	£9,666,821.25	£548,012.29	-	£16,673,694.98
06 Community Hospital	15,486.94	5.61	£31,035.87	£188,621.04	£74,757.33	-	-	£294,414.24
07 Older People Hospital	16,331.50	5.92	£447,996.93	£2,252,541.70	£2,698,971.05	£2,106,750.64	-	£7,506,260.32
08 Multi Service Hospital	0.00	0.00	-	-	-	-	-	-
21 Health Centre	18,587.11	6.74	£333,498.60	£888,726.48	£1,098,014.82	£76,563.63	-	£2,396,803.53
22 Clinics (Inc. Day Hospitals & Resource Centres)	7,571.21	2.74	£59,856.28	£295,262.20	£739,749.96	£15,530.67	-	£1,110,399.11
23 Offices	12,113.77	4.39	£311,360.84	£1,079,418.82	£812,641.83	£6,692.03	-	£2,210,113.52
24 Support Facilities	20,186.97	7.32	£245,103.57	£1,338,703.15	£1,344,828.32	£2,439,282.75	-	£5,367,917.79
25 Staff Residential Accommodation	2,138.76	0.78	£34,564.56	£388,909.14	£77,889.97	£24,838.07	-	£526,201.74
26 Patient Residential Accommodation	0.00	0.00	-	-	-	-	-	-
41 GP Practice	0.00	0.00	-	-	-	-	-	-
42 Dental Practice	0.00	0.00	-	-	-	-	-	-
43 Pharmacy	0.00	0.00	-	-	-	-	-	-
44 Optician	0.00	0.00	-	-	-	-	-	-
51 Care Home	0.00	0.00	-	-	-	-	-	-
91 Non-NHS Functions	0.00	0.00	-	-	-	-	-	-
97 Multi-storey Car Park	0.00	0.00	-	-	-	-	-	-
98 Non-Operational	0.00	0.00	-	-	-	-	-	-
99 Other	5,410.99	1.96	£155,716.28	£848,294.52	£1,156,548.95	£105,332.16	-	£2,265,891.91
Unreported	0.00	0.00	-	-	-	-	-	-
TOTALS	275,840.42	100.00	£5,108,301.30	£27,498,615.95	£53,094,005.58	£6,541,883.35	-	£92,242,806.18

NB: Block 00 has been excluded from the area calculation but included in the backlog costs. Backlog Costs include Physical Condition of condition C or below or Unreported, all Statutory Compliance conditions ratings and all Fire condition ratings. All other costs have been excluded. Third Party Ownership and PFI/NPD Tenures are excluded from the backlog costs. Third Party Ownership tenures are excluded from the area calculation.

Appendix C: Statutory Compliance

Appendix C1: Example Organisation Plan



Appendix C2: Risk and Compliance Tables

NHS Board Average % Compliance where a Topic has a Maximum Risk Score of 16 and Above

Topic	Max risk	Avg Risk	Avg % Compliance
Asbestos 2014	25	11.78	65.99
Pressure Systems 2014	25	14.26	54.43
Construction, Design & Management (CDM) Regulations	20	11.38	47.62
Medical Gases 2014	25	7.31	71.8
Water 2014	25	7.7	76.35
Heating and Ventilation 2014	20	8.07	65
Electrical - Electrical services supply and distribution 2014	16	12.04	29.05
Contractor (control of) – (The Management of Health & Safety at Work Regulations 1999)	16	12.88	28.49
Decontamination of Equipment	16	12.57	52.38
Suicide Risk	16	8.89	94.44
Lifting Operations & Lifting Equipment (LOLER) Regulations – Lifting Equipment	16	8.52	75
Electrical – Electrical safety guidance for high voltage systems	16	6.35	89.04
Electrical – Electrical safety guidance for low voltage systems	16	7.98	65.79
Patient Bearing Equipment (including slings)	16	5.35	85.73
Confined Spaces	16	8.55	36.89
NHS Board average compliance 66.11% NHS Scotland average 63.8%			

NHS Board Average % Compliance Scores for Ten Lowest Scoring Topics

Topic	Max risk	Avg risk	Avg compliance %
Dangerous Substances and Explosive Atmospheres Regulations 2002	12	11.64	7.04
Slips, Trips & Falls – Floor Hazards	12	11.49	8.23
Contractors (control of)	16	12.88	28.49
Electrical - Electrical services supply and distribution 2014	16	12.04	29.05
Contingency Planning	12	8.26	32.83
Confined Spaces	16	8.55	36.89
Construction, Design & Management	20	11.38	47.62
Control of Substances Hazardous to Health	12	7.72	47.64
Electrical – Bedhead Services 2014	12	7.15	52.18
Manual Handling Operations	9	5.86	52.33

Appendix C3: Example of SCART Audit Programme

Topic & Question	2020												Jan	Feb	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Site Assessments	→														
Adamson Hospital	█														
Cupar Health Centre	█	█													
Leslie Dental Access Centre	█	█													
Pitteuchar Health Centre	█														
Queen Margaret Hospital		█	█	█	█	█	█	█	█	█	█	█	█	█	█
Cowdenbeath Clinic					█	█	█	█	█	█	█	█	█	█	█
Cowdenbeath Dental Access Centre					█	█	█	█	█	█	█	█	█	█	█
Ladybank Clinic					█	█	█	█	█	█	█	█	█	█	█
Weston Day Hospital					█	█	█	█	█	█	█	█	█	█	█
Airlie Medical Practice						█	█	█	█	█	█	█	█	█	█
Cardenden Health Centre						█	█	█	█	█	█	█	█	█	█
Dalgety Bay Clinic						█	█	█	█	█	█	█	█	█	█
Dovecot Clinic						█	█	█	█	█	█	█	█	█	█
Glenrothes Hospital							█	█	█	█	█	█	█	█	█
Glenwood Dental Access Centre							█	█	█	█	█	█	█	█	█
Glenwood Health Centre							█	█	█	█	█	█	█	█	█
Gordon Cottage Clinic								█	█	█	█	█	█	█	█
Kelty Health Centre								█	█	█	█	█	█	█	█
Kennoway Health Centre									█	█	█	█	█	█	█
Kincardine Health Centre									█	█	█	█	█	█	█
Kinghorn Health Centre									█	█	█	█	█	█	█
Kirkcaldy Health Centre									█	█	█	█	█	█	█

Appendix C4: Example Action Plan

NHS "Example"		Victoria Hospital								
Topic	N ^o	Question	Response	Risk	Additional Information	Action	Cost	Responsibility	Target Date	Date Completed
Asbestos 2014	11	Is there a process in place by which ongoing surveys are independently audited to ensure accuracy/consistency?	0	25	We do not comply with (HSG 264 Appendix 6)	Process to be produced and disseminated to all relevant staff	£50	David Crook	01/06/2017	
Asbestos 2014	59	Does the Board arrange audits of completed asbestos removal works after signed off by UKAS analytical company to ensure accuracy/consistency?	0	25	We do not comply with, (HSG 264 Appendix 6)	Procedure to be put in place to ensure completed works are signed off by analytical person	£50	Ian Smith	01/06/2017	
Electrical - Electrical safety guidance for high voltage systems 2014	9	Do you have an individual suitably appointed by the management as the Designated Person (HV)?	0	15	To be appointed	Issue Letter of appointment to Designated Person.	£50	David Crook	01/06/2018	
Electrical - Electrical safety guidance for high voltage systems 2014	17	Do the management have a clearly defined electrical safety policy and programme for the operation and maintenance of HV systems and/or equipment? Is this policy managed, implemented, monitored and suitably reviewed?	0	15	No HV Policy in place	Prepare an electrical Safety Policy, disseminate to staff, hold tool box talks to ensure awareness and understanding	£100	Mark Davis	01/07/2017	
Electrical - Electrical safety guidance for high voltage systems 2014	19	Do you have a programme of training to ensure awareness of all staff on the use of and dangers of HV electricity?	2	15	Work in progress	Prepare a training programme of staff awareness, this will include toolbox talks and discussions at staff meetings	£100	Mark Davis	02/07/2017	
Electrical - Electrical safety guidance for low voltage systems 2014	11	Does the NHS Board have a suitably qualified and trained member of staff appointed by the management as the Designated Person (LV)?	0	15	No Designated Person appointed	Train and appoint a Designated Person	£1,500	Mark Davis	01/07/2017	

Appendix C5: Example Board Action Plan Summary

AVERAGE BOARD COMPLIANCE	AVERAGE BOARD MAXIMUM RISK SCORE	AVERAGE BOARD RISKS	TOTAL NUMBER OF SITE ACTIONS WITH RISKS > 8	TOTAL NUMBER OF BOARD ACTIONS WITH RISKS > 8	TOTAL NUMBER OF RISKS OUTWITH COMPLETION DATE	TOTAL BOARD COST
41.56	25	11.79	45	4	29	£19,380

Appendix C6: Example Work Plan

Action Point	Week Number	Action	Input	Resource
Produce an Asbestos Policy	Week 1 - 2	Set up short life work group chaired by Asbestos Advisor, set scope, terms of reference, remit	Person responsible for the action sets up a working group	Estates Manager 4 Hours
	Week 3 - 5	Hold initial meeting, delegate tasks / sections of policy to members with a return date for information	Asbestos Advisor chairs initial meeting. The group work on draft policy	Asbestos Advisor 16 hours 2 Building officers 8 hours 2 Engineering Officers 8 hours Admin support 4 hours
	Week 6 - 7	Collate information gathered	Person responsible for policy collates the information received from group members	Estates Manager 6 hours Admin support 4 hours
	Week 8 - 9	Produce draft Asbestos Policy	Person responsible for policy produces a draft Asbestos Policy	Estates Manager 12 hours Admin support 2 hours
	Week 10	Circulate Draft Asbestos Policy to group for comment	Person responsible for policy issues completed draft Asbestos Policy for comment	Asbestos Advisor 6 hours 2 Building officers 2 hours 2 Engineering Officers 2 hours
	Week 11 - 12	Amend Draft Asbestos Policy based on comments, acknowledge comments	Person responsible for policy amends draft Asbestos Policy	Estates Manager 4 hours Admin support 1 hour
	Week 14	Present Draft Asbestos Policy to Partnership Forum (dependant on Dates of Forum meetings)	Person responsible for policy presents draft Policy to Partnership Forum	Estates Manager 2 hours
	Week 15	Amend Draft Asbestos Policy based on Partnership comments, circulate to short life working group	Person responsible for policy amends policy and circulates to Partnership and short life working group	Estates Manager 2 hours Admin support 1 hour
	Week 16	Present Draft Asbestos Policy to NHS Board (dependant on Board Meeting schedules)	Person responsible for policy presents completed draft asbestos Policy to NHS Board	Estates Manager 2 hours
	Week 17 - 20	Implementation plan activated including tool box talks and E - learning for staff	Person responsible for policy activates the implementation plan	Estates Manager 2 hours Supervisors 12 hours
	Week 21	Thank short life working group for input and disband group.	Person responsible for policy thanks short life working group	Estates Manager 1 hour
	Week 22	Post Asbestos Policy on intranet, inform staff that Policy is now in force.	Person responsible for policy arranges for the Asbestos Policy to go on the intranet and inform staff	Estates Manager 1 hour Communications team 2 hours

Appendix C7: Example Training Plan/Record

Training Record for Water Management

Name	Course Title	Date of Course	Outcome	Review Date
A Other	SHTM 04 -01	12/09/2016	Pass	12/09/2019
AN Other	SHTM 04 - 01	12/06/2015	Pass	12/06/2018

Staff Training Plan

Priority	Skill Gap	Name	Training Required	Description of Training	Provider	Indicative Cost	Date to be Delivered
High	Electrical Knowledge	A.Other	SHTM 06 - 02	HTM 06-02 Authorised Person Training	York Training Centre	£4500	06/05/2017
High	Medical Gases	AN Other	SHTM 02 - 01	HTM 02 - 01 Authorised Person Training	Engineering Knowledge Centre	£4500	08/06/2017

Appendix D: Functional Suitability, Space Utilisation and Quality

Periodic review of functional suitability, space utilisation and quality are requested in the Property Appraisal Manual in addition to conditional survey review. A level 1 survey was carried out in 2017/18 with the following results which are presented in a 'traffic light' system for easy identification.

(NB Properties highlighted in yellow have been declared surplus although some are still occupied)

A		O- Overcrowded
B		F- Fully Utilised
C or CX		U- Under Utilised
D or DX		E- Empty

Where in Functional Suitability and Quality:

Condition A is very satisfactory or excellent quality

Condition B is satisfactory with only minor change required

Condition C is not satisfactory with significant change required

Condition D is unacceptable

An 'X' suffix in Condition C & D denotes replacement is the only route to improvement.

Site Name	Block No	Block Name	FS	SU	Q
Adamson Hospital	C0	Administration Building	B	F	B
Adamson Hospital	D0	Reception / Outpatients	B	F	B
Adamson Hospital	E0	Tarvit Ward	B	F	B
Adamson Hospital	F0	Kitchen	C	F	B
Airley Practice (Cannons)	A0	Airley Practice (Cannons)	N/A	N/A	N/A
Area Distribution Centre	A0	Warehouse	B	E	B
Area Distribution Centre	B0	Store Offices	B	U	B
Area Distribution Centre	C0	Transport Offices	B	E	C
Bennoch Health Centre	A0	Bennoch Health Centre	B	F	B

Site Name	Block No	Block Name	FS	SU	Q
Cameron Hospital	A0	Boilerhouse/Laundry	B	F	B
Cameron Hospital	B0	Mortuary (Vacant)	D	E	DX
Cameron Hospital	C0	Wards 9 & 10 (Derelict)	D	E	DX
Cameron Hospital	D0	Ward 8	B	F	B
Cameron Hospital	E0	Ward 7	B	U	B
Cameron Hospital	F0	Wd 5&6 Sir George Sharp Unit	B	F	C
Cameron Hospital	G0	Wd 3&4 Letham Balcurvie	B	F	B
Cameron Hospital	H0	Wd 1&2 Balgonie Balfour	B	F	B
Cameron Hospital	I0	Cameron House	B	F	B
Cameron Hospital	J0	Admin, Kitchen, Dining (Vacant)	D	E	B
Cameron Hospital	K0	Lodge No. 3 (Vacant)	D	E	C
Cameron Hospital	LO	Garage	B	F	C
Cameron Hospital	MO	Ward 12 - Storage	C	E	C
Cameron Hospital	N0	Ward 11 Addiction Services	B	U	B
Cameron Hospital	O0	Training/WRVS (Vacant)	C	E	C
Cameron Hospital	P0	Main Store	B	F	B
Cameron Hospital	Q0	Incinerator (Derelict)	DX	E	DX
Cameron Hospital	R0	Linen Room (Derelict)	DX	E	DX
Cameron Hospital	S0	Haig House	C	U	B
Cameron Hospital	T0	Generator/workshop	B	F	B
Cameron Hospital	U0	Lodges Nos. 1 & 2 (Vacant)	C	E	CX
Cameron Hospital	V0	Pump House (Derelict)	DX	E	DX
Cameron Hospital	W0	Water Tower (Vacant)	DX	E	DX
Cameron Hospital	X0	Oxygen Store	B	F	B
Cameron Hospital	Z0	Comms - Battery Store	D	E	C
Cardenden Health Centre	A0	Cardenden Health Centre	B	F	B
Cowdenbeath Clinic	A0	Cowdenbeath Clinic	B	F	B
Cowdenbeath Dental Access	A0	Cowdenbeath Dental Access	A	F	A
Cupar Dental Access Centre	A0	Cupar Dental Clinic	A	F	A
Cupar Health Centre	A0	Cupar Health Centre	B	F	B
Dalgety Bay Clinic	A0	Dalgety Bay Clinic	B	F	B
Dovecot Clinic	A0	Dovecot Clinic	C	F	C
Fair Isle Clinic	01	Fair Isle Clinic	C	E	C

Site Name	Block No	Block Name	FS	SU	Q
Fife College of Nursing	AA	College Block & Bhouse	B	F	B
Fife College of Nursing	BA	Residential Block 01	B	F	B
Fife College of Nursing	BB	Residential Block 02	B	F	B
Fife College of Nursing	BC	Residential Block 03	B	F	B
Fife College of Nursing	BD	Residential Block 04	B	F	B
Fife College of Nursing	BE	Residential Block 05	B	F	B
Forth Park Hospital			DX	E	DX
Glenrothes Hospital	A0	Glenrothes Main block	B	F	B
Glenwood Dental Access Centre	A0	Glenwood Dental Access	A	F	A
Glenwood Health Centre	A0	Glenwood Health Centre	A	F	A
Gordon Cottage Clinic	A0	Gordon Cottage Clinic	B	F	B
Kelty Health Centre	A0	Kelty Health Centre	B	F	B
Kennoway Health Centre	A0	Kennoway Health Centre	B	F	B
Kincardine Health Centre	A0	Kincardine Health Centre	C	O	C
Kinghorn Health Centre	A0	Kinghorn Health Centre	B	F	B
Kirkcaldy Health Centre	A0	Kirkcaldy Health Centre	B	O	C
Kirkland Dental Access Centre	A0	Kirkland Dental Access Centre	N/A	N/A	N/A
Ladybank Clinic	A0	Ladybank Clinic	B	F	B
Leslie Dental Access Centre	A0	Leslie Dental Access Centre	B	F	B
Leven Health Centre	A0	Leven Health Centre	B	F	B
Linburn Road Dental Access	A0	Linburn Dental Access Clinic	A	F	A
Linburn Road Health Centre	A0	Linburn Road Health Centre	A	F	A
Lochgelly Health Centre	A0	Lochgelly Health Centre	C	O	C
		Bhouse, Kitchen,Ehealth Server, Laundry,wd9	B	U	B
Lynebank Hospital	A0	Bhouse, Kitchen,Ehealth Server, Laundry,wd9	B	U	B
Lynebank Hospital	B0	Wd11 Offices/Wd12 Tayview	B	U	B
Lynebank Hospital	C0	Gardeners Workshop	B	F	B
		Main Building -Workshops, Physio,Hall,Annex, Admin	B	U	B
Lynebank Hospital	D0	Main Building -Workshops, Physio,Hall,Annex, Admin	B	U	B
Lynebank Hospital	E0	Dental Access Surgery	B	F	B
Lynebank Hospital	F0	Campsie Off Addiction Servs	B	F	B
Lynebank Hospital	G0	Pentland Addiction Services	B	F	B
Lynebank Hospital	H0	Levendale	B	F	B
Lynebank Hospital	I0	Daleview	A	F	A
Lynebank Hospital	J0	Mayfield	A	F	A

Site Name	Block No	Block Name	FS	SU	Q
Masterton Health Centre	A0	Masterton Health Centre	B	F	B
Matthew Street, 26	A0	Matthew Street	B	F	B
Oakley Health Centre	A0	Oakley Health Centre	B	O	B
Oakley Health Centre	B0	Oakley Plant Room Pram store			
Pitteuchar Health Centre	A0	Pitteuchar Health Centre	C	O	B
Queen Margaret Hospital	AA	Wards 1-4	B	F	C
Queen Margaret Hospital	AB	Wards 5-7 & ICASS	B	F	C
Queen Margaret Hospital	AC	Main Block Phase 1	C	F	C
Queen Margaret Hospital	AD	Katrine Residence	C	F	C
Queen Margaret Hospital	AE	Rannoch Residence	C	F	C
Queen Margaret Hospital	AF	Tummel Residence	C	F	C
Queen Margaret Hospital	AG	Leven Residence	C	F	C
Queen Margaret Hospital	AH	Boilerhouse	B	F	B
Queen Margaret Hospital	AI	Estates & Facilities Offices	B	F	B
Queen Margaret Hospital	B0	Phase 2 (Levels 1-4)	B	F	B
Queen Margaret Hospital	BE	Ambulance Waiting	B	F	B
Queen Margaret Hospital	BF	Waste Transfer	B	F	B
Queen Margaret Hospital	BG	Medical Gases & VIE	B	F	B
Queen Margaret Hospital	BH	Generator/Switchroom	B	F	B
Queen Margaret Hospital	CA	Ante Natal	B	F	B
Randolph Wemyss Memorial	A0	Bhouse, Outbuildings, Wds 1 & 2, Kitchen, kitchen store, changing	B	F	B
Randolph Wemyss Memorial	B0	Day Hospital & bathroom, dental, admin, therapy, wd 4	B	F	B
Randolph Wemyss Memorial	C0	Mortuary	C	E	C
Randolph Wemyss Memorial	D0	Changing Rooms & Link corridor	C	U	C
Randolph Wemyss Memorial	E0	Sewing Room & Link Corridor	C	U	C
Rosewell Clinic	A0	Rosewell Clinic	B	F	B
Rosyth Health Centre	A0	Rosyth Health Centre	B	F	C
Skeith Health Centre	A0	Skeith Health Centre NHS	B	F	B
St Andrews Community Hospital	A0	Main Block	A	F	A

Site Name	Block No	Block Name	FS	SU	Q
Stratheden Hospital	AA	Boilerhouse & Laundry	B	F	B
Stratheden Hospital	AB	Workshop	C	F	C
Stratheden Hospital	AC	North Lodge (Closed)	C	E	D
Stratheden Hospital	AD	Estates, Catering Offices, Chapel	B	U	C
Stratheden Hospital	AE	Retreat Cottages	B	F	C
Stratheden Hospital	AF	Gardeners Workshop	B	F	C
Stratheden Hospital	AG	Stores - old pub toilets (Closed)	C	E	D
Stratheden Hospital	AH	Garages & Stores (Closed)	DX	E	D
Stratheden Hospital	AI	Joiners Workshop No.1	C	F	C
Stratheden Hospital	AJ	Administration, Dining, Main Hall, Wds 15&16	B	U	C
Stratheden Hospital	AK	Ward 4 (1356m2 closed) & Medical Offices	B	U	B
Stratheden Hospital	AL	Gardeners Bothy & Stores	C	F	B
Stratheden Hospital	AN	Wards 5-13 & Pharmacy (Closed)	DX	E	D
Stratheden Hospital	AO	Store Offices (Closed)	C	E	C
Stratheden Hospital	AP	Joiners Workshop No.2	C	F	C
Stratheden Hospital	AQ	Ward 14 Duninio	B	F	C
Stratheden Hospital	AV	Springfield House (Closed)	D	E	D
Stratheden Hospital	AW	Bowling Pavillion (Closed)	DX	E	DX
Stratheden Hospital	BA	West lodge	B	F	C
Stratheden Hospital	BB	Drumcarrow Lodge 1 & Plant Rm	B	U	B
Stratheden Hospital	BC	Drumcarrow Lodge 2 & Cairnie House	B	U	B
Stratheden Hospital	BD	Playfield House Adolescent unit	B	F	B
Stratheden Hospital	BE	Playfield House Community Base	B	U	B
Stratheden Hospital	BF	Sports Pavillion (Closed)	DX	E	DX
Stratheden Hospital	BG	Mortuary (Closed)	DX	E	D
Stratheden Hospital	BH	Chestnut Lodge (Closed)	D	E	D
Stratheden Hospital	BI	Stores - nr Chestnut lodge (Closed)	C	E	C
Stratheden Hospital	BJ	Lomond Ward	C	F	B
Stratheden Hospital	BK	Ward 27 - Ceres Centre	B	U	B
Stratheden Hospital	BL	Generator	B	F	B
Stratheden Hospital	CA	Hollyview Wd IPCU	A	F	A
Stratheden Hospital	CB	Wards 21-26, X-Ray, Dental etc	B	F	B
Stratheden Hospital	CC	Elmview	A	F	A
Stratheden Hospital	CD	Muirview	A	F	A
Valleyfield Health Centre	A0	Valleyfield Health Centre	B	O	B

Site Name	Block No	Block Name	FS	SU	Q
Victoria Hospital	AA	Hayfield House	B	F	C
Victoria Hospital	AB	FAL North	C	O	C
Victoria Hospital	AC	Phase 1	C	F	C
Victoria Hospital	AG	Flammable Stores	DX	F	D
Victoria Hospital	AH	Flammable Stores (Lab)	D	F	D
Victoria Hospital	AI	Pharmacy Aseptic Suite Old	DX	E	DX
Victoria Hospital	AJ	Pharmacy Aseptic Suite	A	F	A
Victoria Hospital	BA	Phase 2 Tower Block	C	F	C
Victoria Hospital	CF	Diabetics Centre	C	F	B
Victoria Hospital	CJ	Mortuary Old	C	E	C
Victoria Hospital	CK	Central Laundry	B	O	C
Victoria Hospital	CM	Kitchen & Dining Room	B	F	B
Victoria Hospital	CN	Staff Club	B	F	B
Victoria Hospital	CP	Welding Workshop	B	F	B
Victoria Hospital	CQ	Laundry Gas Boilerhouse	B	F	B
Victoria Hospital	CU	Victoria Hospice	B	F	B
Victoria Hospital	CV	Energy Centre	B	F	B
Victoria Hospital	CW	Oil Tank Farm	C	F	B
Victoria Hospital	CY	Manifold House	B	F	B
Victoria Hospital	GA	Phase 3 Main Block	A	F	A
Victoria Hospital	GB	Phase 3 Energy Centre	A	F	A
Victoria Hospital	GC	FAL South	B	F	B
Victoria Hospital	GD	Gas Meter Housing	B	F	B
Victoria Hospital	GE	Service Yard	B	F	B
Victoria Hospital	GF	Sub Station 04 Phase 2	B	F	B
Victoria Hospital	GG	Sub Station 05 Phase 1	B	F	B
Victoria Hospital	GH	Sub Station 06 Energy Centre	B	F	B
Victoria Hospital	GI	Sub Station 07 South Labs	B	F	B
Victoria Hospital	GJ	Lab Chemical Store	B	F	B
Victoria Hospital	GK	Medical Gas Store Service Yard	B	F	B
Victoria Hospital	GL	VIE Compound Service Yard	B	F	B
Victoria Hospital	GM	Cycle shed	B	F	B
Victoria Hospital	GN	Phase 3 PPP VIE Compound	A	F	B
Victoria Hospital	TA	Tunnel - Kitchen to Phase 1	C	F	C
Victoria Hospital	TB	Tunnel - Phase 1 to Labs	C	F	C
Victoria Hospital -Fife Community Dental Centre	CL	Fife Community Dental Centre	C	F	C

Site Name	Block No	Block Name	FS	SU	Q
Weston Day Hospital	A0	Main Block	C	F	B
Whytemans Brae Hospital	DA	Day Hospital Entrance	B	F	B
Whytemans Brae Hospital	DB	Day Hospital/Ravenscraig old Wd18	B	F	B
Whytemans Brae Hospital	DC	Ward Block	B	U	B
Whytemans Brae Hospital	DD	Boilerhouse	B	U	B
Whytemans Brae Hospital	DE	Generator	B	U	B
Whytemans Brae Hospital	DF	Cedar House	B	F	C
Whytemans Brae Hospital	DG	Rowan House	B	U	C
Whytemans Brae Hospital	DH	Dental Unit	B	F	A
Whytemans Brae Hospital	DI	OHSAS	B	U	C
Whytemans Brae Hospital	DJ	Radio Victoria	C	F	C

Appendix E: State of Independent Facilities

NHS Fife - Desk Top Study - GP Practices

2019		Condition/Func S/Qu				Space Utilisation				Age
				As new	A			O		1-10
				Satisfactory	B			F		11-29
				Poor	C/CX			U		30-50
				Unacceptable	D/DX			E		50+
Practice Name	Town	No. of Consult Rooms	GIA m2	Tenure	Cond	Functional Suitability	Space Util.	Quality	Backlog	Approx Age
Anstruther Medical Practice	ANSTRUTHER	8	498	Owned	B	B	F	B	N/A	16
Auchtermuchty Practice	AUCHTERMUCHTY	9	639	Leased	B	B	F	B	N/A	20
Auchtermuchty Practice	STRATHMIGLO	1	39	Owned	B	C	U	B	N/A	119
Muiredge Surgery	BUCKHAVEN	7	741	Owned	B	B	F	B	N/A	28
Dr Y Chan	CHARLESTOWN	3	312	Leased	B	A	F	A	N/A	9
Cowdenbeath Surgery	COWDENBEATH	9	517	Owned	B	B	F	B	N/A	23
Crossgates Medical	CROSSGATES	5	302	Owned	B	B	F	B	N/A	20
Nethertown Surgery	DUNFERMLINE	9	645	Owned	B	B	F	B	N/A	27
New Park Medical Practice	DUNFERMLINE	10	765	Owned	B	B	F	B	N/A	22
Hospital Hill Surgery	DUNFERMLINE	7	374	Owned	B	B	F	B	N/A	33
Millhill Surgery	DUNFERMLINE	8	556	Owned	B	B	O	B	N/A	29
Bellyeoman Surgery	DUNFERMLINE	8	491	Owned	B	B	F	B	N/A	21
North Glen Medical Practice	GLENROTHES	9	414	Owned	B	B	F	B	N/A	36
Cos Lane Surgery	GLENROTHES	8	974	Owned	B	A	F	B	N/A	28
Inverkeithing Medical Group	INVERKEITHING	7	512	Owned	B	B	F	B	N/A	27
Inverkeithing Medical Group	ABERDOUR	1	14	Leased	B	C	U	B	N/A	119
Nicol Street Surgery	KIRKCALDY	4	225	Owned	B	C	O	C	N/A	27
St Brycedale Surgery	KIRKCALDY	6	369	Owned	B	B	F	B	N/A	26
Path House Medical	KIRKCALDY	9	551	Owned	B	B	O	B	N/A	26
Howe of Fife Surgery	LADYBANK	5	255	Owned	B	B	F	B	N/A	20
Leslie Medical Practice	LESLIE	5	325	Leased	B	A	F	A	N/A	12
Pitcairn Practice	BALMULLO	3	263	Owned	B	B	U	B	N/A	19
Pitcairn Practice	LEUCHARS	3	142	Owned	B	B	U	B	N/A	27
Sconnie Medical Practice	LUNDIN LINKS	1	30	Owned	B	B	F	B	N/A	119
Benarty Medical Practice	LOCHORE	3	665	Leased	B	B	F	B	N/A	29
Markinch Medical Practice	MARKINCH	4	614	Leased	B	B	F	B	N/A	29
Methilhaven Surgery	METHIL	5	278	Owned	B	B	F	B	N/A	30
Newburgh Surgery	NEWBURGH	5	349	Owned	B	B	F	B	N/A	21
Tayview Medical Practice	NEWPORT ON TAY	5	850	Leased	B	A	F	A	N/A	23
Tayview Medical Practice	TAYPORT	4	248	Owned	B	B	F	B	N/A	23
Dr Kyle and Partners	PITTENWEEM	4	166	Owned	B	B	F	B	N/A	28
Dr Kyle and Partners	ELIE	3	157	Owned	B	B	F	B	N/A	29
Primrose Lane Medical	ROSYTH	10	745	Leased	B	B	F	B	N/A	19

NHS Fife Desk Top Study - Dental Practices

2019				Condition/Func	S/Qu	Space Utilisation				Age	
						A	B	C or CX	D or DX		Overcrowded-O
Dentist	Town	No. of Surg	NIA m2	Tenure	Cond	Functional Suitability	Space Util.	Quality	Backlog	Approx Age	
Anstruther Dental Practice	ANSTRUTHER	3	101	Owned	B	B	O	A	N/A	69	
Acremuir Limited	AUCHTERMUCHTY	2	52	Owned	B	B	F	B	N/A	119	
Buckhaven Dental	BUCKHAVEN	2	95	Leased	B	B	U	B	N/A	89	
Miss H McDonald	BURNTISLAND	1	46	Owned	B	B	F	B	N/A	99	
Breeze Family Dental	CARDENDEN	1	78	Owned	B	B	F	B	N/A	89	
Breeze Family Dental	COWDENBEATH	5	164	Owned	B	B	F	B	N/A	119	
Bonnygate Dental Surgery	CUPAR	3	159	Owned	B	B	F	B	N/A	169	
Pro dental	CUPAR	2	86	Owned	B	B	F	B	N/A	149	
The Cupar Dentist	CUPAR	1	37	Owned	B	C	O	B	N/A	129	
Mrs G Mullins	CUPAR	2	67	Owned	B	B	F	A	N/A	149	
Mr S Grihanovs	DALGETY BAY	3	107	Owned	B	B	U	A	N/A	29	
Regent Dental Practice	DALGETY BAY	3	99	Leased	A	A	F	A	N/A	49	
Dentistry @ No.3	DUNFERMLINE	4	145	Owned	B	A	U	A	N/A	149	
Gentle Dental Care	DUNFERMLINE	3	60	Owned	B	B	F	B	N/A	119	
Comely Park Dental Practice	DUNFERMLINE	2	98	Owned	A	A	F	A	N/A	149	
Mr & Mrs Hayes	DUNFERMLINE	2	130	Owned	B	B	U	B	N/A	119	
Mr A Gellan	DUNFERMLINE	3	89	Owned	B	B	F	B	N/A	169	
Mrs S Jaf	DUNFERMLINE	3	85	Owned	B	B	U	B	N/A	319	
Mr D Chong Kwan	DUNFERMLINE	6	131	Owned	B	B	F	B	N/A	119	
Abbey Orthodontics	DUNFERMLINE	1	55	Owned	B	B	F	A	N/A	119	
Lorne House Dental Practice Ltd	DUNFERMLINE	6	175	Owned	B	A	F	A	N/A	149	
The West Wing	DUNFERMLINE	1	22	Owned	B	B	F	B	N/A	319	
Park Avenue Dental Practice	DUNFERMLINE	2	60	Leased	B	B	F	B	N/A	119	
Dr Kardaras Care Ltd	DUNFERMLINE	2	165	Leased	A	A	F	A	N/A	169	
Canmore Dental	DUNFERMLINE	3	136	Owned	B	A	F	A	N/A	129	
Scottish Orthodontics	DUNFERMLINE	2	111	Owned	B	B	U	A	N/A	119	
The Linden Tree Dental Lounge	DUNFERMLINE	2	tbc	Leased	A	A	U	A	N/A	3	
Dental Care Fife	GLENROTHES	2	126	Leased	A	A	F	A	N/A	59	
Heritage Dental	GLENROTHES	3	85	Leased	B	B	F	A	N/A	49	
Nanodent Dental Practice	GLENROTHES	5	139	Owned	B	A	F	A	N/A	39	
Mr H Azarmi	GLENROTHES	3	103	Owned	B	B	U	B	N/A	49	
Saltire Dental Care	GLENROTHES	4	168	Leased	B	A	U	B	N/A	16	
M-Brace Orthodontics Ltd	GLENROTHES	2	110	Leased	B	A	F	A	N/A	49	
Balbirnie Oral Care Ltd	GLENROTHES	2	113	Owned	B	B	F	B	N/A	39	
Pickering Dental Care	INVERKEITHING	4	58	Owned	B	B	F	B	N/A	59	
Kelty Dental Practice	KELTY	2	79	Owned	B	B	U	B	N/A	69	
Kincardine Dental Practice	KINCARDINE	2	46	Owned	B	B	F	B	N/A	219	
Kinghorn Dental Surgery	KINGHORN	2	46	Owned	B	B	U	B	N/A	49	

Dentist	Town	No. of Surg	NIA m2	Tenure	Cond	Functional Suitability	Space Util.	Quality	Backlog	Approx Age
Templehall Dental Practice	KIRKCALDY	6	322	Owned	A	A	F	A	N/A	14
Charlotte Street Dental	KIRKCALDY	3	143	Owned	B	B	U	B	N/A	119
Breeze Family Dental	KIRKCALDY	3	135	Owned	B	B	F	B	N/A	69
Park Road Dental	KIRKCALDY	4	107	Owned	B	B	F	B	N/A	69
Harper, Bell	KIRKCALDY	6	108	Owned	B	B	F	B	N/A	169
Scottish Orthodontics	KIRKCALDY	2	106	Leased	B	B	F	B	N/A	53
Viceroy Street Dental Practice	KIRKCALDY	3	82	Owned	B	B	F	A	N/A	89
Dental Care Fife	LESLIE	3	67	Owned	B	B	F	B	N/A	169
Levenmouth Dental Spa	LEVEN	2	103	Owned	A	A	F	A	N/A	119
Banbeath Dental Practice	LEVEN	2	193	Leased	A	A	U	A	N/A	10
Family Dental Health	LOCHGELLY	5	174	Owned	B	B	F	B	N/A	119
Canmore Dental Practice	LOCHGELLY	2	88	Leased	B	A	U	A	N/A	119
Methil Dental Practice Ltd	METHIL	3	168	Owned	B	B	U	B	N/A	89
Mr R Sarraf	NEWBURGH	1	52	Owned	B	B	F	B	N/A	219
Dental Plus	NEWPORT ON TAY	2	188	Owned	A	A	F	A	N/A	7
Mr D Chong Kwan	ROSYTH	2	94	Owned	B	B	F	B	N/A	99
Rosyth Dental Care	ROSYTH	2	80	Leased	B	A	F	A	N/A	119
Mrs P Farmer	ST ANDREWS	3	83	Owned	B	A	F	A	N/A	119
Mr N Baker & Mr N Rostami	ST ANDREWS	2	tbc	Leased	B	A	U	A	N/A	29
Old Bank Dental Surgery	TAYPORT	2	49	Owned	B	B	F	B	N/A	119

NHS Fife Desk Top Study - Pharmacy Premises Data

2019					Condition/Func S/Qu		Space Utilisation			Age
					As new	A	Overcrowded	O	1-10	1
					Satisfactory	B	Fully Utilised	F	11-29	11
					Poor	C/CX	Under Utilised	U	30-50	30
					Unacceptable	D/DX	Empty	E	50+	50
Name of Pharmacy	Town	No of Consult Rooms	GIA m2	Tenure	Condition	Functional Suitability	Space Util.	Quality	Backlog	Age
Aberdour Pharmacy	ABERDOUR	1	N/A	Unknown	B	B	F	B	N/A	50
East Neuk Pharmacy	ANSTRUTHER	1	N/A	Unknown	B	B	F	B	N/A	50
T&K Brown Ltd	ANSTRUTHER	1	N/A	Unknown	C	C	F	C	N/A	50
Rowlands Pharmacy	AUCHTERMUCHTY	1	N/A	Unknown	B	B	F	B	N/A	50
Rosewell Pharmacy	BALLINGRY	1	N/A	Unknown	B	B	F	B	N/A	11
Your Local Boots Pharmacy	BUCKHAVEN	2	N/A	Unknown	B	B	F	B	N/A	11
Lloyds Pharmacy	BURNTISLAND	1	N/A	Unknown	B	B	F	B	N/A	50
B Johnston	CARDENDEN	1	N/A	Unknown	C	C	F	C	N/A	50
Your Local Boots Pharmacy	CARDENDEN	1	N/A	Unknown	B	A	F	B	N/A	50
Charlestown Pharmacy Ltd	CHARLESTOWN	1	N/A	Unknown	A	A	F	A	N/A	1
Gordons Chemists	COWDENBEATH	1	N/A	Unknown	C	B	F	B	N/A	11
Boots the Chemist Ltd	COWDENBEATH	1	N/A	Unknown	B	B	F	B	N/A	50
Wm Morrison Pharmacy	COWDENBEATH	1	N/A	Unknown	B	B	F	B	N/A	30
Crail Pharmacy Ltd	CRAIL	1	N/A	Unknown	B	C	F	B	N/A	50
Crossford Pharmacy	CROSSFORD	1	N/A	Unknown	B	B	F	B	N/A	50
Well	CROSSGATES	1	N/A	Unknown	B	B	F	B	N/A	11
Rowlands Pharmacy	CUPAR	1	N/A	Unknown	A	A	F	A	N/A	50
Lloyds Pharmacy	CUPAR	1	N/A	Unknown	B	C	F	B	N/A	50
Boots the Chemist Ltd	CUPAR	1	N/A	Unknown	B	B	F	B	N/A	50
Rowlands Pharmacy	DALGETY BAY	1	N/A	Unknown	A	A	F	A	N/A	11
Well	DUNFERMLINE	1	N/A	Unknown	B	C	F	B	N/A	50
Well	DUNFERMLINE	1	N/A	Unknown	C	B	F	C	N/A	30
Boots the Chemist Ltd	DUNFERMLINE	1	N/A	Unknown	B	B	F	B	N/A	50
JBB Dick Ltd	DUNFERMLINE	0	N/A	Unknown	B	C	F	C	N/A	50
Lloyds Pharmacy	DUNFERMLINE	1	N/A	Unknown	B	B	F	B	N/A	11
Well	DUNFERMLINE	1	N/A	Unknown	C	C	F	C	N/A	50
Asda Pharmacy Ltd	DUNFERMLINE	1	N/A	Unknown	A	A	F	A	N/A	11
Well	DUNFERMLINE	1	N/A	Unknown	A	A	F	A	N/A	11
Lloyds Pharmacy	DUNFERMLINE	1	N/A	Unknown	A	A	F	A	N/A	1
Alderston Pharmacy	DUNFERMLINE	1	N/A	Unknown	B	A	F	B	N/A	11
Fisher Pharmacy (Dunfermline)Ltd	DUNFERMLINE	1	N/A	Unknown	B	B	F	B	N/A	11
Dysart Pharmacy	DYSART	2	N/A	Unknown	A	A	F	A	N/A	50
F&F Coffey Ltd, Wemyss Pharmacy	EAST WEMYSS	1	N/A	Unknown	A	A	F	A	N/A	1
W Davidson & Sons Ltd	ELIE	1	N/A	Unknown	A	A	F	A	N/A	50
Lomond Pharmacy	FALKLAND	2	N/A	Unknown	A	B	F	A	N/A	50
Lloyds Pharmacy	GLENROTHES	1	N/A	Unknown	B	B	F	B	N/A	30
Cadham Pharmacy	GLENROTHES	2	N/A	Unknown	C	C	F	B	N/A	30
Your Local Boots Pharmacy	GLENROTHES	1	N/A	Unknown	A	A	F	A	N/A	11
Superdrug Pharmacy	GLENROTHES	1	N/A	Unknown	B	B	F	B	N/A	30
Dears Pharmacy	GLENROTHES	1	N/A	Unknown	A	A	F	A	N/A	30
Boots the Chemist Ltd	GLENROTHES	1	N/A	Unknown	B	B	F	B	N/A	30
High Valleyfield Pharmacy Ltd	HIGH VALLEYFIELD	1	N/A	Unknown	B	B	F	B	N/A	11

Name of Pharmacy	Town	No of Consult Rooms	GIA m2	Tenure	Condition	Functional Suitability	Quality	Space Util.	Backlog	Age
Lindsay & Gilmour	INVERKEITHING	1	N/A	Unknown	B	B	B	F	N/A	50
Lindsay & Gilmour	INVERKEITHING	1	N/A	Unknown	B	C	C	F	N/A	50
Well	KELTY	1	N/A	Unknown	B	B	B	F	N/A	50
Dears Pharmacy	KELTY	1	N/A	Unknown	A	A	A	F	N/A	30
Lloyds Pharmacy	KENNOWAY	1	N/A	Unknown	A	A	A	F	N/A	30
Well	KINCARDINE	1	N/A	Unknown	B	B	B	F	N/A	30
Lloyds Pharmacy	KINGHORN	1	N/A	Unknown	B	B	B	F	N/A	50
Lomond Pharmacy	KINGLASSIE	1	N/A	Unknown	A	A	A	F	N/A	50
Boots the Chemist Ltd	KIRKCALDY	1	N/A	Unknown	A	A	A	F	N/A	50
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	B	B	B	F	N/A	30
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	A	A	A	F	N/A	30
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	A	A	A	F	N/A	11
St Clair Pharmacy	KIRKCALDY	1	N/A	Unknown	B	B	B	F	N/A	50
Asda Pharmacy Ltd	KIRKCALDY	1	N/A	Unknown	A	B	B	F	N/A	11
Boots the Chemist Ltd	KIRKCALDY	1	N/A	Unknown	A	A	A	F	N/A	11
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	B	B	B	F	N/A	30
Lloyds Pharmacy	KIRKCALDY	1	N/A	Unknown	B	B	B	F	N/A	50
W Davidson & Sons Ltd	LADYBANK	1	N/A	Unknown	B	B	B	F	N/A	50
Lloyds Pharmacy	LESLIE	1	N/A	Unknown	A	A	A	F	N/A	1
Leuchars Pharmacy	LEUCHARS	1	N/A	Unknown	A	B	A	F	N/A	50
Boots the Chemist Ltd	LEVEN	1	N/A	Unknown	B	B	B	F	N/A	50
TW Buchanan (Chemists) Ltd	LEVEN	1	N/A	Unknown	A	A	A	F	N/A	30
Leven Pharmacy	LEVEN	1	N/A	Unknown	A	B	B	F	N/A	50
Rosewell Pharmacy Ltd	LOCHGELLY	1	N/A	Unknown	A	A	A	F	N/A	50
Well	LOCHGELLY	1	N/A	Unknown	A	B	A	F	N/A	50
Rosewell Pharmacy Ltd	LOCHORE	1	N/A	Unknown	B	A	B	F	N/A	50
Lundin Links Pharmacy Ltd	LUNDIN LINKS	1	N/A	Unknown	B	B	B	F	N/A	50
Markinch Pharmacy Ltd	MARKINCH	1	N/A	Unknown	B	B	B	F	N/A	50
The Co-operative Pharmacy	METHIL	1	N/A	Unknown	B	B	B	F	N/A	50
Your Local Boots Pharmacy	METHIL	1	N/A	Unknown	B	B	B	F	N/A	50
C Buchanan Ltd	METHIL	1	N/A	Unknown	B	B	B	F	N/A	30
W Davidson & Sons Ltd	NEWBURGH	0	N/A	Unknown	B	C	B	F	N/A	50
Rowlands Pharmacy	NEWPORT ON TAY	1	N/A	Unknown	A	A	A	F	N/A	1
Oakley Pharmacy Ltd	OAKLEY	1	N/A	Unknown	B	B	B	F	N/A	30
Pittenweem Pharmacy	PITTENWEEM	1	N/A	Unknown	B	B	B	F	N/A	50
Well	ROSYTH	1	N/A	Unknown	B	B	B	F	N/A	11
Rowlands Pharmacy	ROSYTH	1	N/A	Unknown	A	A	A	F	N/A	11
Wm Morrison Pharmacy	ST ANDREWS	1	N/A	Unknown	A	A	A	F	N/A	11
Boots the Chemist Ltd	ST ANDREWS	1	N/A	Unknown	B	B	B	F	N/A	50
Rowlands Pharmacy	TAYPORT	1	N/A	Unknown	B	B	B	F	N/A	50
W Davidson & Sons Ltd	THORNTON	1	N/A	Unknown	B	C	B	F	N/A	50

NHS Fife Desk Top Study - Optician Premises Data

2019		Condition/Func S/Qu		Space Utilisation			Age		
		As new	A	Overcrowded	O	1-10	1		
		Satisfactory	B	Fully Utilised	F	11-29	11		
		Poor	C/CX	Under Utilised	U	30-50	30		
		Unacceptable	D/DX	Empty	E	50+	50		
Name of Premises	Town	GIA m2	Tenure	Condition	Functional Suitability	Space Util.	Quality	Backlog	Age
Govan Opticians	ANSTRUTHER	N/A	Unknown	B	B	N/A	B	N/A	50
PLM Optometrists	ANSTRUTHER	N/A	Unknown	B	B	N/A	B	N/A	50
Ferrier & MacKinnon	BURNTISLAND	N/A	Unknown	B	B	N/A	A	N/A	50
Ferrier & MacKinnon	COWDENBEATH	N/A	Unknown	B	B	N/A	A	N/A	50
Optical Express	COWDENBEATH	N/A	Unknown	B	B	N/A	A	N/A	50
McLeish, McPhee & Laing	CUPAR	N/A	Unknown	B	B	N/A	B	N/A	50
PLM Optometrists	CUPAR	N/A	Unknown	B	B	N/A	A	N/A	50
Walkers Opticians	DALGETY BAY	N/A	Unknown	B	B	N/A	A	N/A	30
Asda Opticians	DUNFERMLINE	N/A	Unknown	A	A	N/A	A	N/A	1
Boots Opticians	DUNFERMLINE	N/A	Unknown	B	B	N/A	A	N/A	30
Gunn & Galbraith	DUNFERMLINE	N/A	Unknown	B	B	N/A	A	N/A	50
Ferrier & MacKinnon	DUNFERMLINE	N/A	Unknown	B	B	N/A	A	N/A	50
Specsavers	DUNFERMLINE	N/A	Unknown	A	B	N/A	A	N/A	50
Vision Express	DUNFERMLINE	N/A	Unknown	A	A	N/A	A	N/A	30
Tesco Opticians	DUNFERMLINE	N/A	Unknown	A	A	N/A	A	N/A	1
Spex Direct(Scotland)Ltd	DUNFERMLINE	N/A	Unknown	A	B	N/A	A	N/A	30
iSee Opticians	DUNFERMLINE	N/A	Unknown	B	B	N/A	B	N/A	50
Boots Opticians	GLENROTHES	N/A	Unknown	A	A	N/A	A	N/A	30
PLM Optometrists	GLENROTHES	N/A	Unknown	B	B	N/A	B	N/A	50
Rach Optometrists	GLENROTHES	N/A	Unknown	A	A	N/A	A	N/A	30
Specsavers	GLENROTHES	N/A	Unknown	A	A	N/A	A	N/A	30
Ferrier & MacKinnon	INVERKEITHING	N/A	Unknown	B	B	N/A	B	N/A	50
Carrick Opticians	KELTY	N/A	Unknown	B	B	N/A	B	N/A	50
Asda Opticians	KIRKCALDY	N/A	Unknown	A	A	N/A	A	N/A	1
A & S M Pattison	KIRKCALDY	N/A	Unknown	B	B	N/A	B	N/A	50
The Spectacle Shop	KIRKCALDY	N/A	Unknown	B	B	N/A	B	N/A	50
Boots Opticians	KIRKCALDY	N/A	Unknown	B	B	N/A	A	N/A	50
Vision Express	KIRKCALDY	N/A	Unknown	A	A	N/A	A	N/A	50
PLM Optometrists	KIRKCALDY	N/A	Unknown	B	B	N/A	A	N/A	50
Optical Express	KIRKCALDY	N/A	Unknown	B	B	N/A	A	N/A	50
Specsavers Opticians	KIRKCALDY	N/A	Unknown	B	B	N/A	A	N/A	50
The Optician, Fife Society f	KIRKCALDY	N/A	Unknown	B	B	N/A	B	N/A	50
D T Hay Opticians	LEVEN	N/A	Unknown	B	B	N/A	B	N/A	50
McLeish, McPhee & Laing	LEVEN	N/A	Unknown	B	B	N/A	B	N/A	50
PLM Optometrists	LEVEN	N/A	Unknown	B	B	N/A	B	N/A	50
Specsavers Opticians	LEVEN	N/A	Unknown	B	B	N/A	A	N/A	50
Optical Express	LEVEN	N/A	Unknown	B	B	N/A	A	N/A	50
Carrick Opticians	LOCHGELLY	N/A	Unknown	B	B	N/A	B	N/A	50
McLeish, McPhee & Laing	METHIL	N/A	Unknown	B	B	N/A	B	N/A	50
Ferrier & MacKinnon	NEWPORT ON TAY	N/A	Unknown	B	B	N/A	A	N/A	50
Vision One Opticians	OAKLEY	N/A	Unknown	B	B	N/A	B	N/A	50
The Eye Centre	ROSYTH	N/A	Unknown	B	B	N/A	B	N/A	50
Boots Opticians	ST ANDREWS	N/A	Unknown	B	A	N/A	A	N/A	50
Govan Opticians	ST ANDREWS	N/A	Unknown	B	B	N/A	B	N/A	50
Duncan & Todd Optometris	ST ANDREWS	N/A	Unknown	B	B	N/A	A	N/A	50
Specsavers Opticians	ST ANDREWS	N/A	Unknown	A	A	N/A	A	N/A	50

Meeting:	NHS Fife Board
Meeting date:	30 November 2021
Title:	Public Health & Wellbeing Committee Terms of Reference
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Gillian MacIntosh, Head of Corporate Governance & Board Secretary

1 Purpose

This paper is presented to the Board for:

- Approval

This report relates to a:

- NHS Board Strategy
- National Health & Well-Being Outcomes

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

- Effective
- Person Centred

2 Report summary

2.1 Situation

In July 2021, the Board approved a proposal to establish a new Standing governance committee of the Board, namely a Public Health & Wellbeing Committee. The principle behind the establishment of the committee is to give greater focus on wellbeing and preventative / proactive care (in line with Scottish Government's direction of travel) and to consider placement of the public health aspects currently within the remit of the Clinical Governance Committee and Finance, Performance & Resources Committee, to allow for enhanced input by the Board. In establishing the committee, it was agreed the first meeting thereof would be an opportunity for members to directly discuss and agree the proposed Terms of Reference for the group, for formal approval of the Board thereafter. That meeting took place on 15 October 2021 and the attached draft remit of the Committee was endorsed for the Board's consideration.

2.2 Background

The proposed remit of the new committee is attached for members' review. It has been influenced by Public Health Scotland's areas of focus and the Public Health Priorities for Scotland, including those around Covid. It also brings together into the one committee scrutiny of performance-related measures related to the planning and delivery of delegated services. Discussion on the current draft has taken place with the Chair, Vice-Chair and Chief Executive, with earlier input by the Directors of Health & Social Care and Public Health respectively. Review of the draft Terms of Reference was the sole agenda item at the first meeting of the Public Health & Wellbeing Committee on 15 October. A positive discussion took place on the document, resulting in the draft now being forwarded for the Board's formal approval.

2.3 Assessment

The Public Health & Wellbeing Committee will link explicitly to the local strategic priority proposed in the new strategy of 'improving health and wellbeing' of the population served by NHS Fife. It will also have coverage over relevant elements of the national care and wellbeing programmes as these become established, as well as the Public Health Priorities for Scotland. It is also the intention that the committee takes the governance lead in oversight and implementation of the new Population Health & Wellbeing Strategy and thereafter its delivery progress.

The Board rarely creates a new governance committee from scratch, and thus there has been an opportunity when designing and implementing a new Terms of Reference for the new committee to clearly determine at the outset its assurance requirements, together with how these will be met in the scheduled agenda topics covered at meetings. Using assurance mapping principles has helped inform this exercise, particularly in ensuring appropriate coverage of relevant topics within the committee's own workplan, a draft of which will be considered at the committee's second meeting in mid-November.

Should the Board approve the attached Terms of Reference, the NHS Fife Code of Corporate Governance will be updated accordingly. This will be presented to Audit & Risk in December and thence the Board in January. Thereafter, an annual review of the new committee's Terms of Reference will take place each March, aligned to the regular cycle of review that each committee undertakes as part of the year-end process.

2.3.1 Quality / Patient Care

The proposal is potentially likely to improve quality of patient care through improved scrutiny and consideration of social determinants and health inequalities in patient pathways, thus improving access to services.

2.3.2 Workforce

There is no direct impact on workforce from this proposal.

2.3.3 Financial

There is no financial impact from this proposal.

2.3.4 Risk Assessment / Management

Consideration is to be given to creating a stand-alone Board Assurance Framework (BAF) for the new committee, to capture and monitor key risks within its remit. This will also be beneficial in determining the workplan for the committee and in identifying areas the committee requires assurance on. Use of the BAF or broader risk register for the Committee will be developed in parallel with the wider review of the risk management approach already underway.

2.3.5 Equality and Diversity, including health inequalities

Poor health and wellbeing disproportionately affect those on low incomes. The committee should have an important role in impacting positively on reducing health inequalities

2.3.6 Other impact

Once the Board has approved the new committee's Terms of Reference, review will be undertaken of the potential impact on the Terms of References and workplans of other Committees, particular Clinical Governance and Finance, Performance & Resources. This work will be captured in the annual review of remits and workplans that already takes place each spring. A similar review will be undertaken of the BAFs and the placement of these across the committees, to ensure that risks are assigned across the cohort of Board committees appropriately.

2.3.7 Communication, involvement, engagement and consultation

Given that NHSScotland remains on an emergency footing, permission in principle to establish the new committee has been sought, and since received, from the Director of Health Finance and Governance in the Scottish Government.

2.3.8 Route to the Meeting

The proposed Terms of Reference has been developed in discussion with the Committee itself at its first meeting held on 15 October 2021.

2.4 Recommendation

This paper is tabled for:

- **Approval** – for the Board to approve the proposed Terms of Reference of the new Public Health & Wellbeing Committee, as discussed and endorsed by the Committee at its meeting on 15 October.

Report Contact

Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

PUBLIC HEALTH & WELLBEING COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: *30 November 2021 (TBC)*

1. PURPOSE

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

2. COMPOSITION

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

- Associate Director, Planning & Performance
- Board Secretary

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

3. QUORUM

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

4. MEETINGS

4.1 The Committee shall meet initially on a monthly basis.

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

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

5. REMIT

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

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

- To undertake scrutiny of individual topics / projects / work-streams to promote the health of the population in Fife, including NHS Fife staff, with particular emphasis on prevention and addressing health inequalities.
 - To ensure appropriate linkages to other key work of the Board, such as the development of new services, workstreams and delivery plans.
 - To undertake an annual self-assessment of the Committee's work and effectiveness.
- 5.2 The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's areas of responsibility.
- 5.3 The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The proposed Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.
- 5.4 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".
- 5.5 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

- 6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.
- 6.2 In order to fulfil its remit, the Public Health & Wellbeing Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7. REPORTING ARRANGEMENTS

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

NHS Fife

Meeting:	NHS Fife Board
Meeting date:	30 November 2021
Title:	Joint Remobilisation Plan 4 2021/22
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Board for:

- Approval.

This report relates to the:

- Fife Joint Remobilisation Plan 4 (2021/22)

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This is the fourth Joint Remobilisation Plan for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for the last 6 month of 2021/22 up to March 2022. This plan is considered as a review of the Remobilisation Plan 3 submitted on 26 February 2021 which replaced the Annual Operational Plan for 2021/22.

The purpose of this document is to set out the delivery action plan to March 2022 and describes how clinical services supported by corporate and non-clinical services will be recommenced safely moving forward from the COVID-19 pandemic.

2.2 Background

The Scottish Government letter dated 20 July 2021 titled *Remobilisation Plans 2021/22: Mid-Year Update (RMP4)* commissioned the next iteration from NHS Boards of the Remobilisation Plan.

The draft Remobilisation Plan 4 was considered and approved by the NHS Fife Board in private session on 28 September 2021 prior to submission to the Scottish Government.

The feedback letter from Mr John Burns, Chief Operating Officer, Scottish Government Health & Social Care Directorates was received on 19 November 2021 confirming Scottish Government was content that the RMP4 for the second half of 2021/22 can now be taken through NHS Fife's governance process.

2.3 Assessment

The guidance document issued in July 2021 described a different approach and requirements for RMP4 since the submission of RMP3. We were required to provide a shorter overview with specific delivery action plans.

The general principles will continue to be adopted in the RMP4: person centred care, inequalities, safety of patients, staff and visitors, workforce and recruitment assumptions, staff wellbeing. The RMP4 guidance also described the planning assumptions for Living with COVID and Delivering Non COVID Services.

Alignment with Strategic Planning

The RMP4 is aligned to the strategic planning in Fife and going forward the Annual Delivery Plans (replacement of Annual Operational Plan and Remobilisation Plans) will reflect the strategy work underway. These include:

Strategic Planning and Resource Allocation (SPRA) - The SPRA is now in year 2 and has commenced for 2022/23. This will clearly align with the development of NHS Fife's 5-year Population Health and Wellbeing Strategy.

Development and Refresh of Population Health and Wellbeing Strategy - Work is progressing with the development of the Strategy. A Population Health and Wellbeing Portfolio Board (PHWPB) has been established to deliver the strategic co-ordination of the emerging strategy with its first meeting having taken place in November 2021.

Partnership and Engagement

The key strategic groups in Fife have been engaged in the plan and these include:

- Remobilisation Plan Forum
- Executive Directors' Group
- Area Partnership Forum
- Area Clinical Forum
- NHS Fife Board Development Session
- NHS Fife Board (private session)

Elements of the RMP4

The requested format of the Remobilisation Plan has been revised for RMP4 and now consists of:

1. Remobilisation Plan Overview (attached)
2. Delivery Action Plans
3. Winter Preparedness Checklist
4. Activity Templates

All elements of the RMP4 (except the activity templates) have been presented to the Board for discussion. The activity templates data will be incorporated for governance purposes in future versions of the IPQR.

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the heart of the Remobilisation Plan.

2.3.2 Workforce

Oversight to workforce implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process.

2.3.3 Financial

Oversight to financial implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process.

2.3.4 Risk Assessment/Management

A Risk Assessment is contained within the Remobilisation Plan.

2.3.5 Equality and Diversity, including health inequalities

Remobilisation Plan included the appropriate equality and diversity impact assessment process as part of the restart process.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the Remobilisation Plan.

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.

An update with the process and principles has been provided to the following groups and comments have been incorporated into this paper.

- Executive Directors Group – 22 September 2021
- Staff Governance Committee – 2 September 2021
- Finance, Performance and Resources Committee – 7 September 2021
- Audit and Risk Committee - 16 September 2021
- Clinical Governance Committee – 17 September 2021
- NHS Fife Area Partnership Forum – 22 September 2021
- NHS Fife Board (in private) - 28 September 2021
- NHS Fife Area Clinical Forum – 12 October 2021

2.4 Recommendation

The Board is asked to approve the plan in this public session and take assurance that the Scottish Government has confirmed that the current draft version of the Remobilisation Plan 4 has been now agreed.

3 List of appendices

The following appendices are included with this report:

- Fife Remobilisation Plan for Fife 4 (2021/22) Overview
- Fife Remobilisation Plan Actions
- Winter Planning Preparedness Checklist
- RMP4 Trajectories – T1, T2 & T3

Report Contact

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Joint Fife Remobilisation Plan 4

2021/22

Revised draft V4.0 FINAL: 30 September 2021

VERSION CONTROL

Draft V 0.1	10/09/21	Initial draft commenced
Draft v 0.2	17/9/21	First draft to DoFS
Draft v 0.3	20/9/21	Overview comments from Acute and commentary from DDoW
Draft v0.4	22/9/21	Comments from H&SCP
Draft v1.0	22/9/21	Version sent to EDG for comments
Draft v1.1	23/9/21	Updated with comments
Draft v1.2	24/9/21	Comments on risks
Draft v2.0	25/9/21	Draft sent to CEO
Draft v2.1	27/9/21	Comments from CEO and DoW
Draft v3.0	27/9/21	Draft Version for NHS Fife Board
Draft v3.1	28/9/21	Further Amendments and updates
Draft v4.0	30/9/21	Draft submitted to SG

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DRAFT

1 Introduction

This is the fourth Joint Remobilisation Plan for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) to March 2022. This plan is considered as a review of the Remobilisation Plan 3 submitted on 26 February 2021 and replaces the Annual Operational Plan for 2021/22.

The purpose of this document is to set out the delivery action plan to March 2022 and will describe how clinical services supported by corporate and non clinical services will be recommenced safely moving forward from the COVID-19 pandemic. This will be dependent on the incidence of COVID-19 in the community and the impact on ICU, acute and community hospital admissions while emergency planning measures are still in place. At the time of writing, numbers are increasing in the community, there is extreme pressure on ICU and hospital beds and elective activity has been reduced.

The Remobilisation Plan guidance has been presented to NHS Fife Board Development Session in August 2021 and will formally go to the private session of the Board on 28 September 2021 prior to submission. Updates will be provided to other key stakeholders including the Area Partnership Forum and Integration Joint Board (IJB).

2 Background

Fife submitted the first Joint Mobilisation Plan to Scottish Government Health & Social Care Directorates in response to the declared worldwide COVID-19 Pandemic in March 2020. In June 2020, the second iteration of the Fife Joint Remobilisation Plan was submitted sharing plans to restart services in a COVID-19 environment. The third Remobilisation Plan (RMP3), submitted in March 2021, was a one-year plan (2021/22) reflecting the difficulties in planning in a changing environment with significant pressure on health and social care systems.

It had been hoped through RMP3 that recovery of clinical and non clinical services could recommence but the increase in COVID-19 in the community and subsequent increase in hospital admissions to acute, community and ICU beds has increased the pressure on the whole system flow. The consequence of this pressure is a reduction in elective and non essential services in order to mitigate the significant impact of the related workforce pressure.

The Scottish Government letter dated 20 July 2021 "Remobilisation Plans 2021/22: Mid-Year Update (RMP4)" commissioned the next iteration from NHS Boards of the Remobilisation Plan.

3 Approach to Planning for 2021/22

We continue to align to the guiding principles of whole system, safe and person centred care, clinical prioritisation, agile, flexible and responsive, realistic medicine/care, protecting our workforce, digitally enabled and data enabled.

3.1 Planning Assumptions

The guidance document issued in July 2021 has asked for the following assumptions to be taken into consideration:

General Principles:

- Person Centred Care
- Inequalities
- Safety of patients, staff and visitors
- Workforce and recruitment assumptions
- Staff Wellbeing

Living with COVID

- Current impact of COVID-19 on the health and care system and the impact of COVID-19 demand on non emergency services
- Fife's response to COVID-19 and seasonal demand in terms of sufficient surge and ICU capacity across the system
- The extended role of Public Health will continue (test and protect, Care Homes, vaccination)
- Continuation of the vaccination programme for COVID-19 and Influenza
- Continuation of screening and testing in line with national policy

Delivering Non COVID-19 Services

- Balancing the capacity to deliver non-COVID-19 services whilst living with COVID-19 and taking into account other seasonal demands and clinical prioritisation
- Consider how the organisation moves out of the current emergency footing building on new ways of working
- Redesign of Urgent Care will change the models of urgent and emergency care services
- Extend and embed digital health and care into our models of care
- Primary and Community Care pathways will include self care
- Consideration on the implementation of the Independent Review of Adult Social Care in all strategic planning
- NHS Fife will make best use of data analysis and evidence for planning and decision making purposes
- Fife will explore opportunities through mutual aid, joint working, regional approaches and support from National Boards.

We have implemented a refreshed approach to strategic planning in 2020/21 and will continue to develop this in parallel with our longer term strategic plans. This approach will take the planning assumptions into consideration.

3.2 Strategic Planning and Resource Allocation

The Strategic Planning and Resource Allocation Process (SPRA) was introduced for 2020/21 to support strategic, financial and organisational planning. This process was completed by the agreement of the Corporate Objectives 2021/22 and the Financial Plan 2021/22.

The SPRA process is committed to delivering services as safely, effectively and efficiently as possible. It will enhance our strategic planning with an initial focus on developing a 3-year medium term plan in 2021/22. The SPRA process for 2022/23 will extend the focus to align with the development of NHS Fife's 5 year Population Health and Wellbeing Strategy.

The process will recognise and prioritise both investment and disinvestment to support the delivery of our objectives. Disinvestment requires the development of plans to release cash savings and productive opportunities. We are also planning to develop the capacity and capability of our Corporate PMO arrangements to support service transformation.

Through our planning we seek to deliver authentic and meaningful prioritisation and support to Equality, Public Health and Prevention and to drive value-based resource allocation across all our services.

3.3 Development and Refresh of Population Health and Wellbeing Strategy

Work has progressed in the development of the Strategy. A Population Health and Wellbeing Portfolio Board (PHWPB) is being established to deliver the strategic co-ordination of the emerging strategy with the first meeting due to commence in October 2021.

Strategic risk assessment will also inform the development of the strategy and it will be aligned to the 4 national care programmes: Integrated Unscheduled Care, Integrated Planned Care, Place and Wellbeing and Preventative and Proactive Care and the strategic direction will focus on these areas linking into existing programmes in Fife.

A public survey is in development to start and maintain the NHS Fife strategy development "conversation" with our internal and external stakeholders which will also underpin and complement the EQIA Stage 2. The Stage 1 EQIA has been completed and signed off with the agreement to move to Stage 2 of the EQIA.

In tandem with this survey, an equivalent internal staff survey to be run to complement or citizens survey.

3.4 Governance arrangements for delivery of Plan

The Remobilisation Plan 4 will be discussed and shared with the key stakeholders and partners across Fife. The timeline for some meetings is beyond the SG submission date but the Remobilisation Plan will continue to be discussed beyond this time.

Timeline for sharing Remobilisation Plan with key groups

2 September 2021	Report to Staff Governance Committee
7 September 2021	Report to Finance, Performance and Resource Governance Committee
17 September 2021	Report to Clinical Governance Committee
22 September 2021	Presentation to APF
23 September 2021	Shared with EDG
28 September 2021	Presentation to NHS Board in Private Session
30 September 2021	Submission to SG
Future Dates	
7 October 2021	Presentation to ACF

4 Current Status of Health and Social Care in Fife Performance 2021/22

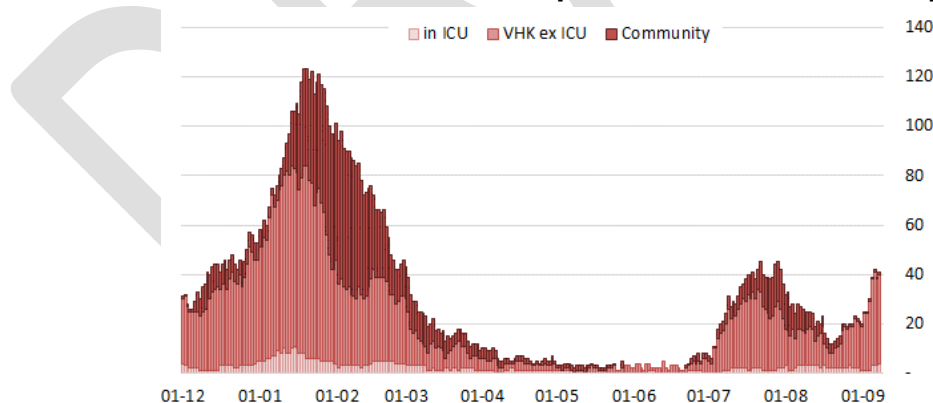
4.1 COVID-19 Hospital analysis

COVID-19 Occupancy including ITU (data based on SG definition Sep-20)

COVID-19 occupancy has exceeded 40 patients within Acute site, levels not experienced since mid-February, towards end of second wave. Occupancy exceeded 80 on Acute site and 120 in all hospital sites during the second wave, where there were over 40 patients on Acute site for over a month.

COVID-19 cases requiring an ITU bed has not increased to same level as experienced during second wave over winter.

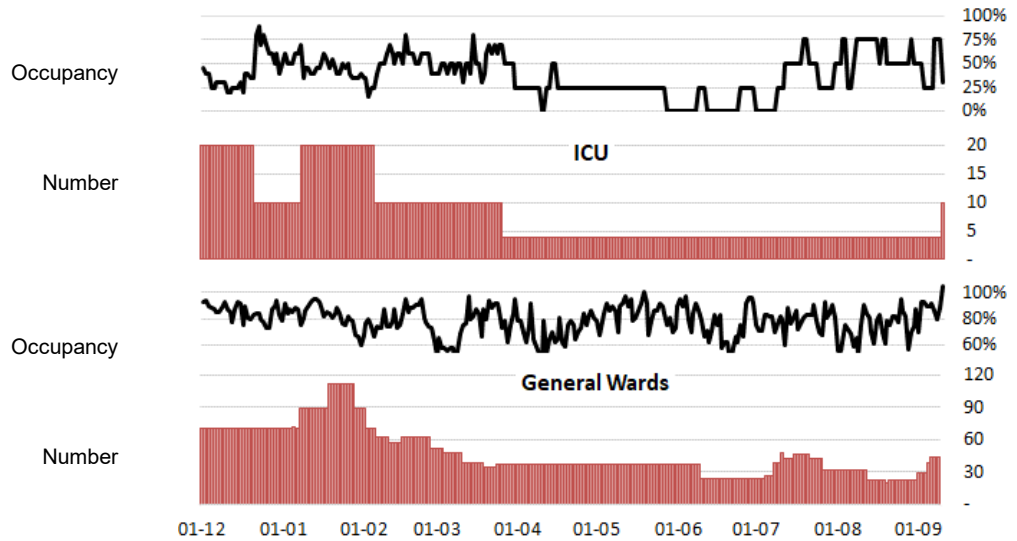
Chart 1: Number of COVID-19 patients in NHS Fife Hospitals



Hospital Beds

Red ICU capacity has recently increased to 10 beds, last at this level at the end of March. General Red capacity has been increasing since start of September but still less than half of the number opened during peak over winter.

Chart 2: Utilised COVID-19 Beds



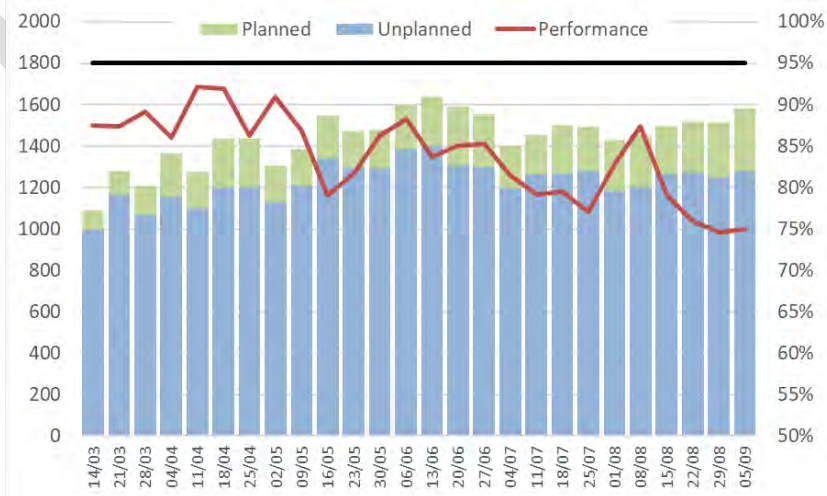
4.2 Unscheduled Care

Accident & Emergency

The number of unplanned A&E attendances in Victoria Hospital had surpassed the total for corresponding period in 2018/19 at the beginning of June. Numbers have since reduced and averaging just over 1200 per week, less than corresponding period in 2018/19 due to the implementation of Redesign of Urgent Care programme where patients are directed to ED as planned attendances through the Flow and Navigation Centre. However, total attendances into ED (both planned and unplanned) are in excess of 2018/19 levels. Performance against 4-hour target has been in decline since April, any increase in performance (end of May and early August) has not been sustained.

Planned activity, following launch of Resign of Urgent Care, surpassed 200 per week in the first week of June and has been averaging over 250 a week since August.

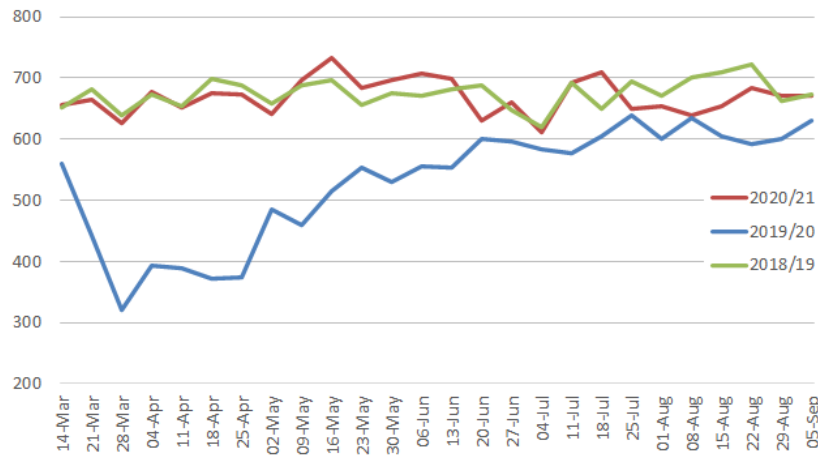
Chart 3: Number of A&E Attendances and 4-hour Performance



Emergency Admissions

Emergency Admissions are currently at pre-pandemic levels. Throughout May and June 2021 demand surpassed corresponding weeks in 2018/19.

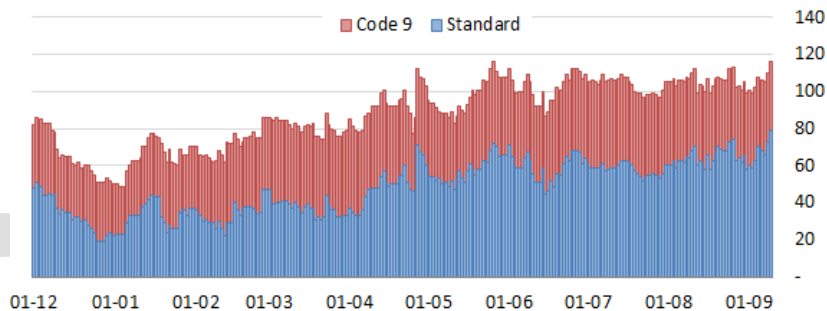
Chart 4: Number of Emergency Admissions



Delayed Discharges

On average delayed discharges has been between 100–120 patients across Acute, Community and Mental Health sites. Throughout most of 2021 there has been, on average, more than 40 patients occupying a hospital bed as a Code 9 (guardian) delay. On occasion, Code 9 delays have accounted for more than 50% of all delays.

Chart 5: Number of Delayed Discharges

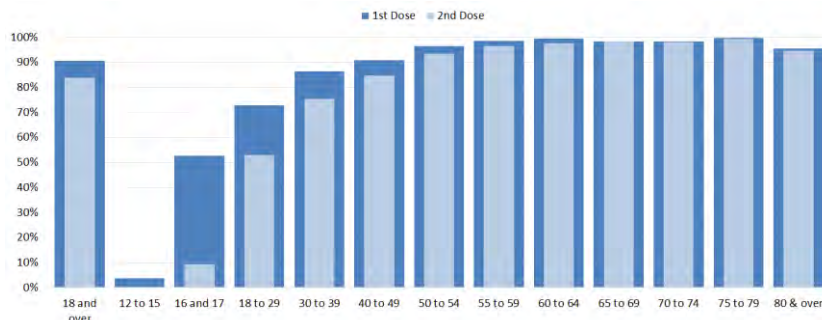


4.3 COVID-19 Immunisation and People Testing Positive

Immunisation

As of 8th September, 91.1% of Fife 18+ population had received first dose of vaccine with 84% both doses. Uptake lowest in 18 to 29 age group with just over 70% received first dose and just over 50% second.

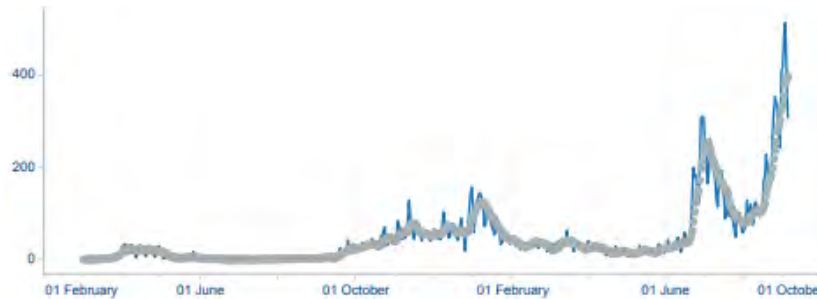
Chart 6: Daily number of people tested for COVID-19



People Testing Positive

There have been 27,680 people in NHS Fife that have tested positive for COVID-19 as of 6th September 2021. The 7-day moving average is over 400 for first time with a rate of over 820 per 100,000 population compared with 824 across Scotland.

Chart 7: Daily number of people testing positive for COVID-19



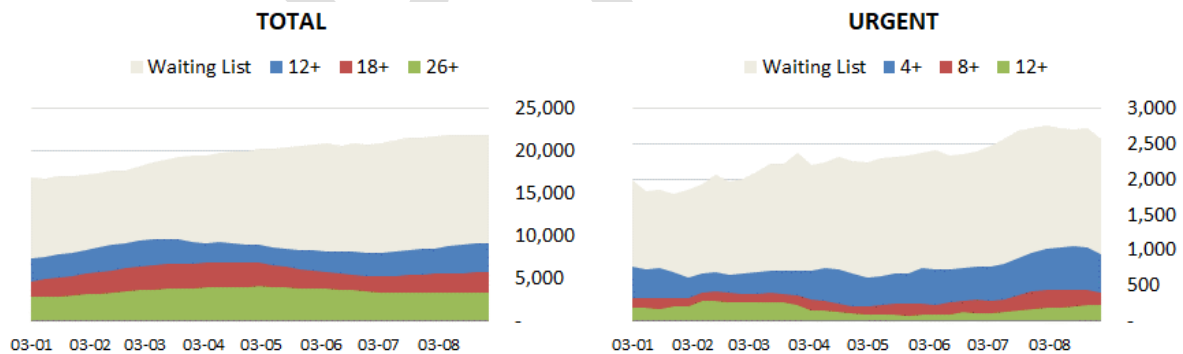
4.4 Waiting Times Position

New Outpatients

By the end of August, the waiting list was just below 22,000 patients with over 9,000 waiting over 12 weeks up from under 8,000 at the start of July 2021. Numbers over 18 weeks have increased over 500 over the same time period. Number of patients waiting over 26 weeks is currently at lowest since exceeding 4,000 in April.

Urgent waiting list has been over 2,500 patients since start of July with patients waiting over 4 weeks exceeding 1,000, patients over 8 weeks over 400 and over 200 patients now waiting 12 weeks or more.

Chart 8: Patients Waiting for New Outpatient Appointment

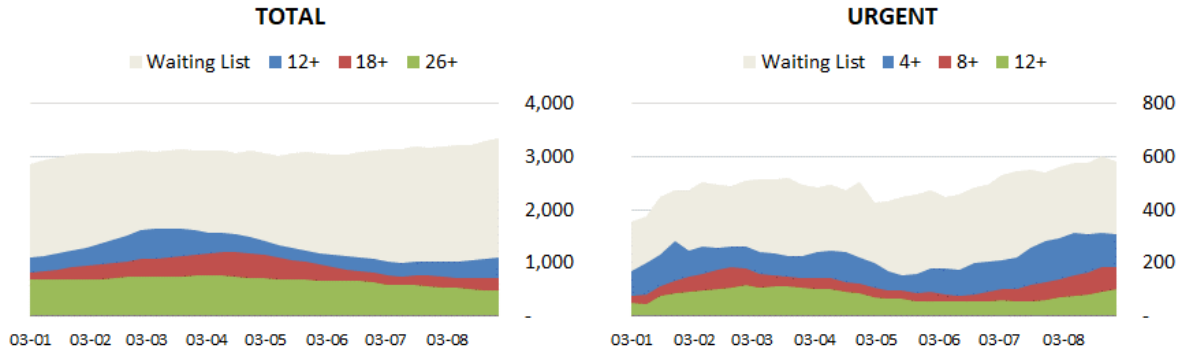


Patient TTG

The total number of patients waiting continues to increase and now at highest number since November 2020. Patients waiting over 12 weeks have stayed just over 1,000 over the summer with number over 18 and 26 weeks are below 700 and 500 respectively.

Urgent waiting list exceeded 600 patients with over 50% waiting over 4 weeks. Patients waiting 8 and 12 weeks have been increasing since the end of May to 200 and 100 respectively.

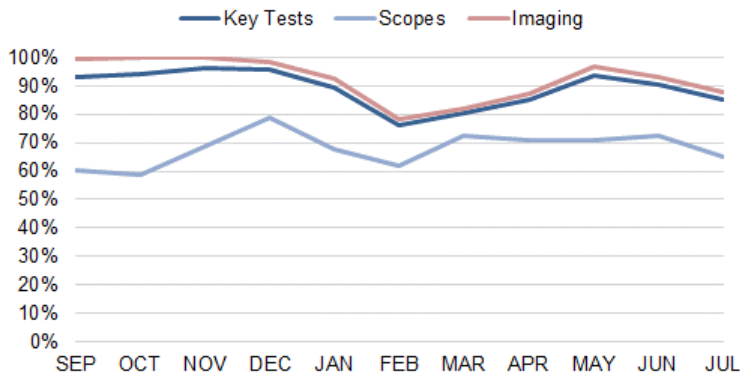
Chart 9: Patient TTG Waiting



Key Diagnostic Tests

The number of patients waiting 6 weeks and over has decreased to below 85% in July. Scope performance has dropped to 65% with Imaging performance to below 90%. Waiting list for scopes has been increasing each month since November and is now over 600 patients. Waiting times for Imaging has been above 4,000 since March from less than 2,000 in October 2020.

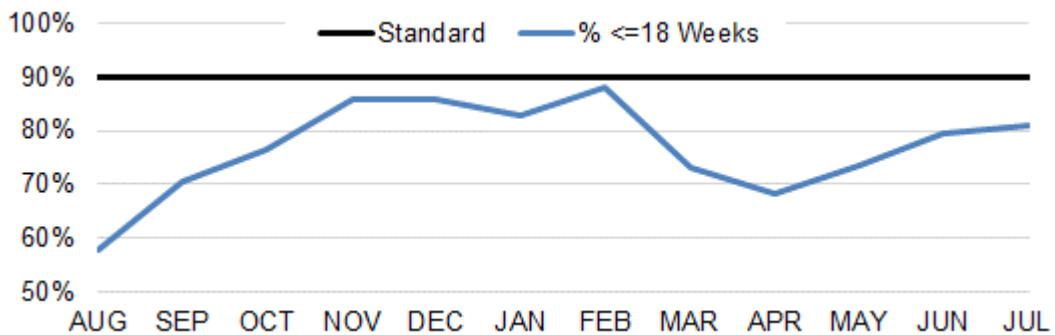
Chart 10: Key Diagnostic Tests <6 weeks



CAMHS

Performance against 18-week Referral to Treatment Standard has increased to over 80% in July compared to under 70% in April. Waiting list exceeded 400 at end of 2020 to 355 in July, much of the reduction is patients waiting over a year. Significant demand in May and June with both months exceeding 300 referrals.

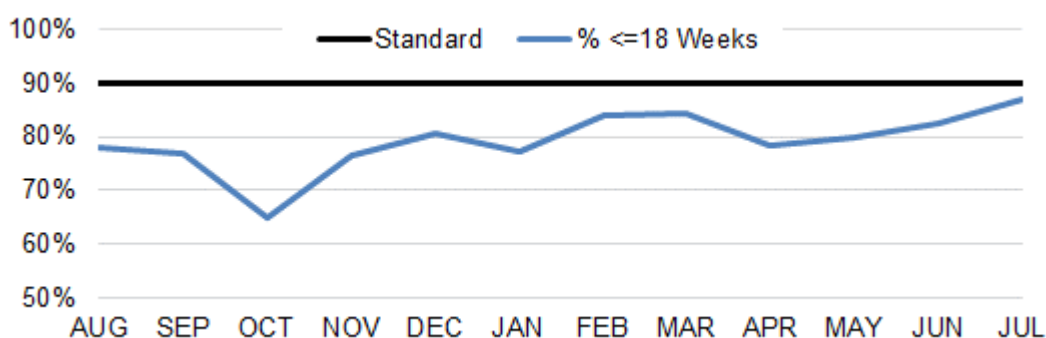
Chart 11: CAMHS Performance 18-week Referral to Treatment



Psychological Therapies

Performance against 18-week Referral to Treatment Standard has increased to 86.7% by July, close to the 90% target. The overall waiting list has been reducing from March with much of the reduction for patients waiting over a year. Referrals have increased to pre-pandemic levels, exceeding 1000 in June.

Chart 12: Psychological Therapies Performance 18-week Referral to Treatment



4.5 Update on Trajectory submitted 6th September 2021

Better than Projected | Worse than Projected

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

		Quarter End	Month End		
		Jun-21	Jul-21	Aug-21	Sep-21
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	1,000	1,000	1,120
	Actual	3,260	985	955	
	Variance	279	-15	-45	
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	6,227	6,259	6,639
	Actual	19,488	6,140	6,746	
	Variance	2,388	-87	487	
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	611	611	611
	Actual	1,406	483	543	
	Variance	-395	-128	-68	
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	3,750	3,750	3,750
	Actual	12,971	4,324	4,221	
	Variance	2,121	574	471	
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	6,280	6,590	6,240
	Actual	20,728	7,052		
	Variance	3,618	772		
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	2,830	2,800	2,690
	Actual	10,088	3,375		
	Variance	2,048	545		
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82			
	Actual	5.50			
	Variance	-0.32			
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	870	870	870
	Actual	2,884	996		
	Variance	434	126		
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	415	145	145	145
	Actual	305	110		
	Variance	-110	-35		
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	306	84	103	104
	Actual	411	110		
	Variance	105	26		
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	1,369	514	471	437
	Actual	1,816	605		
	Variance	447	91		

		Month End	Month End		
		Jun-21	Jul-21	Aug-21	Sep-21
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	65	64	66	63
	Actual	128	109	112	
	Variance	63	45	46	
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	28	29	30	27
	Actual	47	46	39	
	Variance	19	17	9	
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	35	36	36
	Actual	81	63	73	
	Variance	44	28	37	

5 High Level Risks

Risks	Mitigation
<p>Risk associated with concurrent multiple threats of COVID-19, seasonal influenza, RSV and winter pressures.</p>	<p>Gold Command meeting 3 time per week</p> <p>Escalation and Retraction Plans in place including Paediatric and ICU escalation plan</p> <p>Command structure in place - Integrated Capacity and Flow Group (Bronze Command) and Winter Silver Command in place meeting weekly.</p>
<p>If the availability of appropriate skilled staff across all services falls below minimum staffing levels we will not be able to provide business as usual activity or deliver our COVID-19 response.</p>	<p>Workforce planning and development of alternative support to critical services when system is under pressure</p> <p>Escalation and retraction plans in place</p> <p>Service level workforce and recruitment plans in place</p> <p>Continuously improve recruitment and retention of staff in a competitive workforce market. Consideration of retention of core staff on a permanent basis. Mixed step down model for staff Retire and return policy</p> <p>Creation of workforce resilience layer from within Fife's non patient facing areas</p> <p>Command structure in place with specific Silver and Bronze groups taking account of workforce matters</p>
<p>If staff resilience decreases there is a risk that; staff absence levels will increase, or staff at work will not make their best contribution to service delivery</p>	<p>A range of health and wellness services, e.g. Occupational Health (OH), counselling, listening service, Peer Support, Spiritual Care, etc. in place</p> <p>A range of local and national resources, e.g. Promis, well@work etc.</p> <p>Policies and guidance supporting staff wellbeing</p> <p>Encourage resilience for staff through taking rest period and leave.</p>

Risks	Mitigation
	<p>Staff Wellbeing Hubs in place situated at all hospital locations to support staff.</p> <p>Visibility of senior leaders to all staff through walkabouts, CEO weekly briefing</p>
<p>If the temporary funding of Test and Protect and Vaccination/Immunisation workforce is not converted into recurring funding, there is a risk that attrition levels will increase and service delivery during 2021 and beyond will be adversely affected</p>	<p>Advocating through Public Health, Finance and Workforce discussions with Scottish Government for recurring funding.</p> <p>Managing workforce locally to support staff retention.</p>
<p>Availability of capacity and capability of workforce to continue to provide business as usual services and to continuously respond to the demands on services of COVID-19. Risk of attrition of staff on fixed term contracts for example contact tracing staff</p>	<p>Workforce planning and development of alternative support to critical services when system is under pressure</p> <p>Continuously improve recruitment and retention of staff in a competitive workforce market. Consideration of retention of core staff on a permanent basis. Mixed step down model for staff</p> <p>Consider operational decisions about staffing levels in hard to recruit areas</p> <p>Initiated creation of workforce resilience layer from within Fife's non patient facing areas</p>
<p>Ongoing sustainability of delivery of Primary Care Service</p>	<p>Ongoing review and action planning through the GP sustainability group and the focus on implementing the GMS contract as directed by MoU2. Intention to develop a sustainability action plan to target those practices that are struggling.</p> <p>Continuing to manage the day to day sustainability of services</p> <p>Identify pockets of good practice and consider replications in other parts of the system</p> <p>Delivery of the plan to signpost patients to access appropriate services (RUC)</p>

Risks	Mitigation
<p>Unscheduled Care demand increasing with impact of putting more pressure on existing capacity and flow of services.</p>	<p>Implementation of Redesign of Urgent Care (RUC) and 6 Essential Actions including improvement actions</p> <p>Communications Plan with public messaging about accessing urgent and emergency services</p>
<p>Increase in waiting lists for elective care (OP/IP/DCs/Diagnostics) including Cancer Care as consequence of last 18 months pandemic.</p>	<p>Plan to return to pre-pandemic levels by March 2022 in conjunction with SG Access Support Team</p> <p>Building of Fife Elective Orthopaedic Centre to deliver state of the art treatment centre.</p>
<p>Risk to population health following 18 months of reduced levels of healthcare service</p>	<p>Clinical Prioritisation of cancer, trauma and elective patients to identify patients in need of urgent treatment</p> <p>Carefully managed retraction planning and remobilisation where possible</p>
<p>Mental Health service provision, estate, reputation and increase in waiting times including CAMHS/Psychological Therapies</p>	<p>Fife Mental Health Programme Board in place to deliver Mental Health Strategy.</p> <p>Additional funding to redesign Mental Health services and reduce waiting times</p> <p>Mental Health Improvement Plan in place and team working with SG Mental Health directorate.</p>
<p>Risk of cyber attacks on public services</p>	<p>Continued support and progress with the NISD Action Plan, led through Cyber team</p> <p>Awareness and education activities in progress for board, executive team and wider organisation</p> <p>Continued review of intelligence on current threats</p>
<p>Risk of delivering financial balance on Revenue Resource Limit in-year.</p>	<p>Financial plan is in place for 2021.22, significant risk in achieving in-year financial balance due to brought forward unachieved savings due to COVID-19 impact in previous financial year.</p>

Risks	Mitigation
	Ongoing discussion with SG Health Finance Directorate.
Risk to delivery of the in-year capital programme as a consequence of material shortages and significant price increases	Plans in place to ensure early engagement with suppliers in relation to key products.
Risk to delivery of effective and person centred patient flow from acute to community services (Care Home closures and delivery of person centred care at home for patients/clients)	<p>Directors Care Home oversight weekly meeting, and daily meetings between H&SCP and Public Health to risk assess opening / closing of Care Homes based on level / nature of Covid-19 positive cases in Care Home residents and staff.</p> <p>Extensive recruitment drive for staff for Care at Home services to maintain / improve availability of service.</p>

DRAFT

6 Impact of Significant Changes

6.1 Independent Review of Immunisation Service

The 2021 independent review of immunisation resources and structures in Fife made recommendations with regard to the structure and governance of immunisation programmes and the requirement to develop a cohesive immunisation strategy. The Fife Immunisation Strategic Framework 2021-24 has been developed in accordance with the review findings.

This Strategic Framework sets out the shared vision of NHS Fife and Fife Health and Social Care Partnership for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course.

To realise our vision and ambitions four priorities for action have been identified:

- Optimise immunisation coverage ensuring equitable access for all eligible groups
- Enhance the monitoring & evaluation of immunisation programmes
- Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services
- Community engagement and promotion

A strategic action plan has been developed to ensure close monitoring of uptake rates continues, immunisation services are as accessible and flexible as possible, and that inequalities are addressed in the new models of delivery.

6.2 Safe/Segregated pathways

The Acute Services Division operates three segregated care pathways across the hospital; Red, Amber, Green – aligned to guidance in the National Infection Prevention and Control Manual. The red pathway supports patients with suspected or confirmed COVID-19, the amber pathway supports patients who have been assessed as not having COVID-19 and the green pathway supports patients who have self-isolated for 14-days and returned a negative COVID-19 PCR test prior to admission (planned electives).

6.3 Redesign of Urgent Care

Demand for Urgent and Emergency services continue at challengingly high levels. Emergency Department (ED) attendances have returned to or surpassed pre-COVID-19 levels. This demonstrates that whilst our delivery of Urgent Care Services is changing, demand for these services is increasing, therefore reinforcing the need to continue the delivery of the RUC (Redesign of Urgent Care) Programme at pace.

Overall ED activity: has increased over the last five months. Between July 2019 and July 2021 there has been a 9.1% increase in overall activity. Planned attendances have increased month on month with July 2021 recording the highest activity to date (434 attendances). Similarly, remote consultations have increased month on month but have seen a steeper increase in the previous 4 months (an increase from 394 patients in March to 747 in July).

Unplanned attendances: continue to make up the majority of ED's attendances. Attendances over the previous 4 months have increased however are still lower than recorded in both the summer and winter of 2019. Unplanned attendances in July 21 were 10.8% lower than that of July 2019. Overall, ED activity should be used to provide a picture of the ED model of care changes.

Remote consultation: Since the introduction of RUC in Dec 2020 the average percentage of patients who have a telephone triage appointment and then go on to have a face-to-face appointment is 70.3% (average of 186 pts/month).

6.3.1 Impact of RUC Changes so far

To enable us to deliver person centred care within urgent care we must ensure people receive the Right Care, at the Right Time and in the Right Place. The approach being taken in Fife to reduce demand on ED and schedule unscheduled care through the RUC Programme, has seen the following outcomes:

- Approximately 25% of patients who have a local assessment via ENP/ANP clinical team whilst seeking to access ED are signposted to another service out with Victoria Hospital (VHK)
- When patients need to attend ED or Minor Injury Units (MIU), 24% are scheduled
- 32% of medical admissions coming via Flow and Navigation Centre (FNC) are redirected away from the medical admissions unit (AU1)

Whilst making these changes consideration has also been given to the following:

- Inequity of provision (digital access to support digital consultation) - action plan created following publication of EQIA stage 2
- Consequences of delaying/denying treatment – Review of re-admissions, Datix and complaints highlight no concerns

6.4 6 Essential Actions

NHS Fife continues to hold system and patient-level data-led whole system huddles daily where a focus is ensuring the hospital is safe to start each morning and facilitating movement within pathways to drive effective management of capacity and flow. Through this process rapid escalation of issues can be achieved. Maintaining capacity and flow is a constant challenge but is helped through effective whole-system communication.

Improvement work continues on efficient and effective planning and delivery of discharges. Previous improvement work around Daily Dynamic Discharge, linked to a recent rapid improvement event, mean we have a robust model to support this planning. Current staffing challenges make this challenging to deliver on a consistent basis due COVID-19 related absences (sickness and isolation) and consequently this impacts on the availability of our core workforce to achieve this.

The introduction of a Flow Navigation Centre as part of the Redesign of Urgent Care programme affords more opportunities to ensure patients utilise alternative pathways to hospital admission e.g. Emergency Care Ambulatory Service (ECAS), Hospital@Home, etc.

Recent improvement work in the Admission Units has seen the length of stay of patients more than halved in that area thus creating more capacity and improving flow at the front door.

The use of NHS Near Me is well embedded within NHS Fife. Access to senior clinical decision makers exists through the ED advice line, the Flow Navigation Centre and specialty advice lines. Clinical decision support is enhanced through current improvement work on specialty referral and community management pages on our corporate intranet. We are currently in the final stages of procuring a peer-to-peer asynchronous messaging system that will also enhance non-urgent dialogue between primary and secondary care.

6.5 Elective Activity

The waiting list position in Fife has grown considerably through COVID-19, with particular impact through the second wave as a result of increased critical care demand and a requirement to release staff to support. The current position as at August 2021 of 1,082 TTG (treatment time guarantee) patients waiting >12 weeks is an improvement since April 2021. The position for New Outpatients (NOP) of 9,079 patients waiting >12 weeks is stable despite increased referrals. This continues to require consolidated effort to address.

To create a sustainable position in Fife, waiting list funding has been previously directed to substantively recruited posts, enabling us to build our capacity over time and create a value-based service. An additional £4.3 million for 2021/22 has been provided to increase capacity and enable waiting list reduction. This provides additional activity of c.11,198 NOP, c.1,194 TTG and c.2,424 Diagnostics for 2021/22. Additions include additional theatre lists, in-source activity, 7 day working for some specialties and staffing offset for those most impacted through COVID-19. A full breakdown of additional activity and associated costing has been shared with the Access Support Team for transparency.

NHS Fife has an ambition to further develop the Day Surgery at Queen Margaret Hospital to increase available capacity. Plans are at an early stage in terms of capital requirements and service planning.

Plans were built on the assumptions that:

- we would not need to continue to follow the guidance on physical distancing of 2m beyond October 2021,
- enhanced infection control procedures would be relaxed by October 2021,
- we would not require to reduce bed and theatre capacity for elective patients further
- a similar proportion of our staff remained unavailable due to COVID-19 related absence/shielding.

The activity and waiting times associated with this are set out in Template 2a.

However as at August 2021, we anticipate that we still require to maintain the 2m social distancing and enhanced infection control procedures beyond October 2021 and therefore the activity and waiting times associated with this are set out in Template 2b.

Our projected activity beyond Q3 remains heavily caveated particularly with regards to staff availability due to COVID-19 and elective bed and theatre capacity and likely subject to change as the dynamic situation with COVID-19 evolves. Currently we have had to reduce both Inpatient/Daycases (IP/DC) and Outpatients (OP) activity in response to significant increase in emergency and COVID-19 related activity. We will remain in continual dialogue with the Access Support Team over the coming months as our planning assumptions and activity change.

Template 2a and 2b (as described above) set out our projected activity and waiting times, based upon core activity plus the foundation of staffing previously funded (£6.7m) and the additional 4.3m secured.

Actions are ongoing to increase the capacity for Outpatients and Inpatient/Daycase activity in line with the national commitment of 110% by March 2022. Based on the funding provided local data, current assumptions and constraints, Template 2a for Outpatients projects pre-COVID-19 levels will be reached by March 2022 based on the local DCAQ average activity for January and February 2019. However, if social distancing is still in place, the projections suggest capacity at around 92%.

For Inpatients/Daycase, current actions and the local DCAQ average activity for January and February 2019 projects activity at over 100%.

These projections remain heavily caveated particularly with regards to staff availability due to COVID-19 and elective bed and theatre capacity and likely subject to change as the dynamic situation with COVID-19 evolves.

This is continually reviewed and the Planned Care team will remain in dialogue with the Access Support Team.

6.6 Robotic Assisted Surgery

The introduction of Robotic Assisted Surgery (RAS) was identified as a key objective for Acute Services over the next 3-year period. The availability of national capital funding permitted the acceleration of this.

Approval was granted from NHS Fife Chair and Vice Chair in March and the robot was secured in the last financial year (2020/21).

The business case developed included the use of this platform for multi-speciality use (Colorectal, Urology and Gynae-oncology) from the outset and aim to maximise the use of the Robot on a weekly basis.

Robust plans are in place in terms of training of surgeons and theatre staff, development of patient pathways and estates and facilities requirements. Progress will be reported through the clear lines of governance.

Plans are already progressing well with on-site training underway with the first of our Surgeons successfully signed-off to operate solo.

6.7 COVID-19 Resilience Workforce Layer

It has been recognised that added workload pressure has been compounded by the COVID-19 pandemic over the past 18 months and is causing concern around quality and safety of patients and for staff wellbeing.

With staffing levels challenging, and at times are at 'sub-optimal' levels, across a number of areas due to a combination of vacancy levels, sickness absence, self isolation and annual leave, additional administrative staff have been recruited to support the ward based staff. This will allow the already very stretched clinical workforce to maintain resilience and flexibility and will remain in place on a time limited basis to be reviewed throughout the year.

A proactive approach is being taken to short term staffing contingency planning which may involve exceptional decisions being required to sustain core services. Plans are being developed for an additional COVID-19 resilience layer of workforce to be made available in readiness to support the organisation over the coming months.

Initial review of staffing contingency options and the underpinning principles are being applied to service escalation and business continuity plans. Our approach will give due consideration to major incidents and contingency planning for COP26.

7 Reflections of the Pandemic in 2021/22

7.1 Vaccination Programme

The first tranche of the COVID-19 vaccination programme was overseen by the Director of Pharmacy & Medicines directorate. Over 482,000 doses of vaccination were given to those identified in JCVI priority cohorts. Vaccination was delivered in a multitude of settings; GP practices delivered to those over the age of 80, there was an in-reach approach to delivery for care home residents and staff, and HSCW staff were vaccinated in hospital clinics. District nurses supported the vaccination of those deemed housebound. The rest of the population in JCVI Cohorts 1-9 were vaccinated in community clinics, spread across 13 locations in Fife. A workforce was recruited, comprising registrants and HCSW vaccinators, on a fixed term basis until end of March 22.

The pace of programme was dictated primarily by available vaccine supply, which necessitated a change in approach moving into the second phase. Six 'mass' vaccination centres were set up in accessible areas, to allow the number of vaccination 'stations' to be scaled up and down to match supply. Over time, drop in clinics were also added into the delivery model to maximise uptake. Further outreach models, including targeting those in bespoke locations were developed.

The programme was handed over for delivery to Fife Health and Social Care Partnership on 1st August 2021. An Immunisation Programme Director has been appointed to oversee the strategic and operational delivery of the joint Flu/COVID-19 vaccine delivery.

7.1.1 Planning to March 2022

Planning is underway for imminent delivery utilising existing infrastructures for the winter 2021/22 programmes as per Scottish Government requirements. The delivery plan for Flu and COVID

Flu and COVID-19 vaccine delivery plan

Completion of Tranche 1 (COVID-19 only) has key priorities for remaining for delivery:

- Continuing to deliver 1st and 2nd dose for 40 years and under cohort
- 16-17s including in reach programme to schools
- Universal offer for 12-15s using a clinic based model for delivery to reduce impact to education and also support informed consent for this cohort – this will be supported via appointments with NVSS
- Severely Immunosuppressed will received a 3rd dose of COVID-19 Vaccine with appointments being made via NVSS

Planning for Tranche 2

JVCI guidance received 14/09/2021 advises the following to support delivery as follows:

- Co administration of flu and COVID-19 vaccine – can be delivered together
- Vaccine to be delivered will be Pfizer – meaning 15 minute post vaccine observation required
- 6 month gap essential between 2nd and 3rd dose – impacts planning procedures
- Cohorts 1-9 will mirror Tranche 1 as per JVCI green book chapter:

A two-stage approach has been instructed in delivering COVID-19 booster/third doses and flu vaccinations, resulting in several cohorts, originally delivered independently of each other, being grouped together, and delivered concurrently.

The delivery will launch week beginning 29/09/2021 with initial focus on care homes. SG guide flu programme is to complete around 06/12/2021 and COVID-19 programme early 2022, no definitive date has been set as yet.

The two stages are:

Stage 1 (offered a third dose of COVID-19 vaccine and the annual flu vaccine, as soon as possible from September 2021):

- adults aged 16 years and over who are immunosuppressed
- those living in residential care homes for older adults
- all adults aged 70 years or over
- adults aged 16 years and over who are considered clinically extremely vulnerable
- frontline health and social care workers

Stage 2 (offered a third dose COVID-19 vaccine as soon as practicable after Stage 1, with equal emphasis on deployment of the flu vaccine where eligible):

- all adults aged 50 years and over
- all adults aged 16 – 49 years who are in an influenza or COVID-19 at-risk group
- adult household contacts of immunosuppressed individuals

Reflection and learning from Tranche 1 advises that we must ensure a sustainable, competent and confident workforce. All vaccinators work within national protocols and via national education materials and professional leadership has been developed and is now

visible and consistent for the workforce in all clinics and through the structures now established. Non clinical workforce are critical also to the delivery of the programme to ensure safe and seamless management of clinics and support to persons attending for vaccine.

Military Aid to Civil Authority (MACA) support has also been offered to assist with the programme due to the recent new guidance released. This could include registrants, health care support worker equivalents and venue support. This is currently being assessed by programme leads in collaboration with the national team.

Logistics and scheduling are also vital to ensure safe appointing in venues which are of a high standard to support operations.

And lastly, effective communication is essential to support public and staff confidence and the NHS communications team work collaboratively with the operational delivery team to ensure excellence in programme delivery.

NHS Fife are committed to delivering a safe, effective, and person centred programme for flu and COVID-19 for the whole population of Fife in line with JVCI guidance, national and local policy. This will be accessible for all within defined cohorts with the priority is to reduce health inequalities in support of individual and public health

7.2 Test and Protect

COVID-19 testing and contact tracing continue as a core part of work to reduce rates of COVID-19 transmission and protect the vulnerable groups. Both will help to reduce the number of people requiring hospitalisation and minimise serious harms directly and indirectly related to COVID-19. Several testing routes are in operation for symptomatic and asymptomatic testing. Testing site locations are considered weekly and are chosen in conjunction with colleagues from Fife council. The testing sites across Fife include models delivered by NHS Fife, Fife Council, SAS, and UK Government. The increasing case numbers and demand for testing are approaching the current system capacity, which therefore requires adaptation.

Similarly, with contact tracing, the increasing numbers of new cases in our population has required adaptation and our local team has incorporated all of the nationally agreed changes required during recent months. Sustaining the workforce is a key concern as staff involved with this important work, from administrators, call handlers, testing staff and contact tracers are employed on fixed term contract basis. The specialist Health Protection nurses brought in during the COVID19 pandemic to sustain the specialist response also remain on fixed term contracts and there will be a risk of attrition in coming months.

7.3 ICU Capacity

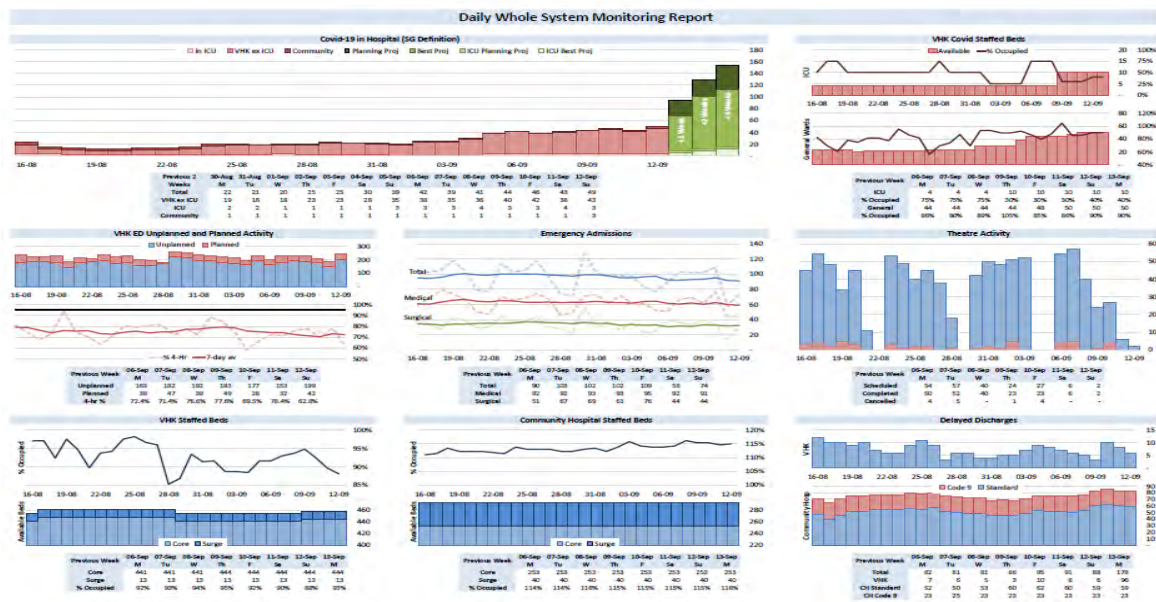
NHS Fife has reviewed and updated a Critical Care Additional Wave Response Plan. The plan clearly sets out an incremental scale up or down of critical care capacity in order to respond to COVID-19 situational change. Triggers and stages are clearly described in the plan as are workforce and equipment requirements.

This approach enables NHS Fife to meet the remobilisation requirement to surge the Intensive Care Unit (ICU) to double capacity within 24 hours and treble capacity in 48 hours.

The workforce requirement for the plan is significant and when triggered impacts on the workforce across the organisation and theatres in particular. This in turn impacts on the elective programme. This is closely monitored and managed through a Silver Command.

7.4 Emergency Measures Reporting

Over the last few months with the Command structure standing up again, a review of the reports to inform Gold Command took place and, in addition to the weekly Daily Monitoring Report, a new report is presented weekly with key metrics up to the previous day. The report includes occupancy across the whole system, A&E capacity and performance and COVID-19 numbers in hospital and ICU including projected numbers. An example of the report is shown below.



A similar approach is being taken through the Winter Planning and Workforce Silver Commands with the focus around clinical capacity and workforce availability.

8 Winter Planning

8.1 Safe/Segregated pathways

The Acute Services Division continues to operate three segregated care pathways (Red, Amber Green) in accordance with extant guidance in the National Infection Prevention and Control Manual. These pathways transcend all inpatient areas across the hospital, with clear demarcation between each and regular review of the hospital footprint via the Hospital Control Team (a Silver Command). The Hospital Control Team comprises subject matter experts across a range of professional groups, including Microbiology, Infection Control, Infectious Diseases, Estates and Facilities etc.

8.2 Winter preparedness

Winter Preparedness Checklist has been reviewed with mechanisms in place to actively monitor through the weekly Integrated Capacity and Flow Group and review any actions that are not fully in place by end of September. This is a whole system response.

8.2.1 Resilience

Whole System Escalation and Retraction Plans are being refreshed (including ICU and Paediatrics), encompassing COVID-19 and non-COVID-19 pathways with clear trigger points, with Business Continuity Plans also updated.

8.2.2 Unscheduled / Elective Care

Systemwatch is used routinely to predict daily current demand and activity is planned (this will include urgent elective care) around these numbers. There are also daily discussions within Acute Services of predicted admissions and discharges (using Estimated Date of Discharge (EDD)) and projection of the profile on weekly basis.

Weekly COVID-19 projections are used for planning purposes as a matter of routine, with sharing and discussion via Hospital Control and Acute Senior Leadership Teams. Robust ICU escalation plan in place, with associated trigger points and enabling actions.

The hospital footprint continues to be segregated based on Red/Amber/Green pathways with associated flex in the red/amber footprint dependent on COVID-19 demand. We are aware of potential changes to ARHAI's pathway guidance in preparation for Winter and are poised to reconfigure as required.

8.2.3 Out of Hours (OOH)

The OOH plan covers the full winter period and pays particular attention to the festive period and covers pre-prioritised calls from NHS24. Plans have been developed in collaboration with Acute Services, National Services, Social Care and others. NHS24 Winter Campaign messages support the delivery of the out of hours service and routine local communication will signpost to where services are available as well as the need to order repeat prescriptions well in advance.

8.2.4 Norovirus Outbreak Control Measures

NHS Fife's Infection Prevention and Control Team annual Winter Preparedness Plan ensures outbreaks are identified swiftly with support and guidance provided. Staff communication portal includes links to national guidelines on preparing for and managing

Norovirus. Control measures described in NHS Fife Infection Control Manual are also on the staff communication portal and provided to all inpatient wards.

8.2.5 COVID-19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing

All Health and Social Care Workers have been offered and encouraged to take up the offer of flu vaccination and those eligible (frontline staff) were offered two doses of COVID-19 vaccinations.

Going forward, all staff will be encouraged to book a flu vaccination and all frontline staff and those over 50 years will be encouraged to book a COVID-19 booster vaccination.

Asymptomatic testing remains in place for staff across Health and Social Care including those working with high-risk patients across Cancer and Mental Health/Learning Disabilities Wards.

8.3 Social Care Winter Preparedness

Work is ongoing planning for winter in Social Care. The Social Care Winter Preparedness Checklist will be completed by Social Care when it is received from Scottish Government colleagues.

8.4 Lessons learned from Winter 2020/21

A Winter Review Event was held in April with over 70 key stakeholders, across NHS Fife and Fife H&SCP, through MS Teams to discuss what worked well and not so well in winter 2020/21 and what key learning and actions could be taken forward. Table below summaries the responses.

What has worked well?	What has not worked as well?	Key Learning & Actions for 2021/22
Communication	SG Communication	Clearly identify and communicate trigger points
Collaboration	Recruitment, Retention and Workforce Planning 365	Flexible staff that can be moved across the organisation
IT Systems	Distinction between Summer and Winter, 365 planning and being proactive	365 Planning – plan demands for 12-month period
Flexibility	Transport	Adoption of New Technology, digital development
The speed of Change	Remobilisation of some services, waiting times	Improve Contingency and Incident Planning

Feedback from the event was used to inform the winter plan actions for 2021/22 and discussed at Planning Event in August with the following identified as top priorities upcoming winter:

- Workforce planning - planning for surge capacity to include a robust Medical, Nursing & AHP model
- Principles of Home First to be fully implemented taking cognisance of best practices with 6EA
- Admission prevention and effective discharge
- Vaccination programme delivery for flu and COVID-19 - early planning and integration of both programmes
- Improved communication across key stakeholder groups
- Winter elective plan to minimise the impact on elective activity as far as possible

Whole System Escalation and Retraction Plans are being reviewed (including ICU and Paediatrics), encompassing COVID-19 and non-COVID-19 pathways with clear trigger points, with Business Continuity Plans also being updated.

8.5 Whole System Modelling

NHS Fife have been working closely with Public Health Scotland and Capgemini to develop a scenario modelling tool to be used at weekly planning meetings to prepare for any predicted capacity issues over short term. We are also in the early stages of developing a long-term model for winter planning. The models are currently focussed on Acute site and utilise current predictive data (SystemWatch, SEIR profiles) as well as local data.

The models are being refined on a frequent basis to reflect the ever-changing COVID-19 and non-COVID-19 demand with plans to incorporate Health & Social Care data into the model.

The Modelling Tool was shared at the most recent Fife Winter Planning Workshop in August 2021.

9 National Care Programmes

The National Care Programmes approach within SGSHCD and through the Centre for Sustainable Development, is welcomed within NHS Fife and will be integrated into our strategic planning. The development of the Population Health and Wellbeing Strategy will be aligned to the four care programmes and any programme updates will be considered as they are received.

We continue to support an approach that seeks to maximise value for the population, to promote reform, to build capability, to learn from best practice, and to truly embed improvement and innovation in everything we do as we build back fairer for the local population.

10 NHS Recovery Plan

The NHS Recovery Plan 2021-2026 published in August 2021 sets out the improvements required to increase capacity across the whole system as recovery had affected all aspects of healthcare.

NHS Fife actions to start to address the key areas identified in the Recovery Plan are found in the Delivery Actions and are based on the principles outlined. They are summarised below:

Staffing and Wellbeing – work is ongoing to recruit appropriate staffing through workforce planning.

Workforce & Recruitment – This is aligned to NHS Fife's Workforce Strategic Framework and identification of alternative workforce models.

Outpatient & Diagnostic Procedures – NHS Fife are working with the Centre for Sustainable Delivery (CfSD) to introduce new ways of delivering care with this work being captured in the CfSD NHS Fife Heatmap.

Inpatient & Day case activity – NHS Fife has continued to undertake elective care and plans are being developed to improve waiting times. The NHS Fife Elective Orthopaedic Centre is well underway and is due for completion by 2022.

Urgent & Unscheduled Care – improvement work is underway reviewing admission and discharge pathways across the whole system. The Redesign of Urgent Care programme is progressing and moving onto Phase 2.

Cancer – Locally a Strategic Framework for Cancer is being developed which aligns to the National Cancer Plan. NHS Fife was one of the pilots of Early Cancer Diagnosis Centres (ECDCs) with evidence of successful outcomes.

Mental Health – Plans are in place to expand the capacity of CAMHS and Psychological Therapies through the Mental Health Transition and Recovery Plan.

Drug-related deaths – This has been as one of the key corporate objectives and a programme has been established by Pharmacy and Public Health.

Innovation & Design – Innovation will be a key component to the recovery of services and there are clear plans from NHS Fife's Innovation and Research team and Digital & Information team.

11 Mental Health and Wellbeing

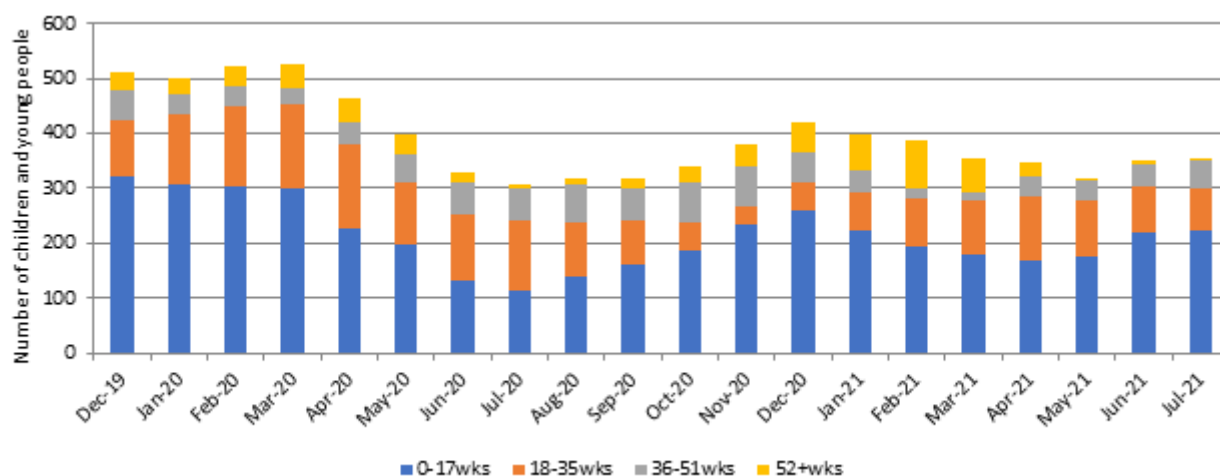
11.1 CAMHS

The CAMHS service is being supported by Scottish Government Policy team and are just completing a gap analysis of service (including new initiatives) against the national specification. The total received in Phase1 was £1,882,029 and a detailed action plan is in place with £1.47 million committed so far.

A spend plan for the remaining circa £400,000 will be utilised in full to meet the identified priority areas informed by the gap analysis. This spend plan is in development.

The waiting list current figures below as of August 2021:

- Average waiting time is 11 weeks.
- Total of 355 children waiting.
- 221 waiting less than 18 weeks & 134 waiting more than 18 weeks
- 5 children waiting over 52 weeks have been appointed



An improvement plan has been agreed by Scottish Government that will eradicate the waiting list and provide a sustainable service meeting target of 90% of referrals receiving 1st appointment within 18 weeks, by October 2022.

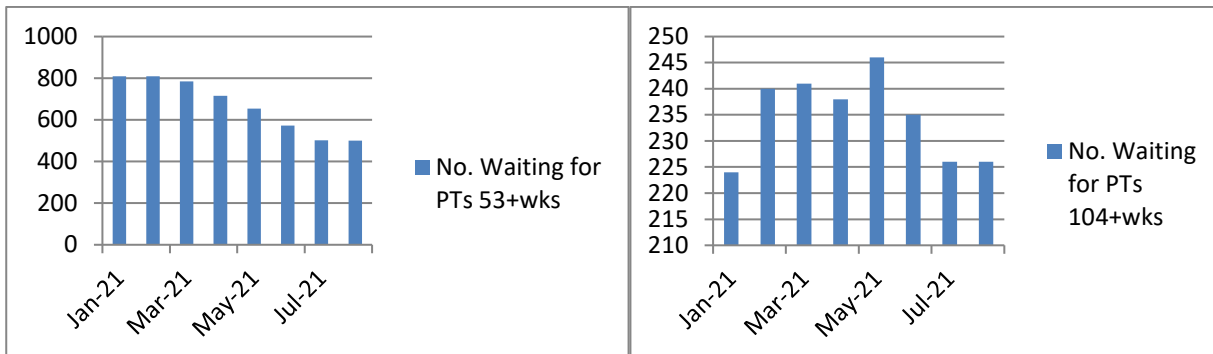
11.2 Psychological Therapies

Work is ongoing to meet the Psychological Therapies (PTs) waiting times target and support continues by colleagues from the Scottish Government's Mental Health Division. The FY21/22 allocation from the Mental Health Renewal and Recovery fund, allocated to clear the backlog of people waiting for a psychological therapy, was £340,553.

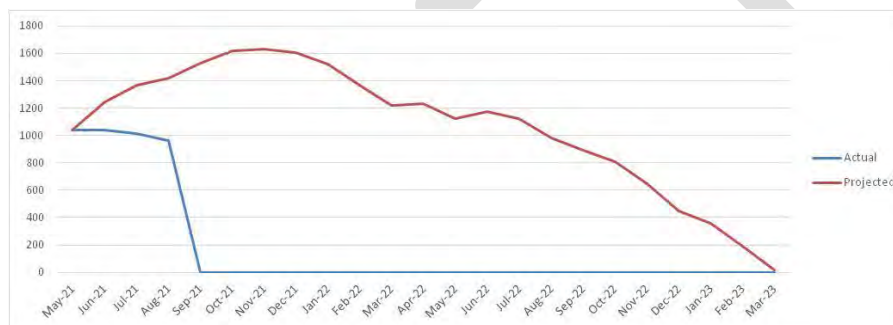
Clearing the back log is one element of the detailed Psychological Therapies Improvement Plan, agreed by Scottish Government, that will clear the waiting list and provide a sustainable service meeting the target of 90% of referrals beginning psychological therapy within 18 weeks by March 2023.

The waiting list current figures below for PTs (*these figures exclude CAMHS data*) as of August 2021:

- 1,931 people were waiting for a PT
- 956 waiting over 18 weeks
- 500 over 53 weeks
- 226 over 104 weeks



The graph below demonstrates the waiting list trajectory as per demand-capacity modelling within the PT Improvement plan.



Recruitment to the posts identified in the Psychological Therapies Improvement Plan is underway.

12 Mental Health and Wellbeing of Staff

We recognise the national focus on the mental health and wellbeing of our own staff and our previous NHS Fife remobilisation plans have recognised the crucial element this will play in sustaining our workforce and in our ability to successfully emerge from the COVID-19 response. Underpinning our workforce wellbeing will be the roll out of the Staff Vaccination booster programme, and the continuation of our Staff Testing provision. In both respects, arrangements will continue to evolve in line with the developing knowledge and evidence basis which will be inform national guidelines.

As a Gold Healthy Working Lives (HWL) Award holder, we are committed to promoting health & wellbeing as we complete a refresh of our existing strategic framework for Staff Health and Wellbeing and underpinning action plan. Review of these arrangements in light of our experience in the last 18 months will be completed during 2021/22 with alignment to the national discussions on employee wellbeing support. Additionally, this work will contribute to the Workforce Strategy 2022-2025.

Our locally branded “Well @Work” activity will continue to coordinate delivery of support for employee wellbeing with the aim of developing a culture of kindness and a shift in organisational culture by:

- creating a kinder, more mindful organisation
- adopting a “Personal Outcomes Approach” supporting what matters to the individual
- developing resilience, by implementing a model of resilient practice.

Our emphasis on wellbeing in the past 18 months will continue, building on positive reaction to the introduction of Staff Support Hubs across Fife, with plans and funding in place for refurbishment of permanent Staff Hubs on two main hospital sites. The right physical environment aligns with our recognition of the need for clear, consistent and regular messages to staff about taking breaks and annual leave to rest and recover. We have and continue to listen to our staff in terms of their feedback about practical support to maintain personal resilience and wellbeing. We know that small things matter like making refreshments and snacks available within staff rest areas and designated Staff Hubs.

We value the partnership involvement from staff side colleagues seeking their ideas and solution as we work together to ensure we are responsive to the views expressed by staff. Local and Area Partnership Forums/Fora will continue to review, prioritise, and promote our staff wellbeing aims and actions including review of our 2021 iMatter feedback.

National wellbeing resources and initiatives continue to be promoted and accessed, alongside our extensive and successful local services and resources. Initiatives which have been made available to staff will continue to form part of our plans with extended services available with internal routes in place for those staff identified as requiring additional support:

- Enhanced Occupational Health (OH) service from 202/21 investment, including additional OH Physician, Mental Health OH Nurse and additional nursing and Occupational Therapy (OT) posts to support COVID-19 activity and staff recovery.
- Psychology staff resource enhanced to incorporate support for staff.
- Launch of Access Therapies Fife website.
- Staff support available from Spiritual Care Team,
- Staff Listening Service and Staff Counselling Service
- Peer Support service.
- Mindfulness drop in sessions, training, and video clips for staff
- Support sessions for managers,
- "Our Space" sessions for shielding / home working staff.

We know that for some staff COVID-19 health impacts may have longer term implication. We will work in partnership to assess national guidance updates on potential Long Covid implications on health. We will implement policy changes and communicate with, train and support staff and managers in any subsequent practice changes required for wellbeing and attendance management purposes.

We appreciate that the availability of staffing is fundamental to staff health and wellbeing. We continue our significant recruitment (local and where appropriate regional and

international) and resourcing effort, and workforce planning/modelling towards sustainable staffing levels.

13 Digital and Information

In support of NHS Fife's Remobilisation Plans, Digital Health and Care plays an enabling and supporting role to all services. Focus remains on the continued implementation and support of the existing and recently introduced capabilities. We continue to prioritise the improved maturity in our EPR capability and further developments to our patient-facing services platform.

The hospital electronic prescribing and medicines administration system (HEPMA) remains a crucial deliverable as we progress through 2021-22 and into 2022-23.

While funding and resource availability remains challenging, the requirement to deliver pandemic response and remobilisation activities further extends exposure in those two areas. The ability to prioritise activities that support the continued pressure felt by services remains a focus.

14 Summary

The Remobilisation Plan 4 outlines the plan for last 6 months of 2021/22 take cognisance that emergency planning measures are still in place. NHS Fife has adopted a flexible approach to remobilisation and continues to prioritise clinical services in a COVID-19 sensitive environment. It is recognised that longer term planning is difficult in these times but work is ongoing developing the Fife Population Health and Wellbeing Strategy, our 5 year vision and strategy.

Our remobilisation will be agile with a whole system approach which is clinically led, COVID-19 sensitive, person centred and digitally enabled with the Plan being a dynamic document subject to review and updating.

Accompanying documents

1. Delivery Action Plans
2. Activity Templates
3. Winter Preparedness Checklist
4. CfSD Heatmap (not included)

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
 Pandemic Response

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative			Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required		Workforce Implication		Financial Implication	
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
	RMP3	Pandemic Response	Test, Trace, Isolate and Support in Fife is delivered effectively, risks are managed adequately and the programme is demonstrating improvements in performance over time.	The Test & Protect Oversight Group review risks and data at all meetings. Any risks which require escalation will be discussed at the Public Health Assurance Committee. Data is prepared in relation to Contact Tracing and Testing and any themes and trends are discussed and appropriate action is taken. To provide strategic assurance, a report on the Test & Protect Programme is submitted to the NHS Fife Clinical Governance Committee.	Mar-22	Testing uptake is increasing and we are currently undertaking record numbers of tests. Lab PCR activity is nearing capacity (NHS and UK Government). Weekly reviews are taking place of testing sites to ensure areas with highest need are identified. Contact tracing recruitment progressed during the summer in response to increasing case numbers and the agreed National CMF approach has been fully implemented. Performance of Contact Tracing is impacted by pressures in the testing system but overall monitoring shows achievement of case closure in line with other parts of Scotland. Workforce sustainability is a concern for testing, contact tracers, admin staff and specialist health protection nursing staff. Most of these staff are on fixed term contracts and we anticipate that there will be further attrition over coming months- leading to the Amber assessment.	Public Health	Test & Protect	Workforce sustainability	Continuing to recruit to fill vacancies as these arise, offering overtime, drawing back some Core Public Health team staff to sustain team (see Population Health risk listing below for additional detail).							
	RMP3	Pandemic Response	Increase capacity and resilience rapidly and to set out our approach to living and working with COVID-19: this will form part of a strategic framework that all Public Health departments will produce, including how we will respond to and manage COVID-19 clusters and outbreaks.	Additional staff to be appointed, in response to COVID-19 pandemic: Contact Tracing Team : Contact Tracing Practitioners will be appointed to achieve our target of 83 wte. Consultant in Public Health (Immunisation Co-ordinator) to be appointed to provide strategic planning to support the roll-out of the future waves of the COVID-19 vaccination programme and completion of the Vaccine Transformation Programme, including an extended seasonal flu programme. A new Consultant to be appointed as Clinical Lead for Health Protection. Head of Resilience A dedicated Communication Officer (T&P) will be recruited to support the workstreams for contact tracing, testing and vaccination programme. The Officer will be managed within the Communications Team.	Jan-22	Current staffing at the moment we have had a steady stream of people leaving to take up permanent posts within NHS Fife and other organisations. At the moment we are trying to recruit to these vacancies but this is limited due to the length of contract we can offer. <u>Progress against appointment of staff:</u> The NCC at present have allocated 10 wte staff to support us with this role until our recruitment is complete. Clinical Lead for Health Protection: recruitment paperwork currently being developed. Head of Resilience is currently out to advert with a closing date of 3rd August 2021. Asymptomatic Community Testing Programme is currently recruiting staff to support seven fixed test sites and three community mobile units. To date 40 Fife Council staff have taken up fixed term contracts and the other posts are being filled through NHS Fife recruitment.	Public Health	Public Health	There is a risk that due to the temporary fixed term contracts until end March & June 2022) nature of the posts within Test & Protect and to support the Health Protection Team (nursing and admin & clerical) that we will be unable to recruit or retain staff who are currently in post.	<p><u>Contact Tracing:</u> The NCC at present have allocated 10 wte staff to support us with this role until our recruitment is complete. This will be reviewed on an ongoing basis.</p> <p><u>Asymptomatic Testing Programme:</u> after 3 recruitment campaigns we are currently in the process of reviewing our original bid of 7 fixed sites and 3 mobile units to more mobile units and less fixed sites as we need less staff for the mobile units.</p> <p><u>Head of Resilience</u> post has been shortlisted and interview date been set.</p> <p><u>Communications Officer</u> has been short listed and interview date been set.</p> <p><u>Consultant – Clinical Lead for Health Protection:</u> paperwork has been approved by facility and will go out to</p>	Head of Resilience in Post by December 2021 Communications Officer in post by November 2021 Consultant - Clinical Lead for Health Protection in post by January 2022	Test & Protect Strategy					
	RMP3	Long Covid	Support and develop the NHS Fife response to Long COVID.	Exploration of Health Protection Models to support sustainability We will have East of Scotland regional HP model developed by end of December 2021 and then moving to operationalise by new financial year, 1st April 22.	Dec-21	In January 2021, a post-COVID-19 syndrome response oversight group (Chair, Dr Frances Baty, Head of Fife Psychology Service) was established to consider how best to meet the needs of people presenting with the long-term effects of COVID-19 infection (post-COVID-19 syndrome). In June 2021, the PCSROG produced a report for 'awareness' to the EDG providing a situation analysis of post-COVID-19 provision in Fife and outlining the steps planned to further progress the work. In the next phase, 5 short life working groups have been tasked with developing clinical pathways; MDT case coordination; clinical supports and education; patient information; and participation in national research programmes, making recommendations for services that can be introduced now within existing resources and those which may require additional investment (these are in addition to, or expanding, the services which have already been introduced).	HSCP	Complex Care Services	Monitoring/support from Oversight group	Patient information toolkit produced, print version in preparation; Clinical pathways between Primary Care, Acute, Psychology and Mental Health; Recommendations for staff training; Contribution to research and furthering the knowledge base.		SG Policy on illnesses and Long term conditions; COVID-19 mental health transition and recovery plan; Quality Strategy					
	RMP4	Pandemic Response	ICU capacity	Flexible footprint agreed to surge ICU from 10 to 18 beds if require IPC guidance in place to ensure low/medium risk patients can be accommodated across critical care at levels 2/3 Feasibility study being completed to increase SR availability from 4 rooms to 6 in ICU	Dec-21	Flexible model in place and daily silver command in place to manage capacity	Acute Services	Emergency Care	ICU capacity is unable to flex and accommodate the required number of patients	Managed through Silver Command							

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Primary, Comm & Social Care

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	RMP3	Primary/ Community Care	Introduce additional sites where screening may be delivered, dialogue has commenced with Council colleagues to take this proposal forward.	Cottage Centre secured	Sep-22	The Cottage Clinics have been running for 3 months now and will continue. Other venues have been explored however challenges remain for central location. Discussion regarding Diabetes centre is ongoing	HSCP	Community Care Services	Delay in screening for Diabetic Retinopathy	Sourcing external venue							
Proposal	RMP3	Primary/ Community Care	Review the arrangements to Primary Care 'Care Home Local Enhanced Service' during 2021-22 including strengthening good quality anticipatory care planning.	On Hold	N/A	This is currently on hold/delayed as Scottish Government are undertaking a national review of all Enhanced Services. Implementation evaluation underway.	HSCP	Primary and Preventative Care Services	On Hold	On Hold							
	RMP3	Primary/ Community Care	Embed robust collaboration and joint working across the interface of primary and secondary care within our ways of working as we remobilise.	Regular meetings to further the RUC work and to monitor and review relevant pathways to ensure whole system effectiveness.	Nov-21	Interface working has enabled the implementation of an Early Cancer Diagnostic pathway, navigation and flow hub for management of admissions, joined up urgent care redesign, transfer of care of a group of Type 2 diabetics to general practice freeing up specialist services, secondary care phlebology hubs at QMH, VHK, Adamson Hospital and SACH, further developments in NEF GP Practices are also expected. GP direct access to imaging is also expected from Summer 2021. NEW: Further robust collaboration could be possible through new ways of working in cancer services, for example SACT delivered closer to home	HSCP	Primary and Preventative Care Services	Risk of pressure in one part of the system e.g. Acute wards.	Weekly capacity and flow hub meetings							
	RMP3	Primary/ Community Care	Refresh of the primary care improvement plan following the joint Cabinet Secretary/BMA letter.	MOU2 Published August 2021. The GMS Implementation Group met on 17th August 2021 to discuss. Revised pharmacotherapy and CTAC plans were considered. Revised Vaccination Transformation plan is due for discussion 21 September 2021.	Oct-21	2021/22 Primary Care Improvement Plan will be produced when revised Pharmacotherapy, CTAC and Vaccination plans are approved by GMS Implementation Group/SLT.	HSCP	Primary and Preventative Care Services	The full CTAC model will not be delivered by March 2022 in accordance with MoU2	Further guidance awaited from SG regarding transitional arrangements and payments	Transitional arrangement will need to be agreed with Fife GP Practice for some CTAC Services.	tbc	tbc	tcb	tbc	tbc	
	RMP3	Primary/ Community Care	Development of a Specialist Respiratory team to support a wide range of respiratory conditions to work collaboratively with the wider Community Teams to support patients, both acutely and long term with COVID.	Complete	Complete	Respiratory team established. The team works collaboratively with all community and acute services to reduce hospital admissions and support patients at home. These patients have complex respiratory conditions with co morbidities, and the team case manage and coordinate all services to support them.	HSCP	Primary and Preventative Care Services	Complete	Complete							
	RMP3	Primary/ Community Care	Primary Care Dental Services Remobilise the delayed National Dental Inspection Programme. This programme would help address inequalities. Restart Childsmile in a phased manner, dependent on capacity within NHS and education.	Engaged with all national agencies to secure appropriate start date	Mar-22	The PDS is remobilised and awaiting national and local Education approval	HSCP	Primary and Preventative Care Services	child dental health	n/a							
	RMP3	Primary/ Community Care	Continue to expand use of mobile technology (Attend Anywhere and MS Teams) to support remote consultations and to enable staff to work from home when appropriate.	Upskill staff in effective use of technology. Introduce a digital first approach. Introduce remote consultations for review appointments where face to face is not required. All meetings are held over teams Telephone consultations and Near Me are being used across all Dietetic services as determined by our clinical decision making matrix. We now have a better and wider range of IT devices to enable these modes of working, however we cannot work solely from home as we do not have electronic patient record cards.	Dec-21	Podiatry: Near me clinics established but many stood now as many non face to face consultations exhausted. Near me and telephone review still initial approach and for some review appointments Physiotherapy: Maximum capacity within current restrictions is being delivered using a blended approach of face to face and telehealth. Further remobilisation progress and increased capacity will not occur until 2m distancing rules are no longer in place.	HSCP	Primary and Preventative Care Services	Staff isolation working only from home. Risk of service stalemate due to lack of interaction. Patients not happy not being able to have face to face consultation Physiotherapy - 1) risk of increasing waiting lists / unable to meet demand due to reduced capacity. 2) risk of deterioration in those that requires specific therapeutic rehabilitation e.g. Hydro	Blended approach initially but now all staff back at work for 90% of time. TEAMS meetings help bring department together. Patients who have exhausted all self care and advice are now seen in clinic settings if necessary Physiotherapy - Capacity maximised as much as possible via blended model of virtual and face to face. Other rehab being delivered to patients waiting for specific therapies which meets some of their rehab needs and mitigates risk.							
	RMP3/RMP4	Primary/ Community Care	Podiatry Services to be made available in all community and hospital sites including domiciliary and care homes	Establish who is on waiting list and assess need. Appointment priority based long risk and urgency. New patient clinics to be re-established. Clear 600 plus new patients first then start on the ongoing new patients (150-200 per week). Continue with near me and telephone review where appropriate	Dec-21	All planned clinic re-opening where possible. The intention is for podiatry to transition to Morse but there are no timescales. Podiatry already has electronic records and an electronic diary so service not prioritised in roll-out	HSCP	Primary and preventative care services	There is a risk that full mobilisation not possible as demand is greater than available resource.	Prioritise based on risk and impact. Support self management where possible	Podiatry service to be made available to population of Fife. Those patients whose appointments were suspended or who were never appointed to be assessed and offered either remote consultation or face to face						
	RMP3	Primary/ Community Care	Optical Coherence Tomography (OCT) to be incorporated into the DES Programme and will be delivered by the DES Team.	Develop delivery through half day clinic and monitor	Mar-22	Currently a half day clinic per month as the OCT requirement increases more clinic time will be allocated	HSCP	Primary and Preventative Care Services	Insufficient capacity to meet demand	DES team to carry workload							
	RMP3	Primary/ Community Care	Develop a new Fife laryngectomy service in collaboration with Acute Services.	Complete	Feb-21	The Laryngectomy valve clinic is now established and fully hosted and delivered by Fife. Teething issues with ordering are being resolved. Patient feedback is very positive with well-being benefits already identified.	HSCP	Primary and Preventative Care Services	Complete	Complete	Improved patient experience based on patient feedback received.						
	RMP3	Primary/ Community Care	Working towards a return to this routine therapeutic support as soon as restrictions allow e.g. securing of IPC compliant clear masks, vaccination of staff.	Remobilisation in line with plans. On-going escalation of lack of IPC compliant clear masks. Flexible working to maintain home and on-site working.	Mar-22	Remobilisation of services continues. Services to adults with acquired difficulties remains the least impacted however routine outpatient appointments are still to resume. Services to children and young people are still significantly hampered by the lack of IPC compliant face masks and agreement to increase footfall in clinics. Services to adults with learning disability are slowly resuming now that staff vacancies have been filled.	HSCP	Primary and Preventative Care Services	1. Lack of clear masks limits effectiveness of SLT intervention thus impacting on children's long term outcomes. 2. Decreased clinical space across all care groups, limited access to education settings for CYP. 3. Staff self-isolation/illness impacting on safe and quality service delivery. 4. Increasing waiting times due to increase in referral rate and decreased clinical space.	1. Use of remote, risk assessment for removal of masks. 2. Innovative rotas for dedicated SLT clinical space. 3. Absence monitored							
	RMP3	Primary/ Community Care	Working towards reinstatement of the diagnostic pathway for Children and Young People, subject to restrictions and guidance.	Complete	Complete	Continued work with Psychology colleagues to re-start the community ASD diagnostic pathway and work across disciplines to restart the Tier 3 clinics. Planned restart of clinics is in July with face to face and digital offerings available dependent on presentation. AAP and FAST clinics restarted in July 2021. Face to Face and digital offerings are available dependent on presentation.	HSCP	Primary and Preventative Care Services	Complete	Complete	Returned to previous level of service however this still does not meet the need. Complaints and long waiting times will continue without investment.						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
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On Track	RMP3	Primary/ Community Care	Phase 3 (return to majority of previous service provision) will be implemented when safety measures such as social distancing can be relaxed.	Physiotherapy - resumption of in person Group exercise classes, group rehabilitation classes, Hydrotherapy, rebound therapy. Full use of all clinical treatment rooms and cubicles to increase capacity Nutrition and Clinical Dietetics: Remobilisation back to the clinics we previously held across Fife. Implementing the new services for Head & Neck, ONS, Coeliac for Children and IBS from the new funding in 2019 which has been held up due to Covid. SLT- embedded laryngectomy clinic in practice, redesign of access to voice referrals, redesign of support to care homes. The delivery of service to care homes will change with the introduction of a nutritional toolkit and planned care home review clinics using virtual systems. This will start to roll out from September.	Nov-21	Physiotherapy: Maximum capacity within current restrictions is being delivered using a blended approach of face to face and telehealth. Further remobilisation progress and increased capacity will not occur until 2m distancing rules are no longer in place. Nutrition and Clinical Dietetics: Contact has been made with all health centres and agreed which dietitian will attend each clinic. A decision making matrix has been developed for identifying the different levels of contact with patients. Flowcharts are being developed and implemented to ensure consistency. The care homes toolkit is currently at the printer for final proof copy. Podiatry: Diabetes centre re-opened sharing accommodation with urgent care. Type 1 patients at risk of active foot disease or those with active foot disease will be offered care once more at VHK. Clinics being established. The remote multi-disciplinary clinic using Near Me technology is planned to remain as better for patients who require ambulance or who resided in care home.	HSCP	Primary and Preventative Care Services	Physiotherapy - 1) risk of increasing waiting lists / unable to meet demand due to reduced capacity. 2) risk of deterioration in those that requires specific therapeutic rehabilitation e.g. Hydro Nutrition and Clinical Dietetics:- Key Risks are patients we are maintaining in the community who require artificial feeding, nutritional support for a wide range of issues . If these patients are not seen and they deteriorate, they will require urgent care.This applies to neonates, babies transferred back from Lothian and artificially fed babies and infants.	Physiotherapy - Capacity maximised as much as possible via blended model of virtual and face to face. Other rehab being delivered to patients waiting for specific therapies which meets some of their rehab needs and mitigates risk. Nutrition and Clinical Dietetics: Patients referrals are triaged carefully and minimum number given a face to face appointment to maintain patients in the community and prevent hospital admissions.	Nutrition and Clinical Dietetics: Able to continue to provide a clinical dietetic service to patients who need therapeutic interventions. We continue to maintain our high risk artificially fed patients in the community preventing admission to A&E when tubes block where possible.	Intervention and Prevention of Diabetes Type II - Early Adopters Strategy.						
On Track	RMP3	Primary/ Community Care	Developing a Secondary Care Phlebotomy Service with Acute Services.	Set-up Secondary Care Phlebotomy services, ideally out with Acute settings Monitor demand	Sep-22	3 clinics have been set up one in QMH, VHK and Adamson Hospital. The initial clinic in West was set up in Lochgelly however was under utilised therefore moved to QMH . The staff are currently line managed by HSCP but this will be moving to acute services . The plan is to develop another Clinic in St Andrews community hospital . Further discussions to take place re management of service in the future.	HSCP	Primary and Preventative Care Services	There is a risk that the phlebotomy service are unable to recruit to meet increasing demand for this Service, impacting on turn around	Regular meetings take place between HSCP and Acute, with Acute offering support as and when required.								
At risk - requires action	RMP3	Primary/ Community Care	Redesign by recruiting Advanced Nurse Practitioners who can support the Consultant Rheumatologists in the delivery of the service. This will reduce the reliance on agency medical locum staffing.	Diagnosis, care planning, urgent and routine review of patients with rheumatic illness. Collaborative working with MDT and clear clinical leadership. Development of new and innovative care pathways.	Dec-21	The ANPs will be able to assess new routine patients and assist with the medical reviews of review patients. Recruitment of ANP is being revisited as so far unsuccessful. Continuing to develop self management approach to reduce the need to consultant appointments	HSCP	Primary and Preventative Care Services	Risk that recruitment is not successful. 1 round of recruitment has failed so far.	consider use of advertising agency to attract interest								
On Track	RMP3	Primary/ Community Care	Review of GIRFEC practices and wellbeing pathway to increase effectiveness and impact.	National guidance being produced by Scottish Govt GIRFEC Team	Dec-21	National guidance will be launched on 27th September for 12 week consultation on Assessment of Wellbeing. The other 5 areas of information/guidance will be out for consultation of 6 weeks from 27th September. Local review of GIRFEC planning is underway between health and education as universal services.	HSCP	Primary and Preventative Care Services	Further delay in release of consultation documents and then final documents	Regular awareness raising of changes to launch dates for those who will contribute to consultation	National GIRFEC guidance linked to The Promise and Children's Rights							
On Track	RMP3	Primary/ Community Care	Progression with backlog in relation to P1 screening.	There were no growth measurements undertaken for Primary one (P1) children in the academic year group 20/21. Parental questionnaires were issued to all P1 parents/carers for completion and return. The returned forms were subsequently screened by School Nursing staff and contact was made with any parent/carer that requested this.	Oct-21	Primary 1 screening will recommence in August 2021. P1 screening is planned to recommence for the academic year 21/22 in October 2021. Numbers of pupils are yet unknown, however it is anticipated this will involve approximately 4,000 pupils	HSCP	Primary and Preventative Care Services	Getting into schools to undertake measurements is a challenge	Working with schools to plan programme								

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Mental Health

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	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc			Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost		
	RMP3	Mental Health	Increase use of NearMe particularly for review appointments and for mental health reviews.	Near Me is being used routinely across all MH & LD services where determined as clinically safe (via individual patient risk assessment). Staff have been supported with kit and training. Governance framework is being devised and feedback from users (professional and patient) is being sought.	Mar-22	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	HSCP	Primary and Preventative Care Services/ Complex Care Services	Risk that Near Me not suitable for everyone	continue to offer face to face appointments									
	RMP3	Mental Health	Re-development of the Moodcafe website to facilitate information-giving and support self-help across the life span and for people with long term health conditions.	Re-development and expansion of online psychological support, services and self help.	Oct-21	New content/webpages written and current content edited; design and layout of new Moodcafe site being finalised with developers; plan to launch in June.	HSCP	Complex Care Services	Other clinical priorities impact capacity to deliver.	Ongoing oversight of resource required	Expanded online offer increasing direct access to PTS; Improved access to mental health self help and sign-posting;	Mental Health Strategy; Mental Health in Primary Care							
	RMP3	Mental Health	Develop patient pathways and support the development and implementation of the local Unscheduled Care Hub.	<ul style="list-style-type: none"> Develop pathway via Fife FNC for unscheduled referrals to be passed from NHS 24 Greater resilience in Unscheduled resource with UCSF Develop workforce to create local hub 	Apr-22	UCAT referrals currently come via FNH OOHs. UCSF provide response to calls when UCAT unable to support, which remains under review. Recruitment of ANPs has commenced.	HSCP	Complex Care Services	Risk that service cannot recruit required ANPs	Work closely with UCSF to create a broader and more resilient workforce									
	RMP3	Mental Health	Progress with the six commitments of the Fife Mental Health Strategy	<p>Workstreams are continuing to meet and progress actions. Update report taken to CCG Committee on 8/09/21.</p> <p>Agreement sought to review MH Strategy to ensure that it is fit for purpose given key services changes during pandemic and additional funding from Scottish Government.</p> <p>It was agreed that the MH Strategy would be revised and update and that an action plan and financial framework would be developed to support the strategy implementation.</p>	Apr-22	Delivery against the strategy is coordinated through the Mental Health Strategy and Implementation Group MHSIG. Each Commitment has an identified lead and reports into the MHSIG on a quarterly basis on progress. 6 monthly update reports to the Clinical and Care Governance Committee. Progress continues to be made on all elements of the strategy.	HSCP	Complex Care Services	Scot Gov focus on lack of ambition of extant strategy.	Renewal and Recovery agenda of the national MH strategy bringing substantial additional investment. MH Strategy Steering Group oversight of all developments. An element of the new funding to be utilised to provided planning and project support to ensure progress, and achieved outcomes are monitored and reported appropriately. HoS chairing MH Strategy Steering Group		Mental Health Strategy							
	RMP3	Mental Health	Implement a revised primary care support model in an area of significant deprivation and need and it is hoped that this model will result in immediate treatment initiation.	Workplan being driven by national taskforce.	Oct-21	<p>Addiction Services has worked collaboratively in the past year with third sector agencies and community pharmacies to support high risk patients to prevent drug related deaths.</p> <p>Staff from third sector agencies have supported high risk patients by visiting them at home and maintaining contact, thereby helping them remain in treatment and reducing risks.</p> <p>Community Pharmacies have worked closely with Addiction Services, particularly during lockdown, facilitating naloxone provision for all opioid dependent patients to help in reducing drug related deaths.</p> <p>Fife Voluntary Action, along with third sector agencies have assisted Addiction Services to deliver prescriptions during the Covid 19 pandemic. This has ensured continuity of treatment during lockdown.</p> <p>The introduction of Bovidae, a long acting Buprenorphine subcutaneous injection, administered monthly has provided patients with an additional treatment choice.</p> <p>Work is now commencing to implement the MAT standards and develop locality based addiction support models to improve accessibility and referral to treatment times in line with the MAT standards.</p>	HSCP	Complex Care Services	Increased risk of drug related deaths. Community pharmacy short notice closures through workforce shortages.	Faster access to prescribing and other treatments including psychological support. Oversight by ADP. Partnership work in place to mitigate COVID impact on community pharmacy, and ensure alternative support for patients.									
	RMP3	Mental Health	Resumption of activity in AMH Day Hospitals.	<p>Operation of traditional Day Hospital model has ceased. Revised and extensive clinic model implemented.</p> <p>Ongoing development of Adult and Older Adult CMHTs.</p> <p>Ongoing development of pathways supporting cross sector working, provided in a stepped manner and informed by lived experience.</p> <p>Development of Eating Disorder pathway delivered across primary care psychology, secondary care and tertiary care.</p>	N/A	Merger of Day Hospitals and CMHTs mean AMH Day Hospitals no longer operating as they were; psychology staff now working with CMHTs to support delivery of AMH services.	HSCP	Complex Care Services	Complete	Complete									
	RMP3	Mental Health	Increasing the delivery of group PTS.	<p>Delivery of PT group programmes within the Psychology service moved to online where possible during the COVID pandemic. Content for two Tier 2 programmes adapted for 1:1 digital delivery. Group PT programme expanded during 2021 (remains digital delivery) & further developments planned for Autumn 2021.</p> <p>Local Improvement Plans for PTS accepted by Scottish Government 06.08.21. Targeted activity to address legacy long waits. Increased capacity of workforce to develop sustainability of care service delivery and ongoing new referrals.</p>	Jan-22	<p>Local agreement on use of Zoom alongside other digital platforms has allowed resumption of almost all PT groups. Group PT programme expanded during 2021 (remains digital delivery) & further developments planned for Autumn 2021.</p> <p>Local improvement plan now being implemented, with focus on increasing capacity of workforce. Trajectory report at end of July 2021 reporting 87% of people referred for PTS accessed service within 18 weeks. Long term wait backlog also reduced by a further 200 people. Target for delivery and sustainability of model to meet target, 90% of people accessing service within 18 weeks - on target to deliver by March 2023.</p>	HSCP	Complex Care Services	Delays in resumption of F2F delivery (required for some groups; difficulties accessing accommodation) If success of ongoing recruitment dips. Target trajectory will be delayed.	Explore online delivery options; modify group programme for CFT and ACT for 1:1 delivery Oversight and monthly monitoring held by PTS Steering Group. Recruitment demonstrating a high success rate, but target dependant upon this continuing.	Expansion of PT offer; more efficient use of resource; patients experience benefits of group working	Mental Health Strategy; 18 week RTT target for psychological therapies; Mental Health renewal and recovery - remove backlog of WL for psychological therapies							
	RMP3	Mental Health	Roll out of the integrated care pathway for patients with complex needs/diagnosis of personality disorder.	Developing competencies within the workforce to deliver decider training. Structured clinical management training for a cohort of 35 staff scheduled to be delivered during September 2021	Jun-22	<p>Progress impacted by COVID; key elements of pathway resumed with online delivery. Structured Clinical management workforce training from Sept 2021 with implementation of SCM groups planned for end Q1 2022</p> <p>Progress impacted by COVID; plans in place for resumption of key elements of pathway e.g. Emotional Resources group and introduction of planned new elements e.g. Structured Clinical management with workforce training to support this</p>	HSCP	Complex Care Services	Resource / recruitment issues across MDT staffing groups. Timeline being impacted by staff capacity issues Delay in release of workforce for training as a direct result of reduced workforce availability from COVID/ self isolation/ absence and A/L	Monitoring/support from Oversight group Continued oversight by Action 15 Project Board. Main risk : workforce churn created by the large number of new initiatives driven by national strategy.		Mental Health Strategy; 18 week RTT target for psychological therapies; Mental Health renewal and recovery							
	RMP3	Mental Health	Implement PT improvement plan that has been developed in conjunction with Scottish Government Mental Health Division, Performance & Improvement Unit.	Capacity/demand and workforce modelling to meet the national Referral to Treatment Target and to reduce waiting list backlog. Work supported by PHS data analyst and SG PT advisor. Development of workforce plan in place alongside on-going service development and redesign. Undertake recruitment. Establish monitoring systems to assess impact and target resource, across whole service and within specific psychology specialities.	2023	PT Recovery plan completed January 2021; additional funding agreed by HSCP across FY21/22 and 22/23 to support achievement of RTT in 2023; additional funding received from Mental Health renewal and recovery funding; recruitment underway; monitoring of progress via SG Board engagement meetings	HSCP	Complex Care Services	Workforce pressures impact recruitment	For PTS - Service redesign and recruitment to support release of capacity for delivery of highly specialist therapy required to remove backlog.	For PTS - reduction on longest waiting patients; improved access to PTS	Mental Health Strategy; 18 week RTT target for psychological therapies; Mental Health renewal and recovery - remove backlog of WL for psychological therapies							
	RMP3	Mental Health	Commenced a programme of engagement with regional specialist mental health services to scope key innovation challenges with mental health services in Perinatal Mental Health, Specialist CAMHS, Eating Disorders and Learning Disabilities with a range of service delivery constraints identified.	Perinatal mental health service is now functional; Eating Disorder Service is being reviewed and redesigned. CAMHS continue to engage with regional and national specialist groups.	Dec-21	Discussion with regional partners on potential solutions ongoing	HSCP	Complex Care Services	Workforce challenges - maintaining safe staffing levels. Ability to recruit candidates with specialist knowledge and expertise. Tension between service developments and maintaining core services that underpin whole system function.	Monitored at MH Remobilisation group. Recruitment Group and program groups that are supporting service developments.									

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On Track	RMP4	Mental Health	Community Wellbeing Hubs across Fife to support delivery of mental health interventions and integrated care	Design of community-based service to meet the needs of people with chronic mental health issues who not meet criteria for CMHT involvement; Action 15 funding agreed June 2021; agreement reached with 3rd sector provider (service will build on work with current <i>Better than well</i> service for people who have experienced trauma). Next steps: progress recruitment; work with partners to shape service and identify community venues; update care pathways; launch and promote service; monitor and evaluate service.	Mar-22	New	HSCP	Complex Care Services	Delays in recruitment; difficulties sourcing appropriate accommodation	Consider options to re-model service and/or phased implementation	Fill identified gap in service provision; support people to manage their mental health/access appropriate help; reduce demand on primary care; provide exit from statutory mental health services; reduce risk of crisis presentations to A&E.	SG Mental Health Strategy (2017-2027); Fife's Mental Health Strategy; SG vision for transformation of mental health services					
On Track	RMP4	Mental Health	Improved delivery of Primary Care focused mental health services	Enhancement of Primary care triage workers to ensure equity of access across Fife. Rollout of local area co-ordinator community connectors .	Oct-21	New	HSCP	Complex Care Services	Recruitment delays impacted on Local Area Coordination. Service only going live in September 2021. First evaluation planned for December 2021. Recruitment of 4.9 wte PC MH triage nurses agreed September 2021. Recruitment to start imminently.	Monthly monitoring through Project Board							

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

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Resilience																		
	Winter Plan	Winter Preparedness	Business Continuity/Resilience	<ul style="list-style-type: none"> Updating of Business Continuity plans since the COVID response, with staffing playing a key role and incorporating a scenario planning exercise. Scenario based training and exercising events need to be undertaken throughout the year. Potential list of staff willing to use their own 4x4 to support staff getting to work. 	Nov-22	<p>All departmental BC plans must be reviewed prior to winter.</p> <p>Scenario based training and exercising is still being developed but the intention is to hold a number of short two hour scenario based sessions (e.g. bad weather) prior to winter.</p> <p>A review needs to be carried out of the 4 x 4 requirements for both NHS Fife and HSCP</p>	Public Health	Resilience	<p>BC plans may not be updated regularly.</p> <p>Limited time available for staff to attend these sessions.</p> <p>Because of insurance issues staff unlikely to be able to use their own 4 x 4 vehicles</p>	<p>Ensure NHS Fife Resilience Forum are given annual assurances BC plans have been reviewed and updated.</p> <p>Scenario based training still being developed.</p> <p>Need to review the availability of 4 x 4 vehicles from others sources.</p>	A Healthcare system prepared to deal with any eventuality.							
	Winter Plan	Winter Preparedness	Workforce planning - planning for surge capacity to include a robust Medical, Nursing & AHP model.	<ul style="list-style-type: none"> Surge plans will be in place which will include workforce requirements. Establish workforce pools for unregistered staff in the acute and health and social care. Workforce mobilisation model to be in place in Acute and health and social care. Build capacity within intermediate care services. Ensure resource for key festive periods. Plan to replicate covid staffing model during the winter period (covid staffing model currently in place August 2021). Review current recruitment process with a view to reducing recruitment period. Redevelop a nurse bank recruitment drive into bank areas e.g. Nursing, Labs, Radiology and AHP's. Continue Regional working with cross board honorary contracts - (Radiographers and any other at risk staff group) 	Nov-21	<p>NEW: Plans for investment in critical care pharmacy and medicines service supported to ensure safe use of medicines across ITU and HDU areas</p> <p>1. Surge plans are in place including workforce requirements.</p> <p>2. Establishing workforce pools for unregistered staff in in H&SC is progressing.</p> <p>3. Workforce mobilisation model is in place in H&SC.</p> <p>4. Current recruitment process review, admin support provided to nurse bank to enable FastTrack progression of student nurse and HCSW applications for creation of dedicated mental health services and learning disability services HCSW bank pool.</p>	Acute Services /HSCP	Acute Services /Community Care Services	<p>1. Increasing staff absence impacting on availability to support critical services.</p> <p>2. Adequate numbers of applicants to recruit to the bank pool. Applicants will have varying levels of experience and skill set.</p> <p>3. Increasing staff absence impacting on availability to support critical services.</p> <p>4. Adequate numbers of applicants to recruit to the bank pool. Applicants will have varying levels of experience and skill set.</p>	<p>1. We have to continue to support staff health & wellbeing initiatives and promote these to staff.</p> <p>2. Ensure that these posts are widely advertised to reach maximum potential candidates. Ensure all applicants receive adequate training and support.</p> <p>3. We have to continue to support staff health & wellbeing initiatives and promote these to staff.</p> <p>4. Ensure that these posts are widely advertised to reach maximum potential candidates. Ensure all applicants receive adequate training and support.</p>	Safe staffing levels across all services							
	Winter Plan	Winter Preparedness	Escalation Plans	<p>Develop 3 key Escalation Plans:</p> <ul style="list-style-type: none"> Whole System Integrated Escalation Plan ICU Escalation Plan Paediatric Pathway Escalation Plan. <p>Each escalation plan should encompass:</p> <ul style="list-style-type: none"> Red/Amber pathways. Clear identifiable trigger points to avoid reactive behaviour. An early warning system or clinically led escalation trigger points. 	Oct-21	Gold Command approval to proceed	Acute Services /HSCP	Acute Services /Community Care Services	Sept 21: unable to action trigger plan due to staff shortages communication to all stakeholders including OOH	Sept 21: Workforce hub/control structures reinstated to manage staffing issues On call manager training to include awareness of escalation	System with clear levels of escalation.							
Unscheduled / Elective Care																		
	Whole System Action Plan	Unscheduled Care	Seamless GP Admission Pathways	<p>Exploration of Health Protection Models to support sustainability</p> <p>We will have East of Scotland regional HP model developed by end of December 2021 and then moving to operationalise by new financial year, 1st April 22.</p>	Aug-21	Phase 1 went live on 12th July, with medical admissions managed via FNC between 8am and 1pm. 24% redirected away from AU1, with 14% not admitted to VHk. Key areas for improvement discussed regularly, with processes amended to support improved pathways.	Acute Services	Emergency Care	<p>Triage fails and increased number of patients attend via AU1</p> <p>Overcrowding: Mitigations unsuccessful and area becomes over capacity and unsafe</p> <p>Resus: Ruidline work unable to be completed</p>	<p>Joint operational group across HSCP/ Acute to review and monitor performance and manage risks</p>	Admission pathways are integrated through the FNH Patients treated in right place, at the right time and by the right person							
	Whole System Action Plan	Unscheduled Care	Increased scheduling for patients accessing ED	<ul style="list-style-type: none"> Establishment of a FNC with capacity to triage 4.6.21 with NHS 24 direct from NHS 24 Additional ENP's in place to triage and schedule 1 & 4 hr calls Collaborate weekly learning sessions with NHS 24 Public messaging to encourage the public to phone NHS 24 unless 999 call Establishment of SLWG to review MIU's to further increase capacity across Fife 	Sep-21	<p>Site visit undertaken 4.6.21 with NHS 24 to discuss Fife data and local experiences of pathway flow.</p> <p>Following a successful test of change, adjusted pathways so that all minor injuries via NHS24 are triaged by ED for appropriate advice, scheduling and site direction. This is enabling better use of MIU resources and activity levels monitored through RUC and Integrated Capacity and Flow teams.</p> <p>Workshop planned in September for MIU developments. Greater understanding and insight of public perceptions and behaviours obtained via survey - 370 responses obtained. Action plan being developed</p>	Acute Services	Emergency Care	Public continue to self present at ED	<p>Public messaging to increase, increase capacity of FNC and MIU's to triage and treat patients</p>	<ul style="list-style-type: none"> Number of scheduled patients has increased to an average 23% of total presentations Numbers attending MIU's over 300 weekly Joint workshop planned end of September for MIU's 							
	Whole System Action Plan	Unscheduled Care	No overcrowding within ED waiting area	<ul style="list-style-type: none"> Clear signage displaying restrictions Waiting area redesigned to increase number of seats Additional admin employed at front desk Contingency planning for overflow and escalation 	Dec-21	Works complete within ED waiting area to accommodate additional patients with social distancing measures in place. Updated digital information now shown in the waiting area and pop up banners in development to disseminate key messages. Social Media campaign living with National campaign running with clear calls to action - high social media engagement seen	Acute Services	Emergency Care	Overcrowding within ED waiting area	Signage, escalation, and extra capacity area	<ul style="list-style-type: none"> Reduced overcrowding across the day Reduced patient complaints on waiting room safety Better patient experience 							
	Whole System Action Plan	Unscheduled Care	Increased capacity within ED Resus	<ul style="list-style-type: none"> Two additional negative pressure rooms installed - Dept now has three negative pressure rooms and can accommodate AGP's in each Physical amendments to establish 5 amber bays 	Sep-21	Three negative pressure rooms fully functioning Amber / red resus being redesigned to accommodate additional amber capacity (3 beds) SLWG established and works commences 6/9/21 to be completed by 10/9/21.	Acute Services	Emergency Care	AGP's are unable to be performed within ED in a safe environment	Three negative pressure rooms available within RESUS for adults and children	<ul style="list-style-type: none"> Bay fully function resus area able to accommodate red and amber patients (current capacity 5) 							
	Whole System Action Plan	Unscheduled Care	To improve the 4 hr access target, improve flow and reduce number of breaches within ED	<ul style="list-style-type: none"> Review of co-ordination and transfer procedures out of the department Review of escalation procedures 	Mar-22	ED transfers - TOC commenced 15.3.21 on transfers between ED-AU1. Times have improved by 10%. AU1 availability of downstream beds - TOC commenced 29.3.21 with 2 wards and now increased to 4. Transfer times reduced and further improvement expected with site discharge rapid improvement event. AU1 - reduction in LOS and pre noon discharge. TOC commenced 29.3.21 with criteria led discharge and additional ANP support. LOS reduced by 2hrs. Au1 assessment area commenced 1/8/21 with average LOS 8hrs.	Acute Services	Emergency Care	4 hour access target performance deteriorates - patients have a poor experience and department is overcrowded	Whole site escalation plan in place, Daily Safety Huddle in place with additional safety pauses if required and performance review daily	4 hr access target 4 week average is 81.3% which is an improvement from the previous 4 weeks							
	RMP4	Unscheduled Care	Delivery of 6EA (Prioritisation of 2, 3 & 5)	<p>Prioritisation of Daily whole site huddles x 3 and additional safety pauses with front and back door teams. Establishment of a discharge lounge to support earlier movement from our downstream wards and support front door flow</p>	Oct-21	<p>Improve ED flow at peak times - late pm</p> <p>Eliminate ambulance queues</p> <p>HoN working on recruitment and retention plan with a focus on skill mix and rotational posts with HSCP from RUC funding.</p>	Acute Services	Emergency Care	Hospital capacity will be severely challenged	The Huddle & Discharge Lounge	Capacity and flow aligned, reduced number of patients in delay, earlier in day discharges							
	Whole System Action Plan	Unscheduled Care	Sustainable Workforce - ED & AU1	<ul style="list-style-type: none"> Workforce Tool run and identified nursing gaps. Medical rota gaps also identified. Meetings with teams to discuss skill mix and proposals submitted to HoN and DoN 	Nov-21	<p>Additional medical cover being appointed from RUC funding (1.5 GP's), conversation of locum funding to 1.5 WTE ED consultant.</p> <p>Additional nursing posts appointed - 3ENP's to commence June 2021 prioritised for patients coming in on 1 hr and 4 hr NHS 24 pathways.</p>	Acute Services	Emergency Care	Unable to safely staff ED and Au1 - critical front areas	<p>Ensure areas are prioritised daily for safe staffing and on going plan in place for recruitment for trained/untrained staff.</p> <p>Additional ENP's & ANP's recruited.</p>	<ul style="list-style-type: none"> Recruitment remains challenging. Additional Band 2's recruited and skill mix within both areas being reviewed. Medical staffing plan being reviewed with a paper going to SLT for review / approval. 							
	Whole System Action Plan	Unscheduled Care	Maximise discharges from inpatient wards within VHk before 12 noon and move discharge profile to earlier in the day. Improve weekend discharge profile for Emergency Care Directorate.	<p>Rapid Improvement Event commissioned to improve daily discharge profile and time of discharge. Use of live discharge tool to feed information into front door system to improve flow. Creation of discharge waves to identify prioritisation of prescription requirements from pharmacy. Create an anticipatory planning culture for ward teams to improve earlier discharges on a daily basis. Improve use of radiology rapid access outpatient appointments to aid discharge.</p>	Dec-21	Live tool development completed and communication tools for medical staff in place.	Acute Services	Emergency Care	Implementation of use of live discharge tool across wards. Understanding across MDT of roles and responsibilities for discharge process.	<p>Standardising process using administration support with clinical advice.</p> <p>Engagement with junior medical teams as part of induction programme.</p>	<p>Early morning bed availability across VHk to support early movement from front door</p> <p>Ease ED and front door admissions ward pressures.</p>							
	Whole System Action Plan	Unscheduled Care	Safe and timely discharges - COVID STATUS	<p>All patients being transferred to a different care setting from the acute hospital setting will have negative COVID-19 result within 24 hours of move.</p>	N/A	Dedicated team managed within ECD to ensure safe transfer to other supported care accommodation can be managed rapidly whilst complying with NHS Fife policies supported by Laboratory teams with regular management communications	Acute Services	Emergency Care	Continuity and consistency of service delivery. Equipment Failure (including IT). Disruption to supply chain.	<p>Expanded workforce to provide 24/7 cover.</p> <p>Monitoring of service through laboratory SOPs and accredited processes.</p> <p>Escalation tree for testing options (recognising different Turnaround Times)</p>	<p>Safe and timely transfer of patients to other care settings</p> <p>Every patient has a clear COVID status</p>							

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On Track	RMP4	Unscheduled Care	Lack of physical capacity in Admissions Unit 1	Additional work on Amber GP assessment routes into Admission Unit 1 to adjust physical space and increase patient occupancy levels. Redefining inpatient space for GP assessment.	Sep-21	Increase patient occupancy levels in assessment area protecting bed spaces for ED transfers and admissions. Works Complete	Acute Services	Emergency Care	Complete	Complete	Daily multi agency huddles implemented focussing on capacity and flow in AU1, LoS reduced by 40%.						
On Track	RMP4	Unscheduled Care	Increase Capacity to support a reduction in delayed discharges	Improve whole system flow and capacity, thereby easing pressure in ED.	Nov-21	Additional surge capacity within Community Hospitals agreed via Gold Command 13/09/21 to improve Acute to Community flow and assist whole system pressure. Additional targeted front-door and back-door capacity huddles in place every 2 hours throughout the day to improve communication across front door and capacity teams.	Acute Services	Emergency Care	Overcrowding in ED Delays with SAS handovers	Weekly Integrated Capacity and Flow meetings Daily Bronze Huddles							
Proposal	RMP4	Unscheduled Care	Effective HALO resource to support front and back-door flow	There are strong local linkages between SAS and Acute. Hospital Ambulance Liaison Officer (HALO) a key part of the morning hospital safety huddle and at all capacity and flow meetings. HALO presence on-site is a key enabler in managing flow and linking discharge transport to match in and outflow. Potential for additional HALO capacity on site to support front and back door flow maximally Explore additional HALO resource with SAS	Oct-21	New	Acute Services	Emergency Care	Transport is fragmented and not available when required	Ongoing meetings with SAS, to optimise HALO provision							
Proposal	RMP4	Unscheduled Care	Capacity available for pre-assessment and pre-admission for front door areas of the hospital.	Discussions to commence with DoS and MD regarding physical space that could accommodate the minors flow to in turn release space for pre-assessment, assessment and pre-admission Improve flow through ED	Oct-21	New	Acute Services	Emergency Care	There will be no available space for assessment	SLWG reviewing model and assessment areas							
At Risk	Whole System Action Plan	Unscheduled Care	Minimise delays across the in-patient bed base through the systematic use of the Moving on Policy.	Build on test of change in W41 VHk using a leaflet to guide initial conversations with patients on admission. Support clinicians in discussing transfers of care without delay when the patient is ready to move on	Dec-21	Test of Change complete. Roll out commenced. Leaflet developed to support clinicians with initial conversations.	Acute Services /HSCP	Emergency Care /Community Care Services	Sept 21 Legal and person centred challenge when patients and families refuse. Assume all ward staff have accessed and read the policy	training and education of staff to effectively use policy. Meeting with NHS and FC legal.	All wards are implementing the Moving on Policy Reduced LoS Reduce delays in transfers of care	CEL (Chief Executive Letter) 32 (2013) "Guidance on Choosing a Care Home on Discharge from Hospital".					
On Track	Whole System Action Plan	Unscheduled Care	Surge capacity established in QMH and VHk to support admission demand	Escalation plans to include point at which surge is required, daily workforce hub meetings feeding into capacity huddle to ensure safe staffing for surge beds	Ongoing	Ward 3 QMH, Ward 6 and 9 VHk surged June 21. Surged 16 beds at QMH on Friday 2nd July - reviewed daily.	Acute Services /HSCP	Emergency Care /Community Care Services	Sept 21: ability to staff surge wards	Sept 21: Demobilisation plans taking into account safe staffing levels	Increased capacity ensuring maximum flow to surge beds Improved system capacity Less pressure through ED and front door	H&SCP Escalation Plan					
On Track	Whole System Action Plan	Unscheduled Care	Daily capacity and flow meetings	Senior managers across health and social care and planning colleagues meet at 9:30am to discuss pinch points in the system and progress any actions on the day that will enhance flow Daily MoE MDT Huddle for Acute and Community Hospital to manage surge across both VHk and QMH to safely ensure medical and wider team cover for additional patient numbers Daily ward updates on patients who are medically fit to cross reference against Hub waiting list to ensure referral processes are robust Weekly review of all acute long stay patients with actions identified to secure discharge	Ongoing	daily huddles continue	Acute Services /HSCP	Emergency Care /Community Care Services	Sept 21 None identified	full commitment from MDT to attend this daily meeting	Progress any actions on the day that will enhance flow Support discharge profile across the system						
On Track	Whole System Action Plan	Unscheduled Care	Increase weekend staffing – funding for additional consultants, AHPs Nursing and pharmacy staff to work weekends to support weekend discharges. (short terms 8 weeks)	Locum in post AHP agency cover Band 6 nurse in hub and bank staff being utilised Pharmacist - no progress	Dec-21	Hub will open every Saturday morning for 8 weeks. Nursing component of this cost will be allocated to that. AHP agency utilised. Consultant Locum being progressed.	Acute Services /HSCP	Emergency Care /Community Care Services	Lack of funding to continue 7 day model Low weekend discharge profile leading to overcrowding and breaches in ED	Working with Business Partners to consider financial stability Ensure weekend plan is robust. Weekend de briefs held.	Increased flow over weekend					Consultant Locum = £32,800 AHP Band 7 = £35,541 Nursing Band 6 = £30,011 Pharmacist (Band 7) = £11,850	
Proposal	RMP4	Unscheduled Care	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	Develop a Fife wide joint strategy for Minor Injury Units across Fife Optimise FNC and strengthen social care, pharmacy and paediatric pathways Optimise frailty prevention of admission through high health gain by identifying individuals at risk of admission and targeting support Implement joint HSCP/Acute daily capacity huddles Implement 6EA across Acute and community hospitals	MIU's - Two workshops planned with staff Oct 21. Actions from Rapid Improvement Even ongoing to improve timely discharge.	SBAR for MIU development agreed and SLWG established with GM's of Acute/HSCP chairing Workshop date planned to progress with development of a strategy before progressing to EDG Flow and Navigation Centre operational for illness triage and all GP medical triage x 5 daily. Planning to implement paediatric triage by end Oct 21. Rapid Improvement Event commenced July 21 and Discharge Lounge planned for end September Site capacity huddles in place and targeted front door huddles commenced 17/9 Weekend Discharge Team to support 7 day working commenced .	Acute Services /HSCP	Emergency Care /Community Care Services	ED attendances continue to increase, length of stay increases	Several SLWG with key stakeholders engaged in taking actions forward. Reporting via appropriate SLT's.	Increased number of scheduled appointments at MIU's and ED have been recorded. Week 1 of weekend discharge team saw a 30% increase in discharge numbers Improvements in communication seen across front door areas with escalation more timely to support faster flow from ED						
Proposal	Paediatric Respiratory Plan	Unscheduled Care	Reducing length of stay on CAMHS	Agreement from CAMHS for provision of weekend assessments as part of escalation plans. Agreement to re-establish even a limited Home Visit Nursing service as a "test of change".	Nov-21	Agreement not yet achieved. Discussions with CAMH service ongoing	Acute Services	Women, Children & Clinical Service's	Lack of capacity	Nil	No update on CAMHS. Test of change in progress to re-introduce limited (4day) Home Visit service						
On Track	Whole System Action Plan	Unscheduled Care	Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter	Submit business case to HIS to support for 7 day access to Hospital at Home from Primary Care (M-F at present). Update 14/9/21 Project Group Implemented Recruitment underway for nursing - preferred candidate for band 5, existing hours for current staff/bank staff. Recruitment underway for admin. recruitment underway for Pharmacy - preferred candidate appointed - start date 4/10/21.	Sep-21	Business case presented to HIS. BC approved and recruitment underway.	HSCP	Community Care Services	Sept 21 Recruiting trained Nurse Practitioners on a temporary basis.	We will support this by increasing hours of existing staff to mitigate the shortfall.	<ul style="list-style-type: none"> 3.0 wte band 6 Nurses, - 3.0 wte band 5 Nurses, - 1.0 wte band 5 Pharmacy Technician. Increased admin hours to support 7 day working. It is anticipated that Hospital at Home will have capacity to increase new referral uptake by 9 per week Fife Wide, which would include step down and community referrals. Support weekend step-downs from Acute to H@H ICT - RSW recruitment 8 x 0.66 WTE posts X 2 posts in Glenrothes Hospital X 2 posts in Ransdorph Wemyss Memorial Hospital X 2 posts in Whyteman's Brae Hospital, Kirkcaldy X 2 posts in Queen Margaret Hospital, Dunfermline ICT with the current capacity can run with a case load of up to 80 patients Fife Wide. This will increase to approximately 95 - 100 	H@H have a national programme for hospital at home implementation across Scotland. - 1 additional hour per day Monday to Friday – total of 5 hours - 6 hours cover on a Saturday 9am – 3pm - 6 hours cover on a Sunday 9am – 3pm Provide additional 1.0 wte band 5 Pharmacy Technician resource to Hospital at Home service across Fife. TOTAL FUNDING AWARDED (£207,000 until March 2022 - (HIS Funding)	£207,000				
On Track	Whole System Action Plan	Unscheduled Care	HSCP Escalation to support daily decision making at HSCP huddles aligned to joint escalation plan with Acute services.	Develop escalation plan with HSCP clinicians and business partners.	Nov-21	Escalation process developed to aid decision making in the HSCP. This enables early conversations regarding triggers across the system and what actions are required to support moderate to extreme pressures in Acute and HSCP services.	HSCP	Community Care Services	Sept 21: Accuracy and awareness and ability to enact in current times	Sept 21: training re triggers for all staff groups. On call manager training.	Provides a guidance document with triggers to support decision making at different escalation points.						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	At risk - requires action
On Track	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost	
	Whole System Action Plan	Unscheduled Care	Develop a Home First Strategy.	Produce a Home First strategy for Fife, through the strategic oversight group Seven sub groups in place with some key functions: • Information Data - developing shared platform for all community care development of a whole programme dashboard. • Anticipatory Care - All community patients at risk of readmission will have an ACP. Work began in care homes to start this process. • Screen and Assess for Frailty - support Frailty Screening and Assessment services in the operational delivery of the Home First model. Set direction for Frailty Screening and Assessment services in relation to actions from the Home • Integrated Discharge Planning - pathways and processes for discharges to star beds and care at home beds, and how referrals are received and collated. • Commissioning and Resourcing • Intermediate Care - promote the delivery of digital solutions, which will support the implementation of the aims & objectives of the strategy within intermediate care services • Housing & Social Determinants - closely aligned to discharge hub work commenced to ensure timely house adaptations	Sep-22	Strategic group established is to provide leadership and direction for the delivery of a Home First across Fife. Part of the groups remit will be to set standards relating to performance. The Strategy Group will also remodel and reshape early prevention and response to support people to live at home or in a homely setting. The aim is to reduce delayed discharges and work towards strengthened resilience system wide. There is a need to reform and realign resources to ensure transfers of care at the right time to the right place. 5 sub groups have been established to lead on key areas that will inform the HF strategy. Driver diagrams and ToR have been agreed and submitted to the oversight group. Next meeting Sept 21. Anticipatory Care Sub Group - ToR and Driver Diagram updated reflecting progress made in addressing issues relating to ACP's and Key Information Summaries. Life Curve model to be used to identify where ACP's can sit as an early intervention tool.	HSCP	Community Care Services	Sept 21: staffing pressures and competing priorities to drive strategy forward. pressures across the system delaying progression of some aspects	monthly meetings commenced and project support officer allocated	Consistent Home First approach Everyone in Fife is able to live longer healthier lives at home, or in a homely setting. Reduce delays for care at home. Support prevention of admission.	"Home first" - 10 actions to transform discharge.						
	Whole System Action Plan	Unscheduled Care	Reduce hand offs in discharge processes .	A test of change will take place in September to test the "Trusted Assessor" model for referrals from VHK to STAR beds. Daily huddles and weekly verification meetings take place with SW/SC colleagues to maximise capacity and flow.	Oct-21	Updated SBAR will be submitted to SLT re Trusted Assessor Model - to start on Monday 13th Sept. Pathway agreed with care at home to receive direct referrals from IAT via the discharge hub. Ongoing daily huddles with social work, social care and contracts to maximise timely discharges from VHK to community.	HSCP	Community Care Services	Sept 21: Test of change benefits will not be realised. No STAR beds are available to refer to.	PDSA methodology will be utilised to ensure sustainable change	People are discharged in a timely manner home or to a homely setting. Delays in transfers of care are minimised. Handoffs and duplication are reduced.	Home First - 10 actions to transform discharge.						
	Whole System Action Plan	Unscheduled Care	Care Homes	Contracts, Commissioning, Care Inspectorate and Scottish Care continue to work with Care Homes to maximise best practice and support innovation in light of current pressures. Care Home Oversight Group continues to meet fortnightly and remains the multi-agency forum for oversight of both Partnership and Independent Care Homes linking into local and national agendas and best practice.	Dec-21	Short term plan is in place to use all available care home vacancies to ensure people can be discharged in a timely manner. There is also a programme started which will ensure that external agencies have the opportunity to have a "block book" 6 week programme.	HSCP	Community Care Services	Sept 21 Care home beds are unavailable due to Covid and reduced in numbers due to interim	work closely with PH to expedite risk assessments. Closely monitor beds. Work with commissioning services to maximise availability and relationships with external providers.	Hospital Discharge SW Teams and Care Homes being within the Same Community Care Service will continue to build on strong working relationships and ensure that strong assessment remains at the core of successful discharge and admission to Care Homes. The recent Pilot with Kingdom and a designated Social Worker has proven successful in expediting the process whilst retaining the course good practice of assessment. Providers have confidence in their ability to deliver a service and to expand. People are discharged in a timely manner to a homely setting Providers have confidence in their ability to deliver a service and to expand							
	Whole System Action Plan	Unscheduled Care	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian.	Reviewing of the guardianship paperwork and templates. The refreshed document will be approved by H&SC and Acute services. It will be held within patient notes to provide an overview and audit trail. Campaign will be launched in October, reinforced by national campaign in November, to inform public and promote Power of Attorney as an anticipatory action people can take	Mar-22	Project will start by the end of May working with families/carers to ensure that they can navigate the system to apply for private guardianship, this will be taken forward by Circles Project. Reviewing of the guardianship paperwork and templates. The refreshed document will be approved by H&SC and NHS Fife (Acute) it will be held within patient notes to provide an overview and audit trail - in progress	HSCP	Community Care Services	Sept 21: Legal processes are delayed due to the pandemic, knowledge and training of staff to ensure all processes of guardianship process is resourced. Ensuring shared with all relevant health and care partners; Current staffing challenges to ensure adequate time allowed for knowledge and training of staff to ensure consistent joined up approach	Circles worker working with families to provide advice on legal proceedings and support decision making. Dedicated resource to train staff .	Less bed days lost to long delays. Improved processes to minimise in built delays. Future impact: successful uptake will reduce need for Welfare Guardianships.							
	Whole System Action Plan	Unscheduled Care	Home Care Capacity.	Increase the care at home workforce in house. Plan to increase home care capacity with bank/ agency staff. Increase care at home capacity Scale up the services including supporting people to prevent a hospital admission.	Nov-21	Commissioning commenced. Ongoing recruitment. Due to the time factor to recruit agency staff an email has been sent to all Fife Council employees asking anyone who is SSSC registered to work extra hours. This is seen as immediate mitigation to address the pressures across homecare.	HSCP	Community Care Services	Sept 21: recruitment challenges / availability of candidates with suitable skills and aptitudes; no contractual obligations for bank / agency staff - can drop shifts at short notice	Recruitment campaign and use of social media to promote opportunities	WB 6/08/21 additional 60 carers starting.							
	Whole System Action Plan	Unscheduled Care	Promote interim care home moves for people waiting on PoC.	A dedicated Home Care Manager and Social Worker in place, working in the discharge hub with patient flow coordinators, to accelerate the pace of placing people into care homes. It is planned to place 3-4 people per week per care home or more if possible. This may be rolled out if successful.	Oct-21	Started 5th July - to be reviewed weekly .	HSCP	Community Care Services	Sept 21: impacts in terms of patient choice. Patient does not return to home due to decline in mental and physical function.	Sept 21: EQIA	35 moves from community hospitals to interim beds to date. Reduce length of stay for patients waiting on a package of care.	"Home First" - 10 actions to transform discharge.						
	Whole System Action Plan	Unscheduled Care	Review current clients who have packages of care and require a renewed assessment.	Review current clients who have packages of care and require a renewed assessment. Plan to increase review of packages of care team to fast track review of current care packages.	July - Dec 21	Internal review commenced week beginning 12/07/21.	HSCP	Community Care Services	Sept 21: requirement for further enhanced packages of care	additional resource being recruited	Data being collated to measure impact.	"Home First" - 10 actions to transform discharge.						
	Whole System Action Plan	Unscheduled Care	Additional coordinating role in social care to ensure transfer of patients from hospitals. Test the trusted assessor model.	Expedite moves to intermediate beds whilst patients are waiting on a package of care. Home care manager and additional SW deployed to acute	Ongoing	SBAR to be submitted and ToC commenced	HSCP	Community Care Services	Sept 21: additional steps in patient journey and dissent regarding an interim care home move	Discussion with families and patients with home care manager supporting person centred decision making	Reduce the length of stay for patients awaiting a package of care		40k					
	Whole System Action Plan	Unscheduled Care	The development of an app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages. This is a longer term solution but we are keen to progress it.	Support decision making to a homely care home setting.	Dec-21	Meeting arranged with e-health colleagues.	HSCP	Community Care Services	Sept 21: assumes all have access to smart phones etc	Sept 21: EQIA	Improved and consistent communication to patients and families to assist with decision making.							
	Whole System Action Plan	Unscheduled Care	Ensure timely access to UCAT and addiction services for patients within the Acute Services Division in crisis's	Agreed timeline for nurse staffing appointments to increase capacity in both services. New SLWG established to scope and develop HUB model of in reach and outreach support linking closely with community supports.	Dec-21	Two addiction staff appointed and model being developed. ANP appointed into UCAT to support existing team. New pathways being agreed for long waits within ED which includes transfer to WBH for further assessment if required.	HSCP	Complex Care Services	Recruitment may pull B6 nurses from internal MH services.	Recruitment of nursing staff through Annex 21 underway . Funding protected. HoN supporting ANP with preparation and delivery of training for Annex 21 nurses								
	Whole System Action Plan	Unscheduled Care	Ensure sufficient and timely availability of social work staff for under 65s to ensure timely assessment and discharge, including where appropriate, to interim placements.	Pathway and priority for assessment for discharge of under 65s established. Service Managers instructed to redirect workforce (excepting ASP activity) as required to assist with current pressures.	Dec-21	Additional resource identified to inflate hospital discharge teams.	HSCP	Complex Care Services	Risk managed by workflow overview of SW extended management team.	Staffing identified. MHO practice guidance being reviewed to ensure least restrictive practice at all points of assessment.	Longer term test of change of inflating H/ Discharge teams to manage all SW discharge activity planned.							
	Whole System Action Plan	Unscheduled Care	Community ANPs will return to General Practice from the COVID Hub and Assessment Centre to support workload.	Increase overall GP Practice capacity including triaging patients to the right place supporting GP resilience.	Jun-21	All ANPs remobilised back to general practice.	HSCP	Primary and Preventative Care Services	Complete	Complete	Support workforce pressures in general practice.							
	Whole System Action Plan	Unscheduled Care	Increase overall GP Practice capacity	Recruit GP Fellows to work across Hospital at Home and Assessment Rehabilitation Centres (Day Hospitals).	Dec-21	GP fellows appointed, this is permanent funding and will be Fife-wide. The focus will be frailty and work across some of the community teams. GP Fellows will also provide a small amount of GP sessions.	HSCP	Primary and Preventative Care Services	There is a risk that people with frailty do not access the level of support they require.	Frailty pathway and monitoring of GP fellow delivery.	Supporting clinical decision making to reduce admission to hospitals.							
	Whole System Action Plan	Unscheduled Care	Use intelligence to inform better planning in localities to avoid unnecessary admission to hospital	Pull data sources into one platform to triangulate data and use it to inform and target areas that require additional support across Fife	Dec-21	New Action	HSCP	Primary and Preventative Care Services	Risk of continued large volume delays and continued pressure across whole system.	Locality planning review.	Resource will be equitable across Fife							

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
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	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost	
	Whole System Action Plan	Unscheduled Care	Public Engagement to ensure people are enabled to access the right care at the right time	Regular updates via NHS Fife Public Directory to ensure that Stakeholder are aware of the national drive to redesign urgent care access and the push towards 111 triaging, with a view to providing alternatives to presenting at A&E and ED scheduled appointments as an alternative to self presentation. Messaging can be tailored for increased public awareness of these national changes and what this means in relation to local service provision and access. Any access gaps will be identified with a view to ensuring appropriate pathway/service is in place and available and supporting EQIA to ensure equality across all services users	Mar-22	Patient survey being conducted within ED to gain insight into public behaviour and access to health care services. Weekly localised messages and briefings to support national campaign - including local press and media, NHS Fife social media, website, Oneplan screens and engagement with influencers and partners (including local elected members, GPs) to help reinforce messages. The SG campaign Right Care, Right Place is now under review, and we are awaiting the results of audience feedback to inform the next phase of the national campaign and public engagement messages, that can also then be adapted at a localised level. This is likely to also link in with NHS Scotland winter messages for the public. We have no clear indication of when the next iteration of the revised campaign may commence and when the marketing toolkit and assets will be available, although we do anticipate this by October 2021.	Patient Relations	Patient Relations	Managing Health Care Improvement Scotland's expectations in relation to Board level Public Engagement activity, when this is a national service change with localised delivery plans. Failure to establish clear and consistent public messages as part of national "Right Care, Right Place" campaign to explain need for this service change, what "new" will look like, timescales and ask of the public on how they can access urgent care moving forward and the community based alternatives to doing so - while reinforcing the need to still use 999 for the most urgent and life threatening cases. Avoiding confusion around NHS24, 111 and 999 services.	Work with HIS to clearly define the localised public engagement ask and activity to support Urgent Care Redesign through meaningful engagement with services users, stakeholders and partners. Continue to develop a range of local messages and marketing campaign assets that can easily be updated / evolved to incorporate/ complement national material when this becomes available.		EQIA deliverables and actions, Winter Communications Plan, Internal Communications Plan and Urgent Care Communications Plan and supporting communications channels	Maintain existing Corporate Communications staffing levels - retaining the fixed term Internal Communications Officer post (Band 5) and the Public Health Communications Officer (Band 5) beyond 31st March 2022.		Funding to be established to support localised Urgent Care Redesign Communications Campaign as a percentage of additional funding, to extend campaign reach and support targeted / localised communications.			
	Whole System Action Plan	Unscheduled Care	Pharmacy support to safely manage discharge and transfer medications within the SUMPP parameters	People are discharged safely 7 days a week with	N/A	Pharmacy currently operating 7 day services within previously agreed parameters. Pharmacy have supported the Acute Services Division Rapid Improvement Programme to facilitate discharge - this requires whole system input and utilisation of criteria led discharge. Additional funding agreed for Pharmacy to support discharge planning (note, not supply of medicines) across 7 days, post agreed without pharmacy and discussion to be progressed with regard to this - current weekend supply service not being fully utilised within previously agreed parameters	Pharmacy	Pharmacy	current weekend supply service not being fully utilised within previously agreed parameters	Additional funding agreed for Pharmacy to support discharge planning (note, not supply of medicines) across 7 days.								
	Whole System Action Plan	Unscheduled Care	Public facing information - Public messaging on right place right care, and how / when to access ED distributed through a wide range of established communications platforms including: NHS Fife Website, NHS Fife Social Media Channels, Local Press and Media, Partner organisation communications channels – these will be issued on a regular basis to reflect demand on ED, urgent and primary care services.	Public are informed of wide range of care options available to them, including: NHS Inform - advice and information, minor injuries, self-care, primary care services as an alternative to presenting to ED which should be reserved for life threatening cases. Communications will also be used to manage public expectations on waiting times and to support the national campaign messages associated with "Right care, Right Place" with NHS 111 and NHS24 Care delivered appropriately and safely based on clinical need.	Mar-22	Unscheduled care communications activity is happening on a weekly basis using a range of communications tools and channels. This includes the use of social media news and updates with targeted messages at peak times to manage public expectations and provide alternatives to presenting at ED, local press and media releases, Oneplan information screen network, regular updates on NHS Fife website and online resource and support hub providing link to NHS Inform and other external resources, video testimonials from ED staff to encourage the public to use NHS 24 111 or other primary care settings - rather than defaulting to A&E and using NHS Scotland / SG Marketing tool kits to ensure NHS Fife local messages are consistent with national messages and scheduling - for example "Right Care, Right Place" This work is on-going and will continue as and when required to support ED. From October to March we will also look to incorporate winter messages around the public being prepared and how they can self-care for minor ailments.	Corporate Communications	Comms	Failure of SG to provide national marketing assets and campaign material in a timely and responsive manner to support local activity and ensure continuity of messages and call to action. Awaiting guidance on next phase of "Right Care, Right Place" campaign.	Continue to develop a range of local messages and marketing campaign assets that can easily be updated / evolved to incorporate/ complement national material when this becomes available.	Winter Communications Plan, Internal Communications Plan and Urgent Care Communications Plan and supporting communications channels	Maintain existing Corporate Communications staffing levels - retaining the fixed term Internal Communications Officer post (Band 5) and the Public Health Communications Officer (Band 5) beyond 31st March 2022.		Funding to be established to support Winter Communications Campaign as a percentage of additional government funding, to extend campaign reach and support targeted / localised communications.				
	Winter Plan	Winter Preparedness	Winter elective plan to minimise the impact on elective activity as far as possible.		Nov-21	Elective activity continues to be maximised on VHk and QMH, supported by weekend waiting list initiatives	Acute Services	Planned Care	Staffing challenges within our SSSU ward. Reduction of green footprint within VHk due to COVID pressures. Theatre challenges with ODP vacancies. P4 patients temporarily suspended from 13 Sept 21	Weekly clinical prioritisation and appropriate allocation of elective lists. Daily elective bed huddle to accommodate all planned admissions. Review of enhanced payment rates for ODPs.	Elective plan that maintains elective activity throughout the Winter period.							
	Winter Plan	Winter Preparedness	Prevent unnecessary admission into acute hospital	<ul style="list-style-type: none"> Improve speciality in reach into ED. Improve access to Primary Care to specialist advice and referrals, utilising the Flow and Navigation Centre (FNC) and e-health solutions Embed the medical admissions pathway via the FNC 24/7 and consider surgical pathways also coming via FNC. Consider Scottish Ambulance Service referrals to MIU and direct to specialities. Improve use of radiology rapid access outpatient appointments to avoid admission. 	Dec-21	Phase 2 of RUC commenced in July 2021, with revised delivery structure, focusing on: Access; Pathways; Mental Health; And accommodation. Early focus of phase 2 has been on managing acute admissions via FNC, which commenced on 12th July, with 24/7 medical admission to be in place by October 2021. Early focus of Phase 2 has been on facilitating medical admissions pathway via FNC. Phase 1 went live on 12th July, with medical admissions managed via FNC between 8am and 1pm. 24% redirected away from A&J, with 14% not admitted to VHk. Key areas for improvement discussed regularly, with processes amended to support improved pathways. Phase 1 review of pathways complete to enable NHS Fife acceptance of NHS24 (111) calls for local navigation. Programme workstreams reviewed and refocused for Phase 2 RUC ask from Scottish Government. Workstream leads agreed and Fife nominations to 5 national workstreams submitted and national workstreams have commenced. Along with the development of national messaging from RUC Programme, a working group is currently developing a patient experience plan to build on the learning from recent ED and FNH led surveys. All delivery groups have representation from all relevant stakeholders.	Acute Services /HSCP	Acute Services/ Primary & Preventative Care Services	There is a risk that some specialist pathways (including access for SAS) are not in place for Winter, resulting in patients still presenting through front door of VHk in place for Winter.	All delivery groups are working at pace to delivery all key deliverables, in particular in relation to access to specialist prof to prof support in hours and prof to prof support for SAS 24/7	Delivery through Acute Delivery through RUC	RUC Programme						
	Winter Plan	Winter Preparedness	Improved communication across key stakeholder groups.	Improved communication across key stakeholder groups e.g. Primary Care, Intermediate Care and the Public.	Mar-22	New	Acute Services /HSCP	Acute Services /Community Care Services	Sept 21: Information overload / duplicate information from various sources	Sept 21: ensure continuity in information, short sharp, to the point messages via control room structure	Reduced Attendances							
Out of Hours																		
	Whole System Action Plan	Unscheduled Care	NHS 24 4 hour pathways for minor illness triaged via FNH from 13/5/21	Liaise with NHS 24 to make sure the correct patients are coming via the 4 hour and 1 hour minors pathways correctly	May-21	Several meetings took place with NHS 24, with agreement on pathways and bespoke training provided to NHS 24 to improve triage.	Acute Services /HSCP	Emergency Care /Primary & Preventative Care Services	Complete	Complete	Increased redirection and use of Minor Injury Units (MIU's)	RUC Programme						
	Whole System Action Plan	Unscheduled Care	Urgent Care Services and ED have revisited the OOH redirection policy and reviewed pathways between ED and OOH	Ensure all teams work collaboratively to ensure effective triage of referrals to ED Redirection of patients to OOH where appropriate	May-21	Early focus of Phase 2 has been on facilitating medical admissions pathway via FNC.	Acute Services /HSCP	Emergency Care /Primary & Preventative Care Services	Complete	Complete	Less in appropriate patient presentations to ED from OOH							
	RMP3	Unscheduled Care	Continue delivery of a safe and effective flow Centre in Fife that will receive clinical referrals from NHS 24 and progress to referrals from other areas e.g. GPs, Community Pharmacy, Paediatrics etc.	<ul style="list-style-type: none"> Improving access to clinical services, between clinical professionals Develop ANP team within FNC to triage referrals to Acute Sector, navigating referrals to the right care, at the right time and in the right place Continue to work with all Acute specialities to improve pathways and reduce acute admissions 	Mar-23	Phase 2 of RUC commenced in July 2021, with revised delivery structure, focusing on: Access; Pathways; Mental Health; And accommodation. Early focus of phase 2 has been on managing acute admissions via FNC, which commenced on 12th July, with 24/7 medical admission to be in place by October 2021. A separate working stream in place to review Paeds pathways, including SAS referrals. Early focus will be on respiratory (including COVID-19) referrals.	HSCP	Primary and Preventative Care Services	1)No capacity within alternative to acute pathways, resulting in continued acute presentation; 2)Timeframe to recruit and train ANP workforce to provide a sustainable FNC function 24/7	1)Capture regular data and feedback through appropriate forums in terms capacity; 2) create rotational ANP post to rotate between multiple areas to make more attractive and integrate within wider USCF ANP team.		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Establish scheduling process where appropriate	<ul style="list-style-type: none"> Identify where Scheduling can take place directly from FNC Identify where scheduling can be managed locally by specialities 	Apr-22	Development work continues and will evolve as Phase 2 requirements are further scoped, including the introduction of text notifications to patients. Work is ongoing to develop direct scheduling of patients from FNH in preventing acute medical admissions, including hot clinics.	HSCP	Primary and Preventative Care Services	There is a risk that the unscheduled demand continues to be high, resulting in pressure on ability to meet the scheduled demand	Demand is constantly being monitored, with a continued focus increasing the proportion of scheduled patients		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Review and redefine urgent care pathways.	<ul style="list-style-type: none"> Linking in with National Workstreams, with representation on all groups Workstream dedicated to pathway development Focused work with every clinical team to map pathways, including interfaces across specialities Primary/secondary care Compile all up to date pathways in single place, accessed via a single point (virtually and via FNC) 	Apr-22	Phase 1 review of pathways complete to enable NHS Fife acceptance of NHS24 (111) calls for local navigation. Programme workstreams reviewed and refocused for Phase 2 RUC ask from Scottish Government. Workstream leads agreed and Fife nominations to 5 national workstreams submitted.	HSCP	Primary and Preventative Care Services	There is a risk that Fife's RUC delivery structure does not compliment national model	Make sure 5 national workstreams have a clear forum to update and action via Fife delivery structure.		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Identify and establish resources to support new pathways.	<ul style="list-style-type: none"> Evaluate current staffing model, agreed at end of Phase 1 Identify additional resource required to test new pathways - including mental health and social care 	Apr-22	Core Staffing model for 21/22 agreed July 21. The model will evolve as further tests of change take place to evaluate new models and pathways. The FNC are in process of recruiting 6 ANPs who will rotate around FNC, Acute Medical admissions unit and Urgent Care Services (OOH).	HSCP	Primary and Preventative Care Services	If decisions are not taken quickly to recruit staff to test change ideas, it may be difficult to test with 21/22 funding.	make sure all change ideas with a resource implication are agreed promptly		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Further develop communication and stakeholder engagement strategy	Along with the development of national messaging from RUC Programme, a working group is currently developing a patient experience plan to build on the learning from recent ED and FNH led surveys. All delivery groups have representation from all relevant stakeholders.	Apr-22	Along with the development of national messaging from RUC Programme, a working group is currently developing a patient experience plan to build on the learning from recent ED and FNH led surveys. All delivery groups have representation from all relevant stakeholders.	HSCP	Primary and Preventative Care Services	There is a risk the national communication is not well received by the public, resulting in a large number of continued self presenters.	Assess impact of national and local comms and make sure comms is clear and patient centred		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
	RMP3	Unscheduled Care	Establish scheduling process where appropriate	<ul style="list-style-type: none"> Identify where Scheduling can take place directly from FNC Identify where scheduling can be managed locally by specialities 	Apr-22	Development work continues and will evolve as Phase 2 requirements are further scoped, including the introduction of text notifications to patients. Work is ongoing to develop direct scheduling of patients from FNH in preventing acute medical admissions, including hot clinics.	HSCP	Primary and Preventative Care Services	There is a risk that the unscheduled demand continues to be high, resulting in pressure on ability to meet the scheduled demand	Demand is constantly being monitored, with a continued focus increasing the proportion of scheduled patients		RUC Programme	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

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RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required		Workforce Implication		Financial Implication	
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost	
	RMP3	Unscheduled Care	Optimise digital healthcare where possible.	A scoping exercise has been carried out as part of the RUC programme to identify digital ambition Alignment to existing commitments for Digital Delivery will be assessed Gaps in requirements will be subject to prioritisation/funding allocations	Assessment - Sept 21 Delivery Plan - Oct 21 Business Case - TBC	<ul style="list-style-type: none"> Clinical Messaging Service Refhelp Development ERostering Solution Adastra/ Trak Integration Solution Digital Delivery of Appointment Scheduling Scope any other digital requirements as part of Phase 2 of RUC Digital will be taking forward all of the above areas, as the project is digital and will collaborate across all pathways of the RUC programme	HSCP	Digital	Reliance on National Programme Delivery Funding not identified for all requirements Constrained resources for delivery	Continue to influence national programmes Requirements outlined via SPRA Process Alignment to Digital Strategy Delivery required Ranking a requirement	A project delivery plan will detail the scope and timescale for delivery	RMP4 Corporate Objectives CISD Workplan Digital & Information Strategy	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Full year Costs, £1.6m. Covered via RUC	Staffing Model developed as part of Phase 1, which will evolve as part of the evolution of RUC. Costs covered via RUC	Revenue	Full year Costs, £1.6m. Covered via RUC	
COVID-19, RSV, Flu etc																		
	Paediatric Respiratory Plan	Unscheduled Care	An urgent need for Paediatric escalation planning which cannot wait until Autumn/Winter.	Paediatric capacity escalation plan updated to include wider respiratory challenges alongside Covid19 pathways. Further work required with primary care regarding "Red Pathway" referrals	Sep-21	New	Acute Services	Women, Children & Clinical Service's	Lack of capacity	Escalation plan	Paediatric planning under way, with respiratory surge expected before winter. Capacity escalator and Covid pathways updated to reflect anticipated non-Covid respiratory surge							
	Paediatric Respiratory Plan	Unscheduled Care	Review of red pathway into acute paediatrics that ensures that all referrals have been assessed by another health care professional (GP, ED, Unscheduled Care) which will filter out the patients currently being seen with mild symptoms.	Update of agreed COVID-19 primary-secondary care pathway with communication to primary care that expectation is that paediatric patients with mild or moderate respiratory symptoms or signs are seen and assessed in primary care FTF in-hours prior to consideration of referral to acute services. Review of process for SAS calls direct to paediatrics, to include SAS, primary care, OOH unscheduled care service, ED in this review. Urgent discussion with infection control regarding current recommendations for patient flow in ED to consider a more pragmatic approach that will allow assessment of paediatric red patients in the ED department.	Sep-21		Acute Services	Women, Children & Clinical Service's	Children attending without prior GP assessment	Nil	Unscheduled Red pathways into acute paediatrics still require reviewed and strengthened							
	Paediatric Respiratory Plan	Unscheduled Care	Children's ward configuration/patient flow	Escalation of plans for POCT on the children's ward and in the interim to have plans in place for prioritisation of paediatric specimens in the laboratory. Discussion with microbiology re expanding the ability to conduct extended respiratory panels so that there is clarity re community prevalence of specific viruses and, until POCT is in place, so that cohorting of patients can take place. Revision of acute paediatric escalation plans for winter 2020-21 that includes: - Ward Capacity escalation plans - Staffing (medical and nursing, with acknowledgement that the nurse staffing establishment has recently been enhanced) escalation plans Involvement of anaesthetic colleagues in planning for more paediatric patients in adult ITU.	Nov-21		Acute Services	Women, Children & Clinical Service's	Lack of capacity due to inability to cohort	Capacity escalation plan	Red pathway and patient flow reviewed. Request for POCT has been escalated and agreed, equipment ordering in progress. Limitations remain on number of full respiratory panels that can be requested. Capacity and staffing escalation plans updated.							
	Paediatric Respiratory Plan	Unscheduled Care	Increase in HDU/ITU Paediatric Demand	Assessment of how capacity for paediatric HDU can be maximised if required. Scope ability to access additional HDU equipment for provision of respiratory support/ IV fluids e.g. from neonatal unit.	Sep-21		Acute Services	Women, Children & Clinical Service's	Lack of HDU capacity	Co-operation with local adult service. Remote (telephone) support from PICU transfer team.								
	Paediatric Respiratory Plan	Unscheduled Care	Protecting the most vulnerable babies	Commence palivizumab clinics ASAP and for each baby to receive up to 7 doses.	N/A	Complete	Acute Services	Women, Children & Clinical Service's	Complete	Complete	Clinics started in August 2021 as per Scottish Govt recommendations							
	RMP3	Winter Preparedness	Delivery of the adult seasonal influenza vaccination programme.	Delivery modelling is going ahead based on current planning assumptions and JCVI guidance. There is currently uncertainty around delivering a coupled Flu and Covid booster vaccination programme or decoupled one. This has significant planning implications	Dec-21		HSCP	Primary and Preventative Care Services	There is a risk that the National Scheduling tool (NVSS) will not be configured to match the appointment scheduling and monitoring requirements for FVCV. This includes the risk of the following: the scheduling tool may not be released in time for commencing health and social care worker vaccinations within the agreed timescale, data quality issues from self-registration data for appointments from NVSS. There is a risk the programme's infrastructure will not be sufficient to deliver the FVCV programme. Dedicated leadership roles and robust governance processes are currently being integrated into the programme; however, these are not yet fully in place	Monitoring national guidance closely Risks being managed inline with agreed governance arrangements. Programme Board convened and now meeting weekly to support timely and responsive decision making.	High quality, safe sustainable immunisation services for the population of Fife.	Complex to detail until full delivery plan known. Column R details full combined anticipated costs.	Please see column R	Based on this specific request for progress report April to September 2021, the costs stated include Covid delivery plan month 1 to 6 combined with anticipated seasonal flu costs. Complex to detail until full delivery plan known. Column R details full combined anticipated costs.	Please see column R	circa. £17.9 million This is a projected cost which is difficult to quantify. These monies are projected spend for seasonal flu programme and covid 19 programme tranche 1 and 2. Childhood flu immunisation programme also included important to note that it is administered out of fully funded budgets on an annual basis.		
	RMP3	Winter Preparedness	Delivery of the Covid-19 Vaccination Programme.	As of 30/08/21 1. 524k doses administered in Fife, 247k completed courses 2. 3179 1st doses administered to 16-17-year-olds, 320 have received completed course 3. 276 1st doses administered to 12-15-year-olds. The cohort size of those who are at risk is 253 however the overall cohort size is larger and currently unknown as this will include household contacts of the at-risk group who can self-register 4. Outreach and Pop-Up activity has continued with various levels of success across locations Key Planning Assumptions/National Guidance Updates: 1. Awaiting JCVI guidance and expected 13th September 2. Current planning for cohorts within stage 1 is based on assumptions received from SG which is subject to change 3. JCVI are currently reviewing the CEV definition for the 12-15-year-old cohort	Dec-21		HSCP	Primary and Preventative Care Services	There is a risk that the National Scheduling tool (NVSS) will not be configured to match the appointment scheduling and monitoring requirements for FVCV. This includes the risk of the following: the scheduling tool may not be released in time for commencing health and social care worker vaccinations within the agreed timescale, data quality issues from self-registration data for appointments from NVSS. There is a risk the programme's infrastructure will not be sufficient to deliver the FVCV programme. Dedicated leadership roles and robust governance processes are currently being integrated into the programme; however, these are not yet fully in place	Monitoring national guidance closely Risks being managed inline with agreed governance arrangements. Programme Board convened and now meeting weekly to support timely and responsive decision making.	High quality, safe sustainable immunisation services for the population of Fife.	Complex to detail until full delivery plan known. Column R details full combined anticipated costs.	Please see column R	Based on this specific request for progress report April to September 2021, the costs stated include Covid delivery plan month 1 to 6 combined with anticipated seasonal flu costs. Complex to detail until full delivery plan known. Column R details full combined anticipated costs.	Please see column R	circa. £17.9 million This is a projected cost which is difficult to quantify. These monies are projected spend for seasonal flu programme and covid 19 programme tranche 1 and 2. Childhood flu immunisation programme also included important to note that it is administered out of fully funded budgets on an annual basis.		

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Winter Plan-USC

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	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
On Track	Winter Plan	Pandemic Response	Vaccination programme delivery for flu and COVID-19 - early planning and integration of both programmes	As part of the vaccine programme action plan.	Feb-22	<p>Planning at advanced stage in line with planning assumptions agreed at National Programme Board for Tranche 2, Stage 1 cohorts.</p> <p>JVC guidance anticipated 14/09/2021 and date for launch of Tranche 2, Stage 1 commences week beginning 24/09/2021.</p> <p>Childhood Flu vaccinations commenced 06/09/2021.</p>	HSCP	Primary and Preventative Care Services	<p>There is a risk that the National Scheduling tool (NVSS) will not be configured to match the appointment scheduling and monitoring requirements for FVCV. This includes the risk of the following: the scheduling tool may not be released in time for commencing health and social care worker vaccinations within the agreed timescale, data quality issues from self-registration data for appointments from NVSS. There is a risk the programme's infrastructure will not be sufficient to deliver the FVCV programme. Dedicated leadership roles and robust governance processes are currently being integrated into the programme; however, these are not yet fully in place.</p> <p>There is a risk that the current projected costings for Covid/Flu M7-M12 inclusive of all Immunisation Teams costs and expanded seasonal flu programme have not been approved as no confirmation as yet from SG following submission of LMP.</p>	<p>Monitoring national guidance closely.</p> <p>Risks being managed inline with agreed governance arrangements.</p> <p>Programme Board convened and now meeting weekly to support timely and responsive decision making.</p>	High quality, safe sustainable immunisation services for the population of Fife.		<p>Complex to detail until full delivery plan known.</p> <p>Column R details full combined anticipated costs.</p>	Please see column R	<p>Based on this specific request for progress report April to September 2021, the costs stated include Covid delivery plan month 1 to 6 combined with anticipated seasonal flu costs.</p> <p>Complex to detail until full delivery plan known.</p> <p>Column R details full combined anticipated costs.</p>	Please see column R	<p>circa. £17.9 million This is a projected cost which is difficult to quantify. These monies are projected spend for seasonal flu programme and covid 19 programme tranche 1 and 2.</p> <p>Childhood flu immunisation programme also included important to note that it is administered out of fully funded budgets on an annual basis.</p>

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
 Cancer Performance & Early Diag

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	
At risk - requires action	
On Track	
Complete/ Target met	

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost	
On Track	RMP3	Cancer Performance & Early Diagnosis	Continue implementation of 'Framework for Recovery of Cancer Surgery' and 'National Approach to Clinical Prioritisation'.	Surgical prioritisation protocols continue to be used within NHS Fife. Cancer surgery remains a priority and is protected. Weekly reports are collated for the local Theatre Prioritisation Group and regional SCAN reporting. SCAN no longer holds monthly meetings. Compliance with allocation of priority levels has improved across specialties. Robotic surgery has been introduced in NHS Fife and training underway. CWT funding has been secured for additional theatre lists for gynaecology.	Sep-21	Surgical prioritisation protocols continue to be used within NHS Fife. Weekly reports are collated for the local Theatre Prioritisation Group and regional SCAN reporting. No patients are booked over 4 weeks.	Medical	Clinical Governance	Staffing challenges Increase in admissions due to COVID impacting on theatre/SHDU	Routine elective surgery stepped down. Cancer surgery and emergency work prioritised. Processes in place for effective escalation of patients waiting for surgery through weekly PTL meetings	Effective use of surgical priority levels Weekly updates provided locally and regionally Patients continue to be prioritised according to local MDT recommendations Processes in place to manage 'green' surgical lists and 'amber/red' emergency admissions Processes in place for mutual aid requests. Any backlog managed through the Weekly PTL meetings Scottish Government funding to support introduction of robotic surgery and management of cancer waiting times in place	Recovery and Redesign: An Action Plan for Cancer Services. December 2020 (Action 34)			8 x theatre sessions to support endometrial surgery whilst robotic training undertaken	Revenue	£45,600 (funding agreed)	
On Track	RMP3	Cancer Performance & Early Diagnosis	Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services. December 2020	A 'current state' against 68 key actions outlined in recovery plan has been carried out. Prioritised bids have been submitted against improvement areas. Collation epidemiology pack of cancer data for NHS Fife by Public Health undertaken The NHS Fife Cancer Framework launched by Executive Sponsor A series of engagement sessions have been held with a wide range of key stakeholders (staff and patients) to identify priorities	Dec-21	Collation of feedback underway Workshop organised to identify principles and priorities from engagement sessions Completion of Framework further to outputs from Workshop Development of Delivery Plan for 2022-2023 - this will include CWT improvement, ECDC and Prehabilitation, early diagnosis and reduction in health inequalities	Medical	Clinical Governance	Challenges due to COVID may impact on completion of the Framework Risk assessment to be carried out of priorities to identify risks to delivery of Framework	Cancer continues to be a priority and engagements is largely complete and Framework is in a position to be drafted without delay	Prioritised delivery plan and a shared understanding of collective vision for cancer services.	Recovery and Redesign: An Action Plan for Cancer Services. December 2020						
Proposal	RMP4	Cancer Performance & Early Diagnosis	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Framework awaited	TBC	New	Medical	Clinical Governance	Challenges due to COVID may impact on delivery of Framework	Cancer continues to be a priority and engagements is largely complete and Framework is in a position to be drafted without delay		Recovery and Redesign: An Action Plan for Cancer Services. December 2021 (Action 20)						
On Track	RMP4	Cancer Performance & Early Diagnosis	Targeted improvements designed to maintain the 31-day standard and achieve the 62-day standard on a sustainable basis	£681,000 allocated to improve CWT performance Bids put forward by services	Mar-22	Update against supported funding carried out. Monitoring ongoing	Medical	Clinical Governance	Inability to recruit to posts	Non recurring funding allocated however NHS Fife has agreed to support posts substantively to ensure can be filled and services sustained		Recovery and Redesign: An Action Plan for Cancer Services. December 2021 (Action 20 & 21)			£681,000	Revenue	£681,000	

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Planned Care_Elec

Key for Status:

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On Track	At risk - requires action
Complete/ Target met	On Track
	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative			Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required		Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required		Workforce Implication		Financial Implication	
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
Waiting Times and associated improvements																	
Sept 21 Status	RMP3	Planned Care Electives and Diagnostics	Secure additional Waiting Times funding to increase capacity and enable waiting list reduction.	All specialties are prioritising theatres and out-patient activity. If slippage is identified there is an opportunity to bid against this to make a meaningful contribution to waiting times reductions	Mar-22	NHS Fife's Waiting Times funding bids were submitted alongside RMP3. SG's Access Support Team have confirmed funding of £5.4m (plus £1.6m carry from prior year) whilst the new administration determine funding priorities. A reduced bid was requested from SG, which was provided on 10/06/21 for £4.31m. This would enable delivery of additional activity that would take activity levels beyond 100% of pre-COVID activity by end of March 2022. Feedback on the revised bid is still awaited.	Acute Services	Planned Care	Availability of green beds, staffing issues due to COVID	Maintain green elective activity at QMH, continue with weekend theatres whilst green beds are available to the specialties, utilise SSSU at weekend							
	RMP4	Planned Care Electives and Diagnostics	T&O to achieve 100% of pre covid activity with progression to 110% by March 2022 in line with national commitment.	Use of WT funding to increase Theatre capacity ty. Full implementation of ACRT / PIR. 4 joint days protection of orthopaedic safe inpatient beds throughout the year.	Mar-22	Increased Theatre productivity 4 joint days in place. Protected orthopaedic inpatient bed base.	Acute Services	Planned Care	Risk of orthopaedic capacity being diminished due to COVID	Daily discussions							
	RMP3	Planned Care Electives and Diagnostics	ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services.	Progress within a small number of planned care specialties	Dec-21	Currently active in 2 areas with success being realised. Work required to cascade this wider however this had been limited due to resources. This work will be reinigorated and discussions with services will proceed to agree the next services for rollout.	Acute Services	Planned Care	Other clinical priorities associated with service delivery and COVID	Plan to focus on an incremental increase and target specialties							
	RMP3	Planned Care Electives and Diagnostics	Introduce PIR (Patient Initiated Review) within Medical Paediatrics.	PIR provided as an alternative outcome	Completed	Consultants still to discuss feasibility. Telephone line is available for use.	Acute services	Women, Children & Clinical Service's	N/A	N/A							
New Elective Developments																	
	RMP3	Planned Care Electives and Diagnostics	Introduction of Robotic Assisted Surgery to improve clinical outcomes.	Service commenced as planned on 30th August 21 - 17 cases successfully completed to date	Sep-21	Surgical Robot now in place within Phase 3 Theatres. Training programme commenced for surgical teams.	Acute Services	Planned Care	Sterilisation of RAS instruments, availability of proctors to maintain training	SLAs for sterilisation with third party supplier, weekly implementation team, close working relationship with Intuitive							
	RMP4	Planned Care Electives and Diagnostics	Deliver the Fife Elective Orthopaedic Centre Project (FEOC)	<ul style="list-style-type: none"> Complete the construction stage. Complete the commissioning process. Move to operational stage. 	Oct. 22	New	Acute Services	Planned Care	COVID-19 BREXIT	Early procurement Enhanced site welfare	Benefits as set out in Full Business Case	National Elective Treatment Centre Programme	FBC	FBC	FBC	Capital	£33m
Workforce																	
	RMP3	Planned Care Electives and Diagnostics	Continue to increase the number of Nurse Endoscopist posts which is one of the priorities to creating a future sustainable workforce.	Service is now fully staffed and training remains ongoing at this time. Nursing team have introduced Cytosponge and Fibroscanning	Sep-21	All training posts appointed to as per the waiting list funding. However three of the team are pregnant and will commence maternity leave during 21/22.	Acute Services	Planned Care	Reduced service due to maternity leave. Deployment of staff due to COVID pressures	Plan to maintain a reduced Nurse Endoscopist sessions for clinical priority patients requiring scopes. Plan to support training opportunities for the trainees							
	RMP3	Planned Care Electives and Diagnostics	Exploring Locum Consultant recruitment options.	Directorate advert to be placed in BMJ. Discussions ongoing with consultant team	Dec-21	No applicants for 2 substantive posts at advert. No suitable locums identified to date but efforts ongoing. Situation deteriorated due to resignation of a further consultant; review of duties underway and consideration being given to sharing trainee posts with NHS Lothian. The possibility of recruiting a Clinical Scientist is also being considered	Acute Services	Women, Children & Clinical Service's	Unable to recruit consultants	Endeavour to recruit locum to provide weekend cover							
Service Planning																	
	RMP3	Planned Care Electives and Diagnostics	Remobilisation of Elective pathway in a phased manner with the need to maintain adequate red and amber capacity.	Elective pathway has been maintained to date on both elective sites	Sep-21	Incremental increase to elective activity being considered through Scheduled Care Group and put forward to Acute SLT for sign off prior to increase. Elective Theatres now up to full capacity at VHK and QMH within current COVID Infection Control guidance. Any further increase to theatre throughput is contingent on adjustment to COVID restrictions later in the year.	Acute Services	Planned Care	Staffing vacancies, COVID risks, reduction in green bed capacity on VHK site	Daily meeting to plan admissions for the following day on VHK site, optimise SSSU and DSU							
	RMP3	Planned Care Electives and Diagnostics	Re-introduction of diagnostic routine activity.	Clinical prioritisation of Urgent and USOC, all other capacity utilised to manage routine backlog of CT MR and US	Target <6 weeks for OP CT MR & US	Routine CT/MR/US activity was re-started in March - all patients managed on the waiting list with a focus on clinical prioritisation. Waits for routine examinations are 11 weeks CT , 12 weeks US and 6 weeks MR. The demand for CT and US is currently more than the activity we can deliver due to pressures in unscheduled care and the requirement for us to flex the OP service to accommodate acutely unwell patients and support hospital flow. Capacity is further reduced due to radiographer and sonographer vacancy and high sickness absence, both covid and non covid related.	Acute Services	Women, Children & Clinical Service's	Vacancy across radiology workforce. Sickness absence rates Covid cases numbers rising	Locum use to maximise capacity							
Paediatrics																	
	RMP3	Planned Care Electives and Diagnostics	Review the model of collection for issuing repeat prescriptions for patients on ADHD/sleep medication.	Complete	N/A	Continued use of FVA to pick up prescriptions and take to designated Pharmacies. This helps to reduce footfall into healthcare premises. Enquiries being made as to whether NHS Fife Volunteering service could help in the future	Acute Services	Women, Children & Clinical Service's	Complete	Complete							
	RMP3	Planned Care Electives and Diagnostics	Develop and implement plan to deliver all sleep studies in Community setting.	Clinical team have reviewed the service and prioritise studies for home delivery, contacting families to arrange collection and drop off of equipment.	Mar-22	Limited service to be implemented from June 2021 (based from Paediatric Ambulatory care). No capacity identified within Community based services to meet this demand.	Acute services	Women, Children & Clinical Service's	Increased waiting time for sleep studies.	Urgent studies are carried out as required	Sleep studies delivered in the child's home to produce the best and most accurate outcome.	Care closer to home	1 wte B3				
	RMP3	Planned Care Electives and Diagnostics	Deliver a biometric clinic to identify effectiveness through a test of change with support from Community Paediatric Nursing Service.	1 HCSW in place and a further 0.7wte recruited to cover East Fife.	Oct-21	Service working well with good feedback from patients and parents. A further 0.7 wte HCSW has been recruited just awaiting star date.	Acute services	Women, Children & Clinical Service's	Speed of recruitment process	Contact with successful candidate to ensure still interested in the post							
	RMP3	Planned Care Electives and Diagnostics	Introduction of home spirometry.	Edinburgh Physiologist helps the children perform home spirometry	Complete	Implemented for Cystic Fibrosis patients only (funded and supported by NHS Lothian as part of CF regional shared care agreement).	Acute services	Women, Children & Clinical Service's	Staff availability to support where issues arise	Patients prioritised	Home spirometry has allowed remote reviews reducing the number of face to face appointments required	Care closer to home and self management of condition with minimal support	Nil	Nil			
	RMP3	Planned Care Electives and Diagnostics	Developmental assessments for Global Developmental Delay to be re-established.	Clinical staff have reviewed their developmental assessment lists and prioritised the assessments	Jan-22	Assessments are being booked into face to face clinics as a priority	Acute Services	Women, Children & Clinical Service's	Availability of clinic space particularly at QMH	Liaison with OP CN for Carnegie Unit and other locations							
Digital																	
	RMP3	Planned Care Electives and Diagnostics	Near Me Phase 2 - Further develop communication and stakeholder engagement strategy	Await confirmation of funding SG	Oct-21	Discussions ongoing in relation to Business Case for Phase 2 and approach to establish the most effective areas for Near Me rooms in the community (Community Hubs), discussions ongoing with H&SCP regarding this also. Acute statistics shared with CD 18/06 and request to meet to agree best way forward to increase uptake within Acute.	Medical	Digital	Availability of resource/ funding to support	Funding sought to progress		Digital Strategy 2019-2024 Remobilisation Plans					
	RMP3	Planned Care Electives and Diagnostics	Patient Self-Booking - Support Patient Self-Booking across acute and community services. Linked to the Digital Hub is also the emerging capability for pathways to be enhanced by Remote Health Pathways, with COVID discharge and Pre-operative Assessment being identified as high impact areas for consideration.	Delay in supplier ability to integrate Await funding to support continued integration of platform	Oct-21	Business Analyst has been investigating the most appropriate system for enhanced pathways in relation to Digital Patient Services. Interface development across systems challenging. Other platforms under consideration	Medical	Digital	Availability of resource/ funding to support	Funding sought to progress		Digital Strategy 2019-2024 Remobilisation Plans					

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
 Planned Care_Elec

Key for Status:

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	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
Sept 21 Status	RMP3	Planned Care Electives and Diagnostics	Digital Pathology - Support creation of a business case, which if approved will lead to the introduction of digital pathology to support a more resilient and sustainable service by improving efficiency, patient safety and delivering value for money.	Submission of outline business case to D&I board and EDG for approval. If approval granted contract to be signed before end of framework agreement	Oct-21	Business Case has been approved by EDG (Sep 21)	Acute Services	Women, Children & Clinical Service's	Ability to recruit D&I staff to support project	Implementation plan to be worked up as per business case.	Call off contract with Phillips signed by Director of Finance						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Public Health

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Addressing Inequalities																
Sept 21 Status	RMP3	Addressing Inequalities	Improve the health of the Black and Minority Ethnic Community.	Contact has been made with Public Health Scotland to start discussion which will help us to create a base line knowledge of what systems of data collection they ask for from NHS Fife, and what they do with this data. We have also asked what PHS do to share and present any data, and what improvements they are making which will support NHS Fife with improvements in local data collection and knowledge. The national leads network are also aware and may also progress this work via a separate sub group. Suggestion has been made to the new equality team in SG to take forward data improvement as an outcome.	2025	Our NHS regional diabetes prevention group has the Equality and human rights lead officer supporting their regional and local Equality impact assessments. This process will enable further exploration of the needs of Ethnic groups particularly around health inequalities stemming from lack of information, support and access to services. A self referral form has been created to support this work and will include data collection field of ethnicity. A request has been made to Public Health Scotland to ask for feedback on what information they collect from hospital data sources and how this analysis is then presented to local health boards for use. Local Public health dept and digital services are asked to jointly discuss what sources we use, how we improve these and how we support staff and communities to complete the questions asked as part of any data collection methods.	Nursing	Patient Relations	Risk is we do not improve the health of Black and Minority Ethnic community.	Ensure services are aware of what the health inequalities for BAME groups are, and what action will be taken to support improvement.						
Sept 21 Status	RMP3	Addressing Inequalities	Take forward the recommendations from the Independent Expert Reference Group on COVID-19 and Ethnicity on behalf of NHS Fife.	The expert reference group has met twice, and we await further details of their actions, PHS are now part of this working group. Local data report has been requested from Information Services which will provide an overview of what we collect and where possibly local improvements can be made.	2025	Responses were gathered as part of the recent Fife Dept of Public Health enquiry into screening, this will inform the national inequalities screening strategy. Local findings will be shared and work will progress to address messaging, confidence and support to access screening locally. Work continues as part of the BBV framework to ensure men of African origin are able to take-up HIV testing. Mental Health redesign, as part of the communications plan and engagement process, has the aim to involve those from ethnic backgrounds in the process.	Nursing	Patient Relations	Risks that we are not able to collect ethnicity data as a result of the public being unwilling to respond and staff not asking.	Further campaigns to raise awareness to the public of why we collect data, and staff training to be offered.			Some costs may be required to improve data collections systems, and train staff. Also to conduct a public awareness campaign.			
Health Protection																
Sept 21 Status	RMP3	Workforce	Explore options for a regional Health Protection model which will support sustainability and resilience and have in place a function that is fit for the future and designed to respond effectively to 21st Century Health Protection challenges.	Exploration of Health Protection Models to support sustainability We will have East of Scotland regional HP model developed by end of December 2021 and then moving to operationalise by new financial year, 1st April 22.	Apr-22	The Regional Health Protection Project is a collaborative project involving NHS Borders, Fife, Forth Valley and Lothian with the aim of developing a regional collaborative model for Health Protection services which will deliver improved service resilience, sustainability, minimise duplication and ensure a service fit for the future. Through the Options Appraisal process, the Clinical Reference Group identified their preferred option which describes a model where small local Board teams provide routine Health Protection services, with regional resources identified and deployed for strategic work and mutual aid/surge capacity. Chief Executives and Directors of Public Health requested a potential approach to implementation for Boards to consider, this has been shared across Board Executive Teams and next steps are to bring a paper to all Boards in autumn 2021 requesting endorsement of the approach.	Public Health	Health Protection	Regional resources will be essential to maintaining mutual aid and surge capacity within local Health Protection Teams.	A preferred option has been identified whereby regional resources will be deployed to support strategic work, mutual aid and surge capacity.						

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022
Pharmacy

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	RMP3	Pharmacy	Hospital at Home clinical systems access	Hospital at Home clinicians to be given access to GP clinical systems to improve polypharmacy safety for all hospital at Home patients, also likely to be of particular benefit to Care Home patients.	Mar-22	A limited number of staff members were given access on a trial basis. An extension has been requested to the LMC to enable further quantification of benefits. Early feedback has been positive	Pharmacy	Pharmacy	Crucial to ensure appropriate information governance	Access during the trial has been strictly limited and in line with local governance policies							
	RMP3	Pharmacy	Continued rollout of PharmacyFirst / PharmacyFirst+	Pharmacy first encourages patients to attend a community pharmacy to receive treatment for a range of self limiting conditions, providing an accessible and timely service to patients. The PharmacyFirst+ model adds additional prescribing capacity to the care offered by CPs.	Apr-22	Community Pharmacies across Fife are on average consulting with 4100 patients per week. In addition to treating minor ailments pharmacists are able to prescribe treatment under a patient group direction (PGD) for urinary tract infections, skin infections, shingles and impetigo. Service provision continues to increase with high numbers of patient engaging in treatment and advice. Work is ongoing in the board to promote the service and ensure that Primary Care partners have a good awareness of the patients who are suitable to be referred to Community Pharmacy, ensuring that patients are receiving the right care in the right place.	Pharmacy	Pharmacy	Staffing pressures in community pharmacy (nationally) represent a challenge to embedding services	Ongoing close working with community pharmacy Fife. Clear information is available for teams							
	RMP3	Pharmacy	Focus on driving Serial Prescribing uptake, sharing best practice and experience with other Boards.	Serial prescribing improves patient care by enhancing the role of community pharmacy in review and supply of medication, and triggers timely review within general practice. It also reduces administrative burden by annualising appropriate repeat prescriptions	Apr-22	The Board continues to drive uptake of serial prescribing . As of 1 August, 9 practices have met the interim local target of 20% of patients with a repeat prescription having a serial prescription. There has been further engagement with general practices: 48 of 54 now are now actively participating. Further engagement and training is planned for the rest of the year. 8.7% of patients in Fife, who have a repeat prescription, now utilise the serial prescribing service - Fife is above the national average	Pharmacy	Pharmacy	Capacity to undertake transfers and annual reviews	Investment in Pharmacy Technician and Pharmacy Support Worker staff in primary care has been supported							
	RMP3	Pharmacy	Implementation and roll out of HEPMA.	The HEPMA programme will roll this important system out across hospital settings in Fife, in line with the business case signed off by the Board. This will be managed in stages and be complete over 3 years. It will enhance quality of prescribing for patients across services.	Mar-22	HEPMA contract has been drafted minor comments received by CLO, expect to issue draft to EMIS week beginning 21/07. Programme Team established and onward reporting arrangements agreed. Work is ongoing to ensure adequate foundations for the build of HEPMA. Pharmacy stock control system update is required (this is a critical precursor) to comply with the levels of security required to implement HEPMA. Version required will be available to be put into a test environment in mid-August 2021. A 2-3 month period of User Acceptance Testing will be required before go live with upgrade. HEPMA contract submitted to supplier at the beginning of July 2021 has been returned with suggested changes. Negotiations are ongoing with anticipated signing now mid August 2021. Baseline being developed for benefits realisation work. The D&I programme manager has commenced in post as of 17th May 2021. Lead pharmacist for D&I has been appointed and came into post on 5th July 2021. Recruitment underway for other posts per the existing business case, with D&I Specialist Pharmacist & Specialist Pharmacy Technician conducted on 22/23 July 2021 at late stage of recruitment. Programme Team established and onward reporting arrangements agreed.	Pharmacy	Pharmacy	Contract negotiations with supplier progressing - there is a risk of delay should there be extended complications	This has been made a priority for the team and every effort is being made to finalise the contract in good time to enable roll out plans to begin							
	RMP4	Pharmacy	Pharmacotherapy	Pharmacotherapy services are provided to all GP practices in Fife, directly enhancing patient care and releasing GP capacity. The service will continue to be developed, with an improved skill mix recognising the role of Pharmacy Technicians and Pharmacy Support Workers, in line with Scottish government MOU. The role of Pharmacists will be developed towards delivery of direct clinical care to priority groups in line with local/ national clinical priorities, including high risk pain medicines and polypharmacy	Mar-22	Bid for funding for year 4 has been submitted and discussed with local leadership and key partners. Priority recruitment underway with more to follow once final funding confirmed	Pharmacy	Pharmacy	1) National delivery of enablers, such as enhanced serial prescribing systems and electronic prescribing is crucial to maximising potential of this service. 2) Recruitment and training must be managed appropriately to ensure the wider Pharmacy service remains stable	1) Close working with national bodies and associations 2) Close working with CP Fife and the wider Pharmacy integration agenda	Primary Care Improvement/ GMS Contract. Polypharmacy guidance High risk pain medicines programme						
	RMP4	Pain Management	High Risk Pain Medicines Programme	Exploration of Health Protection Models to support sustainability We will have East of Scotland regional HP model developed by end of December 2021 and then moving to operationalise by new financial year, 1st April 22.	Mar-22	A four stage programme of understanding, prevention, review and sustainability has been supported by the exec team. The programme will begin in autumn 2021 and involve a wide range of clinicians and stakeholders	Pharmacy	Pharmacy	1) Critical that this work is prioritised within a wide range of services - single service approach is unlikely to be successful	1) Engagement with leadership across Fife, and clear understanding of the importance in all teams, will be a priority							

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Workforce

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	RMP3	Workforce	Consolidate our workforce sustainability planning, with employee wellbeing at the heart of everything we do. We will review the workforce plans to consider the impact on service re-design, technology enabled care and digital ways of working.	Workforce sustainability will be informed by the review of Employee Wellbeing support arrangements conducted by the Staff Health & Wellbeing group. Service re-design, technology enabled care and digital ways of working will be considered as part of workforce planning activity overseen by our Operational Workforce Planning Group.	Mar-22	Work in progress to review our wellbeing activity to inform development of workforce plan aims. Operational Workforce Group is coordinating service workforce planning activity to collate into our published Strategic Workforce Plan for 22-25.	Workforce	Workforce	Changes required to sustain employee wellbeing and service delivery cannot be delivered quickly enough and/or are not sufficient to maintain our services.	Close and continuing alignment of our local activity with national strategy developments. Focus of work remains on short/medium and long term employee resourcing plans to reflect ongoing pressures	Sustainability initiatives and employee wellbeing are fully incorporated into our Workforce plans.	Local 2019-22 Strategy Local of 2022-25 Strategic Workforce Plan						
	RMP3	Workforce	Workforce Strategy for NHS Fife (2019 -2022) to be updated, specifically taking account of the matters that arise from the pandemic including building and retaining our public health capacity.	Interim Joint Workforce Plan developed and submitted to Scottish Government in April 2021. Development of draft 3-year Strategic Workforce Plan for 2022-25 Consultation on plan and completion of governance sign off for approval Sept 2021 - March 2022 Submission of Strategic Workforce Plan 2022-25 - 31st March 2022 Workforce Strategy developed in response to publication of the National Health Workforce Strategy and NHS Fife Population Health & Wellbeing Strategy Jan- June 2022 (dates subject to change in line with national strategy publication adjustments)	Mar-22	Work on Interim Joint Workforce Plan complete for submission to Scottish Government in April 2021 - completed. Work in progress to complete the full 3-year Workforce Plan in development for submission in March 2022.	Workforce	Workforce	Creation of the Strategic Workforce Plan will require sign off through governance process before publication of National Workforce Planning Strategy risking misalignment of local and national ambitions	Continued liaison with SG colleagues to influence the discussion on handling and to best understand intended direction of travel to inform the SWP. Consider a later publication date for our overarching Workforce Strategy to allow response to national publication (and Population H&WB strategy)	Submission of the 3-year Strategic Workforce Plan to Scottish Government by March 2022 publication date.	Local 2019-22 Strategy Local of 2022-25 Strategic Workforce Plan						
	RMP3	Workforce	Harness the benefits of the latest NHS Education and Public Health Scotland (PHS) developments on workforce modelling to support our service planning arrangements and delivery of workforce plans.	Availability of workforce modelling data is communicated to relevant manager and other key stakeholders. Support for users is provided to ensure information can be accessed and data is understood. Arrangements for enhancements to data quality and range are in place to inform development plans. Use of workforce modelling data is embedded into both organisational and service level workforce planning activity and management decision making.	Mar-22	Work progressing in collaboration with colleagues at national and regional level to adopt national workforce modelling improvements. Further direction required to scope the specifics of these deliverables	Workforce	Workforce	Timeous availability of workforce modelling data to allow this to inform our	Ongoing liaison with our Stakeholders leading developments while building awareness/use of workforce data which is available	Workforce Modelling tools fully utilised by key contributors to workforce planning across all services and informing content of our plans.							
	RMP3	Workforce	Potential long term COVID-19 health issues for staff to be addressed through incorporating national guidance from developing evidence into our policy, practice and service delivery arrangements.	Monitoring of guidance developments and engagement with national groups to understand and adopt sector level changes to our management of any long term health issues. Work in partnership to implement policy adjustments required resulting from national guidance updates. Ongoing communication, training and support for managers in implementing practice changes required for wellbeing and attendance management purposes. Closed as an individual action - incorporated into RMP 4 action on staff wellbeing support.	Mar-22	Work continues in partnership at national level to assess the evidence base and revise the guidance. We continue to work with extant guidelines pending update. Closed as an individual action - incorporated into RMP 4 action on staff wellbeing support.	Workforce	Workforce	Potential long term issues not known as is the subsequent extent of impact on our workforce	Regular review of available evidence through national networks and lobbying of STAG/SWAG and SG in terms of guidance updates being available. Input from Occupational Health in supporting staff health needs and recovery.	Staff attrition in relation to Long Covid is understood to inform decisions on absence & staff health impacts are minimised.	OH Wellbeing Programme to consider health implications and our H&WB strategy to be adapted to address any potential issues. Ongoing review of impact through Workforce Planning & Mobilisation Group activity.						
	RMP3	Workforce	Consolidation of our Staffing Bank management arrangements.	First stage of three stage consolidation plan has been completed with governance arrangements for all existing banks now standardised. Phase two - options appraisal completed to inform model options for consolidation of banks Phase 3 completing consolidation process and establishing new delivery approach in 2022/23	Mar-22	First stage of three stage consolidation plan has been completed with governance arrangements for all existing banks now standardised. Phase two commenced to develop consolidated bank options.	Workforce	Workforce	Ability for us to complete the consolidation work while continuing to effectively meet the service requirements on an ongoing basis.	Focus maintained on delivery needs, and plans subject to ongoing review and adjustment as required to avoid operational disruption	First stage of three stage consolidation plan has been completed with governance arrangements for all existing banks now standardised. Phase two commenced (consolidation of banks).							
	RMP3	Workforce	Continue to ensure Workforce Mobilisation Hubs are robust and flexible to adapt to future challenges.	Lessons learned exercise completed from running the Workforce Mobilisation Hubs to inform a sustainable Employee Resourcing model.	Sep-21	Review of Mobilisation Hub experience informing a sustainable delivery model, and built into our workforce resilience plans.	Workforce	Workforce	Despite all efforts the mobilisation of staff is detrimentally affected by Covid and other service pressures outwith our control	Contingency planning with escalation options to address our scenario modelling.	Review of Mobilisation Hub experience informing a sustainable delivery model							
	RMP3	Workforce	Workforce Planning & Mobilisation Silver Group to continue into 2021/2022 and review workforce deployment mechanisms to address the changing workforce needs across the year.	Closed and to be incorporated into BAU governance.	Jun-22	Closed and to be incorporated into BAU governance.	Workforce	Workforce	N/A	N/A	Closed and to be incorporated into BAU governance.							
	RMP3	Workforce	Adapt our onboarding and development delivery approach through the use of e-enabled fast-track induction and other training.	Onboarding work adjusted with delivery changes to incorporate e-enabled fast track induction. System changes completed which provide enhanced delivery and staffing activity monitoring.	Nov-21	Testing work completed for consolidation of e-enabled induction and other training delivery through system functionality enhancements based on national system improvements New Digital Corporate Induction is live (with over 150 being inducted this way since 1st July). Phase 2 is also complete (all core training) and we have moved to phase 3 which is final migration of all other non-core training	Workforce	Workforce	Capacity for innovation is reduced due to resources directed to emergency response needs	Plans reviewed on an ongoing basis and change re-prioritised as required to ensure focus on delivery requirements for staff onboarding.	Initial testing work now in progress to consolidate e-enabled induction and other training delivery through system functionality enhancements based on national system improvements							
	RMP3	Workforce	Staff personal/professional development needs that have been delayed or restricted due to COVID 19 response to be prioritised as restrictions are eased through Directorate development delivery plans.	Re-start of paused Personal Development Review Activity to inform development priorities. Plans developed to support priority development needs. Development plans delivery monitoring ongoing to inform progress	Dec-21	Support being offered to Directorates to ensure priority development needs are identified and met.	Workforce	Workforce	Manager/Staff ability to be able to give focused attention to key development needs due to restrictions not being eased and/or other service pressures.	Learning Leads Group to monitor key organisational development needs to ensure effective prioritisation is undertaken and informs decision making.	Support being offered to Directorates to ensure priority development needs are identified and met.							

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On Track	RMP4	Workforce	Provision of staff support and wellbeing initiatives which meet staff needs and contribute to workforce sustainability.	<p>Signposting and reinforcing all aspects of support and resources available, including local and national initiatives. Clear, consistent and regular messages to staff about taking breaks and annual leave to rest and recover.</p> <p>Local Initiatives including mindfulness drop in sessions for staff, mindfulness training, mindfulness video clips for staff, support sessions for managers, "Our Space" sessions for shielding / home working staff.</p> <p>Work in partnership to assess national guidance on potential Long Covid implications for long term health. Implement policy changes and communicate with, train and support managers in implementing practice changes required for wellbeing and attendance management purposes.</p> <p>Investment in OH service in 2020/2021, including additional OH Physician, Mental Health OH Nurse and additional nursing and OT posts to support COVID-19 activity and staff recovery.</p> <p>Psychology staff resource enhanced to incorporate support for staff. Launch of Access Therapies Fife website. Staff support available from Spiritual Care Team, Staff Listening Service and Staff Counselling Service and Peer Support service.</p> <p>Refreshments and snacks available within staff rest areas and designated Staff Hubs. Agree plans and funding in place for refurbishment of permanent Staff Hubs on two main hospital sites.</p>	Mar-22	<p>Review of staff wellbeing activity commenced and revised Staff Health & Wellbeing Strategic Plan being prepared to take account of COVID-19 approaches and lessons learned.</p> <p>Plans continuing for Staff Hubs refurbishment and development of suitable locations for facilities within community sites.</p> <p>Peer support service launched 15/09/2021.</p> <p>Planning for improved outdoor spaces for staff underway.</p>	Workforce	Workforce	Changes required to sustain employee wellbeing cannot be delivered quickly enough and/or are not sufficient to meet staff needs.	Review of wellbeing activity through Staff Health & Wellbeing Group to ensure we maximise support which evidences most benefit.	<p>Model of Staff Health & Wellbeing recognised as delivering required outcomes for staff.</p> <p>Health Promoting Health Service requirements achieved.</p> <p>Supportive health and wellbeing measures are integrated into day to day activities, creating a positive and healthy working environment.</p>	Local Staff HWB Strategy Future Staff Health & Wellbeing Strategy	Additional resource required within Spiritual Care Service and Staff Listening Service, also potentially for Staff Recovery. Final year of GbG Funding. Funding required to support Weight Management programme.	TBC	TBC	TBC	TBC	TBC	
Workforce & Finance																			
On Track	RMP3	Workforce	Complete the phased changes to adopt our East Region Shared Services model, which will include both Recruitment and Payroll.	<p>Initial adoption of Recruitment service under Memorandum of Understanding (MOU) arrangements with Transfer of Undertakings (TUPE) completed - 1 June 2021</p> <p>Phase adoption of new Model completed for all participating boards - Nov/Dec 2021</p> <p>Adoption of the full service under approved Shared Services Agreement (SSA) - Dec 2021 - Jan 2022</p> <p>Payroll Consortium work being re-scoped with programme time frames subject to the completion of the exercise</p>	Dec-21	<p>Initial launch of the new Recruitment Regional service commenced from 1st June under interim MOU pending Shared Service Agreement (SSA) sign off by 31st July 2021.</p> <p>Payroll Consortium rescoping work commenced June 2021, with outcome expected Autumn 2021.</p>	Workforce/Finance	Workforce/Finance	<p>Programme being delivered to original timescale given the challenging context.</p> <p>Outcome of the programme does not deliver service improvements</p>	<p>Programme Board oversight of the process and NHS Fife agreement adjustments to delivery plans.</p> <p>Contract management arrangements operating to assess Key Performance Indicators</p>	<p>Initial launch of the new Regional service commenced from 1st June under interim MOU.</p> <p>Implementation milestones are delivered and service fully established.</p> <p>Quality service delivery in line with Shared Service Agreement (SSA) which is meeting our Service Level standards and supporting effective recruitment activity management.</p>								
On Track	RMP3	Workforce	Complete the phased changes to adopt our East Region Shared Services model, which will include both Recruitment and Payroll.	<p>Initial adoption of Recruitment service under Memorandum of Understanding (MOU) arrangements with Transfer of Undertakings (TUPE) completed - 1 June 2021</p> <p>Phase adoption of new Model completed for all participating boards - Nov/Dec 2021</p> <p>Adoption of the full service under approved Shared Services Agreement (SSA) - Dec 2021 - Jan 2022</p> <p>Payroll Consortium work being re-scoped with programme time frames subject to the completion of the exercise</p>	Dec-21	<p>Initial launch of the new Recruitment Regional service commenced from 1st June under interim MOU pending Shared Service Agreement (SSA) sign off by 31st July 2021.</p> <p>Payroll Consortium rescoping work commenced June 2021, with outcome expected Autumn 2021.</p>	Workforce/Finance	Workforce/Finance	<p>Programme being delivered to original timescale given the challenging context.</p> <p>Outcome of the programme does not deliver service improvements</p>	<p>Programme Board oversight of the process and NHS Fife agreement adjustments to delivery plans.</p> <p>Contract management arrangements operating to assess Key Performance Indicators</p>	<p>Initial launch of the new Regional service commenced from 1st June under interim MOU.</p> <p>Implementation milestones are delivered and service fully established.</p> <p>Quality service delivery in line with Shared Service Agreement (SSA) which is meeting our Service Level standards and supporting effective recruitment activity management.</p>								

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Digital

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative				Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication		
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
Digital																	
	RMP3	Digital Health	ServiceNow - Migration to joint South-East activity to modernise the IT Service Management suite offering improved automation and slicker processes for activities such as 'Joiners, movers and leavers' consistent SLA/OLA's and much improved self-help solutions.	Service now project implementation	Oct-21	Project is in delivery . Delays due to cross Board configurations - New Delivery expected October 2021	Medical	Digital	Dependency on NHS Lothian set up	Ongoing participation in regional project		Digital Strategy 2019-2024 Remobilisation Plans					
	RMP3	Digital Health	ITIL Process Maturity Improvement - Assess and benchmark our maturity against the 5 lifecycles and 27 processes of ITIL.	Management Response Complete Follow up agreed with D&I Board	Jun-21	Report Received and Management Response being considered	Medical	Digital	Complete	Complete		Digital Strategy 2019-2024 Remobilisation Plans					
	RMP3	Digital Health	Digital Business Continuity and Disaster Recovery (BC/DR) Plan - Creating and maintaining a robust organisational BC/DR plan following initial review. This programme will have a strong emphasis on full business impact analysis to understand the impact of services not being available on the organisation.	Cyber/NISD Response plan ongoing Available resource outstanding to commence BCP/DR work	Dec-21	Resources being made available to progress the detailed work for the BC/DR work page. Work underway on improvement plan to Cyber Response plan	Medical	Digital	Availability of resource/funding to support	Funding sought to progress Operating Model Review		Digital Strategy 2019-2024 Remobilisation Plans Competent Authority Review					
	RMP3	Digital Health	Infrastructure and Network Connectivity - Initiate an architectural review of our infrastructure to support remobilisation including a review of licensing to ensure we have sufficient capacity to support the increase in digital usage.	Complete - Monitoring ongoing	Jul-21	Review complete following transition to new Office 365 Licence model and following network capacity review	Medical	Digital	Complete	Complete							
	RMP3	Digital Health	Paperlite - Subject to agreed funding, the ambition is to accelerate the Paperlite programme. Reducing paper to the patient and clinician.	Availability of Phase 1 - Scanning Complete Following review - requirement for funding to be included in SPRA process. Will not be funded in 2021-22	Apr-22	Paperlite has 3 objectives:- Paper which is in the current casenote, reduce/remove paper from being placed in the casenote, reduce the amount of paper being issued to the patient/carer or between clinical staff . Work has begun within this area, however a clear strategic vision is required and support for a business case.	Medical	Digital	Risk that the costs associated with paperlite may not receive funding	Business Case in development for consideration via SPRA process	A confirmed Business Case	Digital & Information Strategy					

NHS Fife – Whole System - Delivery Plan Sept 2021 - March 2022

Other

Key for Status:

Proposal	New Proposal/no funding yet agreed
Unlikely to complete on time/meet target	Unlikely to complete on time/meet target
At risk - requires action	At risk - requires action
On Track	On Track
Complete/ Target met	Complete/ Target met

RAG Status (mandatory)	Plan		Deliverables (mandatory) these can be qualitative or quantitative			Lead Delivery Body		Risks (mandatory) list key risks to delivery and controls/mitigating actions		Outcomes (optional) include outcomes if possible – repeat for each applicable deliverable/ add multiple outcomes if required	Strategies, plans & programmes repeat for each applicable deliverable/add multiple programmes if required	Workforce Implication		Financial Implication			
	Source Plan	RMP4 Section	Key Deliverable - Description	Summary of activities etc	Milestones /Target	Progress against deliverables end Sept 21 NB: for new deliverables, just indicate 'New'	Lead delivery body	Service	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to	Summary	Cost	Summary	Capital/ Revenue	Cost
Infection Control																	
	RMP3	Corporate Services	Deliver the NHS Fife Prevention and Control of Infection Annual Work Programme for 2021-2022. Provide a structured delivery programme with priorities for nursing staff, clinical support staff, clinicians and managers to minimise the spread of infection, support the reduction of HCAI and to meet the NHS Healthcare Improvement Scotland (NHS HIS) Standards (2015).	Programme of activities with a focus on preventing infection: IPC education/training accessible for all NHS HCWs Ward/department IPC support visits Assurance audits Robust surveillance systems and reporting for HAIs Outbreak management support	Mar-22	The programme is being delivered as per the NHS Fife Prevention and Control of Infection Annual Work Programme for 2021-2022, an update on all activities, including any challenges, slippages and delivery deadlines are presented bi-monthly to the Infection Control Committee	Nursing	Infection Control	The work included in this programme may be, at any given time, subject to slippage. This may be due to lack of resource, emerging threats and/or local or national IPC pressures.	IPCT business continuity plans reviewed, 2021 has involved a recruitment drive and focus on the IPC team development of essential knowledge and skills	All outcomes reported to the bi-monthly ICC and via IPQR reports						
Innovation																	
	RMP3	Corporate Services	Develop a framework for Innovation adoption, generation, development, monitoring and evaluation.	Internal consultation with key stakeholders, external consultation with other Health Board Innovation Leads and SE Region Health Innovation Hub (HISES) core team. Process mapping and alignment with HISES project review framework. HISES staffing structure review of core team and regional support, identification of technical support services that can be utilised regionally. Engagement with DDI/DataLoch and determine regional agreement and objectives relevant to NHS Fife Innovation Framework	Dec-21	Consultation with other Health Board Innovation Leads (NHS FV, H&I, Lanarkshire, Ayrshire and Arran) 21/07/2021 and 11/08/2021 and sharing of process documentation and governance structure. Research Innovation and Knowledge (RIK) Development Day 26/08/2021 to review Innovation integration and support. Innovation Manager Lead role to be advertised. Participation in SE Health Innovation Hub (HISES) Innovation Project Screening Group and discussion of alignment with individual Health Board internal processes (11/08/2021) Draft Innovation Framework to Research, Innovation and Knowledge (RIK) Oversight Group for review and feedback October 14th 2021 Final version to RIK Oversight Group December 2021 meeting.	Medical	Innovation	Time/resource to develop and deliver framework	Secondment of Admin support	Innovation Governance and Support Framework	Digital Strategy, indirectly Edinburgh Region City Deal and DOI/DataLoch					
Planning & Performance																	
	RMP3	Corporate Services	Investment secured for Programme Management Office (PMO) and embedded as part of the strategic planning arrangements to ensure corporate focus on progressing the service redesign required to release both cash savings and productive opportunities over the medium-term.	•Head of PMO job description at grading panel – to be advertised asap. Further structure will then be implemented. •Existing PMO supporting priority programmes in NHS Fife •Population Health and Wellbeing Portfolio Board being established to oversee and provide strategic direction to programmes	Oct-21	New posts approved and recruitment work ongoing	Finance	Planning & Performance	PMO structure not in place in time for development of strategy	Weekly meetings of PH&W Strategy Core team to ensure plan is delivered on time.	NHS Fife Strategic Priorities Developing PHW Strategy						
Patient Relations																	
	RMP4	Corporate Services	The National Group for Volunteering in NHS Scotland has reviewed current guidance and outlined a number of recommendations, options and approaches for NHS boards to consider in the remobilisation of volunteering. NHS Fife has implemented appropriate actions to ensure that their duty of care towards patients, staff and volunteers is adhered to.	NHS Fife aim to remobilise volunteers into new wards and departments, with work underway to scope the readiness of our volunteers and their flexibility to new roles, and wards and depts readiness to host volunteers.	Dec-21	NHS Fife is aware that volunteers in some areas, pre-pandemic, may no longer be required or will require to be adapted to fit with new guidance or models of care. In addition, the need for new roles may have arisen during the course of the pandemic. NHS fife has put in place a risk assessment process for all volunteers, established anew induction training and are seeking means to offer volunteers with no access to our on line learning platform an alternative way of being able to complete these modules. In addition to core induction modules particular attention is paid to volunteers completing PPE and infection prevention. Volunteers are a valuable source of support and comfort to patients, and volunteers gain enormous personal reward from their contribution.	Nursing	Patient Relations	Risks to volunteers re return to wards and changes to role descriptors. Risks are mitigated by ensuring robust risk assessment, and risk is held by volunteers after full and recorded risk assessments being completed.		Remobilisation plan for Volunteering in NHS Scotland, HIS Community Engagement team.						

Preparing for Winter 2021/22: Supplementary Checklist of Winter Preparedness: Self- Assessment

Priorities

1. Resilience
2. Unscheduled / Elective Care
3. Out of Hours
4. Norovirus
5. COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing
6. Respiratory Pathway
7. Integration of Key Partners / Services

These checklists supplement the narrative and deliverables identified in your RMP4 and support the strategic priorities for improvement identified by local systems from their review of last winter's pressures and performance and experiences of managing Covid -19.

Your winter preparedness assessment should cover systems, processes and plans which take into account the potential impacts of COVID-19, Respiratory Syncytial Virus (RSV), seasonal flu, other respiratory conditions and severe weather impacts. Plans should recognise that some of these events may occur concurrently and should take into account system wide impacts. Plans should also reflect a strategic as well as operational approach to maintain service resilience and business continuity.

The checklists also include other areas of relevance but are not exhaustive. Local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.

NHS National Boards should support local health and social care systems to develop their winter plans as appropriate.

Winter Preparedness: Self-Assessment Guidance



- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper.
- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

RAG Status	Definition	Action Required
■ Green	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
■ Amber	Systems / Processes are in development and will be fully in place by the end of October.	Active Monitoring & Review
■ Red	Systems/Processes are not in place and there is no development plan.	Urgent Action Required

1	Resilience Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action /Comments
1.1	<p>NHS Board and Health and Social Care Partnerships (HSCPs) have clearly identified all potential disruptive risks to service delivery and have developed robust Business Continuity (BC) plans to mitigate these risks. Specific risks include the impact of Respiratory Infections (e.g. Covid, RSV, Seasonal Flu) on service capacity, severe weather and staff absence.</p> <p>Business continuity arrangements have built on lessons identified from previous events and are regularly tested to ensure they remain relevant and fit for purpose.</p> <p>Resilience officers are fully involved in all aspects of winter preparedness to ensure that business continuity management principles are embedded in Remobilisation /</p>	<input type="checkbox"/> <input type="checkbox"/>		<p>NHS Fife and HSCP have established and robust Business Continuity Plans in place. Each ward, department and service have responsibility to review and update their plans at least once each year. This is supported by the Business Continuity Manager.</p> <p>The Business Continuity</p>

	<p>Annual Operating Plans as part of all-year-round capacity and service continuity planning</p> <p><i>The Preparing For Emergencies: Guidance For Health Boards in Scotland (2013) sets out the expectations in relation to BCM and the training and exercising of incident plans – see Sections 4 and 5, and Appendix 2 of Preparing for Emergencies for details. This guidance Preparing for Emergencies Guidance sets out the minimum standard of preparedness expected of Health Boards – see Standard 18.</i></p>			<p>Manager and Emergency Planning Officer are involved in all aspects of contingency planning.</p>
1.2	<p>BC plans take into account all critical activities across the NHS Board / HSCPs spectrum of activity and include analysis of the risks of disruption and their actual effects and demonstrate that planning has been based upon the likelihood and impact of worst-case scenarios.</p> <p>Risk assessments take into account staff absences including those likely to be caused by a range of scenarios and are linked to a business impact analysis to ensure that essential staff are in place to maintain key services. All critical activities and actions required to maintain them are included on the corporate risk register and are actively monitored by the risk owner.</p> <p>The Health Board and HSC partnership have robust arrangements in place to support mutual aid between local / regional partners in respect of the risks and impacts identified</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p> <p style="text-align: center;"><input checked="" type="checkbox"/></p>		<p>All NHS Fife and HSCP Business Continuity Plans consist of a Business Impact Analysis; Risk Assessment; and Continuity Plan. New templates all include these elements.</p>
1.3	<p>The NHS Board and HSCPs have appropriate policies in place to cover issues such as:</p> <ul style="list-style-type: none"> • what staff should do in the event of severe weather or other issues hindering access to work, and • arrangements to effectively communicate information on appropriate travel and other advice to staff and patients • how to access local resources (including voluntary groups) that can support a) the transport of staff to and from their places of work during periods of severe weather and b) augment staffing to directly or indirectly maintain key services. Policies should be communicated to all staff and partners on a regular basis. <p><i>Resilience officers and HR departments will need to develop a staff travel advice and</i></p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p>		<p>HR18 - Disruption of Staff Travel Arrangements Policy is in place and staff will be directed accordingly as required.</p> <p>NHS Fife has a Severe Weather Response Plan, which includes H&SCP. This Plan includes the Command & Control structure, staff reporting arrangements, 4x4 responses and access to voluntary</p>

	<i>communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.</i>			agencies.
1.4	NHS Board/HSCPs websites will be used to advise patients on any changes to service access arrangements or cancellations of clinics / outpatient services due to severe weather, reduced staffing levels etc,	<input checked="" type="checkbox"/>		Advice and information are issued on NHS Fife website, Blink, Twitter and Facebook pages. Links and information from East of Scotland Local and Regional Resilience Partnership, Fife Council, Travel Scotland and the Met Office will also be distributed.
1.5	The NHS Board, HSCPs and relevant local authorities have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	<input checked="" type="checkbox"/>		The Mass Fatalities group (Subgroup of the local resilience partnership) that was set up at the start of the pandemic has developed a logistics plan which will be implemented should demand increase to a set threshold level (either covid or non-covid related). The group is attended by numerous stakeholders including Police, Funeral Directors, Army, Fife Council, NHS Fife and SEPA.


2	Unscheduled / Elective Care Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	Clinically Focussed and Empowered Management			
1.1	<p>Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity and visibility of other key performance indicators</p> <p><i>To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>			<p>A winter review event of last winter was held in April 2021 and a Winter Planning Event was held in August 2021 both via Teams. These events involved representatives from all areas of NHS Fife and HCSP. The outcomes were developed, and learning used for the winter plan.</p> <p>Hospital Control Room established within Acute during COVID, now part of core Site Management process and will remain in place through winter. Virtual control room function established with on site care home and workforce hub in place to manage workforce issues in the HCSP.</p> <p>Integrated Capacity tool used daily to look at capacity across acute and the HCSP. Improvement actions identified and progressed with escalation to Silver Command as necessary.</p>
1.2	<p>Effective communication protocols are in place between clinical departments and senior managers across the whole system, to ensure that potential system pressures</p>			<p>There is a daily acute and HCSP multi-disciplinary daily safety</p>


	are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked with key actions and timescales assigned to individuals.			huddle via Teams to support decision-making in the very early part of the day. The HSCP contributes to VHK huddle to ensure a whole system approach is taken. This is supported by a mid-morning capacity review with Director involvement. Weekly operational planning meetings continue to look at operational plans for a week ahead and agree a weekend plan for the site. The balance of accommodating elective and emergency admissions is part of this process and informs the decision to open additional capacity if necessary
1.3	<p>A Target Operating Model and Escalation policies are in place and communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU.</p> <p><i>This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.</i></p> <p><i>Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care, with PDDs (planned dates of discharge) visible and worked towards, to ensure patients are discharged without delay.</i></p>	☒		A full review of our current escalation plan has been undertaken. Escalation plan in place as part of Winter Plan, with enabling actions across Acute and HSCP. Supported by ICU escalation plan in response to COVID-19.
1.4	<p>Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period.</p> <p><i>All escalation plans should have clearly identified points of contact and should be</i></p>	☒		As above – Escalation plans link to staffing requirement. Additional capacity costed under financial plan. Recruitment underway to ensure staff are in post prior to winter.

	<i>comprehensively tested and adjusted to ensure their effectiveness.</i>			
2	Undertake detailed analysis and planning to effectively manage scheduled elective, unscheduled and COVID-19 activity (both short and medium-term) based on forecast emergency and elective demand and trends in infection rates, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.			
2.1	<p>Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions</p> <p><i>Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.</i></p> <p><i>Weekly projections for COVID demand and the capacity required to meet this demand including an ICU surge plan with the ability to double capacity in one week and treble in two weeks and confirm plans to quadruple ICU beds as a maximum surge capacity.</i></p> <p><i>Plans in place for the delivery of safe and segregated COVID-19 care at all times.</i></p> <p><i>Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.</i></p> <p><i>NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter or COVID-19 surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.</i></p>			<p>System watch is used routinely to predict on a daily basis current demand and activity is planned (this will include urgent elective care) around these numbers. There a robust escalation plan which includes surge beds also being implemented. This has however been impacted with Covid with fluctuations being seen and taken account of.</p> <p>Daily discussion in Acute of predict admissions and discharges (using EDD) and projection of profile on weekly basis.</p> <p>Weekly COVID projections are used for planning purposes as a matter of routine, with sharing and discussion via Hospital Control and Acute Senior Leadership Teams. Robust ICU escalation plan in place, with associated trigger points and enabling actions.</p>

				The hospital footprint continues to be segregated based on Red/Amber/Green pathways with associated flex in the red/amber footprint dependent on COVID demand. We are aware of potential changes to ARHAI's pathway guidance in preparation for Winter and are poised to reconfigure as required.
2.2	<p>Pre-planning created pathways which provide an alternative to admission and optimised the use of inpatient capacity for the delivery of emergency and elective treatment, including identification of winter / COVID-19 surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work.</p> <p><i>This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring. Where electives are cancelled consideration should be given on whether the Scottish Government Access Support team should be informed in order to seek support and facilitate a solution.</i></p> <p><i>Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.</i></p> <p><i>Management plans should be in place for the backlog of patients waiting for planned care in particular diagnostic endoscopy or radiology set in the context of clinical prioritisation and planning assumptions</i></p>			A full escalation plan with actions re emergency and elective work has been put together and is now in place to avoid unnecessary disruption.
3	Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers			

	and support services required to avoid attendance, admission and effective timely discharge. To note this year the festive period public holidays will span the weekends.			
3.1	<p>System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October.</p> <p><i>This should take into account predicted peaks in demand, including impact of significant events on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations.</i></p>	<input type="checkbox"/>		Exact staffing plans being developed based on experience from prior years, including COVID impacts experienced last Christmas.
3.2	<p>Extra capacity should be scheduled for the 'return to work' days after the four-day festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services.</p>	<input type="checkbox"/>		<p>Plans to be developed – but routine business for all services.</p> <p>Workforce planning is ongoing and will be supported by tactical group.</p>
3.3	<p>Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc.</p> <p><i>NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations</i></p>	<input type="checkbox"/>		NHS Fife is a core member of Fife LRP (Local Resilience Partnership) and is fully engaged in all multi agency arrangements
3.4	<p>Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered.</p> <p><i>Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.</i></p>	<input type="checkbox"/>		All rotas in place to ensure public can access OOH across the winter period and public holidays.

	<p>Develop whole-system pathways which deliver a planned approach to urgent care ensuring patients are seen in the most appropriate clinical environment, minimising the risk of hospital associated infection and crowded Emergency Departments.</p> <p>Please note regular readiness assessments should be provided to the SG Unscheduled Care team including updates on progress and challenges.</p>			
	<p>To ensure controlled attendance to A&E services a 24/7 Health Board Flow Navigation Centre will offer rapid access to a senior clinical decision maker and be staffed by a multi-disciplinary team, optimising digital health when possible in the clinical consultation and should have the ability to signpost to available local services, such as MIU, AEC, GP (in and out of hours), pharmacy and ED if required. Self-care / NHS inform should be promoted where appropriate.</p> <p>Referrals to the flow centre will come from:</p> <ul style="list-style-type: none"> • NHS 24 • GPs and Primary and community care • SAS • A range of other community healthcare professionals. <p>If a face to face consultation is required, this will be a scheduled appointment with the right person and at the right time in the right place based on clinical care needs. Technology should be available to book appointments for patients and provide viable appointments / timeslots at A&E services.</p> <p>The impact on health-inequalities and those with poor digital access should be taken into account, mitigated, monitored and built into local equality impact assessments.</p>			<p>Phase 2 of RUC commenced in July 2021, with revised delivery structure, focusing on: Access; Pathways; Mental Health; And accommodation. Early focus of phase 2 has been on managing acute admissions via FNC, which commenced on 12th July, with 24/7 medical admission to be in place by October 2021.</p> <p>Early focus of Phase 2 has been on facilitating medical admissions pathway via FNC.</p> <p>Phase 1 went live on 12th July, with medical admissions managed via FNC between 8am and 1pm. 24% redirected away from AU1, with 14% not admitted to VHK. Key areas for improvement discussed regularly, with processes amended to support improved pathways.</p> <p>Phase 1 review of pathways</p>

				<p>complete to enable NHS Fife acceptance of NHS24 (111) calls for local navigation. Programme workstreams reviewed and refocused for Phase 2 RUC ask from Scottish Government. Workstream leads agreed and Fife nominations to 5 national workstreams submitted and national workstreams have commenced.</p> <p>Along with the development of national messaging from RUC Programme, a working group is currently developing a patient experience plan to build on the learning from recent ED and FNH led surveys. All delivery groups have representation from all relevant stakeholders.</p>
	<p>Professional to professional advice and onward referral services should be optimised where required</p> <p>Development of pathways across whole system for all unscheduled care working with Scottish Ambulance Service to access pathways and avoid admission.</p>			<p>Existing Professional to Professional pathways have been mapped and aligned to clinical pathways</p> <p>Existing clinical Pathways mapped, and pathway Subgroups are progressing work to enhance existing models.</p> <p>RefHelp Development - A team of colleagues have been brought together to support clinical leads (or their delegates) in the rapid</p>

				<p>review of current Ref help content on Blink. It is intended that a launch and associated training / messaging will happen in November for the refreshed Ref Help content on Blink.</p> <p>Plans in place for direct dialogue between primary care and specialist senior clinicians via an electronic platform to seek expert prof to prof advice to further prevent acute admissions.</p>
4	<p>Optimise patient flow by proactively managing Discharge Process utilising PDD (Planned Date of Discharge) and associated discharge planning tools such as – Daily Dynamic Discharge, to shift the discharge curve to the left and optimise in day capacity, and ensure same rates of discharge over the weekend and public holiday as weekday.</p>			
4.1	<p>Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process.</p> <p><i>Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.</i></p> <p><i>Utilise Criteria Led Discharge wherever possible.</i></p> <p><i>Supporting all discharges to be achieved within 72 hours of patient being ready.</i></p> <p><i>Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.</i></p>		⊗	<p>Within the Acute hospital, the Discharge Hub facilitates the discharge of those who require ongoing support from health and social care following an in-patient stay. This service offers a multi-agency, integrated, person centred approach to the assessment of an individual's needs as they approach discharge. The hub has a key role in community and whole system flow.</p> <p>Close working relationship with SAS to ensure sufficient patient transport support, utilising the</p>


				HALO to link between teams.
4.2	<p>To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Criteria Led Discharge should be used wherever appropriate.</p> <p><i>Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.</i></p>	☒		<p>Ongoing. Improvement work in place, supported by the Transformation and Change Team, with linkages to SG Unscheduled Care team for 6EA best practice.</p> <p>Work currently hampered by current staffing levels.</p>
4.3	<p>Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon.</p> <p><i>Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.</i></p> <p><i>Extended opening hours during festive period over public Holiday and weekend</i></p>	☒		<p>Discharge lounge not currently in operation. Has routinely been part of our core discharge processes but has been suspended in response to COVID. Scoping underway to indentify a new discharge lounge.</p>
4.4	<p>Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre-Christmas discharge</p> <p><i>There should be a monitoring and communication process in place to avoid delays, remove</i></p>	☒		<p>The H&SC Discharge Model is based on demand for services from last year. Weekly monitoring reporting and escalation plan are in place where provision of services is reviewed and increased if necessary.</p>

	<i>bottlenecks and smooth patient discharge processes</i>			
5	Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.			
5.1	<p>Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels.</p> <p><i>This will be particularly important over the festive holiday periods.</i></p> <p><i>Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions.</i></p> <p><i>Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff.</i></p> <p><i>Assessment capacity should be available to support a discharge to assess model across 7 days.</i></p>	<input type="checkbox"/>		There is a plan incorporating predicted demand into planning for Social Work packages of care.
5.2	<p>Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible.</p> <p><i>Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.</i></p> <p><i>All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible</i></p>	<input type="checkbox"/>		As above
5.3	<p>Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge.</p> <p><i>Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.</i></p>	<input type="checkbox"/>		Patients identified as part of HHG recorded on Trak to ensure joint working and communication across teams including discharge HUB and OOH

5.4	<p>All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances.</p> <p><i>KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.</i></p>	☒		<p>ACP's completed for all HHG patients as part of intervention and monitored using RAG data base. This is reviewed daily for all patients.</p> <p>Work has commenced to ensure all people at risk of admission has an ACP in place.</p>
5.5	<p>COVID-19 Regional Hubs fully operational by end November. Additional lab capacity in place through partner nodes and commercial partners by November. Turnaround times for processing tests results within 24/48 hours.</p>	☒		<p>In place.</p>
6.0	Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.			
6.1	<p>Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector and into the Scottish Government.</p> <p><i>Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>	☒		<p>This is addressed during the morning safety huddles and weekly Integrated Capacity & Flow meetings between NHS Fife and HSCP General Managers.</p> <p>Weekly weekend planning meeting in place between HSCP/Acute to develop weekend plans and ensure coordination of weekend patient movement.</p>
6.2	<p>Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.</p> <p><i>SG Health Performance & Delivery Directorate is working with partners and policy colleagues</i></p>	☒		<p>Ongoing communication through multiple mediums (website, social media, press) regarding winter preparedness and COVID-19 response. Enhanced</p>

	<p><i>to ensure that key winter messages, around direction to the appropriate service are effectively communicated to the public.</i></p> <p><i>The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.</i></p> <p><i>The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.</i></p> <p><i>Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns</i></p>			<p>communication will be in place to cover service provision over key holiday periods.</p>
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3	Out of Hours Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<p>The OOH plan covers the full winter period and pays particular attention to the festive period and public holidays.</p> <p><i>This should include an agreed escalation process.</i></p> <p><i>Have you considered local processes with NHS 24 on providing pre-prioritised calls during OOH periods?</i></p>	☒		<p>The OOH plan covers the full winter period and pays particular attention to the festive period and covers pre-prioritised calls from NHS24.</p> <p>There is an agreed escalation process in place to ensure Senior Management within the H&SCP are aware of any current or potential service delivery challenges real time.</p> <p>In consultation with NHS 24, partner assistance with pre-prioritised calls will be provided by Urgent Care Service Fife (UCSF) on agreed public holidays, covering predicted peak time call</p>

				<p>volumes. Further consideration to providing triage can only be given once all UCSF sessions are filled. Close consultation with NHS 24 continues and plans will be flexed over the winter period in response to demand.</p>
2	<p>The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.</p>			<p>This year, as in the previous festive periods, UCSF has reviewed the Business Continuity plan to ensure our contingency plans remain robust, current and flexible to be able to deal effectively with all technical and operational issues or demands placed upon the service taking account of the Public Holidays and weekends prior, during and after the festive period.</p> <p>UCSF has referred to previous years and the predicted festive information supplied by NHS24 through as a baseline for formulate festive planning. Updated data will be available from NHS24 closer to Christmas giving Boards the chance to revisit requirements and amend accordingly. Activity rates are reviewed weekly in conjunction with data received from public health and Scottish Government regarding activity.</p> <p>Additional recruitment and training</p>

				has taken place for both admin and clinical staff to ensure as flexible a workforce as possible is in place to meet the requirements of the service
3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.		☒	<p>UCSF plans to increase staffing levels over the winter period on Saturday and Sundays to supplement the home visiting capacity as this has previously been identified as critical to the delivery of care. Activity is closely monitored during the winter months and reviewed along with guidance from HPS and SGHD.</p> <p>New ways of working are now established as part of Urgent Care Transformation, including Clinical HUB Coordinations, UCP Home Visiting. Evaluation evidences safe, appropriate and effective care. UCPs work within specific clinical criteria, releasing time to care for GPs to manage more complex clinical presentations.</p>
4	<p>There is reference to direct referrals between services.</p> <p><i>For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?</i></p>		☒	<p>Direct referrals are encouraged between UCSF and MIU and A & E. Five Urgent Care Practitioners can directly refer to other specialties, including tertiary services such as ENT, without the need for a GP to be involved. Direct referrals ensure that the patient journey is not added to by</p>

				<p>an unnecessary reassessment in A&E.</p> <p>Specialist Paramedics can now directly refer to AU1 and other services, removing the need for a further clinical consultation and ensuring an appropriate patient journey and effective use of resources.</p> <p>Redirection policy review and re-issued to teams. Any individual concerns regarding pathways not being followed highlighted to management teams for review and learning, if required.</p>
5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	<input checked="" type="checkbox"/>		<p>UCSF employ Adastra for all documentation and all clinicians are trained in the use of this. Regular reviews of documentation are undertaken and fed back to clinical staff to ensure good, clear, accurate record keeping in line with professional codes is achieved.</p>
6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	<input checked="" type="checkbox"/>		<p>The use of the professional-to-professional line is encouraged at all times and is routinely used by Pharmacists, District Nurses, Labs and SAS. Calls come directly into Fife's Dispatcher and details are entered into Adastra for a clinician to clinically manage.</p>

		<p>Community Pharmacists have a PGD which allows them to provide medication supply in emergency situations, which further reduces calls to NHS24 and UCSF.</p> <p>Community pharmacies within the health board area can manage minor illness through the Pharmacy First service.</p> <p>Each centre and the hub has access to Pharmacy opening times across NHS Fife. This includes a list of designated palliative care pharmacies.</p> <p>Oxygen concentrators are now available in all centres.</p> <p>A robust system for Controlled drug supply is in place and all GPs are aware of the ordering procedure. Drugs are checked at the start of each shift and a regular audit is carried out by NHS Fife Pharmacy staff.</p> <p>Prior to the public holidays all stock levels are assessed, and additional stocks are agreed, for commonly used medications such as, antibiotics, inhalers, steroids, analgesia, and emergency</p>
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				contraception. This includes those used in the Centres by GP's and UCP's and those in the mobile bags
7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.			Direct referral to the Unscheduled Care Mental Health team is available 24/7 and there is no change over the festive period. The team will make arrangements to see the patient if necessary.
		☒		<p>The Unscheduled Care Assessment Team (UCAT) telephone screening service is available for individuals who have contacted NHS 24, with concerns regarding mental health issues or self-harm ideation. If the patient's life is in immediate risk or they are actively self-harming, it would not be appropriate to refer to UCAT. In this situation, Police / SAS should be considered as the safe and appropriate immediate action.</p> <p>GPs will attend patients at home if it is considered that due to their clinical condition, they may require an emergency detention, this is a necessary step due to current legislation.</p>
8	Ensure there is reference to provision of dental services, that services are in place either via general dental practices or out of hours centres <i>This should include an agreed escalation process for emergency dental cases; i.e. trauma,</i>	☒		Provision of dental services is organised through NHS24 as the single point of contact. Out of hours clinics are well established

	<i>uncontrolled bleeding and increasing swelling.</i>			for several years. Monitoring and contingencies currently required due to COVID impact.
9	<p>The plan displays a confidence that staff will be available to work the planned rotas.</p> <p><i>While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.</i></p>	☒		<p>Call Handling /Dispatch staff: Double staffing required during peak times. Staff will be expected to attend shift as planned.</p> <p>Nursing staff: Nursing staff rotas will reflect activity, available accommodation and profiling of peak demands from previous years</p> <p>GPs: Extra GPs will be recruited for all centres during peak periods. A review of peak demands on the service has allowed UCSF to predict staffing requirements and plan to meet potential demand.</p> <p>Short Notice GP Directory of those willing to come in and work additional shifts/part shifts throughout festive period will be available.</p>
10	<p>There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24.</p> <p><i>This should include reference to a public communications strategy covering surgery hours, access arrangements, location, and hours of PCECs, MIUs, pharmacy opening, etc.</i></p>	☒		NHS Fife will be working with Corporate Communications to ensure effective plans are in place to communicate how services should be accessed over the winter period. NHS24 Winter Campaign messages support the delivery of the out of hours service and routine local communication will signpost to where services are

				<p>available as well as the need to order repeat prescriptions well in advance.</p> <p>Communication strategy will be implemented reflecting previous public holiday arrangements.</p> <p>Primary Care Department will request all practices advertise their opening hours and encourage them to use the facility on all prescriptions to remind patients to order repeat prescriptions early. Advertisements in local papers will be placed.</p>
11	<p>There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.</p>	☒		<p>Local relationships with SAS significantly strengthened over through the COVID period and enhanced with the full-time employment of a dedicated Hospital Ambulance Liaison Officer (HALO). Collaboration ongoing to further strengthen discharge offerings with an additional dedicated vehicle and embedded SAS resource within the Hospital's Transport Hub.</p>
12	<p>There is evidence of joint working between the Board and NHS 24 in preparing this plan.</p> <p><i>This should confirm agreement about the call demand analysis being used.</i></p>	☒		<p>NHS Fife UCSF and NHS24 have worked very closely. This will continue with regular meetings between the services to plan and review service delivery to the population of Fife and Kinross.</p>

				<p>Pre-prioritised calls are received directly into the hub where the GP/UCP's will be based. This allows liaison between the staff groups for those patients who require face to face consultation and equity in service provision.</p> <p>UCSF are working with NHS 24 using previous year's data from both organisations to continue to develop plans. Festive arrangements will be shared in detail with NHS24 and vice versa to enable the two organisations to work in close partnership.</p>
13	<p>There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan.</p> <p><i>This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.</i></p>	☒		<p>Planning is shared with colleagues from the Acute Sector, in particular, the Emergency Care Directorate.</p>
14	<p>There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan.</p> <p><i>This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.</i></p>	☒		<p>UCSF can refer directly to emergency Social Work if necessary. Public Protection referral polices available to support effective referral in the urgent care period.</p>
15	<p>There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic flu and other emergency plans, including provision for an escalation plan.</p> <p><i>The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS</i></p>	☒		<p>Previously NHS24 escalation plans would be tested with all Health Board areas prior to the festive period and UCSF would participate in the planned teleconferencing meetings to</p>


	24.			discuss any issues/pressures that have been identified and agree the trigger points for moving towards escalation if required. Pandemic Plan has been reviewed for 2020/2021 winter period.
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4	Prepare for & Implement Norovirus Outbreak Control Measures <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<p>NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings</p> <p><i>This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.</i></p>	☒		<p>Links to national guidelines available to all NHS Fife HCWs on BLINK</p>
2	<p>IPCTs and HPTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts.</p> <p><i>Boards should ensure that their IPCTs and Health Protection Teams (HPTs) are supported to undertake the advance planning to ensure that Norovirus outbreaks in hospitals and care homes are identified and acted upon swiftly. Boards should ensure that there are sufficient resources to provide advice and guidance to ensure that norovirus patients are well looked after in these settings.</i></p>	☒		<p>NHS Fifes IPCT annual Winter Preparedness Plan (including Norovirus) ensures outbreaks are identified swiftly and support and guidance provided.</p>
3	<p>PHS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff</p>	☒		<p>Control measures described in NHS Fife Infection Control Manual (on Blink) with Links to NICM Outbreak folders including guidance on Norovirus have been provided to all inpatient wards</p>
4	<p>How are NHS Board communications regarding bed pressures, ward closures, kept up to date in real time.</p> <p><i>Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.</i></p>	☒		<p>Daily safety huddle attended by Senior Management and IPCT. Use of Boards at entrances to provide information about ward closures. Use of social media.</p>
5	<p>Debriefs will be provided following significant outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks.</p> <p><i>Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.</i></p>	☒		<p>All outbreaks of infection are reported to the ICC. Final outbreak reports shared for lessons learned.</p>

6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation via the PHS Norovirus Activity Tracker .	☒		Reported via ICC and CGC reports
7	Are there systems in place that would ensure appropriate patient placement, patient admission and environmental decontamination post discharge in ED and assessment areas	☒		<p>Current patient pathways based on extant ARHAI guidance on Red/Amber/Green pathways and appropriate patient placement accordingly. Segregated red/amber entry pathways already in place - ED resus reconfigured to provide 3 x negative pressure rooms for performance of AGP procedures whilst maintaining environmental isolation from the remainder of ED resus.</p> <p>Phase 3 of VHK is of modern construction, with good mechanical ventilation and good single room provision. Additionally, we have a Local Infectious Diseases Unit (Ward 51) with 10 x negative pressure rooms. This is currently a dedicated COVID ward but could easily be flexed to adapt to infection control requirements.</p> <p>Dedicated mechanism in place via Hospital Control Team, with</p>



				multi-professional representation, for adjustment to patient placement guidance.
8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. <i>While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.</i>	<input checked="" type="checkbox"/>		Microbiologists provide 24 / 7 cover. 2 IPCNs on call/onsite each day over public holidays
9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple bays / wards over a couple of days. <i>As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.</i>	<input checked="" type="checkbox"/>		See 7.
10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation.	<input checked="" type="checkbox"/>		Extant communication plans in place, PAGs/IMTs will direct effective outbreak responses
11	Are there systems in place to deploy norovirus publicity materials information internally and locally as appropriate,	<input checked="" type="checkbox"/>		including use of social media via comms team

12	Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of COVID-19.	☒		Communications plan: including use of social media via comms team
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5	COVID -19, RSV, Seasonal Flu, Staff Protection & Outbreak Resourcing <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	<p>Staff, particularly those working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients and other staff, as recommended in the CMOs seasonal flu vaccination letter published on Adult flu immunisation programme 2021/22 (scot.nhs.uk) and Scottish childhood and school flu immunisation programme 2021/22 . Further CMO letters will be issued before the flu season begins to provide further details on aspects of the programme, including the marketing campaign and details of education resources for staff administering vaccinations.</p>			<p>All Health and Social Care Workers (HSCW) were offered and encouraged to take up the offer of flu vaccination and those eligible i.e. frontline staff were offered two doses of COVID-19 vaccinations in tranche 1.</p> <p>For tranche 2 the national scheduling tool i.e. NVSS portal will be open from 21st September and all staff will be encouraged to book a flu vaccination and all frontline staff and those over 50 years will be encouraged to book a COVID-19 booster vaccination. Staff involved in delivering vaccinations completed all relevant training and will complete yearly update before tranche 2. Guidance from JCVI and CMO letters have been followed and further JCVI guidance communicated 14th September JCVI statement regarding a COVID-19 booster vaccine programme for winter 2021 to 2022 - GOV.UK (www.gov.uk) advises that flu and Covid vaccination for those eligible can be co administered. We are scheduled and on track to commence coupled or decoupled staff vaccinations from 29th September dependant on individual eligibility.</p>

2	<p>All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible.</p> <p><i>It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; that staff fully understand the role flu vaccination plays in preventing transmission of the flu virus and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake.</i></p> <p><i>Vaccine uptake will be monitored weekly by performance & delivery division</i></p>	☒		<p>There are 5 dedicated staff vaccination clinics available, split across three regions in Fife, for convenience and easy access. Staff will be urged to use the venue closest to where they work. There is a dedicated Flu Vaccination COVID-19 Vaccination (FVCV) workforce who have the capacity to deliver vaccinations to the whole HSCW cohort. These clinics will operational five days a week initially, for 8.5 hrs per day. Uptake will be closely monitored over the first 2 weeks by the dedicated scheduling team with oversight and direction provided by the FVCV Programme Board. If required, this will be supported by the Occupational Health and Wellbeing department. Community pharmacies will also provide mop up service to staff. A Peer Vaccination model was utilised last flu season but as there is now a dedicated workforce available and with current staffing pressures it has been agreed that this model of delivery will not be used this season.</p>
3	<p>The winter plan takes into account the predicted surge of seasonal flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period.</p> <p><i>If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. SG procures additional stocks of flu vaccine which is added to the stocks that Health Boards receive throughout the season, which they can draw down, if required. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals co-ordinated and issued by the Vaccinations Strategy Division.)</i></p>	☒		<p>a project management structured approach to ensuring a Flu vaccination delivery programme is in place for the population of fife, in line with SG/JCVI guidance and frameworks. this is also in conjunction with a COVID 19 3rd vaccination/booster programme. The seasonal flu programme is cognisant of other vaccination programmes ie VTP/Childhood ims</p> <p>There is a workforce identified, scheduling in place and venues identified to enact delivery programme.</p>

4	<p>PHS weekly updates, showing the current epidemiological picture on COVID-19, RSV and influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.</p> <p><i>Public Health Scotland and the Vaccinations Strategy Division within the Scottish Government monitor influenza rates during the season and take action where necessary, The Outbreak Management and Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. PHS produce a weekly influenza bulletin and a distillate of this is included in the PHS Winter Pressures Bulletin.</i></p>	☒		<p>All current epidemiological data available currently discussed via the local Scientific and Technical Advisory Cell (STAC) with relevant recommendations put forward the the Executive Directors' Group. STAC contains representation from Public Health, Infection Prevention and Control, Infectious Diseases, Microbiology, Acute hospital clinical leadership, Occupational Health, Data analysts and local council protective services colleagues.</p>
5	<p>Adequate resources are in place to manage potential outbreaks of COVID-19, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods.</p> <p><i>NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.</i></p>	☒		<p>This year, IPCT staff rotas will reflect activity and profiling of peak demands from previous years to ensure adequate resources are in place to manage potential outbreaks of COVID-19, RSV and seasonal flu that might coincide with norovirus, severe weather and festive holiday periods. Activity rates of COVID-19, respiratory illnesses and norovirus are reviewed weekly from public health.</p> <p>The IPCT has reviewed the Business Continuity plan to ensure our plans remain robust, current and flexible to be able to deal effectively with seasonal outbreak demands placed upon the service taking account of the Public Holidays and weekends prior, during and after the festive period.</p> <p>Recruitment and training has taken place for clinical staff to ensure as flexible a workforce as possible is in place to meet the requirements of the service.</p>

6	<p>Ensure that sufficient numbers of staff from high risk areas where aerosol generating procedures are likely to be undertaken such as Emergency Department, Assessment Units, ID units, Intensive Care Units and respiratory wards (as a minimum) are fully aware of all IPC policies and guidance, FFP3 fit-tested and trained in the use of PPE for the safe management of suspected COVID-19, RSV and flu cases and that this training is up-to-date.</p> <p>Colleagues are reminded of the legal responsibility to control substances hazardous to health in the workplace, and to prevent and adequately control employees' exposure to those substances under all the Regulations listed in the HSE's Respiratory protective equipment at work of HSG53 (Fourth edition, published 2013).</p>			<p>H&S provide face fit testing for FFP3 masks, wards departments additionally have key staff who are face fit testers to ensure staff in high-risk areas where aerosol generating procedures are performed are fit tested.</p> <p>The NHS Fife HAI Education Strategy- mandatory for NHS Fife clinical staff to have completed the SIPCEP module "Personal Protective Equipment"</p>
7	<p>Staff in specialist cancer & treatment wards, long stay care of the elderly and mental health (long stay) will also will be required to continue to undertake asymptomatic weekly testing for COVID-19 throughout this period. We are actively reviewing the current asymptomatic Healthcare Worker testing Operational Definitions to ensure they are still fit for purpose.</p>			<p>Asymptomatic PCR testing in place for staff working with high-risk patients across Cancer and Mental Health/Learning Disabilities Wards. Weekly monitoring report submitted to PHS and SG Performance teams.</p>

8	<p>Ensure continued support for care home staff asymptomatic LFD and PCR testing and wider social services staff testing.</p> <p>This also involves the transition of routine weekly care home staff testing from NHS Lighthouse Lab to NHS Labs. Support will be required for transfer to NHS by end of November, including maintaining current turnaround time targets for providing staff results.</p> <p><i>Enhanced care home staff testing introduced from 23 December 2020 . This involves twice weekly LFD in addition to weekly PCR testing review of enhanced staff testing underway. PCR testing - transition to NHS lab complete. Good level of staff participation in PCR testing.</i></p> <p><i>Testing has been rolled out to a wide range of other social care services including care at home, sheltered housing services.</i></p>	☒		All willing staff undertaking asymptomatic testing
9	<p>NHS Health Boards have outlined performance trajectory for each of the eligible cohort for seasonal flu vaccine (2020/2021) which will allow for monitoring of take up against targets and performance reporting on a weekly basis. The eligible cohorts are as follows:</p> <ul style="list-style-type: none"> • Adults aged over 65 • Those under 65 at risk • Healthcare workers • Unpaid and young carers • Pregnant women (no additional risk factors) • Pregnant women (additional risk factors) • Children aged 2-5 • Primary School aged children • Frontline social care workers • 55-64 year olds in Scotland who are not already eligible for flu vaccine and not a member of shielding household • Eligible shielding households <p>The vaccinations are expected to start this week (week commencing 28th</p>	☒		<p>Close review of activity data including weekly returns to Public Health Scotland and also dialogue locally and nationally. This ensures delivery can be adapted and ensure comparison against national targets and in line with CMO guidance</p> <p>Locally for Fife the vaccination programme commenced week beginning 6th September with initial focus on children aged 2-5 with adult programme commencing week beginning 27th September),</p>

	<p>September), and we will be working with Boards to monitor vaccine uptake. This will include regular reporting that will commence from day 1 of the programme utilising automated data collection methods for performance monitoring. Public Health Scotland will report weekly.</p>		
10	<p>Low risk – Any care facility where: a) triaged/clinically assessed individuals with no symptoms or known recent COVID-19 contact who have isolated/shielded AND have a negative SARS-CoV-2 (COVID-19) test within 72 hours of treatment and, for planned admissions, have self-isolated from the test date OR b) Individuals who have recovered from COVID-19 and have had at least 3 consecutive days without fever or respiratory symptoms and a negative COVID-19 test OR c) patients or individuals are regularly tested (remain negative)</p> <p>Medium risk Any care facility where: a) triaged/clinically assessed individuals are asymptomatic and are waiting a SARSCoV-2 (COVID-19) test result with no known recent COVID-19 contact OR b) testing is not required or feasible on asymptomatic individuals and infectious status is unknown OR c) asymptomatic individuals decline testing</p> <p>High risk Any care facility where: a) untriaged individuals present for assessment or treatment (symptoms unknown) OR b) confirmed SARS-CoV-2 (COVID-19) positive individuals are cared for OR c) symptomatic or suspected COVID-19 individuals including those with a history of contact</p>		<p>NHS Fife currently have defined pathways to ensure the segregation of patients determined by their risk of COVID-19, this is in line with the National Infection Prevention and Control Manual's (NIPCM) 3 patient pathways.</p> <ul style="list-style-type: none"> • RED (High risk) • AMBER (Medium risk) • GREEN (Low risk) <p>For noting - Updated guidance expected end of September 2021</p>

	with a COVID-19 case, who have been triaged/clinically assessed and are waiting test results OR d) symptomatic individuals who decline testing So all emergency admissions where COVID-19 status is unknown/awaited will fall into the medium risk pathways until testing can be undertaken to allow them to transition into green.			
11	All NHS Scotland Health Boards have provided assurance that all emergency and all elective patients are offered testing prior to admission. <i>Testing after admission should continue to be provided where clinically appropriate for example where the person becomes symptomatic or is part of a COVID-19 cluster.</i>	☒		On-admission PCR testing in place for all emergency admissions and testing for all elective admissions in place as part of the pre-assessment process. Day 5 admission testing in place for all patients and pre-discharge testing in place in accordance with current guidance via National Infection Prevention and Control Manual. Dedicated Point of Care "swabbing team" to facilitate point of care testing for all Red pathway patients and facilitate rapid testing of appropriate discharge swabs.
12	Staff should be offered testing when asymptomatic as part of a COVID-19 incident or outbreak investigation at ward level when unexpected cases are identified. This will be carried out in line with existing staff screening policy for healthcare associated infection: https://www.sehd.scot.nhs.uk/dl/DL(2020)01.pdf <i>In mid-February 2021, the scope of the LFD testing pathway was expanded further to include patient facing primary care staff (general practice, pharmacy, dentistry, optometry), hospice staff, and NHS24 and SAS call handlers. Some</i>	☒		Twice-weekly LFD testing in place. Local governance and monitoring in place via Test and Protect Oversight Group, supported by HSCP and Acute Senior Leadership Teams.

<p><i>hospice staff had been included in the original scope where staff worked between hospitals and hospices, so this addition brought all patient facing hospice staff into the testing programme.</i></p> <p><i>On the 17 March Scottish Government announced that the scope of the HCW testing pathway would be further expanded to include all NHS workers. The roll out is currently underway and we expect that all Boards across Scotland will have fully implemented the roll-out of twice weekly lateral flow testing to eligible staff by the end of June 2021. This will include staff who may have been shielding or working from home and is in line with national guidance. Current guidance on healthcare worker testing is available here, including full operational definitions: https://www.gov.scot/publications/coronavirus-COVID-19-healthcare-worker-testing/</i></p>		
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6	Respiratory Pathway <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
1	There is an effective, co-ordinated respiratory service provided by the NHS board.			
1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	☒		Patient pathways in place relevant to level of acuity across Health and Social Care system and aligned to Covid pathways
1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	☒		Being worked up
1.3	<p>Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times.</p> <p><i>Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right department, referred directly to acute respiratory assessment service where in place..</i></p> <p><i>Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.</i></p> <p><i>Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).</i></p>	☒		Subgroup set up looking at ACPs
1.4	<p>Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients.</p> <p><i>Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.</i></p>	☒		Content and guidance to be discussed from clinicians working in that area.
2	There is effective discharge planning in place for people with chronic respiratory disease including COPD			

2.1	<p>Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.</p> <p><i>Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).</i></p>	☒		<p>RNS team will continue with Early Supported Discharge and will provide all of for all patients they see. There are patients who are admitted who are not highlighted to the specialist team.</p> <p>Still in process of waiting for an alert to be added to Trak to enable a daily report of where patients are if not in respiratory (awaiting IT).</p> <p>Current staff resource presents a challenge to try to achieve this with every patient especially if RNS are still required to work in ward to support staff shortage.</p> <p>Team trying to mitigate against this having an impact upon front door turnaround and ESD.</p>
2.2	<p>All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.</p>	☒		<p>As above if RNS team not aware of these patients then ensuring correct medication use and arrangement for follow up appointment will likely not take place</p>
3	People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.			
3.1	<p>Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.</p> <p><i>Spread the use of ACPs and share with Out of Hours services.</i></p> <p><i>Consider use of SPARRA/Risk Prediction Models to identify those are risk of emergency admission over winter period.</i></p> <p><i>SPARRA Online: Monthly release of SPARRA data,</i></p> <p><i>Consider proactive case/care management approach targeting people with heart failure, COPD and frail older people.</i></p>	☒		<p>Subgroup set up looking at ACPs</p>

4	There is an effective and co-ordinated domiciliary oxygen therapy service provided by the NHS board		
4.1	<p>Staff are aware of the procedures for obtaining/organising home oxygen services.</p> <p>Staff have reviewed and are satisfied that they have adequate local access to oxygen concentrators and that they know how to deploy these where required. If following review, it is deemed that additional equipment is needed to be held locally for immediate access, please contact Health Facilities Scotland for assistance (0131 275 6860)</p> <p>Appropriate emergency plans/contacts are in place to enable patients to receive timely referral to home oxygen service over winter/festive period.</p> <p>Contingency arrangements exist, particularly in remote and rural areas, and arrangements are in place to enable clinical staff in these communities to access short term oxygen for hypoxaemic patients in cases where hospital admission or long term oxygen therapy is not clinically indicated.</p> <p><i>Take steps to remind primary care of the correct pathway for accessing oxygen, and its clinical indications.</i></p>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<p>Domiciliary oxygen provision is the preserve of our Respiratory consultants both within Fife & Tayside and they undertake the relevant assessment and arrange provision of LTOT, with appropriate safeguards. This is arranged by referral through SCI-G from general practice or as patients known to them develop a requirement for Oxygen. The service is provided by Dolby who provide an emergency number and back up cylinders. This works well and we are not aware of any issues.</p> <p>Hospital at Home have 4-5 Oxygen concentrators for each of the three H@H teams. Each team has one concentrator that can deliver 3 l/min whilst the rest deliver 2 l/min. They can obtain SHOOOF/concentrators the same day or next day portable O2 concentrators (2l/min.) These are utilised on a temporary basis for patients "admitted" to their service in need of Oxygen</p>

				<p>support. They may require additional resources during winter given the predicted surge in Respiratory illnesses, however if usual supply lines are secure then they need not necessarily hold additional supplies on site.</p> <p>Each GP Practice holds 2 small cylinders for Emergency use. GPs do not prescribe home Oxygen otherwise.</p> <p>Oxygen is sometimes used within a palliative context. Palliative care uses the same service as the respiratory consultants through Dolby and with the same backups.</p> <p>It must be remembered that as Oxygen supports combustion, for reasons of patient safety, it can never be prescribed to a smoker or to a household with a smoker and any such referral will be declined on grounds of health & safety.</p>
5	People with an exacerbation of chronic respiratory disease/COPD have access to oxygen therapy and supportive ventilation where clinically indicated.			
5.1	<p>Emergency care contact points have access to pulse oximetry.</p> <p><i>Take steps to ensure that all points of first contact with such patients can assess for hypoxaemia, and are aware of those patients in their area who are at risk of CO2 retention. Such patients should be known to Ambulance services, Out of Hours Emergency centres and A/E departments, either through electronic notifications such as eKIS, or by patient help cards, message in a bottle etc.</i></p>	<input type="checkbox"/>		Being progressed by HSCP

7	Key Roles / Services		RAG	Further Action/Comments
	Heads of Service	☒		
	Nursing / Medical Consultants	☒		
	Consultants in Dental Public Health	☒		
	AHP Leads	☒		
	Infection Control Managers	☒		
	Managers Responsible for Capacity & Flow	☒		
	Pharmacy Leads	☒		
	Mental Health Leads	☒		
	Business Continuity / Resilience Leads, Emergency Planning Managers	☒		
	OOH Service Managers	☒		
	GP's	☒		
	NHS 24	☒		
	SAS	☒		
	Other Territorial NHS Boards, eg mutual aid	☒		
	Independent Sector	☒		
	Local Authorities, inclLRPs & RRP's	☒		
	Integration Joint Boards	☒		
	Strategic Co-ordination Group	☒		
	Third Sector	☒		
	SG Health & Social Care Directorate	☒		

COVID-19 Surge Bed Capacity Template

Annex A

	Baseline ICU Capacity	Double Capacity and Commitment to deliver in one week	'Triple plus' Capacity Commitment to deliver in two weeks	ICU Max Surge Beds	Y - Correct / N Incorrect with comment	Please list assumptions & consequences to other service provision to meeting these requirements
PART A: ICU	10	20	36	28	Y – correct, maximum number taking over both Recovery areas.	Severely reduced surgical programme – P1-2 with some P3 cancer activity. Elective activity step down required to support staffing (assuming unscheduled Amber demand remains at present levels)
PART B: CPAP	40					In line with current IPC guidance, CPAP is considered an AGP. Within NHS Fife, AGPs are only conducted either within Critical Care, Theatres, or Ward 51 (LIDU with 10 x -ve pressure rooms). Currently NIV is only conducted in Ward 51. Physically hold a total stock of 40 CPAP capable machines, so could conceivably have up to 40 patients on CPAP if Respiratory (Ward 43) became an AGP area.
PART C: Acute	322					Excludes critical care. This would be based on all medical wards red, surge capacity open in W6, W10, DIU. ENT, W10, W44, SSSU all convert to COVID from surgical along with all medical wards. Maintenance of surgical capacity for P1 and urgent cancer activity ONLY (AU2 & W52,54,31,33). All other elective surgical activity suspended. All OP activity suspended; all elective endoscopy/DIU suspended. All clinical teams focussed on inpatient care.



Infection Prevention and Control COVID-19 Outbreak Checklist
 (Refer to the National Infection Prevention and Control Manual (NIPCM) for further information

<http://www.nipcm.hps.scot.nhs.uk/>)



This COVID-19 tool is designed for the control of incidents and outbreak in healthcare settings.				
Definitions: 2 or more confirmed or suspected cases of COVID-19 within the same area within 14 days where cross transmission has been identified.				
Confirmed case: anyone testing positive for COVID-19				
Suspected case: anyone experiencing symptoms indicative of COVID (not yet confirmed by virology)				
This tool can be used within a COVID-19 ward or when there is an individual case or multiple cases.				
Standard Infection Control Precautions; Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.				
Patient Placement/Assessment of risk/Cohort area				
Date				
Patient placement is prioritised in a suitable area pending investigation such as for a single case i.e. single room with clinical wash hand basin and en-suite facilities				
Cohort areas are established for multiple cases of confirmed COVID-19 (if single rooms are unavailable). Suspected cases should be cohorted separately until confirmed. Patients should be separated by at least 2 metres if cohorted.				
Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure).				
If failure to isolate, inform IPCT. Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) is clearly documented in the patient notes and reviewed throughout patient stay.				
Patient placement is reviewed as the care pathway changes. NB: Patients may be moved into suspected or confirmed COVID-19 cohorts or wards to support bed management.				
Personal Protective Clothing (PPE)				

1. PPE requirements: PPE should be worn in accordance with the COVID 19 IPC addendum for the relevant sector: <ul style="list-style-type: none"> • Acute settings • Care home • Community health and care settings 					
2. All staff should wear a FRSM in accordance with the updated guidance on face coverings, which can be found here .					
Safe Management of Care Equipment					
Single-use items are in use where possible.					
Dedicated reusable non-invasive care equipment is in use and decontaminated between uses. Where it cannot be dedicated ensure equipment is decontaminated following removal from the COVID-19 room/cohort area and prior to use on another patient.					
Safe Management of the Care Environment					
All areas are free from non-essential items and equipment.					
At least twice daily decontamination of the patient isolation room/cohort rooms/areas is in place using a combined detergent/disinfectant solution at a dilution of 1,000 parts per million (ppm) available chlorine (av.cl.).					
Increased frequency of decontamination (at least twice daily) is incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g. "frequently touched" surfaces such as door/toilet handles and locker tops, over bed tables and bed rails.					
Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious.					
Hand Hygiene					
Staff undertake hand hygiene as per WHO 5 moments: using either ABHR or soap and water					
Movement Restrictions/Transfer/Discharge					
Patients with suspected/confirmed COVID should not be moved to other wards or departments unless this is for essential care such as escalation to critical care or essential investigations. Discharge home/care facility: Follow the latest advice in COVID-19 - guidance for stepdown of infection control precautions and discharging COVID-19 patients from hospital to residential settings .					
Respiratory Hygiene					
Patients are supported with hand hygiene and provided with disposable tissues and a waste bag					
Information and Treatment					
Patient/Carer informed of all screening/investigation result(s).					
Patient Information Leaflet if available or advice provided?					

Education given at ward level by a member of the IPCT on the IPC COVID guidance ?					
Staff are provided with information on testing if required					

Projections (Refer to Definitions datasheet)	Quarter ending 30/06/2021	Quarter ending 30/09/2021	Quarter ending 31/12/2021	Quarter ending 31/03/2022
A&E Attendances (Definitions as per Core Sites, unplanned attendances only)	16238	16109	15900	15600
A&E 4-Hour Performance (%) (Definitions as per Core Sites, unplanned attendances only)	85.9%	75.0%	80.0%	83.0%
Total Emergency Admissions (Definitions as per RAPID Datamart used in System Watch)	10087	10043	10680	10120
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	5.50	5.85	5.63	5.73
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	295	365	384	384
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	199	215	200	210
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	359	360	405	405
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	52	9	68	30
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	73.7%	77.0%	69.3%	75.0%
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	1623	1661	1941	2197
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	193	103	234	210
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	80.0%	80.6%	73.2%	67.9%
	Month ending 30/06/2021	Month ending 30/09/2021	Month ending 31/12/2021	Month ending 31/03/2022
Delayed Discharges at Month End (Total Delayed Discharges of Any Reason or Duration, per the Definition for Published Statistics)	124	102	84	66

8 Key Diagnostic Tests (new patients only, excludes planned repeats)		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
		Planned	Planned	Planned	Planned	Planned	Planned
Elective scope activity (Definitions as per Diagnostic Monthly Management Information)	total	613	613	614	613	613	614
	urgent suspected cancer						
	urgent						
	routine						
Elective imaging activity (Definitions as per Diagnostic Monthly Management Information)	total	5045	5045	4432	4430	5045	5047
	urgent suspected cancer						
	urgent						
	routine						
Elective MRI activity (Definitions as per Diagnostic Monthly Management Information)	total	1200	1200	1150	1150	1200	1200
	urgent suspected cancer						
	urgent						
	routine						
Elective CT activity (Definitions as per Diagnostic Monthly Management Information)	total	1300	1300	1226	1225	1300	1301
	urgent suspected cancer						
	urgent						
	routine						
Elective non-obstetric ultrasound activity (Definitions as per Diagnostic Monthly Management Information)	total	2545	2545	2056	2055	2545	2546
	urgent suspected cancer						
	urgent						
	routine						
Elective barium studies activity (Definitions as per Diagnostic Monthly Management Information)	total						
	urgent suspected cancer						
	urgent						
	routine						

New Outpatient (12 Week Standard) Activity Projections		Month Ends					
		Oct-21 Planned	Nov-21 Planned	Dec-21 Planned	Jan-22 Planned	Feb-22 Planned	Mar-22 Planned
All Specialties	Total	7068	7807	7685	8027	8118	8169
	Urgent						
	Routine						
Anaesthetics	Total	0	0	0	0	0	0
	Urgent						
	Routine						
Cardiology	Total	238	252	252	252	258	258
	Urgent						
	Routine						
Dermatology	Total	836	886	886	886	886	936
	Urgent						
	Routine						
Diabetes/Endocrinology	Total	50	60	60	60	70	70
	Urgent						
	Routine						
ENT	Total	827	827	849	849	849	849
	Urgent						
	Routine						
Gastroenterology	Total	118	132	162	162	182	182
	Urgent						
	Routine						
General Medicine	Total	0	0	0	0	0	0
	Urgent						
	Routine						
General Surgery (inc Vascular)	Total	810	922	852	920	922	922
	Urgent						
	Routine						
Gynaecology	Total	656	756	706	756	776	776
	Urgent						
	Routine						
Neurology	Total	248	282	282	282	282	282
	Urgent						
	Routine						
Neurosurgery	Total	0	0	0	0	0	0
	Urgent						
	Routine						
Ophthalmology	Total	700	850	850	850	850	850
	Urgent						
	Routine						
Oral & Maxillofacial Surgery	Total	293	323	324	323	323	324
	Urgent						
	Routine						
Oral Surgery	Total	0	0	0	0	0	0
	Urgent						
	Routine						
Orthodontics	Total	80	80	80	80	80	80
	Urgent						
	Routine						
Other	Total	591	611	631	661	676	676
	Urgent						
	Routine						
Pain Management	Total	60	65	60	65	65	65
	Urgent						
	Routine						
Plastic Surgery	Total	76	97	77	96	97	97
	Urgent						
	Routine						
Respiratory Medicine	Total	100	130	130	130	148	148
	Urgent						
	Routine						
Restorative Dentistry	Total	0	0	0	0	0	0
	Urgent						
	Routine						
Rheumatology	Total	195	195	195	195	195	195
	Urgent						
	Routine						
Trauma & Orthopaedics	Total	520	650	600	770	770	770
	Urgent						
	Routine						
Urology	Total	553	572	572	573	572	572
	Urgent						
	Routine						

TTG Activity Projections		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
		Planned	Planned	Planned	Planned	Planned	Planned
All Specialties	Total	1062	1264	1074	1203	1269	1268
	Urgent						
	Routine						
ENT	Total	110	110	110	110	110	110
	Urgent						
	Routine						
Gastroenterology	Total						
	Urgent						
	Routine						
General Surgery (inc Vascular)	Total	148	198	138	168	198	198
	Urgent						
	Routine						
Gynaecology	Total	112	112	112	117	117	117
	Urgent						
	Routine						
Neurology	Total						
	Urgent						
	Routine						
Ophthalmology	Total	234	274	234	274	274	274
	Urgent						
	Routine						
Oral & Maxillofacial Surgery	Total	76	76	76	76	76	76
	Urgent						
	Routine						
Oral Surgery	Total						
	Urgent						
	Routine						
Orthodontics	Total						
	Urgent						
	Routine						
Plastic Surgery	Total	10	15	10	15	15	15
	Urgent						
	Routine						
Rheumatology	Total						
	Urgent						
	Routine						
Trauma & Orthopaedics	Total	216	258	234	258	258	258
	Urgent						
	Routine						
Urology	Total	117	178	117	147	178	177
	Urgent						
	Routine						
OTHER	Total	39	43	43	38	43	43
	Urgent						
	Routine						

Trajectories (Patients Waiting > 12 Weeks (OP/TTG) & > 6 Weeks (Diagnostics))

New Outpatients		Month end trajectory numbers waiting over 12 weeks					
Key Specialties (include any additional at risk specialties)	Start position - numbers > 12 weeks	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All Specialties	9079	9023	8435	7882	6955	6174	5461
Trauma & Orthopaedics	306	450	500	550	430	330	230
Dermatology	122	150	120	70	10	0	0
ENT	801	991	964	943	894	845	796
Ophthalmology	1346	1442	1342	1242	1142	1042	942
General Surgery (inc Vascular)	1335	1203	1123	1151	1065	984	905
Neurology	759	680	630	580	530	480	430
Urology	836	646	519	392	264	137	10
Gastroenterology	759	871	921	941	961	971	981
Gynaecology	888	1026	906	826	756	689	622
Pain Management	1	0	0	0	0	0	0
Anaesthetics	0	0	0	0	0	0	0

Inpatients & Daycase		Month end trajectory numbers waiting over 12 weeks					
Key Specialties (include any additional at risk specialties)	Start position - numbers > 12 weeks	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All Specialties	1082	1219	1222	1288	1301	1304	1317
Trauma & Orthopaedics	601	627	612	597	582	567	552
General Surgery (inc Vascular)	471	159	148	148	138	127	116
Ophthalmology	39	85	71	97	86	72	58
Urology	41	32	30	30	30	30	30
ENT	47	69	99	129	159	189	219
Gynaecology	87	126	156	186	216	246	276
Oral & Maxillofacial Surgery	62	49	34	25	19	5	0
Plastic Surgery	6	8	7	7	6	5	4

Diagnostics		Month end trajectory numbers waiting over 6 weeks					
Scope/ Radiology	Start position - numbers > 6 weeks	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All Radiology	633	1053	1183	1312	1393	1473	1552
Computer Tomography	199	370	425	479	535	590	644
Magnetic Resonance Imaging	1	0	0	0	0	0	0
Barium Studies							
Non-obstetric ultrasound	433	683	758	833	858	883	908
All Endoscopy	263	105	75	45	15	0	0
Upper Endoscopy							
Lower Endoscopy (other than colonoscopy)							
Colonoscopy							
Cystoscopy							

Trajectories (Patients Waiting > 52 Weeks (OP/TTG) & > 52 Weeks (Diagnostics))

New Outpatients		Month end trajectory numbers waiting over 52 weeks					
Key Specialties (include any additional at risk specialties)	Start position - numbers > 52 weeks	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All Specialties	325	236	172	136	80	44	0
Trauma & Orthopaedics	0	0	0	0	0	0	0
Dermatology	2	0	0	0	0	0	0
ENT	1	0	0	0	0	0	0
Ophthalmology	34	18	15	10	5	0	0
General Surgery (inc Vascular)	11	75	55	55	35	20	0
Neurology	1	10	5	0	0	0	0
Urology	4	8	7	6	5	4	0
Gastroenterology	57	15	10	10	10	5	0
Gynaecology	0	0	0	0	0	0	0
Pain Management	0	0	0	0	0	0	0
Anaesthetics	0	0	0	0	0	0	0

Inpatients & Daycase		Month end trajectory numbers waiting over 52 weeks					
Key Specialties (include any additional at risk specialties)	Start position - numbers > 52 weeks	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All Specialties	147	131	112	112	105	105	103
Trauma & Orthopaedics	32	18	13	7	2	0	0
General Surgery (inc Vascular)	33	51	48	48	44	41	38
Ophthalmology	0	0	0	0	0	0	0
Urology	3	5	5	5	5	5	5
ENT	15	9	6	6	4	2	0
Gynaecology	30	13	11	20	25	30	35
Oral & Maxillofacial Surgery	18	10	5	0	0	0	0
Plastic Surgery	3	5	4	4	3	2	0

Diagnostics		Month end trajectory numbers waiting over 52 weeks					
Scope/ Radiology	Start position - numbers > 52 weeks	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
All Radiology	0	0	0	0	0	0	0
Computer Tomography	0	0	0	0	0	0	0
Magnetic Resonance Imaging	0	0	0	0	0	0	0
Barium Studies							
Non-obstetric ultrasound	0	0	0	0	0	0	0
All Endoscopy	0	0	0	0	0	0	0
Upper Endoscopy							
Lower Endoscopy (other than colonoscopy)							
Colonoscopy							
Cystoscopy							

Meeting:	Fife NHS Board
Meeting date:	30 November 2021
Title:	Update on NHS Fife Board Assurance Framework
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Pauline Cumming, Risk Manager

1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board Assurance Framework (BAF) identifies risks to the delivery of NHS Fife's strategic objectives and priorities, including the NHS Fife Strategic Framework, the NHS Fife Clinical Strategy and the Fife Health & Social Care Integration Strategic Plan. The BAF integrates information on strategic risks, related operational risks, controls, assurances, mitigating actions and an assessment of current performance. This paper provides an update to the Board since the last report on 25 May 2021. It covers the period up to the end of September 2021 and reflects the content of the BAF components reported through the October and November governance committee cycle.

2.2 Background

This paper fulfils the requirement to report at least bi annually, to the Board on the status of the BAF and on any relevant developments.

2.3 Assessment

Since the last report to the Board, there has been a focus on reviewing the effectiveness of our existing Board risk management arrangements, including the processes for

providing assurance through our governance framework. The Board will consider this at the Development Session in December 2021.

This session will build on the ongoing review of risk management at EDG and will provide the opportunity to examine the baseline of the BAF and consider if the current BAF model fulfils the Board's requirements in terms of active governance of risk, or if other approaches should be considered. One specific area of improvement focus will be how to overtly connect risk assessment and reporting to the delivery of our strategic objectives and our operational performance management.

The BAF currently has 7 components.

- Financial Sustainability
- Environmental Sustainability
- Workforce Sustainability
- Quality & Safety
- Strategic Planning
- Integration Joint Board (IJB)
- Digital and Information

The risk levels and ratings are summarised in Table 1.

Table 1 - Risk Level and Rating over time

Risk ID	Risk Title	Initial Risk Level & Rating			Current Risk Level & Rating				
		(L) x (C)	Likelihood (L)	Consequence (C)	Oct / Nov 2020	Dec 2020 / Jan 2021	Jan / Feb 2021	April / May 2021	Oct / Nov 2021
1671	Financial Sustainability	High 16	Likely 4	Major 4	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High	12 (3 x 4) Mod	16 (4 x 4) High
1672	Environmental Sustainability	High 20	Likely 4	Extreme 5	20 (4 x 5) High	20 (4 x 5) High	20 (4 x 5) High	20 (4 x 5) High	20 (4 x 5) High
1673	Workforce Sustainability	High 20	Almost certain 5	Major 4	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High
1674	Quality & Safety	High 20	Likely 4	Extreme 5	15 (3 x 5) High	15 (3 x 5) High	15 (3 x 5) High	15 (3 x 5) High	15 (3 x 5) High
1675	Strategic Planning	High 16	Likely 4	Major 4	16 (4 x 4) High	16 (4 x 4) High	16 (4 x 4) High	12 (3 x 4) Mod	16 (4 x 4) High
1676	Integration Joint Board	High 16	Likely 4	Major 4	12 (3 x 4) Mod	12 (3 x 4) Mod	12 (3 x 4) Mod	12 (3 x 4) Mod	12 (3 x 4) Mod
1677	Digital and Information	High 20	Possible 3	Major 5	15 (3 x 5) High	15 (3 x 5) High	15 (3 x 5) High	15 (3 x 5) High	15 (3 x 5) High

Since the last report to the Board, the BAF risks have been reviewed and considered as part of the July, September, and October/ November 2021 committee cycles. This update summarises

the key points from the most recent reports to the committees. The BAFs are provided separately in appendices.

Key points

Financial Sustainability BAF

The Deputy Director of Finance & Strategy reported on the above to the Finance, Performance & Resources (FP&R) Committee on 9 November 2021.

The Scottish Government has confirmed no funding will be allocated to support the underachievement of legacy savings.

However, in-year support will be provided to deliver break-even on a non-repayable basis subject to the continuing development of savings plans to reduce the request for support as much possible. Moreover, Scottish Government have requested the board develop savings plans which will reflect 50% of the 2022-23 funding gap by the end of quarter 3 of this financial year. Given this clarity on funding has been confirmed, the BAF risk will reduce to moderate in the next iteration. The focus is on delivering the agreed in-year saving and working through the SPRA process to agree the medium-term plan to address delivery of the legacy savings.

Environmental Sustainability BAF

The Director of Property & Asset Management reported on the above to the FP& R Committee on 9 November 2021, providing assurance on risks linked to the BAF and the following updates.

Of note, he advised the committee, that following a review of the extensive mitigations undertaken, a risk relating to fire evacuation from the Phase 2 Tower Block had reduced from High 20 to High 15. Moving forward, theatres and inpatient wards for orthopaedics will be located in the new Fife Orthopaedic Elective Centre building that is currently under construction. This will be completed by October 2022. Once the Centre is operational, there will be no inpatients remaining within the tower block, which will significantly reduce this risk.

There were no other substantive changes to this component of the BAF.

Workforce Sustainability BAF

The Director of Workforce reported on the above to the Staff Governance (SG) Committee on 28 October 2021 and provided the following updates.

Of note, the Committee had previously requested the BAF risk description be revised to more accurately reflect the current position of workforce planning and resourcing, the development of the Workforce Plan for 2022 to 2025, which will be aligned to the new NHS Fife Population Health & Wellbeing Strategy and associated changes, together with the on-going managerial and service activity to mitigate current workforce challenges.

The existing wording was:

“There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of

services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy.”

The proposed risk wording:

“There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future Population Health & Wellbeing Strategy and the challenges and demands associated with the current COVID-19 pandemic.”

The committee approved the proposed rewording.

The Director of Workforce also reported that a full review of workforce risks had been undertaken, feedback was being provided to risk owners and the respective services requested to update their risk registers in Datix.

Of note, she advised that a risk relating to medical staff recruitment and retention in Cameron & Glenrothes community hospitals had reduced from High to Moderate following the appointment of Clinical Development Fellows to cover the hospitals.

She also reported that following discussion at a previous committee, a new risk relating to Nursing and Midwifery staffing levels had been raised. The risk is there is an established and continuing risk that safe nursing and midwifery levels cannot be achieved. NHS Fife is experiencing critical nursing and midwifery shortfalls, similar to other NHS Boards. Vacancy rates, sickness absence levels and high activity related to consequences of the pandemic are aligned to the unprecedented demand on clinical services and on nursing and midwifery. There continues to be a heavy demand on supplementary staffing. Impact on quality of care remains a consequential concern.

The risk is assessed as High 20. A range of mitigations are in place.

Discussion took place on this risk, particularly around the determination of criticality, terminology around staffing levels and linkages to the Board’s RAG status. The Director of Nursing reported that the word ‘critical’ is used to highlight the position of nurse staffing levels which are currently reported as “red with a black circle”. It was recognised this is subjective and challenging, as there is no formula that can be used to objectively describe staffing levels. There was also discussion around the criteria that would trigger a shift to ‘black’. The Chief Executive advised that the RAG status is reviewed at EDG Gold Command. A Black RAG position would apply when all avenues of support have been exhausted. While we are continuing with our elective programme, a Code Black for workforce would not be declared. The committee was assured that decisions to move staff are taken on a daily, shift by shift and hour by hour basis, through Hubs and Control Teams, to ensure areas are as safe as they possible.

There were no other substantive changes to this component of the BAF.

Quality & Safety BAF

The Medical Director provided an update on the above to the Clinical Governance Committee (CGC) on 3 November 2021.

A commitment was previously made to the committee, to revise the BAF risk description to more accurately capture the principles which are essential to provide assurance that safe, quality and effective care is being delivered, to reflect risks associated with the impact of the COVID - 19 pandemic, and to ensure that its future development aligns with the evolving Population Health & Wellbeing Strategy.

The existing wording is:

“There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care”.

Four options for revised risk descriptions were considered. The committee agreed that an adapted version of the following wording would be the preferred option.

“There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care”. In particular, in the current context, there is a risk that the effects of the COVID - 19 pandemic, including reduced elective & non essential services, clinical prioritisation, patients’ ability/ willingness to attend for consultation / treatment, restricted capacity due to enhanced infection control measures, and workforce pressures, will impact on the quality & safety of patient care and service delivery resulting in: Short - Medium term: backlog of demand, patients waiting beyond national timescales for appointments, increased mortality & morbidity due to delayed diagnosis & treatment, including deterioration in long term conditions, later presentations of health problems and increased treatment needs” .

The Medical Director also summarised work that had been undertaken in recent months to review risks linked to quality and safety. This has resulted in several risks being closed or risk levels reduced. It has also informed further work required to refresh the BAF which includes:

- updating all components to align with the proposed new description
- strengthening content on assurances
- considering existing and new risks, including those emerging from the SPRA and the RMP 4, for linking to this BAF

There were no other substantive changes to this component of the BAF.

Strategic Planning BAF

The Director of Finance & Strategy provided an update on the above to the CGC on 3 November 2021.

She advised that a review had recently been carried out which highlighted similar issues with the risk description as in the Quality & Safety BAF, and that work would be undertaken to revise the description to more accurately reflect the current risk.

She reported activity was underway to mitigate the risk and a range of actions over the coming six months should move the risk score towards moderate or low. It was recognised that risks in relation to governance of and project management capacity for the Population Health & Wellbeing Strategy development, require to be fully scoped out and captured as necessary. A Portfolio Board to support the development and delivery of the Strategy, has recently been established and should mitigate such risks; its first meeting was scheduled for 4 November 2021.

Consideration will be given to adding a risk relating to the need to ensure strategy delivery is aligned to recognised priorities for the population of Fife.

It was confirmed that existing 'strategies' will become strategic frameworks; these will underpin and support the overarching Population Health & Wellbeing Strategy.

The Associate Director of Planning & Performance provided an update on this component of the BAF to the FP&R Committee on 9 November 2021.

She advised that as part of the ongoing development of the Population Health & Wellbeing Strategy, a Community Conversation/Survey will be considered for approval at the November Board meeting. She reported work is also underway to review the outcomes and delivery of the existing Clinical Strategy.

Digital and Information BAF

The Associate Director of Digital & Information provided an update on the above to the CGC on 3 November 2021.

He advised this BAF highlights the financial implications and delivery of the Digital & Information Strategic Framework.

He reported that following the completion of the Internal Audit report, B23/21 (Information Technology Infrastructure Library (ITIL) Processes), a new digital & information risk has been raised. The risk is that the lack of governance and procedures aligned to the maintenance of ITIL standards will result in increased periods of system unavailability and adverse impact to clinical and corporate functions in NHS Fife.

Due to the scale and complexity of an ITIL framework implementation, the risk has been assessed as high. By mitigating this risk, there is an opportunity to develop operational processes focused on service and value, and further support the Digital Strategy (2019-2024) delivery.

Assurance was provided on the delivery of the strategy, which was discussed at the previous committee and is also on the committee's work plan as a regular update item.

In terms of financial priorities, it was noted that there are areas which are desirable, if subject to securing funding, and areas which are essential to support the Digital & Information Strategy.

He reported that the ongoing review of risks related to D&I has resulted in several risks being closed or risk levels reduced.

The BAF current risk level remains at High, with the target score remaining Moderate.

Integration Joint Board (IJB) BAF

The Director of Health and Social Care provides the following update to the Board.

The partner bodies, NHS Fife and Fife Council, developed the Fife IJB Integration Scheme in 2015 and it received Scottish Ministers' approval in October of that year.

The Integration Scheme was reviewed in March 2018 to reflect the implementation of the Carers (Scotland) Act 2016 as required by SG.

All Integration Schemes are scheduled to be reviewed every five years, however, SG allowed additional time for the review to take cognisance of the disruption caused by the COVID -19 pandemic.

The review of the Fife Integration Scheme concluded through NHS Fife and Fife Council governance structures in September 2021. Thereafter it was submitted to SG for approval. This is anticipated towards the end of the year. Until the revised scheme is approved the current Scheme will remain in place.

Following the approval of the revised Integration Scheme, work will be required to ensure governance arrangements for NHS Fife, Fife Council and the IJB clearly reflect the position set out in the Scheme. Work has begun on review of the IJB Governance Manual and review of risk management arrangements within NHS Fife and the IJB is being progressed

This risk will be reviewed following receipt of ministerial approval. The risk remains moderate.

Regular updates continue to be provided to the IJB and its Governance Committees and EDG and SLT.

2.3.1 Quality/ Patient Care

Risks to quality and safety are detailed in Appendix 4.

2.3.2 Workforce

Risks to workforce sustainability are detailed in Appendix 3.

2.3.3 Financial

Risks to financial sustainability are detailed in Appendix 1.

2.3.4 Risk Assessment/Management

Risk management is a key component of the Board's Code of Corporate Governance, a core part of each Committee's individual remit and intrinsic to the BAF.

2.3.5 Equality and Diversity, including health inequalities

The assessment of equality or diversity implications is reflected in the content of the BAF appendices.

2.3.6 Other impact

Appendices 2, 5, 6 and 7 describe impacts relating to Environmental Sustainability, Strategic Planning, Integration Joint Board, and Digital & Information.

2.3.7 Communication, involvement, engagement and consultation

This report and the appendices reflect the engagement of Executive Directors, Non Executives and other key stakeholders.

2.3.8 Route to the Meeting

Via Margo McGurk, Director of Finance and Strategy on 19 November 2021.

2.4 Recommendation

The paper is presented for decision. The Board is asked to approve the BAF.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife BAF Financial Sustainability - FP& RC 091121
- Appendix 2, NHS Fife BAF Environmental Sustainability - FP& RC 091121
- Appendix 3, NHS Fife BAF Workforce Sustainability - SGC281021
- Appendix 4, NHS Fife BAF Quality & Safety - CGC 031121
- Appendix 5, NHS Fife BAF Strategic Planning - CGC 031121& FP&RC 091121
- Appendix 6, NHS Fife BAF Integration Joint Board (IJB) at 161121
- Appendix 7, NHS Fife BAF Digital and Information - CGC 031121

Report Contact

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NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)											Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

Board Assurance Framework (BAF) - Financial Sustainability

1671	Sustainable	16/09/2021	31 October 2021	<p>There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the COVID 19 pandemic, will not match costs incurred. There is a risk that the organisation may not fully identify the level of savings required to achieve recurring financial balance. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.</p>	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	<p>2021/22 Covid-19 funding will be assessed post formal Quarter 1 review of Boards' financial performance. Hence this uncertainty impacts the risk rating and moves it to high risk.</p>	<p>Margo McGurk Director of Finance & Strategy</p> <p>Finance, Performance & Resources (F,P&R)</p> <p>Rona Laing</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>We await the outcome of our formal Q1 review meeting held with SG colleagues on 6 September 2021. SG has indicated that: Covid-19 funding; treatment of offsetting cost reductions; and any potential funding of 'long covid' unachieved efficiency savings will be considered following a formal Quarter 1 review of Boards' financial performance. The financial gap for 21/22 is £21.7m. We have plans in place to deliver £8m on a recurring basis; and whilst we continue to develop further plans, we have signalled to SG the requirement for support for our long Covid unachieved savings of £13.8m. To that end, SG support for our financial gap is at this point uncertain and our BAF risk reverts to high risk rating level.</p>	Nil	<p>1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value.</p> <p>Responsible Person: Director of Finance / Director of Acute Services / Director of Health & Social Care Timescale: Ongoing</p> <p>2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations.</p> <p>3. Continue to scrutinise and review any potential financial flexibility.</p> <p>4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB prior to the application of the risk share arrangement</p> <p>Responsible Person: Director of Finance Timescale: Ongoing</p>	<p>1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery.</p> <p>2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.</p>	<p>1. Internal audit reviews on controls and process; including Departmental reviews.</p> <p>2. External audit review of year end accounts and governance framework.</p>	<p>1. Enhanced reporting on various metrics in relation to supplementary staffing.</p> <p>2. Confirmation via the Director of Health & Social Care on the the social care forecasts and the likely outturn at year end.</p>	<p>Whilst full Covid-19 funding was received for 2020/21 and we delivered a small underspend £0.340m subject to external audit review; funding for 2021/22 will be determined post formal quarter 1 review of Boards' financial performance.</p>	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate Risk	<p>Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.</p>
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NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score			Current Score			Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score			Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)											Rating (Current)	Level (Current)	Likelihood (Target)	

Board Assurance Framework (BAF) - Environmental Sustainability

1672	Clinically Excellent, Sustainable	15/09/2021	12 November 2021	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Neil McCormick Director of Property & Asset Management Finance, Performance & Resources (F,P&R). Rona Laing.	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> Operational Planned Preventative Maintenance (PPM) systems in place Systems in place to comply with NHS Estates Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on. 	Nil	<ol style="list-style-type: none"> Capital funding is allocated depending on the E&F risks rating Responsible person: Director of Estates, Facilities & Capital Services Timescale: Ongoing as limited funding available Increase number of site audits Responsible person: Estates Compliance Manager Timescale: Ongoing 	<ol style="list-style-type: none"> Capital Investment delivered in line with budgets Sustainability Group minutes. Estates & Facilities risk registers. SCART & EAMS. Adverse Event reports. 	<ol style="list-style-type: none"> Internal audits External audits by Authorising Engineers Peer reviews. 	None.	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 – Remote – Can't believe this event would happen	5 - Extreme	5	Low Risk	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.
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NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score	
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)											Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)		
1673	Exemplar Employer	01/10/2021	12 November 2021	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future population Health & Wellbeing Strategy and the challenges and demands associated with the current COVID-19 pandemic.	Almost certain	Major	20	High Risk	Likely	Major	16	High Risk	Workforce failures may have consequences for patients' health outcomes. NHS Fife has an ageing workforce, with recruitment challenges in many disciplines. Failure to ensure the right composition of workforce with the right skills and competencies continues to give rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; staff engagement, staff absence, staff attrition and morale. Failure may also adversely impact on the implementation of the current Clinical Strategy and the future NHS Fife Population Health & Wellbeing Strategy.	Linda Douglas Director of Workforce	Staff Governance	Sinead Braiden	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>WORKFORCE – GENERAL</p> <ul style="list-style-type: none"> Implementation of the Workforce Strategy to support the Clinical Strategy and Strategic Framework; development of Workforce Strategy and Workforce Plans for 2022 to 2025. Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025. Implementation of the NHS Fife Board Strategic Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours. Implementation of the NHS Fife / H&SCP Joint Interim Workforce Plan for 2021/2022. <p>WORKFORCE CAPACITY</p> <ul style="list-style-type: none"> Current resourcing actions include: active local and international recruitment campaigns and expansion of bank and supplementary staffing resources, including recruitment of newly qualified nurse practitioners in all disciplines, Band 4 pre-registered nurses, additional Band 2 bank HCSWs, fast track process to support appointable candidates being appointed to other vacancies and admin support roles as part of a commitment to support Senior Charge Nurses and nursing teams. Planning and delivery of actions undertaken by respective COVID-19 and Workforce Groups at various levels, including inter alia local workforce groups, workstreams associated with new programmes of work, for example, Community Treatment and Care, Vaccination and Implementation of the General Medical Services contract. Planning to meet future service needs, applying workforce planning forecasting skills in support of service delivery, using the workforce modelling and abstraction techniques learned during the pandemic and managing staff availability to respond to escalation requirements. Supporting service delivery through implementation and integration of systems and joint working with services. <p>WORKFORCE CAPABILITY</p> <ul style="list-style-type: none"> eLearning and training offers aligned to current work modes Continuation of fast track induction and related activity, including new welcome and orientation package. Implementation of Practice Development initiatives to support changes in service delivery and preparation for further escalation requirements, for example training for non-clinical staff to support clinical service delivery. Ensuring managers and staff are prepared for the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning. To prioritise staff personal / professional development needs that have been delayed or restricted due to COVID-19 response as restrictions are eased, through Directorate development delivery plans. To progress actions in support of the employability agenda. <p>WORKFORCE ENGAGEMENT</p> <ul style="list-style-type: none"> Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised. iMatter – supporting action planning and Board actions arising from the 2021 cycle of feedback and reporting. Supporting staff through changes in ways of working and providing access to new and different career opportunities. Realising the benefits of the Internal (Staff) Communication Strategy and ensuring that StaffLink and other mediums for example the weekly Team and Chief Executive Briefings, joint managerial / partnership walkabouts support organisational objectives. Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce. <p>WORKFORCE SUPPORT & WELLBEING</p> <ul style="list-style-type: none"> Provision of support and wellbeing initiatives which contribute to staff maintaining and enhancing their personal health and wellbeing at work and creating a great place to work. Access to OH, H&S, Peer Support, Psychology, Spiritual Care, Staff Listening Integration of Mindfulness, Good Conversations and Our Space support for staff as part of Going Beyond Gold Programme, contributing to a culture of kindness and staff recovery. Consistent application of NHS Fife and Once for Scotland employment policies Provision of a healthy and safe working environment, including access to refreshments in the workplace and ongoing development of Staff Hubs, Pause Pods and rest areas. Management of leave and encouraging rest and recuperation. 	Nil	<p>WORKFORCE – GENERAL</p> <ul style="list-style-type: none"> Implementation and review of workforce plans and strategies to ensure that these support service delivery and the provision of appropriate and safe care to the population of Fife. Ensuring workforce preparedness for any further COVID-19 escalation requirements, working in partnership through the respective Workforce Groups and command structure. Support for capacity building within and across the organisation to make sure we make the best use of the skills of all of our workforce and to foster an environment for staff development. <p>WORKFORCE CAPACITY</p> <ul style="list-style-type: none"> Consideration of redesign of roles and services, for example: expansion of Health Care Support Worker and Nursing Associate roles, Advanced Practitioners, Pharmacy Technicians and Physicians Associates, combined with targeted ward administrative support, to enable clinical time to be released. Consideration of alternative ways to attract and recruit staff, or redesign of job roles to support service delivery models and the future supply pool. Realising the benefits of implementation of the regional recruitment model. Harnessing the benefits of digital technology and automation. <p>WORKFORCE CAPABILITY</p> <ul style="list-style-type: none"> Consideration of and implementation of learning and development activities in support of skill mix and associated actions. Contributing to NHS Scotland developments in Learning and Development. Realising benefits from the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. Supporting managers to harness the benefits of Tableau, TURAS and other systems integration aligned to workforce planning. Provision of workforce planning training and support for managers. Develop and deliver further phases of the framework to improve leadership capability and embed talent management and succession planning. Consideration of the functionality of TURAS Learn to support capture and to facilitate reporting and analysis of training and development data. <p>WORKFORCE ENGAGEMENT</p> <ul style="list-style-type: none"> Continuation of active partnership working through APF and LPFs, with staff side colleagues key stakeholders in the development of the next Workforce Strategies and Action Plans. Continue to promote NHS Fife as an employer to enhance our ability to recruit and retain staff, utilising positive Communication support and social media. To develop mechanisms which enable everyone to feel more valued and involved on a collaborative basis throughout health and social care. <p>WORKFORCE SUPPORT & WELLBEING</p> <ul style="list-style-type: none"> Review of Staff Health & Wellbeing Strategy to take account of COVID-19 lessons learned and evaluation of activities to establish which are most appreciated by staff. Provision of additional staff support and wellbeing initiatives which contribute to staff health and wellbeing, staff resilience and staff retention, showcasing NHS Fife as an exemplar employer in the local labour market. Continue to hold Gold HWL Award status and deliver on HPHS commitments. Consideration of support for the ageing workforce and opportunities for job redesign. 	<p>1. Regular performance monitoring and reports to Executive Directors Group, Area Partnership Forum, Local Partnership Fora and Staff Governance Committee</p> <p>2. Staff Governance activities are reported to EDG, APF, LPFs and Staff Governance Committee</p>	<p>1. Use of national data for comparative purposes</p> <p>2. Internal Audit reports</p> <p>3. Audit Scotland reports</p> <p>4. Bench - marking against other NHS Boards</p>	<p>Full implementation on and utilisation of eESS, Job Train, Tableau and TURAS will provide integrated workforce systems which, alongside access to national data via the NES Portal will capture and facilitate reporting, including all learning and development activity.</p>	<p>Overall NHS Fife has robust workforce planning, learning and development, governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, in particular the Workforce Strategy supporting the Clinical Strategy and the future Population Health and Wellbeing Strategy for Fife and full implementation on and use of eESS, should provide appropriate levels of control.</p>	Unlikely	Major	8	Moderate Risk	Continuing improvements in current controls, ongoing review and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk to moderate, taking account of current and potential future workforce challenges.

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score				
				Initial Score				Current Score																				Target Score			

Board Assurance Framework (BAF) - Quality & Safety

1	C	1	7	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4	5	2	3	5	5	1	5	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	C	Clinical Governance	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>Oversight and monitoring of strategy / framework / policy and procedure implementation and impact including:</p> <ol style="list-style-type: none"> 1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework 7. Governance arrangements established to support delivery of the UK Coronavirus (COVID-19) action plan 8. Processes established for reporting and escalation of COVID-19 related incidents & risks 9. Remobilisation plan 3 <p>These are supported by the following:</p> <ol style="list-style-type: none"> 10. Risk Registers 11. Integrated Performance and Quality Report (IPQR), Performance reports dashboard data 12. Performance Reviews 13. Adverse Events Policy 14. Scottish Patient Safety Programme 15. Implementation of SIGN and other evidence based guidance 16. Staff Learning & Development 17. System of governance arrangements for all clinical policies and procedures 18. Participation in relevant national and local audit 19. Complaints handling process 20. Using data to enhance quality control 21. HIS Quality of Care Approach & Framework, Sept 2018 22. Implementing Organisational Duty of Candour legislation 23. Adverse event management process 24. Sharing of learning summaries from adverse event reviews 25. Implementing Excellence in Care 26. Using Patient Opinion feedback 27. Acting on recommendations from internal & external agencies 28. Revalidation programmes for professional staff 29. Electronic dissemination of safety alerts 	<ol style="list-style-type: none"> 1. Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends, and exceptions to the norm. 2. Weaknesses in the process for recording completion of actions from adverse event reviews including evidence of steps taken to implement and share learning from actions. 3. Weaknesses in related oversight and monitoring processes at operational level. 4. Risk Management Framework requires review, update & plan for implementation. 	<ol style="list-style-type: none"> 1. Give due consideration to how to balance the remobilisation of clinical services and manage staff and public expectations, while dealing with the ongoing COVID-19 pandemic. 2. Continually review the Integrated Performance and Quality (IPQR) to ensure it provides an accurate, current picture of clinical quality / performance in priority areas. 3. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose. 4. Review the coverage of mortality & morbidity meetings in line with national developments and HIS guidance. 5. Review and refresh the current content and delivery models for key areas of training and development e.g. corporate induction, in house core, quality improvement, leadership development, clinical skills, interspecialty programmes, risk management, clinical effectiveness 6. Review annually, all technology & Digital & Information systems that support clinical governance e.g. Datix / Formic Fusion Pro./ Labs systems 7. Review our position against the Quality of Care Framework and understand our state of readiness for a review. 8. Further develop the culture of a person centred approach to care. 9. Executive commissioning of reviews as appropriate e.g. internal audit, external peer and 'deep dives'. 10. Align the developing Clinical Governance Framework with the NHS Fife Corporate Objectives and the developing Population Health & Wellbeing Strategy . 11. Identify improvements within the adverse events process taking into consideration communication, roles, use of DATIX and lines of reporting 12. Build a risk culture which ensures that there is engaged risk leadership and proactive measures with focus in place to address risks. 13. Build risk culture which links the identification of risk to organisational objectives and strategic priorities. 14. Identify and implement an electronic system/ quality management system ... 	<ol style="list-style-type: none"> 1. Assurance statements from clinical & clinical & care governance groups and committees. 2. Assurances obtained from all groups and committees that: <ol style="list-style-type: none"> i. they have a workplan ii. all elements of the work plan are addressed in year 3. Annual Assurance Statement 4. Annual NHS Fife CGC Self assessment 5. Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee 6. External accreditation systems e.g.. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs. 7. External agency reports e.g. GMC 8. Quality of Care review 9. Compliance and monitoring of policies & procedures to ensure these are up to date 9. Locally designed subject specific audits. 10. National audits 	<ol style="list-style-type: none"> 1. Internal Audit reviews and reports on controls and process; including annual assurance and governance review / departmental reviews. 2. External Audit reviews 3. HIS visits and reviews 4. Healthcare Environment Inspectorate (HEI) visits and reports 5. Health Protection Scotland (HPS) support and feedback 6. Health & Safety Executive visits and reports 7. Scottish Patient Safety Programme (SPSP) visits and reviews 8. Scottish Govt Organisational DoC Annual Report 9. Scottish Public Service Ombudsman (SPSO) reports 10. Patient Opinion 11. Specific National reporting 12. Mental Welfare Commission (MWC) reviews 	<ol style="list-style-type: none"> 1. Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable. 2. We require additional assurances that there is a system in place for oversight and monitoring of actions from a variety of sources e.g. audit, adverse events, SPSO, MWC reviews. 3. We require additional assurances that there are systems in place for oversight of operational and strategic risks. 	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2	5	1	5	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.
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for managing policy and procedures to improve efficiency and assurance of document management

15. Use the Essentials of Safe Care framework as the basis of an organisational self assessment to understand status quo and support development of CG Framework

16. Ensure linkages with Patient Relations Team to allow for shared learning and identification of organisational themes

17. Further develop and monitor implementation of NHS Five governance and reporting structure for the review of deaths and young people ensuring a pan organisational approach with clear reporting lines taking into consideration existing review groups e.g. groups for suicide and peri-natal deaths

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)											Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

Board Assurance Framework (BAF) - Strategic Planning

1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	23/09/2021	30 November 2021	<p>There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.</p> <p>Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy.</p> <p>1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the transformation programmes remains between IJB and NHS Fife.</p> <p>3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams</p> <p>4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.</p>	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	<p>Following period of COVID-19, portfolio management is being put in place.</p> <p>Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.</p>	<p>Margo McGurk Director of Finance Clinical Governance. Christina Cooper.</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> 1. Progress has been made setting up the PHW Portfolio Board 2. Public and Staff Survey being developed for PHW Strategy and will be released in November 21 assuming sign off. 3. SPRA for 22/23 is planned for distribution in October 2021 	<p>EDG Strategy meetings will provide the required leadership and executive support to enable strategy development.</p>	<p>23/9/21 PHW Portfolio Board is being established and will meet monthly. TOR ready for sign off. Governance route will be Public Health and Wellbeing Committee</p> <p>27/5/21 EDG will engage in monthly sessions to ensure the ongoing development of the new strategy.</p> <p>The NHS Fife Board and Governance Committees will be fully engaged in this process throughout 2021/22 and will be responsible for approval of the emerging strategy.</p> <p>Work is ongoing to develop clarity on the system-wide governance arrangements in terms of the developing strategy.</p> <p>Joint session planned with NHS Fife and Fife Council Executive Teams for May 2021.</p> <p>Responsible Person: Director of Finance</p> <p>Timescale: 31/03/2022</p>	<ol style="list-style-type: none"> 1. Minutes of meetings record attendance, agenda and outcomes. 2. Reporting of key priorities to governance groups from the SPRA process. 	<ol style="list-style-type: none"> 1. Internal Audit Report on Strategic Planning (no. B10/17) 2. Governance committee scrutiny and reporting. 	<p>Governance of new arrangements will be agreed to deliver the required assurance.</p>	<p>Corporate Objectives agreed for 21/22.</p> <p>SPRA process 22/23 will commence in October 21 and will inform the strategy and corporate objective for 22/23.</p> <p>RMP4 due to be submitted on 30 September 21.</p>	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate Risk	<p>Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.</p>
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NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)											Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

Board Assurance Framework (BAF) - Integration Joint Board

1676	Sustainable	10/11/2021	14 January 2022	There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate Risk	The level of risk has been actively reviewed and, following feedback from colleagues, as there is considerable work ongoing to support the conclusion of the review and this is being regularly monitored, the risk score has been maintained at a moderate level	Nicky Connor Director of HSCP NHS Fife Board. Tricia Marwick	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>Nov 21</p> <p>1. The partner bodies, NHS Fife and Fife Council, developed the Fife IJB Integration Scheme in 2015 and it received Scottish Ministers’ approval in October of that year.</p> <p>2. The Integration Scheme was reviewed in March 2018 to reflect the implementation of the Carers (Scotland) Act 2016 as required by the Scottish Government.</p> <p>3. The Audit Scotland report, Health and Social Care Integration – Update on Progress, published on 15 November 2018, was the second in a series of three national performance audits following the introduction of the Public Bodies (Joint Working) (Scotland) Act, 2014. It examined the impact public bodies are having as they integrate health and social care services. The report set out six areas which needed to be addressed if integration is to make a meaningful difference to Scotland.</p> <p>4. This report was followed by the Ministerial Strategic Group for Health and Community Care’s report – Review of Progress with Integration of Health and Social Care published in February 2019 which set out a number of proposals in each of the six key areas and allocated a timescale for completion of these. These were reviewed by Fife IJB and its partners to ensure they were incorporated into the work that was ongoing within Fife and an action plan was produced to drive forward changes. This was submitted to the Scottish Government in August 2019. The action plan set out actions to improve governance arrangements including the need to provide further clarity on the Integration Scheme.</p> <p>5. All Integration Schemes are scheduled to be reviewed every five years, however, Scottish Government have allowed additional time for the review to take cognisance of the disruption caused by the coronavirus outbreak.</p> <p>6. The review of the Fife Integration Scheme concluded through NHS Fife and Fife Council governance structures in September 2021. Thereafter it was submitted to Scottish Government for approval. This is anticipated towards the end of the year. Until the revised scheme is approved the current Scheme will remain in place.</p> <p>7. Following the approval of the revised Integration Scheme work will be required to ensure governance arrangements for NHS Fife, Fife Council and the IJB clearly reflect the position set out in the Integration Scheme. Work has begun on review of the IJB Governance Manual and review of risk management arrangements within NHS Fife and the IJB is being progressed.</p>	Nil	Nothing more to be done than the ongoing actions set out.	Responsible Person: Director of Health & Social Care	<p>1. Through regular updates to SLT and EDG about the progress of the reviews.</p> <p>2. Updates to Audit & Risk Committees, the Integration Joint Board (IJB) and NHS Fife. .</p>	<p>1. • The views of auditors will be the key independent assurance mechanism around this risk. We will involve them in the work to clarify governance arrangements as it progresses.</p> <p>2. • Scottish Government will also provide useful advice and an independent perspective on the work to be carried out.</p>	None.	The problem should be largely resolved with the action taken.	1 – Remote – Can’t believe this event would happen	4 – Major	4	Low Risk	Once resolved and given effect to in IJB integration scheme and NHS Fife corporate governance arrangements, the issue should largely be resolved. But given maturity of relationships and dynamics around regional approaches a remaining risk will remain..
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NHS Fife Board Assurance Framework (BAF)

				Initial Score		Current Score												Target Score															
Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score						
Board Assurance Framework (BAF) - Digital & Information																																	
1677	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	17/09/2021	03/11/2021	There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social care to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	3 – Possible – May occur occasionally – reasonable chance	5 - Extreme	15	High Risk	Failure in this area could have a direct impact on patients care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.	CMK Medical Director	Clinical Governance, Finance Performance & Resources (FP&R) Christina Cooper (CGC), Rona Laing (FP&R)	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy Digital & Information Board Governance improvement with ongoing review Information Governance & Security Governance improvement with assurance activity plans reviewed by Steering Group and Improvement measures agreed Caldicott - register maintained and reviewed Review of financial impact of D&I Strategy as part of annual deliver planning and areas of exposure quantified Operational governance lead through SLT focusing on operation controls (finance & resource), lifecycle management, policy/procedure implementation a workforce development Risk management arrangements underpinned by: Policy & Process, Adverse event management, Asset Management Controls, Monitoring and Detection, Defence in Depth security measures and technology; all of which are receiving a higher percentage of budget allocation. Directive on security of network and information systems (NIS) & Cyber Essentials Compliance – Action Plan developed prioritising a series of Cyber workshops informing technical controls and organisational response to Cyber attacks Additional resilience planning and disaster recovery work underway to update alignment to current operating priorities FOI, records management, DPA improvements being lead through IG&S Steering and Operational Groups Senior Management Team consideration of policy and procedure impact and associated implementation Monthly risk reviews with Operational Leads and escalation/reporting to Governance Groups as necessary Performance Review Participation in national and local audit e.g. NISD Audit Commitment to ensure appropriate implementation of Cyber Defence Measures, including support of national centralised cyber incident reporting and coordination protocols. Staff Learning & Development, both Digital staff and the wider organisation including leadership skills. Business Case development to include costed resilience by design and ongoing support activities. Enhancing monitoring of our digital systems. 	Lack of formal quantification of the financial impact of the Digital Strategy, inline with the current baseline of D&I Operating Costs	Lack of long term financial, lifecycle and workforce planning.	Lack of evidence of assurance now that systems to maintain ongoing monitoring of compliance and control are established: GDPR/DPA 2018 - Improvements noted in IG&S Assurance Report (Target March 2022)	Lack of consideration and commitment to unification of business process on strategic applications and the associated remove of duplicate or legacy systems	Lack of training and education resource to ensure our staff and patients are digitally ready - Business Case in consideration	Lack of resilience of key digital systems and technical recovery procedures and regular failover (DR) testing. - Plan to address agreed with EDG - April 2021- project now in initiation – Oct 2021	Governance and procedures do not fully follow ITIL professional standards - Internal Audit Findings responded to	<ol style="list-style-type: none"> Improving and maintaining strong governance, risk management and operating procedures following Information Technology Infrastructure Library (ITIL) professional standards within early adoption of continuous improvement assessment. (ITIL implementation - Phase 1 October 2021) Updated baseline of current operating financial commitments and assessment of financial implementation of Digital Strategy. (Target completion October 2021) Develop long term financial, lifecycle and workforce planning - plan to address is in development (Target completion October 2021) Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance. (Target completion February 2022) 	<p>Second line of Assurance:</p> <ol style="list-style-type: none"> Reporting to D&I SLT, D&I Board, Information Governance & Security Steering Group (IG&SG), EDG & Clinical Governance groups and committees. Annual Assurance Statements for the D&I Board and IG&S Steering Group. Locally designed subject specific audits. Compliance and monitoring of policies & procedures to ensure these are up to date via D&I Senior Management Team. Reporting bi annually on adequacy of risk management systems and processes to Audit & Risk Committee. Monthly SIRO report SGHSCD Annual review SG Resilience Group Annual report on NIS & Cyber compliance Quarterly performance report. External Assurance on Delivery Plan by Scottish Government Update to Assessment following June 2019-Digital Maturity Assessment Periodic Benchmarking for areas of focus 	<p>Third line of Assurance :</p> <ol style="list-style-type: none"> Internal Audit reviews and reports on controls and process; including annual assurance and governance review / departmental reviews. External Audit reviews. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. Cyber Essentials/Plus Assessments. NISD Audit Commissioned by the Competent Authority for Health. Benchmarking with NHS Scotland's Boards 	<ol style="list-style-type: none"> The D&I Strategy has not undergone a financial assessment against delivery. This work is now being progressed - target completion October 2021 Continual development of data assured performance is ongoing across all D&I Domains. Development of workplans aligned to risk continue to be developed. Assurance reports are consistently provided to D&I SLT monthly and development of data/KPI reports to Governance Groups continue to be developed. These reports will ensure trend and analysis to highlight potential vulnerabilities and provide assurances (including assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). Implementation of improvements as recommended in Internal and external Audit ongoing. Adverse Events review to be included Improvements to SLA's (in line with 'affordable performance') is that output still awaited from 4 to provide assurance or otherwise Assurance on patients' readiness/equality impact in the adoption of digital care provision Assurance on organisational readiness for further Digital Adoption 	<p>Overall, NHS Fife Digital has in place a sound systems of</p> <ol style="list-style-type: none"> Governance - agreed ToR and reporting Improving security defences and risk management as evidenced by Internal Audit and External Audit reports Attainment of the ISO27001 standard in the recent past and the Statement of Annual Assurance to the Board. Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network. Clear articulation of digital aspiration via the Digital Strategy 2019-2024 Extended corporate governance including EDG attendance Meeting visibility through provision of minutes and delivery plans to EDG/CGC 	2 – Unlikely – Not expected to happen – potential exists	5 - Extreme	10	Moderate Risk	<ol style="list-style-type: none"> Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place. <p>Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.</p>

Meeting:	NHS Fife Board
Meeting date:	30 November 2021
Title:	Fife Elective Orthopaedic Centre
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Ben Johnston, Head of Capital Planning & Project Director

1 Purpose

This is presented to the group for:

- Awareness
- Assurance

This report relates to a:

- Project update

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to provide an update on the current position regarding the Fife Elective Orthopaedic Centre.

2.2 Background

The project involves providing a new Elective Orthopaedic Centre at the Victoria Hospital in Kirkcaldy, Fife. The accommodation generally comprises of 3 no. theatres together with in-patient and outpatient accommodation. The Gross Internal Floor Area is currently 6,142m² and the forecast project cost is currently £33.2m.

The Full Business Case was approved by the Board in November 2020 and then by the Scottish Capital Investment Group on 11 March 2021, allowing the construction phase of the project to commence. Following the completion of car park enabling works, the project started on site on 1 March 2021 and is currently due for completion in October 2022. Following a client transfer and commissioning period it is anticipated that the facility will be operational in December 2022 / January 2023.

The project has been procured through Health Facilities Scotland, Frameworks Scotland 2 and is being delivered by Graham Construction. The construction contract between NHS Fife and Graham Construction has been executed by both parties.

2.3 Assessment

Whilst taking the impact of COVID-19 into consideration, the project is progressing well generally. The Project Director's monthly dashboard report is appended to this document. Delay has been encountered on the following items moving the planned completion date from 23 September 2022 to 10 October 2022.

- Unchartered services in the ground
- Late delivery of concrete due to supply chain pressures
- Steel contractors wither became infected with COVID or had to self-isolate

Efforts are being made to mitigate COVID and wider market pressures. Measures incorporated to date include:

- Improvements to the site welfare environment to reduce the risk of infection
- Access to a larger site area allowing materials to be procured in advance
- Provision of a concrete hopper reducing the risk in concrete shortages

2.3.1 Quality/Patient Care

Quality and patient care has been managed through the pre-construction stage of the project in the following ways:

- Compliance with all appropriate healthcare guidance except where a derogation is agreed
- Staff and patient involvement in the design development process
- A technical audit by NHS Scotland Design Assessment Process
- A technical audit by NSS Design Assure

Quality will continue to be managed through the construction stage via the following methods:

- Delivering the facilities in accordance with the agreed Quality and Commissioning Strategies
- Appointment of an NEC Supervisor to monitor and manage quality
- Authorising Engineer involvement on key elements (medical gases, water and ventilation)
- Completion and close-out of the NSS Design Assure Action Tracker (note: actions not substantially closed out or in hand)
- Participation in the NSS Design Assure Key Stage Reviews (construction)
- Planning for a Soft Landing post-handover (equipment, staffing, training, patient awareness)

A sub-group has been established to design and agree a service model. The sub-group is co-chaired by Mr Andy Ballantyne, Consultant Orthopaedic Surgeon, and Fiona Cameron, Service Manager. Project Management support is being progressed. A draft Terms of Reference has been developed.

The subgroup will:

- Oversee development of service plans for inpatient areas; theatres; OPD
- Develop procedures and protocols for pre-admission area; wards, including increase in single room accommodation; theatres
- Review and reconfigure Consultant Clinic allocations in agreement with Consultant body
- Review and reconfigure theatre allocations in agreement with Consultant body and theatre teams
- Identify strategic opportunities arising at national and regional level which will support service delivery
- Consider implications from NHS Scotland Recovery Plan and impact this will have on service requirements

It is important to note that the project submitted a request to Fife Health Charity with the prospect of identifying funding to support a number of patient and staff enhancements. The Board of Trustees agreed the request for £312,000. This will help to realise the vision of creating a true centre of orthopaedic excellence benefiting patients and staff.

2.3.2 Workforce

Given that the facilities will enable more capacity, there will be workforce implications. A related paper building on the Full Business Case and outlining the workforce requirements has been prepared by the Clinical Lead, Andy Ballantyne. The paper is being reviewed and refined prior to meeting with the National Treatment Centre Programme team. Discussions are required internally and externally to ensure that resources can be secured in line with programme.

A workforce sub-group has been established, chaired by Fiona Cameron. A Gantt chart demonstrating the timeline from recruitment through to education and training to commissioning has been developed.

Consideration is being given to the implications associated with the NHS Recovery Plan (August 2021), which describes an increase in planned activity across Scotland.

2.3.3 Financial

The financial allocation approved by the Scottish Government is £33.2m. The project is being managed within this allocation. Key financial risks relating to BREXIT and COVID19 have been transferred to the Scottish Government and effectively sit out with the £33.2m allocation.

There is a contractual issue to resolve in respect to COVID-19 and risk ownership. The contract contains a COVID-19 clause (drafted by CLO) which seems to place the risk of material price increases and late delivery of materials with the PSCP – the PSCP is contesting this position and the wording of the clause. The matter is currently with HFS and CLO for consideration. From NHSF's perspective the matter will either not be a compensation event in which case the PSCP will assume the risk, or it will be a compensation event in which case financial relief will be secured through the Scottish Government.

2.3.4 Risk Assessment/Management

A risk register has been prepared for the projects. The current key risks and issues to note are outlined below:

Risk / Issue	Mitigation Action
COVID-19 impact on material costs and availability	Secure materials/orders early where possible. Agree deviations to specifications where there is no reduction in quality but improved availability. Cost risk transferred to SG where applicable.
BREXIT impact on material cost and availability	As above.
E-health initiatives to support patient care – programme and funding risk	E-health initiatives identified and prioritised. Business cases being developed. Funding to be considered by Project Board and discussed with the National Treatment Centre Programme / SG where appropriate. Note: E-health initiatives are generally Fife wide and not specific to the project.
Availability of workforce	Workforce requirements are being developed and prioritised in consultation with the national elective group.
Funding of the workforce beyond the FBC allocation	As above. Discussions taking place with national group. FBC did not include outpatients staff, ancillary staff, radiology staff.

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment is in place for the project.

2.3.6 Other impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

A communication engagement plan has been prepared for the project. With the project in construction the strategy is currently focusing on staff and patient awareness through a monthly newsletter and updates to the project's webpage. As the project moves towards completion in 2022, communications will move towards making patients aware of changes to the elective orthopaedic service and how they may access the new facilities.

2.3.8 Route to the Meeting

FEOC Project Board: 27.10.21

EDG: 04.11.21

FPR: 09.11.21

2.4 Recommendation

This paper seeks to provide a project update and to assure the Board of progress.

3 List of appendices

Appendix 1: Project Director's Dashboard Report

Report Contact

Ben Johnston

Head of Capital Planning & Project Director

Email: ben.johnston2@nhs.scot

Project overview: The project involves providing a new Elective Orthopaedic Centre at the Victoria Hospital in Kirkcaldy, Fife. The accommodation generally comprises of 3 no. theatres together with in-patient and outpatient accommodation. The Gross Internal Floor Area is currently 6,142m² and the forecast project cost is currently £33.2m.

Previous RAG

Current RAG



1.0 Summary

1.1	Construction progress meeting No.6 was held on 06/10/21. Progress is continuing on programme. Structural steelwork is due to be complete by 18/10/21. This will enable the large crane to be taken off site and works to commence to the concrete floors. The PSCP have advised that supply issues with concrete and cement has improved and do not envisage any issues at present.
1.2	A letter of response was issued to the PSCP by the Project Manager regarding the material price increases. The summary of this letter is that the latest compensation events relating to material price increases were not accepted on the basis that they were not presented as being solely attributable to Covid-19.
1.3	Surface water tie in works which are affecting the spine road are due to be complete by 18/10/21. The completion of these works will enable the pedestrian footpath to be reopened. There will be a further requirement to reduce the road to a single lane to install the attenuation tank and create the new access road, however the pedestrian route will be maintained.
1.4	Meetings have been held to review the proposed MTHW shutdown which will mean that Phase 1 and 2 buildings are without heating and hot water for a 19-hour period. A meeting has been arranged for 20/10/21 to liaise with clinical leads for all affected areas and advise of the planned works.
1.5	The final NHS (Scotland) Assure report action tracker has been progressed to close out actions. A meeting between the PSCP, NHSF and the PM saw good progress being made to close out a number of actions. The remaining actions will be closed out in due course.

2.0 Planned Activities

2.1	Obtain drawings from X-Ray equipment supplier Fuji. An order has been placed by NHSF with Fuji, the PSCP are currently waiting on Fuji issuing drawings to ensure that the fit-out will support the X-ray equipment.
2.2	The PSCP are currently working on a design to change a female shower cubicle should be altered to a W/C. A proposed instruction has been issued for construction costs for this alteration and a quotation is still awaited.
2.3	Finalise group 1s equipment for the theatres. An instruction has been issued to the PSCP to progress with a technical submittal. The PSCP are in the process of concluding.
2.4	Proposed instruction issued for AV theatres. Quotation still awaited from PSCP.
2.5	Continue to progress the NHS (Scotland) Assure tracker.
2.6	Progress and Commercial meetings to be held on 03/11/21.

3.0 Key Risks — Red, Amber, Green

Refer to project Risk Register for further detail.

3.1 (A)	Impact of coronavirus/BREXIT on material costs: <i>The PSCP are continuing to notify Compensation Events for material price increases. The Project Manager has issued a response via a letter to the PSCP and followed up with not accepting compensation events through the online contract toolkit.</i>
3.2 (A)	Impact of coronavirus/BREXIT on supply of materials: <i>The PSCP have advised that the current situation seems to be easing, however, must be kept as a risk until there is more certainty over a sustained period.</i>
3.3 (A)	E-Health: <i>The e-health initiatives (paper-lite etc) are unlikely to be delivered in parallel with the project as they are Fife wide requiring separate business cases and funding.</i>
3.4 (A)	Workforce planning, recruitment and associated cost risk: <i>A separate sub-group has been established to manage this workstream and dialogue with the national group has been opened up regarding costs.</i>
3.5 (A)	MTHW connection: solution still needs to be agreed to allow the works to take place to form the necessary connection.

4.0 NHS Fife Actions / Requests for Information

4.1	Advise enhancements (endowment) that NHSF would like to progress with. Feedback expected from committee at the end of October.
4.2	Progress internal finishes. A meeting has been arranged for 21/10/21 to finalise selections.
4.3	NHSF to agree and advise on the name of the new facility. This is to facilitate procurement of the external signage.
4.4	Execution of the letter of indemnity is required to facilitate PPP interface works, although information is awaited from the PSCP to complete the draft letter.

5.0 Programme

	Previous		Current	
	Start	End	Start	End
Car park	30/10/20	08/03/21	30/10/20	08/03/21
FEOC	01/03/21	09/22	01/03/21	10/22
Transfer	10/22	11/22	11/22	12/22

6.0 Costs (all stages)

Service	Budget	CE/EWN	Total	To date
PSCP Stage 2	£477,922	£0	£477,922	£477,922
PSCP Stage 3	£1,071,961	£13,655	£1,085,616	£1,085,616
PSCP FEOC	£23,252,860	£145,707	£23,398,567	£3,604,490
PSCP Car Park	£678,171	£30,156	£708,327	£708,327
NHSF Direct	£375,727	£0	£375,727	£409,457
Project Manager	£169,006	£0	£169,006	£125,424
Cost Advisor	£136,460	£0	£136,460	£118,300
Supervisor	£120,000	£0	£120,000	£23,335
Surveys etc.	£20,000	£-13,655	£6,345	£0
NHSF Risk	£935,473	£-124,631	£810,842	£0
COVID-19 CE's	0	£-51,232	£-51,232	£0
NHSF Equipment	£800,000	£0	£800,000	£0
Transitional Costs	£38,000	£0	£38,000	£0
Total	£28,075,580	£0	£28,075,580	£6,552,871

Costs exclude VAT.

7.0 Financial Year Spend

	Up to 20/21 (£m)	21/22 (£m)	22/23 (£m)
FEOC	£3.904	£18.125	£11.171

Overall costs inclusive of VAT.

8.0 Project Costs

	FBC (£m)	Forecast (£m)	Difference (£m)
Total	£33.200	£33.200	£0

Overall costs inclusive of VAT.

Meeting:	NHS Fife Board
Meeting date:	30 November 2021
Title:	East of Scotland Regional Health Protection
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Jan McClean, Director of Regional Planning Peter Donnelly, Professor of Public Health St Andrews University

1 Purpose

The purpose of this report is to recommend that the Board supports the strategic direction proposed for Health Protection services in the East Region.

Any member wishing additional information should contact the Executive Lead in advance of the meeting.

This is presented to the Board for:

- Assurance
- Discussion

This report relates to a:

- Emerging issue
- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective

2 Report summary

2.1 Situation

It is recommended that NHS Lothian, Fife, Forth Valley and Borders work towards implementation of a regional model for Health Protection services which will deliver a resilient, sustainable regional service which maximises the skills of the workforce, reduces duplication and makes provision for surge capacity and mutual aid should it be required.

2.2 Background

In December 2020, the Chief Executives and Directors of Public Health from NHS Borders, Fife, Forth Valley and Lothian agreed to explore the potential opportunities afforded through regional collaboration in Health Protection services with the aim of delivering improved service resilience, sustainability, minimise duplication and ensure a service fit for the future. This decision was influenced by the inevitable impact of the Covid 19 Pandemic on Health Protection services but also separately occurring workforce challenges within some of the Boards.

2.3 Assessment

Led by Professor Peter Donnelly, Professor of Public Health Medicine, University of St Andrews and Jan McClean, Director of Regional Planning, a formal project and associated governance arrangements were put in place in January 2021 to explore options for regional working with the benefit of Partnership involvement at every stage. An Oversight Board was established to provide senior level governance for the project with representation from Chief Executives and Directors of Public Health from the 4 participating Boards together with Partnership representation. A Clinical Reference Group was established with representation from both Nursing and Consultant teams in each Board and Partnership representation. The Clinical Reference Group provided essential specialist Health Protection knowledge and clinical engagement necessary to consider and develop potential options for regional collaboration, with a recognised formal Options Appraisal process adopted. Engagement with clinical teams from across the 4 Boards was enthusiastic and constructive throughout the process despite the challenging pandemic operating context. Issues raised by the Health Protection teams as particular challenges included:

- On-call rotas
- Staff retention
- Training and education of Health Protection Nurses
- Role development for nurses
- Service resilience and workforce planning

Health Protection Teams recognised and supported the need for change and the opportunities presented through the Project.

The preferred option describes a model where small local, largely nurse led Board teams provide routine Health Protection services, with regional resources identified and deployed for strategic work, specialty areas and mutual aid/surge capacity.

A series of meetings with individual Board Executive Teams took place over the early summer, with all confirming support to move to implementation of a regional model. An additional request was made to bring forward proposals on options for out of hours work, an area where there are challenges with resilience and sustainability.

Health Protection is currently provided in each Board as part of the wider Public Health function. While there are differences between the 4 Boards in relation to the scope, scale and delivery models, there are many aspects which are the same or similar e.g. development and use of Standard Operating Procedures; strategic plans; specialist work on specific diseases.

All Boards have a mixed workforce with Specialist Nurses, Consultant grades and in some Boards, Nurse Consultants, with some variation in the deployment and roles and responsibilities of staff. The Covid 19 pandemic has seen Health Protection teams augmented with additional staff at various grades to support the significant increase in workload. All Boards currently operate an out of hours on-call rota, an aspect of the service which has been identified as fragile and challenging to operate.

The vision for Health Protection services in the East Region is a resilient, sustainable function which is fit for the 21st Century and maximises the skills of the workforce.

The regional working arrangements will:

- focus on specialist areas of work e.g. Tuberculosis, which can be shared across 4 Boards supporting development of specialist interest and expertise and avoid duplication of effort
- coordinate plans for responses in specialist areas such as ports, airports, nuclear related issues
- agree and maintain regional Standard Operating Procedures ensuring consistency of approach and reducing unnecessary duplication thereby freeing up time for other activities
- offer immediate mutual aid or surge capacity to be directed to areas of need when required, providing service and workforce resilience
- provide opportunities for shared training and education across the Region, offering wider opportunities and economies of scale and making the East Region an attractive service to work/remain
- provide opportunities for Specialist Nurses and Nurse Consultants to lead on aspects of regional work, maximising their skills and knowledge and providing an opportunity for career progression
- support the sharing of good practice and collaborative working, providing opportunities for organisational development and shared values.

The local elements will:

- provide routine Health Protection services such as nurse led day to day handling of routine issues using agreed Standing Operating Procedures
- maintain important local knowledge and interface with key stakeholders e.g. Environmental Health

Out of hours arrangements have been identified as a particular challenge for all Boards and further work will focus on assessing potential solutions which will be brought forward for consideration by the end of 2021.

The Project structure has now been revised to take account of project implementation with the establishment of key groups to support delivery.

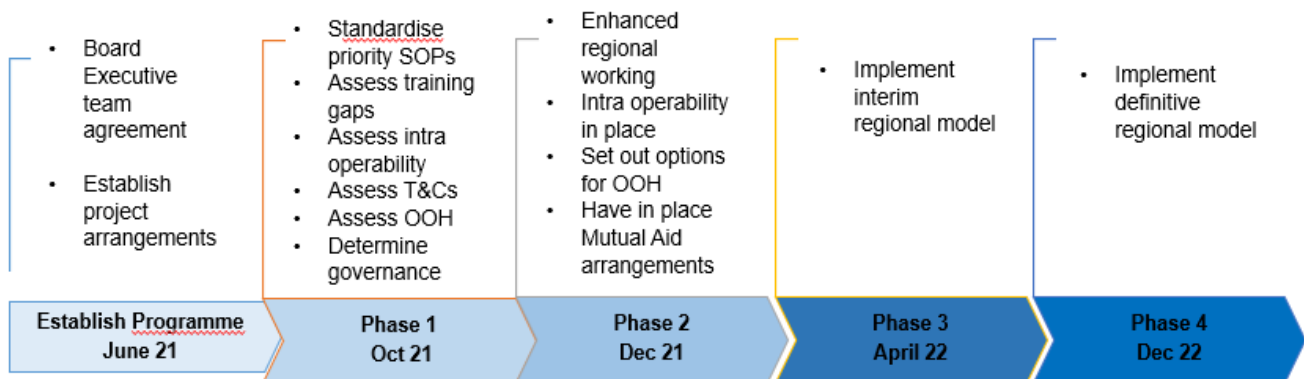
Regional Health Protection – Programme Arrangements



The Oversight Board includes representation from Board Chief Executives, Directors of Public Health, HRD Lead for the project, Partnership representation and the Project Team. Directors of Finance and eHealth and others will be invited to attend as required.

The following timeline has been agreed with the Oversight Board:

Project Timeline



The following progress has been made:

- Health Protection systems have been mapped with more detailed assessment of interoperability planned with eHealth support
- Financial baseline information has been collated with Directors of Finance preparing financial principles to support the project
- Regional Standard Operating Procedures (SOPS) are being developed where no national SOPS are available
- Nurse grades and roles are being profiled to identify and understand variation
- An audit of out of hours activity will support understanding of the scale and nature of out of hours work

Stakeholder engagement is ongoing with interested groups such as Public Health Scotland, Scottish Public Health Network and Scottish Directors of Public Health Group.

2.3.1 Quality/ Patient Care

The development of a regional delivery model in the East of Scotland will improve resilience and reduce unnecessary variation across the region.

2.3.2 Workforce

Consultant and nurse representatives from each Board are part of the clinical reference group supporting this programme.

2.3.3 Financial

The resource implications relate to project management support and Professional Advisor input to the project. NHS Forth Valley currently provide the Project Management Support and Professional Advisor fees are met by NHS Lothian.

2.3.4 Risk Assessment/Management

A Project Risk Register is maintained with key risks including:

- Ability to implement a regional model within the current operating context across Health Protection services and the wider system
- Securing an agreed model for out of hours work recognising the challenges of current arrangements for remuneration
- Securing IT interoperability between Board

Risk Register

This proposal is in response to existing risks relating to the sustainability of health protection teams in local areas. As the operating model is defined, ongoing risks will be identified. The biggest risk to this service being delivered is achieving agreement across the 4 health boards on a delivery model and resource allocation that meets local needs alongside undertaking a process of organisational change with the local teams.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been undertaken. This will be undertaken by each Board when a delivery model has been defined.

2.3.6 Other impact

The project is engaging with wider stakeholders such as Public Health Scotland as it progresses.

2.3.7 Communication, involvement, engagement and consultation

Duty to Inform, Engage and Consult People who use our Services

Local health protection teams and some key partners have been involved throughout this process. Following the further definition of service models, further engagement will take place with those partners who are linked to the delivery of health protection functions locally, regionally and nationally.

2.3.8 Route to the Meeting

This paper has been prepared by the East Region Health Protection Oversight Board. The paper has been considered and supported by NHS Lothian and NHS Borders. Within NHS Fife it has been shared electronically with the group listed below:

- Executive Director Group, 4 November 2021

- Public Health & Wellbeing Committee, 15th November 2021

2.4 Recommendation

Board members are asked to endorse the strategic direction set out in the paper.

3. List of appendices

No appendices attached.

Report Contact

Dr Joy Tomlinson

Director of Public Health

Email joy.tomlinson@nhs.scot

Meeting:	NHS Fife Board
Meeting date:	30 November 2021
Title:	Population Health & Wellbeing Strategy – Update on Community Conversations
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Authors:	Susan Fraser, Associate Director of Planning & Performance Kirsty MacGregor, Head of Communications

1 Purpose

This is presented to the Board for:

- Approval

This report relates to:

- Population Health and Wellbeing Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Members of the Board are asked to approve the launch of the NHS Fife population and staff survey to gauge individuals' attitudes to health and wellbeing, with the results of the survey being used to inform NHS Fife's Population Health and Wellbeing Strategy due for publication in March 2022.

2.2 Background

The Covid-19 pandemic has brought the most significant health challenge in the history of the NHS and this provides a unique opportunity for NHS Fife and the communities we serve to reflect and to make change for the better.

NHS Fife's ambition is to provide excellence in the delivery of healthcare and health services in the right place at the right time, for those who need it. But we are also looking to stretch beyond the place of fixing people when they are ill, toward a vision where we are an active

participant in supporting our communities to address poverty, inequalities, and harm, and to improve their physical and mental wellbeing

NHS Fife serves a population of more than 370,000 people and we want as many people as possible to be enabled to take part in this survey-based conversation to help us establish current thoughts and attitudes towards our own health and wellbeing, now and into the future.

The Population Health and Wellbeing Strategy will replace the extant Clinical Strategy 2016-2021 and will focus on the needs and requirements of the population of Fife in terms of their overall health and wellbeing as well as delivery of clinical services.

The Board Development Session on 3 November 2021 explored the need for the strategy to address and target preventative and early interventions in specific areas and communities. The Board also discussed the need for plans to be put in place to identify localities where specialist services could be targeted to improve health and wellbeing outcomes for these communities. The survey will provide the voices from these communities that will help shape future provision of health and wellbeing services in Fife.

2.3 Assessment

As we review and develop our plans for the future, it is important to us that we capture the thoughts, views, and attitudes of local people and our staff.

NHS Fife wants to start a conversation with individuals, community groups, partners, and stakeholders across the Kingdom, on how we can support their future health and wellbeing, learning lessons from the pandemic and recognising that Covid-19 has impacted certain groups more severely than others.

Given the current covid restrictions, we wanted to create an accessible and safe forum to capture feedback from all our communities, partners, and service users.

The confidential survey developed by The Progressive Partnership Agency is open to anyone aged 16 or over who currently lives in Fife and takes around 10 minutes to complete, with responses completely anonymised. In parallel, an NHS Fife staff version of the survey “Colleague Conversation Survey” will also open to capture the thoughts of NHS Fife’s 8,500 staff. We are also exploring options to hear the voices of our younger people.

The qualitative and quantitative results of the survey will be independently verified and used to create a foundation to inform further targeted conversations and a participation programme. With the results of the survey and survey report available at the end of January 2022.

A small group was constituted including the Vice-chair of NHS Fife, the Director of Nursing and the Director of Finance and Strategy to shape the questionnaire design. This group

worked closely with the agency to ensure the questionnaire met the requirements of NHS Fife.

Pending approval from the Board, the 'Community Conversation Survey' will launch online at 10am on Monday 6th December 2021 and will enable Fife residents to give us their feedback on local health services, both now and into the future. The online survey will be open for 14 days and will close at midnight Sunday 19th December, with the deadline of returning paper copies extended to Wednesday 22nd December 2021.

The survey can be viewed at the following development link:

<https://surveys.progressivepartnership.co.uk/snapwebhost/s.asp?k=163775195702&L=2>

To support the conversation a dedicated web page has been created and will go live on Wednesday 1st December – this will include a link to the online version of the survey as well as the option to download and print a copy. Paper copies or translated versions of the survey are also available by emailing or phoning NHS Fife Equalities team, with paper copies and replied paid envelopes available for the public to collect from our main hospital receptions, vaccination venues and public libraries.

The web page URL will be: www.nhsfife.org/conversation

With a social media hash tag **#communityconversation**

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the heart of the Population Health and Wellbeing Strategy and the outcome from this community conversation will be to inform future quality and safety plans.

2.3.2 Workforce

Workforce is at the heart of the Population Health and Wellbeing Strategy and the outcome from this community conversation will be to inform future strategic workforce plans.

2.3.3 Financial

The Population Health and Wellbeing Strategy and the outcome from this community conversation will inform NHS Fife's future financial planning.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment stage 1 has been completed and the EQIA stage 2 will be informed by the output from this community conversation.

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement, and consultation

The approach adopted is not a formal engagement framework more of a conversation involving as many individuals as possible as a sounding board and to use local knowledge and experiences to help shape future engagement with service users, carers, community groups and individuals across Fife and working for NHS Fife.

To create awareness of the survey with our staff and external stakeholders a comprehensive communications plan has been developed to encourage participation.

2.3.8 Route to the Meeting

The NHS Fife Board considered and supported the approach to and some sample questions from the survey at the Board Development Session on 3 November.

2.4 Recommendation

- **Decision** – The Board are asked to approve the launch of the Community Conversation Survey on 6 December 2021

Report Contact

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CLINICAL GOVERNANCE COMMITTEE

Meeting on 3 November 2021

No issues were raised for escalation to the Board.

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 3 NOVEMBER 2021 AT 2PM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair)
M Black, Non-Executive Member
S Braiden, Non-Executive Member
R Laing, Non-Executive Member
A Wood, Non-Executive Member
C Potter, Chief Executive
S Fevre, Area Partnership Forum Representative
A Lawrie, Area Clinical Forum Representative
Dr C McKenna, Medical Director
J Owens, Director of Nursing
Dr J Tomlinson, Director of Public Health

In Attendance:

L Campbell, Associate Director of Nursing
N Connor, Director of Health & Social Care
L Cooper, Immunisation Programme Director (*agenda item 5.2*)
G Couser, Head of Quality & Clinical Governance
C Dobson, Director of Acute Services
S Garden, Director of Pharmacy & Medicines
A Graham, Associate Director of Digital & Information
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
J Morrice, Associate Medical Director, Women & Children's Services
E Muir, Clinical Effectiveness Co-ordinator
H Thomson, Board Committee Support Officer (Minutes)

The Chair welcomed everyone to the meeting and extended a warm welcome to A Wood, who is attending her first meeting since being appointed as a new Non-Executive Director of the Board. The Chair thanked the continued efforts of all NHS Fife staff and volunteers during these challenging times.

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

1. Apologies for Absence

Apologies were noted from member Cllr D Graham (Non-Executive Member), and attendees H Hellewell (Associate Medical Director, H&SCP) and M Wood (interim Associate Medical Director, Surgery, Medicine & Diagnostics).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 17 September 2021

The Committee formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

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

5. COVID-19 UPDATE

5.1. General Covid-19 Update

The Director of Public Health provided a verbal update on Covid-19, noting we are in a relatively stable position in both Fife and Scotland.

Newly reported cases, however, remain high, and the Estimated Dissemination Ratio (EDR) is around one. It was advised there is a reduction in positive cases amongst the younger population, and the 35 – 44 age group has the highest number of cases. High rates of testing continue, and the overall positivity rate has reduced slightly for Fife, which brings this closer to the national average. An overview of the statistics over the previous weeks were provided for both testing and positive cases.

It was advised that the testing programme continues and is under review on a weekly basis. In terms of contact testing, this remains aligned with the national programme.

It was noted that, after six months, immunity starts to wane from the first and second vaccinations and the population are being strongly encouraged to take the Covid-19 booster vaccination. Messaging includes reinforcing safety measures such as mask wearing and social distancing.

Following a question, it was advised around two thirds of those who are presently requiring hospital treatment are double vaccinated, though those who are vaccinated tend to become less unwell than the unvaccinated.

The impact of positive rates across the population continues to be visible in hospitals, and pressures continue within our critical care services. The Medical Director highlighted the continued pressures and noted the overall situation with Covid-19 remains serious. The importance of continuing to support staff was highlighted.

The Committee **noted** the general update on Covid-19 and thanked our valued staff and volunteers for their continued efforts.

5.2. Flu Vaccination & Covid Vaccination (FVCV) Programme Update

The Immunisation Programme Director joined the meeting and provided an overview of the FVCV programme, as outlined in the paper. It was advised the complex delivery plan is evolving at pace and regular discussions are taking place.

It was advised that the high-level risk noted in the paper relates to infrastructure and this has now been reviewed and moved to a moderate risk, due to the new posts that are now in place for the programme. Further work is still required around infrastructure.

It was advised that data is collated on a weekly basis in terms of number of vaccines and an overview was provided on the most recent data available. It was reported that boosters are a significant part of delivery and the workforce are committed to delivering the high level of activity safely.

A member requested that assurance be provided to the Committee on actual against projection data on delivery of vaccinations. It was advised the Programme Board review this data regularly, and an update will be provided to the Committee going forward.

Action: Director of Health & Social Care

The Committee **noted** the detail in the paper and took assurance from the ongoing planning and delivery of the Autumn/Winter Vaccination programme.

6. GOVERNANCE / ASSURANCE

6.1. Board Assurance Framework (BAF) – Quality & Safety

The Medical Director provided an update on progress of revising the NHS Fife Board Assurance Framework for Quality & Safety.

The Medical Director questioned the risks set out within the current BAF and if the wording on the risk descriptions articulates a reflection of the current risk profile within Quality & Safety. An overview of the four options that had been discussed on risk descriptions was provided.

Following discussion, it was agreed a second BAF for Covid-19 is not required, as the consequences of Covid are intertwined within the Quality & Safety BAF. It was agreed an adapted version of option three detailed within the paper was the preferred option.

The Medical Director outlined the review of linked risks, and the summary of current linked risks. It was advised that high risks that sit within Health & Social Care Services, Health Services within the Health & Social Care Partnership, and Health Services in Acute are still to be reviewed.

Discussion took place on linked and integrated risks. It was highlighted there is a mixture of operational and strategic risks within the BAF, and clear definitions at corporate level are required.

It was advised that a Board Development Session on risk management is in the process of being arranged and it was agreed to include a full review on how risks are articulated and a full review on linked risks. An update on the BAF for Quality & Safety will be brought back to the Committee at a future meeting.

The Committee:

- **Considered** the questions set out in the SBAR; and
- **Supported** the direction of travel in relation to the review of risks.

6.2. Board Assurance Framework (BAF) – Strategic Planning

The Director of Finance & Strategy provided an update on the NHS Fife Board Assurance Framework for Strategic Planning.

It was advised that a review was conducted a few months ago and this highlighted the same issues with risk descriptions as the Quality & Safety BAF.

Activity is underway for mitigating the high risks and a range of actions over the coming six months should move the risk scores towards moderate or low. It was advised a Portfolio Board has been established to support strategy development and delivery, and the first meeting is being held on 4 November 2021. An additional risk was suggested to be added to ensure we have what is needed to deliver the strategy in terms of recognised priorities for the population of Fife.

Following a question, it was advised current 'strategies' that sit within various areas will become strategic frameworks and will underpin and support the overall strategy. It was noted the risks are still high and are partly in relation to the governance of and project management capacity for strategy development, which had not progressed until more recently.

It was agreed a broader discussion on the risks will be challenged through the Board Development Session. An update on the BAF for Strategic Planning will be brought back to the Committee at a future meeting.

The Committee **discussed** and **approved** the current position in relation to the Strategic Planning risk.

6.3. Board Assurance Framework (BAF) – Digital & Information

The Associate Director of Digital & Information provided an update on the NHS Board Assurance Framework for Digital & Information and advised that this BAF highlights the financial implications and delivery of the Digital & Information Strategic Framework.

A new linked high risk has been added, which relates to an internal audit finding reported to the Audit & Risk Committee. The removal of a previously linked risk has been reassessed as a moderate risk level, and more detail is provided in the paper.

In terms of financial priorities, it was noted that there are areas which are desirable, if subject to securing funding, and areas which are essential to support the Digital & Information Strategy. In response, the governance around the framework was outlined. Assurance was provided on the delivery of the strategy, which was discussed at the last Clinical Governance Committee and is also on the workplan as a regular update item.

The Digital & Information BAF will also form part of the broader discussion on risks through the Board Development Session. An update on the BAF for Digital & Information will be brought back to the Committee at a future meeting.

The Committee **noted** the content and **approved** the current assessment of the Digital & Information BAF.

6.4. Internal Audit Report - Clinical Governance Strategy & Assurance

This item was covered under agenda item 7.3

6.5. Annual Internal Audit Report 2020/21

The Director of Finance & Strategy advised that the Annual Internal Audit Report 2020/21 has been shared with all the Standing Committees of the Board and is part of the Annual Assurance work that supports the Annual Accounts process.

The positive areas of the report, pertinent to this Committee, were highlighted.

The recommendation for the Committee to actively consider the issue of patient safety due to increased waiting times was questioned, and it was advised that this risk will feature as part of the Quality & Safety BAF review. An update will be reflected in the Quality & Safety BAF at the next Committee meeting in January 2022.

The Committee took **assurance** from this annual report and specifically **noted** the aspects pertinent to this Committee's areas of work.

6.6. Annual Workplan

The Head of Quality & Clinical Governance advised that the Annual Workplan is presented to the Committee for assurance and will be reviewed after this meeting to reflect any updates or considerations for future meetings.

The Committee **noted** the up-to-date Clinical Governance Committee Annual Workplan.

7. STRATEGY / PLANNING

7.1. Strategic Planning & Resource Allocation 2022/23

The Director of Finance & Strategy spoke to the Strategic Planning & Resource Allocation (SPRA) 2022/23 paper.

It was advised that this is the second year the SPRA process has been carried out, and lessons have been learned from the previous year, including making better use of streams of information e.g., workforce strategy. The timeline for the process is detailed in the paper, and it was noted the Committee will receive an interim update and position statement in January 2022.

Action: Director of Finance & Strategy

Following a question, an explanation was provided on how the SPRA will be linked into the red corporate risks, and how the prioritisation process builds into the red risks within the BAFs. It was noted our planning process will support and inform the overall risk profile within the organisation.

The Committee **noted** the update to the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

7.2. Redesign of Urgent Care

The Medical Director provided an update on the paper, which outlines the changes within urgent care delivery and the direction of travel from Scottish Government. It was noted the paper is a work in progress and highlights the changes made that continue to be developed and refined. The paper has also been discussed at the Staff Governance Committee.

The flow and navigation hub has been put in place as part of the initial redesign in December 2020, and work is ongoing in developing the hub going forward.

The Medical Director expanded on the paper and discussed: the four workstreams within the governance structure; engagement & feedback from patients; GP admissions pathway; and workforce. A brief operational update was also provided, as outlined in the paper.

It was noted funding has become available from the Scottish Government called 'Interface Care'. The funding will enhance the current offer we provide and support the ambulatory options available to patients, specifically designed to reduce a patient's length of stay in hospital for certain conditions. It will also maximise the use of ambulatory services and Hospital@Home.

Following a question, it was advised that local comms and publicity has been carried out around the population contacting NHS24 prior to attendance at the Emergency Department, and further comms, both at local and national level, in this area is needed. It was also advised further detail is required to identify those who contacted NHS24 and were appropriately routed to the Emergency Department, or if they attended on their own accord. It was noted NHS24 are also under a lot of pressure.

Following a question on the current pressures and if they are impeding on progress of urgent care reforms, it was reported there is a positive impact on those who use the NHS24 system and come through the flow and navigation hub.

It was agreed to bring back to a future meeting, a visual on the impact of the changes on the Emergency Department. It was advised data is already being collated and the level of detail needs to be considered for the Committee.

Action: Medical Director

It was requested acronyms be spelt out in full within future committee papers.

The Committee **noted** the contents of the Redesign of Urgent Care paper and **agreed** the new governance structure with links to both Senior Leadership Teams.

7.3. Clinical Governance Strategy

The Head of Quality & Clinical Governance delivered a presentation on the Clinical Governance Strategy.

It was highlighted communication and engagement with staff will be of critical importance to the success of the framework. The framework and delivery plan will be shared through digital platforms between January and February 2022 for engagement & feedback from services. This will be brought back to the Committee in March 2022.

Action: Head of Quality & Clinical Governance

The Head of Quality & Clinical Governance and team were thanked for all their hard work in the development of the Clinical Governance Strategy.

The presentation will be shared with the Committee.

Action: Head of Quality & Clinical Governance

7.4. Primary Care Improvement Plan – Memorandum of Understanding (MOU)2 Update

The Director of Health & Social Care presented an overview of the Primary Care Improvement Plan MOU2 risk.

Assurance was provided that the Primary Care Improvement Plan – MOU2 was discussed in detail at the Staff Governance Committee in relation to the workforce aspects.

It was noted there are risks in relation to delivery, finance, and workforce. The key risks were outlined, and it was advised the risks are being addressed through a number of channels.

The Vaccination Transformation Programmes was outlined, and it was noted a risk in this area is not currently being highlighted.

It was advised that the paper describes what is contained within a Community Care and Treatment Service (CTAC) and it was highlighted this will not be delivered in full by April 2022. It was advised that this risk is not unique to Fife and is a challenge to implement nationally. Discussions are taking place nationally regarding requirements around the transitional payments and a set of principles are anticipated to be published.

In relation to supporting delivery of quality, close working is ongoing and fuller guidance is awaited on further implementation of other aspects of the MOU. It was highlighted General Practices are working hard and are under pressure due to levels of demand.

The Director of Pharmacy & Medicines advised that the impact of pharmacotherapy has been measured and funding will be shaped on how this will be used to optimise delivery. Following a question, it was advised a mixed model is in place in terms of acute prescriptions, discharge letters and outpatient recommendations. A focus is to fully transfer delivery of those functions.

Following a question, it was advised private pharmacies are not directly involved in delivery in pharmacotherapy practice, and their focus is on serial prescribing only. A requested target of 20% has been set for all repeat chronic medicines to go through community pharmacies serial prescribing service until April 2022, and from then, to increase to 40%.

A request was made to expand on the financial risks, and it was advised the financial risk, as detailed in the paper, is being experienced across all Health Boards and Partnerships in Scotland. No agreed position was reported in terms of any additional

support, and it was advised this is being engaged with, within the Scottish Government.

Regular updates will be provided to the Committee going forward.

The Committee **considered** and **discussed** the implications of the report and **noted** the financial and associated risks.

8. QUALITY / PERFORMANCE

8.1. Integrated Performance & Quality Report (IPQR)

The Director of Nursing reported the standard and quality of care of patients remains high, and staff are working incredibly hard to keep patients safe. The Director of Nursing provided an overview on the relevant section within the IPQR.

The inpatient Falls (with harm) was expanded on, and it was advised this is achieving target, and work is ongoing in the background to continue to achieve the target. The key challenges to falls were outlined. New audit work in relation to falls is being carried out, and falls is a key component of care being taking forward nationally; the new measurement package is being currently being finalised. It was reported that a Falls Champion network has been delayed due to workforce pressures, and a falls reduction initiative is taking place across all mental health wards.

It was reported that pressure ulcers performance is not reaching target; however, the target is being re-set nationally. It was advised that collaborative work is ongoing around pressure ulcers, and it was also advised there has been really good quality improvement work ongoing within the communities, which is having a positive impact on patient outcomes.

Following a question, assurance was provided that wards are being supported where there are particular issues with pressure ulcers. It was noted frailer patients are coming into hospital and there is an increase in critical care pressure ulcers, due to Covid.

Concern was raised for the areas that are not achieving target. The Director of Nursing assured the Committee that work is ongoing to achieve targets. The challenges in achieving targets were recognised, and it was advised the remobilisation plan going forward will provide more context.

It was agreed the format of presenting information and data within the IPQR needs reviewed, building on the discussion at the Board's recent Active Governance session, and this will be taken forward.

The Committee **examined** and **considered** NHS Fife performance in the areas above.

8.2. Health Associated Infection Report (HAIRT)

The Director of Nursing presented on the HAIRT, and advised that partnership working with Excellence in Care and Digital Colleagues has taken place around the development of a clinical risk assessment for multi drug resistant organisms. The assessment is being rolled out across Fife and has been recognised nationally.

Following a question, it was advised that the Urinary Catheter Group is well established and are working hard with microbiologists and our senior team to improve the targets. In terms of c-section infections, it was advised that surveillance was stopped by the Scottish Government last year, and local data is thus unable to be correlated against national data. Close monitoring continues with c-sections and infections.

The Committee **noted** the HAIRT report.

8.3. National Hub for Reviewing and Learning from the Deaths of Children and Young People

The Head of Quality & Clinical Governance provided background on the National Hub for Reviewing and Learning from the Deaths of Children & Young People and advised the National Hub went live on 1 October 2021. The purpose of the National Hub is to ensure that every death of a child or young person has a consistent and quality review undertaken, with the completion of a standardised data set, which will be shared with Health Boards across Scotland.

It was reported that Scotland is an outlier in terms of children and young people's deaths and has one of the highest rates. Further detail was provided, as outlined in the paper.

It was noted that the National Hub is around understanding social determinants that may have contributed to the death of the child or young person, and multi-agency input is very important.

The risks associated to delivery of the guidance were highlighted, and the risks and mitigations were outlined.

In terms of governance, a Child and Young Persons' Governance Group is being established and will meet on a quarterly basis. The Group will report into the Clinical Governance Oversight Group, and an Annual Report will be provided to the Clinical Governance Committee that summarises activity that has been undertaken.

The Committee:

- **Noted** the progress made to ensure NHS Fife aligns to the national guidance;
- **Endorsed** the new governance requirements to deliver the guidance; and
- **Noted** the risks

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1. Volunteering Annual Report 2020/21

The Director of Nursing presented the first Volunteering Annual Report 2020/21 and highlighted the key points from the report, including the development of the Community Listening Service, which has been nominated for a national award.

The levels of managing and supporting volunteers was questioned, and if further investment would be sought. It was advised this is being managed and closely monitored.

The Committee **endorsed** the Volunteering Annual Report 2020/21.

9.2. Complaints Report

The Director of Nursing gave an overview of the Complaints Report and advised that an updated report is being presented to the Executive Directors' Group on 4 November 2021, which includes detail on locations and themes. The Organisational Learning Group will be key in recognising themes and taking action.

It was reported that the complaints process has slowed down due to the pandemic and discussions have been taking place on challenges being faced around complaints management. It was advised that the Datix system is being reviewed to provide more detailed reporting easily.

The Committee **supported** the direction of travel indicated in the report:

10. ANNUAL REPORTS

10.1. Medical & Appraisal Revalidation Annual Report 2020/21

The Medical Director advised that the Medical & Appraisal Revalidation Annual Report 2020/21 was discussed in detail at the Staff Governance Committee.

The Committee **noted** the Medical & Appraisal Revalidation Annual Report 2020/21.

10.2. Prevention & Control of Infection Annual Report 2020/21

The Committee **noted** the Prevention & Control of Infection Annual Report.

10.3. Organisational Duty of Candour Annual Report (Interim)

The Medical Director explained the position of the interim Organisational Duty of Candour Annual Report and advised that NHS Fife has a statutory requirement to publish the report this financial year, which will be challenging.

It was noted there is a lag in the detail within the interim report, and the position was recognised by the Committee. An update, with amended data, will be provided to the Committee at the next meeting. It was noted a final report is expected to be completed by January 2022, which will then go onward to the Board.

Action: Medical Director

The Committee **noted** the interim Organisational Duty of Candour Annual Report.

11. LINKED COMMITTEE MINUTES

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

- 11.1. Acute Services Division Clinical Governance Committee dated 15/09/21 (unconfirmed)
- 11.2. Fife Area Drugs & Therapeutics Committee dated 13/10/21 (unconfirmed)

- 11.3. Fife Health & Social Care Partnership Clinical and Care Governance Committee dated 04/08/21 (confirmed) & 08/09/21 (confirmed)
- 11.4. Digital and Information Board dated 21/07/21 (confirmed)
- 11.5. Health and Safety Sub-Committee dated 14/09/21 (unconfirmed)
- 11.6. Infection Control Committee dated 06/10/21 (unconfirmed)
- 11.7. Area Medical Committee dated 21/08/21 (confirmed)
- 11.8. Cancer Governance and Strategy Group dated 17/08/21 (unconfirmed)
- 11.9. Research, Innovation & Oversight Group dated 14/10/21 (unconfirmed)
- 11.10. Public Health Assurance Committee dated 10/08/21 (confirmed)

It was advised that the Cancer Governance and Strategy Group is newly established, and the Committee were encouraged to read the minutes.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues to escalate to NHS Fife Board.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Thursday 13 January 2022 at 2pm via MS Teams.

Finance, Performance and Resources Committee

(Meeting on 9 November 2021)

A paper will be submitted to the Committee in January and March to support a focused discussion on efficiency and savings proposals which will underpin delivery of the 2022/23 Financial Plan

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 9 NOVEMBER 2021 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)	C McKenna, Medical Director
C Potter, Chief Executive	Dr J Tomlinson, Director of Public Health
A Lawrie, Non-Executive Director	J Owens, Director of Nursing
A Grant, Non-Executive Director	M Mahmood, Non-Executive Director
W Brown, Employee Director	A Morris, Non-Executive Director

In Attendance:

C Dobson, Director of Acute Services
N Connor, Director of Health & Social Care
S Garden, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
Susan Fraser, Associate Director of Planning and Performance
L Stewart, PA to Director of Finance (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to meeting. Acknowledgement was made of staff's efforts and all their continued hard work during this time of extreme pressure on services.

The Chair welcomed A Grant and M Mahmood to their first meeting of the Finance, Performance & Resources Committee in their new roles as Non-Executive members of the Board.

Apologies for the meeting had been received from member M McGurk (Director of Finance/Deputy Chief Executive).

2. Declaration of Members' Interests

R Laing declared an interest against the PAMS report as a current patient of Lochgelly Medical Centre.

3. Minute of the last Meeting held on 7 September 2021

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

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

5. GOVERNANCE

5.1 Board Assurance Framework – Financial Sustainability

The Deputy Director of Finance & Strategy provided an update on the Board Assurance Framework (BAF) for Financial Sustainability and advised that the content of the BAF is linked to the Quarter 1 review of the financial position. The content of the BAF was reviewed in September on financial information provided in August. However, it was noted that the Board has since received updated information and a better position can now be reported.

It was highlighted that confirmation has been received from Scottish Government that the Board and HSCP Partnership will receive non repayable financial support to enable a break-even position to be achieved at the financial year end. The Committee were advised that, as of 1 April 2021, the Board has a funding gap of £21.7m. There is a commitment by the board to deliver £8m of savings in-year, with £13.6m outstanding for which support from Scottish Government has been sought. The Scottish Government have confirmed they will not provide funding support for unachieved savings but will provide support to the board to break even. Due to this update, the financial sustainability risk levels will move to medium, acknowledging the recurrent financial gap and the requirement to deliver on cost improvements. Further work is required to improve the current forecast outturn and minimise the funding support required in year from Scottish Government.

The Scottish Government have set out a number of actions the Board is required to deliver as a consequence of the funding support they will provide. One action required is that the Board must develop a savings plan to deliver 50 percent of the 2022-2023 financial gap by quarter 3 of the current financial year.

A Morris noted the importance of ensuring savings targets are made a focus of the organisation again, as we continue to deal with Covid pressures, as it can be expected that the Scottish Government will monitor closely the Board's likely achievement of the target. Assurance was sought and received that the targets agreed to are indeed achievable.

M Michie noted that it will be imperative that the plans implemented are deliverable, as there is no commitment from Scottish Government for continued support beyond what has been currently agreed. It was highlighted that staff within services also need the capacity to take saving plans forward, which is challenging given the ongoing situation and pressure on services. There will however be enhancement to the Programme Management Office (PMO) team, which will provide support to the service managers to allow plans to be progressed.

C Potter offered assurance that senior management has taken on board the message from Scottish Government. The financial support received this year is extremely welcome and it is an additional benefit to the Board moving into 2022/23 that no repayment is required. It was noted that for the last 5 years NHS Fife has struggled with the financial position in terms of the scale of the challenge. Pre-pandemic a thorough report was undertaken by Deloitte, which identified a number of savings opportunities in Acute Services and in the Partnership. The Pandemic paused this work but moving forward NHS Fife will need to be bold and brave in their transformation. The Executive Team, service leads and Finance will provide commitment and work together on this. However, given the challenge onsite, the capacity to develop robust and deliverable plans may be tough. The implementation of the PMO infrastructure will be a priority to ensure these plans can be achieved.

It was agreed that under agenda item 7.1, IPQR, a detailed discussion should take place to identify what the current financial position is. This will include an in-depth backward look at what money has been allocated and what has been spent to date to understand contribution and savings.

C Potter reported that there have been significant funds allocated in letters received very recently. However, determining the spread of those allocations and overall totals are currently live discussions and we cannot report yet on how those will be spent.

It was agreed that a focused paper should be submitted to the Committee in January and March, to detail the full support received and to encourage an in-depth discussion. It was noted that the SPRA 2022/23 will also capture that information and can provide the Committee with a deeper understanding of the full financial plan.

Action: Director of Finance & Strategy

The Committee **noted** the paper and **approved** the updated financial sustainability element of the Board Assurance Framework.

5.2 Board Assurance Framework – Strategic Planning

The Associate Director of Planning & Performance gave background on the Board Assurance Framework (BAF) for Strategic Planning and provided an update on the recent review of its content.

It was advised that work is ongoing relating to the Population Health and Wellbeing Strategy, and thus the related risk still remains. The Public Health Survey should be approved for publication and distribution within the next few weeks. Work is underway to review the recommendations and delivery of the Clinical Strategy, which will support developments within clinical services. Work on the Public Health Strategy is progressing, as per the update shared at the Board Development Session earlier in the month. The SPRA for 2022/23 has now been distributed for service completion, and this will be discussed in further detail on agenda item 6.1. The RMP4 has been submitted to Scottish Government, which provides objectives and actions up until 2022. Work is underway with the government to identify what will follow thereafter. Assurance was provided that all work that has been done anchors around clinical priorities.

The Committee **noted** the current position in relation to the Strategic Planning risk.

5.3 Board Assurance Framework – Environmental Sustainability

The Director of Property & Asset Management provided an update on the Board Assurance Framework (BAF) on Environmental Sustainability.

It was reported that there are two longstanding risks on this BAF that relate to the tower block of Phase 2, VHK. The risk refers to ensuring non-ambulatory patients are housed out of the tower block, to reduce the risk of patients being injured during an evacuation should a fire occur. . Moving forward, theatres and inpatient wards for orthopaedics will be located in the new building that is currently under construction. This will be complete by October 2022. Once the new Orthopaedic Centre is operational, there will be no inpatients remaining within the tower block, which will reduce this risk significantly. Work has also been undertaken at present to review patient safety in terms of an evacuation. It was identified that there is extensive mitigation that could be put in place meantime, particularly in terms of training, which would also reduce this risk. It was agreed that the risk score should be reduced from 25 to 20.

N McCormick agreed to amend the typing error against the review date to 2022.

Action: Director of Property & Asset Management

It was reported that the third high risk on the BAF relates to the PFI provider replacing flexible hoses within Phase 3, VHK. The provider has worked through all high-risk ones and are currently moving through all others that are outstanding.

The Committee **noted** the position set out in the paper and **approved** the updated environmental sustainability element of the Board Assurance Framework.

5.4 Review of General Policies and Procedures

The Head of Corporate Governance and Board Secretary introduced the report.

It was advised that this report is presented to the committee twice a year. The last paper presented noted a fairly static position, due to pressures across the services caused by Covid. However, this report highlights progress, particularly around enhancements to the administration of policies. The Board Committee Support Officer came into post in June 2021, and this post now provides dedicated administrative support to this area. This has ensured that contact has been made with every policy and procedure author, to prompt the review process. The format of the current report has also been tweaked to provide clearer detail and assurance around areas that require further work.

From October 2021, there are 23 policies which require to be followed up. The Board Committee Support Officer has now made contact with all policy authors noted to check in on progress. A number of meetings have also been arranged with departments (for example, Estates) to provide direct support. The Director of Property & Asset Management remarked on the usefulness of such a meeting in moving forward any outstanding areas.

Assurance was provided to the Committee that work on reducing the number of outstanding policies should begin to progress and a more positive report is expected to be submitted in March.

Discussions are currently ongoing to identify an electronic system that can be utilised for managing general policies and other such policies. An optional appraisal is currently underway by colleagues in the Clinical Governance team to look at what software could be implemented across the organisation. Due to the associated cost, it would require to be an organisational decision, as the cost is greater than one service alone could bear.

The contribution of the Board Committee Support Officer in improving the administrative processes in this area was recognised and welcomed by the Committee.

The Committee **noted** the update provided and took assurance on the progress made in this area.

5.5 Annual Internal Audit Report 2020/21

The Deputy Director of Finance provided an update on the Annual Internal Audit Report 2020/21. It was reported that this paper was being presented to all committees in this cycle for assurance purposes and for each committee to consider the content on areas relevant to their own remit.

The overall conclusions of the Internal Audit Report 2020/21 were positive and it notes an improvement from the position last year, which is a good achievement given the pressure the Board has been under. The Committee's attention was drawn to the positive and encouraging acknowledgement from Internal Audit on taking forward the SPRA process and the Population Health & Wellbeing Strategy development.

The Committee **noted** the report and took assurance from its findings.

5.6 Use of Directions from the IJB

The Director of Health & Social Care Partnership introduced the Use of Directions Policy from the IJB and outlined its main sections for the Committee.

It was reported that the policy on issuing directions was agreed between all partners of the IJB. It details the purpose of the directions and provides information on how the directions will be issued and responded to. The purpose of this paper is to ensure the committee is formally aware of the policy which is now in place. Moving forward, assurance was provided that more directions would be issued to support improved governance and shared understanding.

It was highlighted that three directions have been issued to date: they include the Wellesley Unit, which is now concluded; Mental Health Strategy, where a detailed report will shortly be presented to the Public Health and Wellbeing Committee; and the Immunisation Strategic Framework, which is around the delivery element of the immunisation programme.

The Committee **noted the** report on the Use of IJB Directions, which was provided to the Committee for awareness and assurance.

5.6.1 Direction from the IJB re Fife Immunisation Strategic Framework 2021 – 24

The Chief Executive reported on the enclosed Direction from the IJB. It was highlighted that Directions can be a complex concept to understand. Essentially, directions clarify in writing what is already being done by the Partners, under instruction from the IJB.

In relation to the Immunisation Strategic Framework, the professional responsibility of the Director of Public Health remains unchanged. However, the direction formally documents the responsibility of the Director of Health & Social Care in the capacity of the operational director to implement the services, rather than the role of Chief Officer of IJB. The document sets out the operational team within the HSCP, the responsibilities intended for delivering the programme, the financial resources associated with this and performance monitoring.

The Committee has not received directions until now. However, it was agreed, as an enhancement of governance, that one committee of the Board should receive the directions. As there will be a performance monitoring aspect, it was agreed that it should be part of this committee's remit. Moving forward it was hoped that a direction will be allocated on an annual basis to cover the routine service delivery and reported in to the committee detailing a progress report. This would then be the framework that is operated under unless any transformation is required. The directions help to clarify the role and split of operational and strategic responsibility.

The Committee **noted** the Direction received and the performance monitoring arrangements for its delivery.

6. STRATEGY / PLANNING

6.1 SPRA Process 2022/23

The Associate Director of Planning & Performance provided an update on the ongoing SPRA process for 2022/23.

It was reported that this is the second year that this process has been in place. It brings together strategic planning, workforce planning and financial planning. The template used last year has been adapted and is now aligned with the delivery action remobilisation plan template to ensure the same information is gathered across the organisation. This allows the information to be used for both processes and avoid unnecessary duplication. The service has been asked to forward look to the next 5 years, in line with the Clinical Strategy

The SPRA 2022/23 document has been distributed to all services and responses are due this week. It is expected that work will be undertaken to collate these, and an updated report presented to the January Committee for approval.

The output for this process will produce service plans for all operational services, which will input into the next mobilisation plan and corporate objectives process for 2022/23.

It was advised that teams are largely positive and encouraged by the importance of completing the SPRA 2022/23. Teams are more engaged and aware of the process this year, after its introduction last year. They have been working closely with the Planning

and Performance Team and Finance Business Partners to develop individual submissions.

M Michie confirmed that leads are aware of the ask from Scottish Government and are aware of the financial position of NHS Fife. Once the information is provided by the service, the Finance Management Team will validate the information and provide robust challenge to ensure savings can be achieved. They will look to ensure linkages are there across the wider organisation and link directly to strategies. All information received will help inform the financial plan.

The Committee **noted** the update on the SPRA Process 2022/23.

6.2 Fife Capital Investment Group Report 2021/22

The Deputy Director of Finance introduced the Fife Capital Investment Group (FCIG) Report for 2021/22 and advised that the paper provides oversight of the capital programme spend to the Committee.

It was reported that there are a number of challenges at present relating to the impact of both Covid and Brexit on the supply chain. In addition to this, there are also challenges around workforce. Assurance was provided that every action possible has been taken to mitigate those risks.

The Board has been successful in achieving additional capital funding, with the National Equipping Infrastructure Group confirming £1.5m. Almost half of this will be spent on a replacement CT Scanner. The remainder of the funding will be spent on priority items of equipment that have been formally identified.

It was confirmed that the bid submitted to Scottish Government for capital spend to manage Covid and IT infrastructure was successful. £1.8m was allocated and work has commenced to allow this to be spent by 31 March 2022.

It was confirmed it is a statutory target that the Board must spend the capital allocation provided by year end. FCIG and sub-groups constantly monitor this and assurance was provided that there are back-up projects and lists of equipment that can be taken forward if there is a risk of not achieving the target in the time permitted. M Michie noted confidence on achieving the target by year end.

The Committee **noted** the contents of the report, which provided assurance on capital spend.

6.3 Orthopaedic Elective Project

The Director of Nursing provided an update on the progress of the NHS Fife Orthopaedic Elective Project. It was noted that this is the quarterly report for the Committee's assurance.

Considering the impact of Covid in general on the construction industry, the project has been progressing well. There have been three issues that have arisen, which have unfortunately caused a 13 day delay to the project completion date. These include unchartered ground services, late delivery of concrete and the crane operator

contracting Covid. Mitigation has been put in place to ensure these are not encountered again.

The project board has established two sub groups to look at service delivery and workforce. The service model is being led by Andy Ballantyne, Orthopaedic Surgeon Consultant and Lead for the Centre. Fiona Cameron is leading the group for Workforce.

The National Treatment Centre Group are also looking at workforce from a national perspective. The Full Business Case for the centre in Fife was developed in advance of the NHS recovery plan, therefore Fife are looking to identify any additional staff for the centre going forward.

Fife Health Charity has agreed to support a request for environmental enhancements to benefit patients and staff, which are expected to cost £312k. The support from the charity will make the centre a special place for patients and their visitors.

The Committee **noted** the update on the Elective Orthopaedic Project.

6.4 Property and Asset Management Strategy (PAMS)

The Director of Property & Asset Management gave an update on the most recent iteration of the Property and Asset Management Strategy.

It was noted that the report is a national return that each NHS Board provides to the Scottish Government to provide an understanding of what the NHS Estate in Scotland looks like. This year the team have worked to make the prescriptive document more relevant to NHS Fife. The Executive Summary identifies the main areas of work for consideration. There is a challenge in timing, as this document is compiled on a bi-annual basis that at present has fallen before the publication of the new Public Health and Wellbeing Strategy. Tweaks will be made to ensure that the document is kept up to date and relevant, in line with the strategy's content.

The key focus this year was to include more relevant content for NHS Fife, and thus the report focuses on the Anchor Institution Work, Environmental Sustainability and Zero Carbon issues and Green Space and Bio-Diversity.

A learning point from the pandemic is the impact of agile working, which has been positive for the organisation but has the potential to impact on use of the estate. It will be important to continue this work as the Board moves forward.

There is a current focus to reduce the amount of backlog maintenance and clinical prioritisation work, which is outstanding through the capital plan. Work has commenced to introduce a longer-term capital plan to obtain a wider focus.

Overall NHS Fife has a large estate with plenty of space and potential, which is positive.

N McCormick confirmed that the Board is working collectively with Fife Council to develop the Plan for Fife. There is regular meetings and an agreement that together they will look at all assets across Fife to plot where existing assets are and where there could be potential areas for development.

It was reported that, in order to ensure cost efficiency, the Board works with National Procurement to ensure best quality, value and cost savings are achieved through the use of national contracts in procuring goods. However, as the Board moves towards delivering on its ambition to be an anchor institution, a balance will be required to ensure there is engagement and support to local businesses and smaller retailers.

C Potter reported that the content of the report this year has a more strategic focus across the wider organisation rather than just the Estates & Facilities department. It provides a broad picture and extensive overview on how the Board's entire asset base can support our strategic priorities.

R Laing identified an error in the report relating to the completion dates of the Kincardine and Lochgelly Health and Wellbeing Hubs. N McCormick agreed to look at the dates and correct the mismatch, prior to submission to the Board.

Action: Director of Property & Asset Management

The Committee **endorsed** the report, for onward submission to the Board.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Chair introduced the Integrated Performance & Quality Report (IPQR).

The Director of Acute Services provided an update on the Acute element of the IPQR report, as follows:

- The 4-hour access target shows a continued trend of high attendances on top of a very busy and full hospital. The target is impacted by waits for beds and admission of patients.
- Resus remodelling work within the emergency department has now been complete, which helps the flow across the department.
- Flow and Navigation hub is now starting to embed, which is supporting GP Flows into admission areas. Pathways into the admission areas remain challenged.
- Patient Treatment Time Guarantee performance has plateaued, but NHS Fife remain to be a strong performer in comparison to other boards. Clinical Prioritisation is a key element.
- Outpatient activity performance has deteriorated, and the waiting lists continue to rise.
- Urgent referral and urgent suspicion of cancer remains a priority. There is a recovery plan associated with this, which is currently being implemented.
- Diagnostics is under pressure. The high level of referral and staff absence has impacted on performance.
- The Referral-to-treatment (RTT) for Cancer shows an improvement in performance. Urgent suspicion of cancer referrals do, however, remain high. Breached are occurring in a number of areas.

It was reported that projections are monitored closely in terms of what activity the system advises will be required and what is anticipated. Acute do want to achieve the 4-hour access target and do not wish to normalise long waits. However, it is important to

recognise the extreme pressure on the system. A lot of work is underway to support this, but it is very challenging at present.

W Brown recognised the stressful and emotional effect experienced by staff when beds cannot be allocated to patients. It was recognised that beds show as empty on the system when are on hold for emergency elective activity, therefore patients cannot be allocated to them, which can be challenging for staff to understand given the requirement to achieve the 4-hour access target. It is important that longer waits are not normalised.

C Dobson reported that it is extremely challenging at present to move patients throughout the system. However, beds are allocated to emergency elective surgery to allow the elective programme to continue. However, in times of extremity staff are aware that these beds should be utilised.

C Potter noted that the Scottish Government are continuing to monitor the 4-hour access target closely and assurance was provided that the Executive Team will continue to work closely with the departments to ensure everything that can be done is actioned to reduce the wait times. C Dobson is working closely with the senior leads in Unscheduled Care to develop actions to be put in place. It was agreed that further detail will be provided at a future committee on this.

Action: Director of Acute Services

C Potter provided assurance that staff are kept well informed and further work will be done on this. It was also advised that the Executive Team are currently developing an escalation plan, which is hoped will inform staff on what level of performance activity should trigger a response and ensure action is taken to make beds made available.

The Director of Health & Social Care provided an update on the Health & Social Care element of the IPQR report. It was noted that a steer will be sought on what update should be provided to Finance, Performance & Resources Committee moving forward, following the establishment of the Public Health and Wellbeing Committee.

- The August position of delayed discharge is included in the report. The position is very challenging and performance has been unacceptable. Actions are in place to support this as a whole system approach.
 - HSCP are working as part of a programme for discharge without delay, which focuses on 3 key areas including: how to prioritise early, how to create tomorrow's capacity today, and how to discharge to avoid patients remaining in hospital.
 - Significant resource has been made available recently. The investment for HSCP focuses on increasing capacity for internal care at home services, how to bring stability to external providers and how to provide intermediate care to support the step up and step down process, which will focus on prevention.
 - Capacity has increased within community hospitals, which increases the delay position. HSCP are looking at how to use short term assessment beds and interim beds to support patients within a more homely setting.
 - Whole system planning is discussed at EDG Gold Command meetings and feeds into the Winter Planning to ensure a joined-up approach has been taken.

- Assurance was provided that there is a commitment to improve this position.
- Smoking cessation services are being delivered remotely and staffing levels are now starting to improve following the recruitment process. An improved trajectory should be expected in the coming months.
- The Child and Adolescent Mental Health Service (CAMHS) target has been reported at the highest performance to date at 88.8%. However, there are still improvements to be made.
 - The length of waits and referral to treatment time still require improvement.
 - Additional funding has been provided by HSCP and there is national funding available through the mental health recovery fund.
 - 6 out of 11 posts have been recruited to at present.
 - A revised position is targeted for June 2022 to eradicate the waiting list. In view of Recruitment Challenges this will now be December 2022. Assurance was provided that this target is 3 months in advance of the Scottish Government Deadline of March 2023. Progress reports will be provided through the IPQR and will also be discussed at the Public Health & Wellbeing Committee.
- Psychological Therapies demonstrate the highest monthly performance since this measure was initiated. Work continues to address the waiting list by March 2023 through additional funding from HSCP and Mental Health Renewal and Recovery.
 - A number of posts will be recruited to in order to develop the workforce and increase capacity.

The Director of Finance & Strategy provided an update on the Capital and Revenue position.

It was reported that there is an overspend of £8.884m, which principally relates to the legacy unachieved savings target and a significant overspend in Acute Services in relation to the unprecedented demand on unscheduled care services.

A further area of challenge is Service Level Agreement (SLA), in particular for NHS Lothian. However, since August, there has been further correspondence where a downward trend in the cost associated with this SLA has been noted. This will have a favourable impact on the forecast outturn in March 2022. The Tayside SLA has a savings target of £1.5m. There will be a meeting in the next few weeks to discuss and confirm this with NHS Tayside.

Each quarter there is a requirement for NHS Fife to submit a template detailing Covid Spend to date and anticipated spend on Covid to year end. Across NHS Fife retained services and services delegated to the H&SCP £12.324m has been spent on Covid to date, which is accounted for separately to the core position. In July, the first tranche of funding support from Scottish Government of £11.8m was allocated to services. During October, NHS Fife was notified of the second tranche, when it was confirmed that a further £13.8m has now been allocated for Covid. However, the total allocation does not reflect the full annual ask from NHS Fife as Scottish Government have held back 30

percent at this time. The service areas and finance team regularly review areas to identify Covid spend.

It was reported that the Elective Programme expenditure is also included in reported spend, including allocations received directly relating to the programme. Every year the Scottish Government provide Boards with a waiting time allocation and the majority of this spend is committed to in terms of posts. Additional allocations have been received to support the RMP4 in the push towards delivering the elective programme, and to date the majority of that funding is committed to.

It was advised that the funding allocations received to date will not support savings and will be utilised in line with the defined requirement in the allocation letter issued by Scottish Government.

The Committee were guided to Table 1, which provides detail of the Financial Position at the end of August. There is an area of underspend in corporate functions, which is reflective of the challenge in recruitment of staff. This underspend will help offset clinical services overspend. The underspend in HSCP of £1.8m does offset the financial position of the Board as reported in the financial ledger; however, this is not available to the Board and will support the H&SCP position.

The Committee were guided to tables 2 and 3, which extracts Covid spend and legacy savings targets to highlight the impact on the position. Table 2 details that within Acute Services, excluding the legacy saving target, the overspend decreases from £9.5m to £4.1m. Legacy savings do create significant challenge.

It was reported that in August the projected outturn was £19.6m. This was made up of £13.6 of savings, £3m from the Lothian SLA increase, £2m on drugs pressures and additional minor operational overspend. At this time there was also potential that there may require to be a risk share agreement with the H&SCP. However, the Scottish Government has now confirmed that there will be support available to ensure a break-even position for both the board and the H&SCP

It was reported that the Board will move to monthly monitoring by Scottish Government due to the current position on savings delivery in Fife and the savings plan. It was noted £21.8m was the total savings required for the full year, £8.1m was targeted for in-year savings and £13.6m which the board was seeking support for. £4m of savings has been achieved to date. Assurance was provided that £8m should be achieved this year.

The forecast has now been revised to £16.6m.

It was emphasised that all efforts are in place to reduce the support from Scottish Government. The Board has started to look at Financial Planning for 2022/23 and this will be taken into account alongside the SPRA process.

All funding received to the end of August has been included in Appendix 1A. As more funding allocations are received, discussions will take place with services to determine how this money should be spent. Allocations are very fluid and complex to understand but assurance was provided to the committee that the finance team are working very closely to this.

In terms of capital spend, programmes are progressing as expected, with no concern.

The Committee **noted** and considered the NHS Fife performance, with particular reference to the measures identified in Section 2.3 of the report.

8. LINKED COMMITTEE MINUTES

8.1 Minutes of Integration Joint Board Finance & Performance Committee, dated 13 August 2021 and 3 September 2021

The Committee **noted** the Minutes of the Integration Joint Board Finance & Performance Committee, dated 13 August 2021 and 3 September 2021.

8.2 Minute of Primary Medical Services Committee, dated 1 June 2021 and 7 September 2021.

The Committee **noted** the Minutes of the Primary Medical Services Committee, dated 1 June 2021 and 7 September 2021.

9. ITEMS FOR NOTING

9.1 Finance, Performance & Resources Committee Workplan 2021/22

The Committee **noted** the Finance, Performance & Resources Committee Workplan 2021/22, which was tabled for the information of the new members joining the Committee.

10. ITEMS TO BE ESCALATED TO THE BOARD

A paper will be submitted to the Committee in January and March to support a focussed discussion on efficiency and savings proposals which will underpin delivery of the 2022/23 Financial Plan.

11. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting: Tuesday 11 January 2021 at 9.30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

Meeting on 15 November 2021

No issues were raised for escalation to the Board.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON MONDAY 15 NOVEMBER 2021 AT 2PM VIA MS TEAMS**

Present:

T Marwick (Chair)

M Black, Non-Executive Director

R Laing, Non-Executive Director

C Potter, Chief Executive

W Brown, Employee Director

Dr C McKenna, Medical Director

M McGurk, Director of Finance & Strategy

J Owens, Director of Nursing

Dr J Tomlinson, Director of Public Health

In Attendance:

N Connor, Director of Health & Social Care

L Cooper, Immunisation Programme Director (*agenda item 5.2*)

Prof. P Donnelly, University of St Andrews (*agenda item 6.2*)

S Fraser, Associate Director of Planning & Performance

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

J McLean, Director of Regional Planning (*agenda item 6.2*)

F Richmond, Executive Officer to the Chief Executive & Board Chair

H Thomson, Board Committee Support Officer (Minutes)

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from member C Cooper, Non-Executive Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting held on Friday 15 October 2021

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

4. Matters Arising / Action List

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

5. GOVERNANCE / ASSURANCE

5.1 Covid Testing and Test & Protect

The Director of Public Health provided an overview and advised that the governance for Covid-19 Testing and Test and Protect contact tracing programmes sits within our Test & Protect Steering Group who report into the Executive Directors Group. The key elements of the programme, as described in the paper, were highlighted. It was noted that longer term plans are in discussions at national level, and further guidance is anticipated in the coming months.

Following a request to clarify reference to 'distressing' calls in relation to contact tracing, it was advised that this relates to recognition that advice asking people to self-isolate, is potentially more difficult now the furlough scheme has ended. It was noted that tracing staff are highly skilled at providing advice and supporting citizens.

It was questioned if there is a risk to the overall programme now that contact tracing has moved to use of digital tools and shortened scripts to manage high case numbers. In response it was advised that scripts are set nationally. It was noted clear and specialised clinical advice to the public has been retained.

The risk with the reduction in surveillance data being collected was questioned. It was advised that although we do not have the same epidemiological information, digital self-tracing is used for straightforward cases and that makes it easier for the public to seek advice. It was confirmed that from a clinical perspective, the advice provided by contact tracers is robust and is focussed on keeping people safe.

Committee members discussed the implications of any increase in demand over the Winter and the concern for staff retention. It was reported that the contact tracing structure has flexibility to respond through use of both local contact tracing team and a national team with surge capacity. It was advised that building on positive feedback from iMatter. The Public Health Staff Health & Wellbeing Group have been exploring additional support for contact tracing staff.

Further clarification was provided about the potential for further expansion of the local contact tracing team. It was noted the team are now fully staffed and there are no immediate pressures.

The Committee **noted** the Covid Testing and Test & Protect update and took assurance from the actions described above.

5.2 Flu Vaccine & Covid Vaccine (FVCV) Programme

The Director of Health & Social Care advised that the FVCV programme delivery is progressing well, and we continue to remain agile in terms of supporting response. The programme is discussed at the weekly Gold Command meetings, Executive Directors Group meetings and the weekly Programme Board meetings.

It was reported that an announcement had just been made today to accelerate the booster programme and extend it to 40 – 49 year olds and 16 – 17 year olds. Assurance was provided that robust plans are already in place, and current cohorts are progressing well. Workforce risks will be considered and managed.

A short paper to highlight the extensions announced today will be provided to the Board for their meeting on 30 November 2021. It was noted a verbal update will be provided at the meeting on the most recent position on the programme's delivery.

Action: Director of Health & Social Care

The position on Military Aid to Civil Authority (MACA) support was questioned, and it was advised that the MACA support has been in place for two weeks and will continue until 1 December 2021, at this time. A request is being put forward to the National Delivery Group to extend their deployment. 10 people are supporting and complementing our workforce and are based across two main sites.

The Committee **noted** the detail in the paper regarding the assurance for ongoing planning and delivery of the Autumn/Winter Vaccination plan.

5.3 Management of Vaccine Incidents

The Director of Public Health provided an overview on the process of review should there be any irregular vaccine incidents.

Assurance was provided that a summary of the outcome of the Local Adverse Event Review, once completed, will go to the necessary Committees. Assurance was also provided that immediate actions would be implemented. It was noted, it required, a lesson learned summary will be provided following the review.

Further detail was provided on the small number of incidents stated in the paper. It was noted that due diligence and an audit within NHS Fife discovered the incidents, and, through this, an issue was identified in the national system in recording and how this was inputted. This has now been updated.

The Committee **noted** the report on the Management of Vaccine Incidents and took assurance from the process described within.

5.4 Update on Children & Adolescent Mental Health Services (CAMHS) and Psychological Therapies

The Director of Health & Social Care provided an overview on the CAMHS section of the paper.

There have been challenges with recruitment which have impacted on the improvement trajectory. A revision to the trajectory, and a proposal to eradicate waiting lists by December 2022, is being sought, which is three months ahead of target. The proposed change has been carried out in collaboration with Public Health Scotland and the Scottish Government.

The team are continuing to ensure the mental health needs of children and young people are being addressed, despite ongoing pressures on time to treatment.

An overview of Psychological Therapies was provided, and it was advised that new roles and different roles in relation to supporting workforce pressures and challenges is being brought forward. A focus will be on access to the service and addressing the

backlog on the longest waits. Psychological Therapies performance will continue to feed through the IPQR for continued oversight and to monitor scrutiny on a monthly basis.

Committee requested further description of the future posts within CAHMS. In response it was advised that entry posts are being considered, with a view to developing these into more specialist roles. Work is also ongoing with other professions and looking more widely at the clinical team that can support delivery.

An historical underspend from the Health & Social Care Partnership in terms of mental health was highlighted and it was questioned if recruitment had been delayed. It was advised there had been challenges in recruiting specialist posts and assurance was provided that resources and funding are being targeted where they are required to be in terms of delivery of outcomes. An update on progress of recruiting mental health roles was provided.

Committee discussed the average and long waiting times, for both CAHMS and Psychological Therapies, and it was queried how patients with the longest waits are being tackled. It was agreed that long waiting times is an area that requires improvement, and within CAHMS there is a focus is to ensure those on the waiting list are supported. In relation to Psychological Therapies, work is ongoing to explore how group activity can now be carried out, particularly for those who have been on the waiting list the longest.

It was reported that recruitment challenges have a direct impact on meeting performance trajectories, and a risk was highlighted in this area. It was noted access to other services/networks, such as in the third sector, is available to support individuals. Assurance was provided that work is ongoing to support those who are on waiting lists. More information was requested regarding support those on waiting lists, and planning in place to tackle the longest waits. An update will be brought back to the next meeting.

Action: Director of Health & Social Care

It was advised that it had been agreed that mental health aspects of the assurance committees workplan, would move from the Finance, Performance & Resources Committee to this Committee.

The Committee **noted** the CAMHS and Psychological Therapies reports, noting that a further update on measures and policies to tackle the longest waits would be considered at the Committee's next meeting.

5.5 Corporate Calendar / Committee Dates

The Committee **noted** the proposed Committee dates, which would be sent to members via the electronic calendar.

5.6 Review of Draft Committee Workplan

The Director of Public Health advised that further discussions are required to gather views and to identify any gaps or duplication in the workplan. The Chair agreed to discuss further with the Committee Chairs on the committee and requested a short paper on developments of the workplan, on a monthly basis, until March 2022.

Action: Chair / Director of Public Health

The Committee **noted** the draft Committee Workplan.

6. STRATEGY / PLANNING

6.1 Mental Health Strategy – Progress Update

The Director of Health & Social Care provided an overview of the Mental Health Strategy. It was advised that progress is still being made in terms of delivery and examples of transformation are outlined in the report.

Further detail was provided on the move from the day hospital model to developing community teams for older adults and it was advised this is being carried out in a more person-centred way to support delivery.

Committee discussed the recruitment challenges for increased psychological therapy type interventions and the need to increase training and development. It was advised that there are elements of psychological therapies that include investment in other parts of the workforce. In terms of young people, and through our 'Our Minds Matter' framework, close working is ongoing with schools, psychologists, CAHMS, Social Work Services and other relevant services.

Following a question, it was advised that outreach services are starting to progress, following the pandemic and remobilisation of services. It was noted that discussions are ongoing within the voluntary sector.

An overview was provided on the development of the Band 4 role and supporting the workforce, and this will complement aspects of the Mental Health Strategy in terms of the recruitment challenges.

Suggestion was made to explore having dedicated residential addiction facilities within Fife and discussion about wider specialist services for eating disorder. It was noted that rehabilitation centres for eating disorders is a regional service commissioned and agreed in Lothian. It was noted there is a connection with eating disorders and trauma. It was advised there is additional investment to support people with eating disorders, and this forms part of the mental health recovery work around eating disorders.

The Committee **noted** the report and received **assurance** that:

- The service continues to deliver the main strategic ambitions
- The service will refresh the Mental Health Strategy for Fife in line with learning post-pandemic and new national requirements.

6.2 East of Scotland Regional Health Protection

The Director of Public Health introduced the East of Scotland Regional Health Protection report and provided background on the programme of work for the East of Scotland.

Committee recognised the challenge of reaching an agreed model for out of hours work, recognising the variation across different professional groups for remuneration of out of hours work. It was advised that a paper has been submitted to the Scottish Government that outlines the difficulties and challenges. It was noted there are various ways to compensate staff for out of hours work, and the model will be agreed through partnership.

It was confirmed that the future regional model will not require staff to change to a centralised location. There is recognition that local connections with Local Authorities and Hospitals are necessary to delivery of the service in each Board area.

It was reported that senior nurses are looking at training and education across the region. Communications and links have been forged with Public Health Scotland who are also looking at revamping training and education across Scotland, particularly for nurses. Close working with Public Health Scotland will be ongoing and will include updating an existing framework for Health Protection Nurses and developing appropriate training and education for all workforce within Health Protection Services. It was noted there are a number of online education and training packages that can be used to support staff, along with more formal educational offerings.

It was requested the detailed paper be presented to the Area Partnership Forum, before it is progressed to the Board.

The Committee **discussed** the paper and **supported** progression to NHS Fife Board for decision.

6.3 NHS Fife Population Health & Wellbeing Strategy Development

Public and Staff Engagement

The Director of Finance & Strategy advised that at the recent Board Development Session, the Board supported direction of travel on the four strategic priorities for the public and staff survey. A final version of the survey has now concluded and is with a third party to be put into a final online format before being approved by the Chief Executive.

The Committee **supported** development of the survey and noted an update will be brought back to the next meeting.

Action: Director of Finance & Strategy

Public Health Needs Assessment

The Director of Public Health outlined the Public Health Needs Assessment as detailed in the paper.

It was agreed to have the NHS Fife Population Health & Wellbeing Strategy Development as a standing agenda item for the next six months. The next iteration of

the paper will include an appropriate reflection of the discussions at the Board Development Session in November 2021.

Action: Director of Finance & Strategy / Director of Public Health

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

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Finance & Strategy advised that a review of the current mandated measures and targets within the IPQR has been carried out and suggested measures are outlined in section 2.3 of the paper.

It was noted that there is an opportunity to identify areas which are currently not reviewed and include them in the IPQR, such as the Covid Vaccination Programme, screening programmes, management of long-term conditions and the Mental Health Strategy Programme. It was questioned if these measures could overlay with Indices of Multiple Deprivation (IMD) data to review performance across all areas and identify specific areas of deprivation. It was noted that the rate limiter for data should be considered, the frequency of reporting and whether the data is available locally or nationally, to ensure that the data is meaningful and progress in performance can be effectively tracked.

It was agreed that a meeting be set up between the Executive Lead of the new Public Health & Wellbeing Committee, with the Chairs and equivalent Executive Leads from the Clinical Governance Committee and Finance, Performance & Resources Committee, to discuss alignment across the various measures within the current IPQR, and to discuss introducing potentially new measures not presently included.

Action: Head of Corporate Governance & Board Secretary

The Committee **discussed, examined, and considered** the NHS Fife performance as summarised in the IPQR, with respect to its frequency of presentation and enhancement of its content to suit the goals and remit of the committee.

8. LINKED COMMITTEE MINUTES

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

8.1 Minutes of the Public Health Assurance Committee dated 20 October 2021 (unconfirmed).

8.2 Minutes of the Fife Partnership Board dated 17 August 2021 (unconfirmed).

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

There were no issues from this meeting to escalate to NHS Fife Board that otherwise are not covered appropriately within the minute.

Date of Next Meeting: Monday 13 December 2021 at 3pm via MS Teams.

STAFF GOVERNANCE COMMITTEE

(Meeting on 28 October 2021)

The Chair highlighted items to be escalated:

1. Board Assurance Framework – Workforce Sustainability

It was noted that the content of the Workforce Sustainability BAF has been revised to reflect current workforce pressures and challenges in respect of the general workforce risk and that a separate linked operational high risk relating to the Nursing workforce and the specific challenges facing the Nursing workforce at this time has also now been added.

However, it was agreed to escalate the following on-going issues:

- To highlight continuing concerns expressed by both management and staff side about the daily pressures staff are currently experiencing, noting the increased demands in terms of service delivery, arising from clinical activity and also about staffing levels, including recruitment and retention.

It was noted that this continues to be a very dynamic situation, with managerial actions and mitigations taken and regularly reviewed via our Command structure, with staff side colleagues' involvement at every level. These concerns continue to be considered within a number of fora, including with Scottish Government colleagues.

- To ensure that all staff continue to be commended for their continued efforts in respect of the pandemic and maintaining services during these challenging times.

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 28 OCTOBER 2021 AT 10.00AM VIA MS TEAMS

Present:

S Braiden, Non-Executive Member (Chair) C Potter, Chief Executive
A Morris, Non-Executive Member J Owens, Director of Nursing
M Mahmood, Non-Executive Member
W Brown, Employee Director
S Fevre, Co-Chair, Health & Social Care
Partnership Local Partnership Forum
K MacDonald, Whistleblowing Champion

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
Dr C McKenna, Medical Director
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
N Connor, Director of Health & Social Care
M McGurk, Director of Finance & Strategy
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
L Anderson, PA to Director of Workforce (Minutes)

The Chair welcomed everyone to the meeting, in particular Mansoor Mahmood, Non-Executive Board member, who was attending his first meeting of this Committee.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the Emergency Footing that continues across NHS Scotland until at least 31 March 2022 and expressed the Committee's thanks to all colleagues for their efforts during this challenging period.

1. Apologies for Absence

Apologies were noted from A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 2 September 2021

The Whistleblowing Champion sought clarification in respect of Item 4.1 of the minute, which noted Whistleblowing training as being mandatory. The Head of Workforce Development & Engagement advised that whilst Whistleblowing training was not recognised as mandatory training within NHS Scotland, it had been included as such within NHS Fife core training, predominantly for coverage of new starts to NHS Fife. The Director of Workforce agreed that it would be helpful to capture in the minute that whilst Whistleblowing training was not mandatory, in light of the importance that the organisation places on it, this module is being provided within our core training package, to ensure that as many staff as reasonably possible undertake this training.

In addition, the Chair requested that the minute be updated to note that she had thanked staff. It was agreed that the minute would be amended accordingly and was otherwise **agreed** by the Committee.

Action: L Anderson

4. Matters Arising / Action List

The Chair highlighted updated and outstanding actions on the Action List, noting the closed items and those covered in the agenda items for this meeting.

In terms of Item 1: Joint Remobilisation Plan (RMP3 / RMP4)

The Director of Finance & Strategy advised that the RMP4 submission had been considered at the last Board meeting. Any specific elements of the Scottish Government response that require Committee review and consideration would be provided at the January 2022 meeting. It was reiterated that RMP4 was a refresh of RMP3, and the majority of the actions contained within RMP4 would be reflected in papers presented to relevant Committees.

Action: Director of Finance & Strategy

The Committee **noted** the updates provided on the Action List.

5. GOVERNANCE / ASSURANCE

5.1 Revision of NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability

The Director of Workforce drew the Committee's attention to the Section 2.3 of the paper, specifically the proposed revised risk wording of the Workforce Sustainability element of NHS Fife's BAF and the ask of the Committee to consider and agree the revised wording of this risk. Additionally, Appendix 2 which detailed the revised BAF, including managerial actions and mitigations and the new Nursing & Midwifery workforce risk, Appendix 4, which had now been included in the BAF were highlighted. The Director of Workforce advised that a full review of workforce risks had been undertaken, and feedback was

being provided to risk owners for the respective services to update their risk registers through the Datix system.

The Chair queried whether this was a starting point as part of a larger overall BAF review process ongoing with EDG and whether there would be further revision to the Workforce Sustainability element of the BAF. The Director of Workforce responded that as well as the BAF by nature being a live and active document and therefore always under review there are particular actions being led by the Director of Finance & Strategy's Team and the Risk Management Team, to ensure the BAF is robust and considers the current challenging environment and the impact on the workforce.

A Committee Member, whilst confirming support for the revised BAF and the detail contained in regard to the actions, requested whether going forward the report could be structured in a more user-friendly way to illustrate updates, making it easier for members to understand and make comparisons. It was also requested that in future if appendices were included within the report, if updates could be marked or highlighted through tracked changes for ease of reference.

Action: Director of Workforce

In relation to the Nursing Workforce risk, which refers to critical Nursing & Midwifery shortfalls, the Co-Chair, Health & Social Care Partnership Local Partnership Forum sought clarity around what criteria determined decisions of operational criticality which in turn influenced the moving of staff from areas deemed to be less critical to more critical areas.

The Chief Executive, in acknowledging challenges associated with the current format of the BAF report, confirmed that the Director of Finance & Strategy would be bringing an update to the upcoming Board Development Session on 2 November 2021 on the review of the BAF, consideration of the Corporate Risk and Strategic Risk Registers and the feedback that had been offered would be taken into account, as part of the refreshed approach to the BAF. It was also clarified that NHS Fife provides a twice weekly operational update to Scottish Government on a RAG status basis.

In responding to the risk reported around Nursing & Midwifery shortfalls and the determination of criticality, the Director of Nursing acknowledged that this was challenging, as there was no formula that could be used to describe the levels of staffing, currently being reported as "red with a black circle". The word critical was used to highlight the current position of nurse staffing levels. Decisions to move staff are taken on a daily, shift by shift and hour by hour basis, through Hubs and Control Teams, to ensure areas are as safe as they possibly could be.

On the reported twice weekly Board RAG status, the Employee Director queried the criteria for amending the RAG status from "red with a black circle to black". The Chief Executive clarified that RAG status is discussed every week at the Executive Director's Gold Command meeting and whilst there is a degree of subjectivity to the status, it is reviewed and agreed as an Executive Team. A request has been made via Board Chief Executives to Scottish Government for

consistency of language and definition of a major and critical incident, or business continuity risk. A Code Black situation would be when all avenues of support such as volunteers, mutual aid and MACA (Military Aid to the Civil Authorities) have been exhausted. However, while we are continuing with our elective programme, a Black RAG status for workforce would not be declared.

A Committee Member commented that since the IPQR only includes a single indicator, whether performance data in relation to identified risks could be shared in future to offer broader context and confidence to the Committee from an operational perspective. The Director of Workforce acknowledged that whilst the IPQR looks at a single indicator, the Workforce Information Overview report offers additional context, providing a greater degree of evidence for the Committee to consider in totality and seek assurance from. Work on the IPQR is ongoing, to consider if there are other workforce measures which can be reported monthly, the challenge being to identify metrics which can be generated on a monthly basis from existing systems and which offer trend insights.

The Committee **discussed** and **agreed** the change in the risk associated with the Workforce elements of the Board Assurance Framework, specifically the:

- Revised wording of the BAF Risk on Workforce Sustainability
- Updated managerial actions and mitigations
- Archiving of the previous BAF content
- Linked Operational High-Risk updates
- New Linked Operational High-Risk ID 2214: Nursing and Midwifery Staffing Levels

5.1.1 Linked Operational Risks Update – Medical Workforce Pressures

The Director of Health & Social Care, in discussing the paper on the Community Hospital Medical workforce acknowledged the well documented UK wide workforce challenges and pressures, including the medical workforce. The report outlined the models of medical workforce in place within the respective community hospitals, with a mix of both Consultant and GP led services. Areas of consideration to support sustainability include recognising where there are locum costs and how resources through specialty, advanced practice and clinical fellows can be utilised. Future transformation work will consider bed-based modelling, Community Hospital redesign and considering the links to future workforce requirements. Current service pressures and how we support sustainability during Covid are impacting on the pace of progress in these areas of transformation.

The Medical Director advised that this is about transformation in the long term, with some of the more traditional models of care within community hospitals requiring to be rethought due to the challenges associated with recruiting stand-alone doctors, who are not part of a wider team. The long-term vision is that where clinical expertise is required for rehabilitation it should be used, however, to pursue a better pathway for the patient, where these exist. In the short term, every bed is required because of the current situation, and we need to ensure beds are safely staffed.

The Co-Chair, Health & Social Care Partnership Local Partnership Forum queried the stability of contractual arrangements in relation to hospital areas which are reliant on GP colleagues. The Medical Director, whilst describing the arrangements at the various community hospitals, responded that this is a more stable position at present, with a stable model of care.

The Chief Executive commented for clarification that while the paper was set out as being presented to the Committee for awareness and discussion, with the recommendation for noting, the Committee was being asked to take assurance from the update that was being provided.

The Committee **discussed**, **noted** and was **assured** by the paper regarding the risk relating to the current Community Hospitals' medical workforce and the actions that are underway to manage the risk that this presents.

5.2 HR Policies Monitoring Update

The Head of Workforce Resourcing & Relations provided an update on HR Policy development, both nationally and locally. The launch of Phase 1 of the first six 'Once for Scotland' Workforce Policies in March 2020 (Attendance, Bullying & Harassment, Capability, Conduct, Grievance and Workforce Investigation Process) has been completed and the Whistleblowing Standards were launched in April 2021. The next stage in this programme will focus on refreshing the remaining PIN policies within the Supporting the Work-Life Balance suite of policies. Due to current pressures, this work has been paused until April 2022. The HR Policy Group has continued to meet to update local HR policies and once approved, these are provided to the Area Partnership Forum (APF) for endorsing. It was agreed that this paper would also be shared with the HR Policy Group in future.

The Committee **noted** the work undertaken by the HR Policy Group in developing and maintaining HR policies that fall outwith the scope of the Once for Scotland Workforce Policies Programme.

5.3 Annual Internal Audit Report 2020/21

The Director of Finance & Strategy advised that this paper reflected an overall opinion of the governance arrangements during the last financial year. Section 3 was highlighted as being of particular relevance to the work of this Committee, describing how the Committee has delivered scrutiny on workforce sustainability issues. The Director of Workforce was credited for ensuring the content was reflective of the discussions which take place at this Committee. Section 2, which is a record of the progress against actions in terms of creating the right environment to support whistleblowing within the organisation, was also highlighted.

This is a positive report, which reflects progress made during the past year and whilst it was expected that the report would contain areas of challenge, the Committee should be pleased with the general content and specifics in relation to the work of this Committee, particularly during the current pandemic.

A Committee member agreed that this was an encouraging report, especially in light of the challenging circumstances. It offered assurance that we are moving in the right direction and that issues were being captured within relevant committee agendas for due consideration.

The Committee discussed the intent that each of the five Staff Governance strands was appropriately reflected at Committee meetings. The Co-Chair, Health & Social Care Partnership Local Partnership Forum made particular reference to the Health & Safety strand of the Staff Governance Standard and how this is considered by the Committee. The Director of Workforce offered assurance that where appropriate; the relevant Staff Governance strand is now being highlighted in the papers presented. At the September 2021 meeting, the Workforce Leadership Team provided a presentation on activity within the Board in relation to fulfilling the Staff Governance Standard. Due consideration is being afforded to this in the review of the annual workplan and agenda for forthcoming Committee meetings.

Action: Director of Workforce

The Director of Finance & Strategy commented that the Committee's discussion and reflection on the Audit Report and how it will inform the Workplan and future agendas, was encouraging.

The Committee took **assurance** from the Annual Internal Audit Report 2020/2021 and specifically **noted** the aspects pertinent to the remit of this Committee.

6. STRATEGY / PLANNING

6.1 Strategic Planning and Resource Allocation Process 2022/2023

The Director of Finance & Strategy requested the Committee note that this paper should be for assurance and not awareness and, advised that the Strategic Planning and Resource Allocation activity for 2022/2023 had commenced. Learning had been taken from last year's activity to enhance the process. Ensuring that there is more effective integration with the workforce strategy and planning activity is of particular relevance to this Committee. The Deputy Director of Workforce was thanked for his efforts in working with the Deputy Director of Finance and the Associate Director of Planning & Performance to improve the templates. A report on the first prioritisation exercise undertaken by the Executive Team would be provided to the Committee in January 2022.

Action: Director of Finance & Strategy

The Committee took **assurance** and **noted** the update to the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

6.2 Redesign of Urgent Care

The Medical Director expressed thanks to the team that had developed this paper whilst managing the daily challenges of running a busy service. This effort was in response to a Scottish Government Directive to Boards to create a Flow Navigation Hub that would link with NHS 24, allowing the public to access scheduled urgent care activity on a 24/7 basis. The initiative reflected collaborative working across Acute Services and Health and Social Care Partnership. A detailed explanation of the new governance structure in support of the redesign of urgent care was provided, comprising four workstreams – Specialist Care, Mental Health Pathways, Urgent Care Access and Urgent and Emergency Care – Footprint of VHK. Two further tiers to this structure include an Operational Oversight Group and the Integrated Unscheduled Care Programme Board. Changes to the GP Medical Admissions Pathway through integration with the Flow Navigation Hub were also explained in detail, along with recruitment activity in place to support effective working of the Hub.

The Chair commented that this was an excellent example of effective service redesign. Partnership involvement and collaborative working across teams through this initiative were commended by members. Pressures on the system caused by high service demands were acknowledged. The challenge of managing workforce capacity over the festive period was also discussed, noting that a further review of resilience planning arrangements would take place at the Executive Directors Group.

The Committee **noted** the contents of this paper and the work being undertaken in respect of the Redesign of Urgent Care within NHS Fife.

6.3 Workforce Implications of Memorandum of Understanding 2 (MOU2) Implementation

The Director of Health & Social Care presented a paper focussed on the workforce implications of MOU2, explaining the new GP contract aims to support the GP role as the expert Medical generalist. This requires an enhanced multi-disciplinary, multi-professional team built around GP practices, which is primarily reliant on the nursing workforce. In delivering MOU2, many workforce elements will be managed through the operational services of the Health Board. Workforce considerations in relation to vaccine transformation, community care and treatment services, multidisciplinary teams and pharmacotherapy were highlighted.

The risks and mitigating actions being taken including large scale recruitment of the nursing workforce and ongoing collaborative work with the Local Negotiating Committee (LNC) and General Medical Services (GMS) Implementation Group, with models of care being reviewed, were advised to the Committee.

The Chair adjourned the meeting at 11.35 am for a short comfort break.

The Director of Nursing reiterated the challenges around the required nursing workforce, advising of the plan being taken forward nationally to recruit a Band

4 support workforce. The demand for Nursing and AHP registrants is also being considered by NHS National Education for Scotland (NES) and the NHS Academy.

The Committee was offered assurance that the Medical Director, Director of Health & Social Care, Director of Nursing and Director of Pharmacy are working closely to deliver the requirements of MOU2, whilst acknowledging that this was a challenging initiative. In addition, the Head of Workforce Planning and Staff Wellbeing offered reassurance to the Committee that the workforce capacity narrative of the BAF had captured, amongst others, the workforce risks associated with the community care and treatment, vaccination and implementation aspects of the General Medical Services contract.

It was agreed that progress reports would be provided to alternate Committee meetings.

Action: Director of Health & Social Care

The Committee **discussed** and was **assured** by the contents of the Workforce Implications of MOU2 Implementation report.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce provided an update on the Integrated Performance & Quality Report (IPQR) confirming that absence issues have been well recognised in this Committee and across the Board, and that work continues in this area. Whilst absence levels fluctuate, actions are being taken to manage the challenging circumstances that lead to sickness absence, in particular long-term absence, which by its nature is more complicated.

The Director of Workforce whilst requesting feedback on what additional data the Committee would like to see in future reports, offered assurance that the content of the IPQR report was being reviewed, with a view to offering wider contextual information. The Committee discussed the merits of including supplementary quantitative and qualitative data in the IPQR, which would be reflective of the much broader Staff Governance agenda and which could be used to further inform decision-making.

The Committee **discussed** the IPQR and considered the NHS Fife performance, with particular reference to the levels of Sickness Absence and the continued caveats around this.

7.2 NHS Fife Workforce Information Overview

The Deputy Director of Workforce provided an overview of the NHS Fife Workforce Information paper, advising that improvements on how information was extracted from reporting systems were ongoing.

The Committee acknowledged the report as being helpful and discussed how it could be further developed to include additional statistical information, as well as narrative / trends around the various data elements. It was agreed that this request would be considered, and feedback provided to the Committee.

The Head of Workforce Planning & Staff Wellbeing added that whilst the request for narrative and trend analysis for future reports would be considered, it would also be beneficial for the Committee to have an update on the recently formed Black, Asian, Minority, Ethnic (BAME) Staff Network. It was agreed that a report would be provided at the Committee meeting on 3 March 2022.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **noted** the content of the NHS Fife Workforce Information Overview report.

8. ANNUAL REPORTS

8.1 Medical Appraisal & Revalidation Annual Report 2020/2021

The Medical Director, as NHS Fife's Responsible Officer, explained that he is the conduit between the General Medical Council (GMC), as the regulator and the Health Board for medical revalidation, which is the requirement for doctors to revalidate their licence to practice every five years. This includes undertaking an annual appraisal along with patient and colleague feedback, which forms the basis of a revalidation recommendation to the GMC. In spite of the pandemic challenges, when appraisal activity was paused, the report highlighted that a number of doctors successfully revalidated and appraisal activity has continued, with an increased focus on health and wellbeing. Doctors unable to undertake an appraisal were allowed an exemption. This has been a tough year for doctors and this activity has been maintained beyond what was expected, largely due to the efforts of the team that support this work.

A Committee Member enquired about progress on training of medics to conduct appraisals to replace appraisers who had retired and whether there was a timeline for completing outstanding appraisals. The Medical Director clarified that there is no backlog, as the instances where the Exemption Form was used meant that an appraisal was not yet due, however, the next appraisal will reflect performance over the previous two years. It was acknowledged that it was a challenge for Secondary Care doctors to undertake appraisal activity within their job plans and ways to promote this were being considered. Appraisal training, which was previously a two-day offsite training course, is now online, which will hopefully encourage greater participation.

The Employee Director queried why revalidation reporting was not done for other professional registrants. In response, the Director of Nursing advised that the Professional Assurance Framework monitors this for Nursing Midwifery and Allied Health Professionals (NMAHP) and an Annual Report is submitted to the Board. The Director of Workforce offered assurance that governing bodies stipulate arrangements which registrants must comply with, as part of their professional registration. In respect of non-registrants, reports on appraisal activity are provided via the Performance Development Planning & Review

process. In collaboration with the Director of Nursing, consideration would be given as to whether a report, representing revalidation in respect of the wider workforce could be provided to the Committee meeting on 3 March 2022.

Action: Director of Workforce & Director of Nursing

The Deputy Director of Workforce advised of the work ongoing at a national level to strengthen the connection between workforce systems and regulatory bodies, to secure more seamless revalidation reporting. It was suggested that this work is reflected while considering the information to be provided to the Committee.

The Committee **noted** the content of the Medical Appraisal & Revalidation Annual Report 2020/21 and was **assured** by the contents.

8.2 Volunteering Annual Report 2020/2021

The Director of Nursing praised the invaluable work, commitment, and dedication of the over 250 volunteers who offer much needed input to the service. The past 18 months have been particularly challenging as the organisation has sought to balance the benefits and risks around volunteering activity. Services and the Volunteer Management Team have worked hard to keep volunteers engaged and supported during the pandemic. Volunteering activity during this period included supporting adhoc projects, such as packing staff wellbeing bags and patient comfort bags. Shortly before the pandemic, our Volunteering Service became a registered provider for the Duke of Edinburgh Award Scheme, which will hopefully encourage more young people to participate. The activities of the 21 volunteers within the Community Listening Service were also highlighted. This Service has made over 2500 calls of around 45 minutes this year and has been nominated for the National Scottish Health Service People's Choice Awards at the November 2021 Award Ceremony.

A Committee Member, while commending the Community Listening Service, enquired whether the composition of volunteers was still primarily older people and women. The Director of Nursing responded that the Service still largely consisted of female volunteers, however, efforts are being made to try to alter this in future.

The Committee **endorsed** the Volunteering Annual report.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the minutes of the following meetings:

- 9.1 Minutes of the Area Partnership Forum dated 22 September 2021 (unconfirmed)
- 9.2 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 11 August 2021 (unconfirmed)
- 9.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 19 August 2021 (unconfirmed)

- 9.4 Minutes of the NHS Fife Strategic Workforce Planning Group held on 24 August 2021 (unconfirmed)
- 9.5 Minutes of the Health and Safety Sub Group held on 14 September 2021 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR & Chair's Comments

The Chair invited members to identify from this meeting issues, if any, to be highlighted to the Board meeting due to take place on Tuesday, 30 November 2021.

It was agreed to bring the ongoing challenges that staff are facing, which have been acknowledged by Committee members, as well as Executive Directors and Staff Side colleagues, to the Board's attention. Management and Staff Side continue to work together to find solutions, however, the situation is extremely challenging, with matters being escalated into national discussions and with Scottish Government colleagues.

11. ANY OTHER BUSINESS

There was no other business to discuss.

Date of Next Meeting: Wednesday 12 January 2022 at 10.00 am **via MS Teams**

COMMUNITIES & WELLBEING PARTNERSHIP

(Meeting on 29 September 2021)

The Partnership received an update on revised Plan for Fife including the Recovery and Renewal priorities and Leadership arrangements.

There are 3 broad priorities under the wider banner of Community Wealth Building:

- Tackling poverty and crisis (DPH Dr Joy Tomlinson is lead for this priority)
- Economic Recovery
- Reducing the Impact of the Climate Emergency

The CWP will be responsible for the following outcomes in the P4F:

- Reduced levels of preventable ill health and premature mortality across all communities
- Every community has access to high quality outdoor, cultural and leisure opportunities

Based on this a small working group are now working on an action plan, reporting arrangements and review of the membership and terms of reference. The most immediate priorities are:

- Address issues of mental health and well-being, and associated problems, including drug and alcohol use
- Promote recovery, support and trauma awareness

The Partnership also received reports on the following:

- Final Physical Activity and Sport Strategy
- New Community Learning and Development Plan

These will make a valuable contribution to the Partnership's outcomes and priorities

Unconfirmed

Communities & Wellbeing Partnership

Meeting by Teams, Wednesday 29th September 2021, 10am-12noon

Notes

Present: Judith Allison, Ruth Bennett, Archie Campbell, Lucy Denvir (chair), Mike Enston, Andrew Gallacher, Cllr Fiona Grant, Cllr Judy Hamilton, Gail McLeod, Nina Munday, Kenny Murphy, Karen Pedder, Gavin Rennie, Helen Rorrison, Tricia Spacey, Barry Stewart, Jo-Anne Valentine, Rona Weir

Attending: Gill Musk

Apologies: Cllr Lesley Backhouse, Karen Taylor

1. Welcome and introductions

Lucy welcomed members and invited introductions. Apologies noted as above.

2. Note of last meeting on 7th June

Note approved as an accurate record. Matters arising:

Kenny reported that the volunteering strategy and action plan had been accepted by Fife Partnership Board. Some small adjustments are to be made and final version will be published shortly. Volunteering Strategy Group will report progress against the action plan to CWP.

Ruth noted that a workshop on activities funded by Action 15 funds is to take place late October. Mental Health SIG meets in 3 weeks. Ruth will then circulate an update. **ACTION: Ruth**

Your Story, Your Community project – next steps in terms of sharing findings to be confirmed.

ACTION: Kenny

Other items covered by the agenda.

3. Updated Plan for Fife and revised leadership arrangements – Mike Enston

Lucy thanked all who had contributed to the consultation on the draft revised Plan for Fife.

Mike reported that the updated Plan had now been adopted by Fife Partnership Board and Fife Council. Leadership groups for the reform priorities are in place. Accountability for delivery of ambitions is to be allocated to an individual and to partnerships.

As outlined in the paper circulated by Tim Kendrick, CWP has responsibility for ambitions 3 and 7. The Director of Public Health (DPH) has lead responsibility for health and wellbeing.

Mike suggested that, through Lucy and Joy (Tomlinson), we should come back to the next meeting with an outline delivery plan and suggestions on membership. This would feed into the Recovery & Renewal Leadership Group.

Members welcomed the focus on two ambitions though noted the need to clarify the relationship with Health & Social Care and to avoid duplication – e.g. with areas covered by the Community Safety Partnership. It was felt that community capacity building should be kept within CWP's remit. Judy noted that CWP is principally about prevention in relation to health and wellbeing.

There was some discussion about the proposed name change to Health and Wellbeing but no conclusion reached.

Mike suggested that the delivery plan should focus on community capacity building, health, physical activity and culture. Questions of alignment will be managed through the leadership group.

On membership, Ruth noted that delivery groups sitting underneath CWP will drive the work forward. Good partnership work is not always effectively reported – we could be missing strong evidence to show progress against ambitions.

ACTION: Lucy / Joy to consider articulation of health and wellbeing delivery plan and any gaps in membership to take this forward effectively.

4. CLD Plan – Andrew Gallacher, Helen Rorrison

Andrew briefly outlined the work of the CLD Partnership to date. The new 3-year plan is due to be submitted to Education Scotland on 1st October and will go to Community & Housing Services Committee in October.

The new plan has a focus on groups including young people, care experienced, refugees/migrants and those looking to return to employment.

Appendices will be developed outlining key actions which reflect collective ambitions and local differences.

The plan should help better align resource, avoid duplication, join up the journey for communities, with more preventative/holistic approaches, avoid failure demand.

Local community planning and improving community voice are both key in the People and Place approach.

Members welcomed the new plan and the clear alignment to Plan for Fife themes and renewal priorities.

It was noted that reporting on the CLD Plan had previously been annually to this partnership. The CLD plan cuts across all four Plan for Fife themes. It clearly supports ambitions 3 and 7, for which CWP has responsibility, but consideration may need to be given to how reports are fed into priorities and ambitions which are outside CWP's remit.

5. Physical Activity and Sport Strategy

Andrew Stokes had been due to present this item but was unable to attend. A covering paper and the final strategy had however been circulated in advance.

Lucy expressed thanks to Andrew for his work on the strategy and taking into account partners' feedback.

Judy noted that the strategy had gone to Community & Housing Services Committee, and the significant partnership work in reaching this final version was recognised. The strategy aims to give focus to overarching actions which will help us to be more active in Fife – e.g. becoming a Daily Mile Kingdom. A subgroup would help to ensure delivery.

Ruth noted that this was part of the wider discussion around CWP, membership, delivery groups and reporting. Ruth and Jo-Anne offered to be part of this discussion, with a view to working up a proposal for the next meeting of CWP.

Nina highlighted the need to recognise existing delivery groups and work already being delivered which contributes to Plan for Fife ambitions.

6. Community Mental Health and Wellbeing Supports and Services Framework – Rona Weir, Gail McLeod

Rona is Education Manager with responsibility for Child Protection and Health and Wellbeing. Gail is Policy Officer leading the CMHWSSF work. Rona and Gail outlined the aims of the project, work done to date and next steps.

This is a national framework aimed at supporting young people (5-24, up to 26 if care experienced) and their families. It is not for children who meet CAMHS criteria – it focuses on early intervention and prevention. The aim is that every child and young person can access community services that support their mental health and emotional wellbeing, and that families get the right support at the right time, easily accessible. Services are the heart of communities and outwith school hours, including evenings and weekends. This builds on what's already on offer in schools.

The project started in January 2021. Phase 1 has involved consultation and engagement with young people and families, and partners in the community, to understand needs Fife-wide and in different localities. There has been enhanced funding of CAMHS Primary Mental Health team to enable early assessment of need and provide support / training for staff and volunteers. Work is under way to review CAMHS data to better understand reasons for referrals and those not meeting criteria. Three commissioned services are working in communities, working closely with CAMHS.

Phase 2 starts in January 2022. The key aims will be 1) building capacity to support young people's mental health and wellbeing with community groups (e.g. positive parenting, targeted work around stigma) and building capacity with young people themselves; and 2) direct and targeted interventions and practices (e.g. equipping young people in self-care, supporting transitions, training for staff to build skills and knowledge).

In the next few weeks an online platform will be launched targeting those aged 16-24, offering one-to-one support and advice from counsellors/mental health professionals, peer support, group support and access to resources and local signposting. This has the option to add in surveys as appropriate.

Phase 3 will identify areas of specific needs within localities.

Members were very positive about the work under way.

Tricia noted potential to link with work on antisocial behaviour and reducing offending. Gail noted connections developed in Levenmouth with the community police team, to help them recognise early signs of mental health difficulties and have conversations that are less about behaviours and more about what's going on for the young person.

Rona noted the focus on localities and that the commissioned model will link into locality working, in particular through People groups. Aim is for equity in provision but also flexibility to respond to local needs and wishes, and support local decision-making e.g. in how funds are allocated.

Ruth pointed out the extensive suite of mental health training available through the Health Promotion Training Programme. Mental health courses are always oversubscribed. Challenge is to ensure opportunities are available to those who most need it.

Rona noted that this work sits alongside Our Minds Matter. Louise Steam (OMM Champion) links into training offer.

7. Any other business

No items raised.

8. Date of next meeting

Tuesday 7th December, 1.00-3.00pm

EAST REGION PROGRAMME BOARD

(Meeting on 17 September 2021)

No issues were raised for escalation to the Board.

East Region Programme Board

Unconfirmed

Date: Friday 17th September 2021

Time: 14.15-16.15

Venue: Via Microsoft Teams



MINUTES

Present:

C Potter (<i>Chair</i>)	Chief Executive, NHS Fife
C Campbell	Chief Executive, NHS Lothian
R Roberts	Chief Executive, NHS Borders
J McClean	Director of Regional Planning, East Region
J Balkan	Regional Workforce Planning Manager, East Region
J Butler	Director of Human Resources, NHS Lothian
T Gillies	Medical Director, NHS Lothian
S Fraser	Associate Director of Planning & Performance, NHS Fife
L McCallum	Medical Director, NHS Borders
M McGurk	Director of Finance, NHS Fife
C McKenna	Medical Director, NHS Fife
L Cuthell	East Region Project Support (Minutes)
J Campbell	Chief Operating Officer, NHS Fife

In Attendance

B Couzens	Interim Programme Manager, Regional Diabetes Network (<i>Item 4</i>)
M Gray	NHS Lothian Service Manager for Laboratories (<i>Item 5</i>)
R Miller	Programme Manager, NHS Lothian (<i>Item 7</i>)
A Short	Service Director, RHCYP (<i>Item 8</i>)
B Salmond	Head of WDMS, NHS Borders (for A Carter)
C Cowan	Graduate Trainee shadowing B Salmond

Apologies:

S Goldsmith	Director of Finance, NHS Lothian
W Brown	Employee Director, NHS Fife
L Douglas	Director of Workforce, NHS Fife
J Crombie	Deputy Chief Executive, NHS Lothian
J Stephen	Head of IM&T, NHS Borders
C Dobson	Director of Acute Services, NHS Fife
C Briggs	Director of Planning, NHS Lothian
J Smyth	Director of Strategic Change & Performance, NHS Borders
N Berry	Director of Operations, NHS Borders
A Carter	HR Director, NHS Borders
A McMahan	Director of Nursing/AHPs, NHS Lothian
N Connor	Chief Officer, NHS Fife
A Bone	Director of Finance, NHS Borders

		ACTION
1.	Welcome & Apologies	
	C Potter welcomed everyone to the meeting. Apologies were noted as above.	
2	Minutes of Previous Meeting – 18th June 2021	
	The minutes of the meeting held on 18 th June 2021 were approved as an accurate record.	
3	Matters Arising	
	Regional Formulary	
	J McClean noted the discussion at the previous ERPB meeting with an action for NHS Fife to confirm support for the next stage of the plan to move to an electronic regional formulary in the East Region. C McKenna confirmed NHS Fife have agreed this via their local Governance Committee.	
4	Regional Diabetes Programme Update	
	<p>B Couzens provided an update on the Regional Diabetes Programme referring to the previously circulated comprehensive update report. Since joining the programme team, he has focused on determining the current state of the projects. The following points were noted in relation to the 4 main workstreams:</p> <p><u>Adult Weight Management (AWM)</u></p> <ul style="list-style-type: none"> • Current status is set at amber due to a Project Manager vacancy, with recruitment underway for an interim fixed term role. • The programme continues to implement the national standards and 2021/22 Scottish Government milestones. The current status is 65% implementation of standards and 57% implementation of milestones. • New and/or expanded services are being remobilised in Boards following the pandemic. Let's Prevent Diabetes (LPD) will go live in all three NHS Boards once resources have been recruited. • A plan has been developed for Phase 2 of the Equality Impact Assessment (EQIA) across both AWM and Child Healthy Weight (CHW) services. • Waiting times are under review as it has been identified that there are several inconsistencies with data submitted to SG. <p><u>Children and Young People</u></p> <ul style="list-style-type: none"> • Currently the workstream status is set at green with progress being made steadily with dedicated Project Manager resource. • This work stream has two key areas of work: 1) implementation of the national Child Healthy Weight (CHW) Service Standards and 2) prevention projects. • Implementation of the national standards has progressed from 53% in August 2020 to 87% in August 2021. Implementation resource in Boards continues to be a challenge due to COVID-19. • Expansion of existing and/or new CHW Services were live in each health board from July 2021. • A decision regarding health visitor data and the education/schools initiatives is pending. The outdoor advertising project currently sits with a steering group led by Obesity Action Scotland and the Scottish Government. The report on this project is pending and due in Q2 of 2021/22. • Interdependencies exist between the Children and Young People and Adult Weight Management workstreams to meet the 11 national milestones set by Scottish Government for 2021/22. A regional data and evaluation group was established in Q3 of 2020/21. 	

	<ul style="list-style-type: none"> The EQIA plan is in the process of being socialised and agreed. <p><u>Whole System Approach</u> The aim of this workstream is to adopt a Whole Systems Approach (WSA) to diet and healthy weight across the East of Scotland working in partnership with Scottish Government, Public Health Scotland and Obesity Action Scotland with reporting to a National WSA Board. A SG led evaluation will review progress in 2022 with a separate PHIRST evaluation previously commissioned by the EoS Programme. A clearer understanding of the added value of the 2nd evaluation is required. Due to resource constraints in the EoS Programme team, Obesity Action Scotland has agreed to offer additional support to the 5 Pilot sites in the East.</p> <p><u>A Public Awareness Campaign Pilot</u> - Scottish Government has requested a T2D Public Awareness Campaign pilot around the T2D Prevention, Early Detection and Early Intervention Framework. The pilot will take place in Fife in 2022 for a 4 week period with an external company leading on the delivery of the campaign which will be subject to evaluation..</p> <p>Finances are currently being scrutinised by B Couzens noting that there is a level of complexity with where the funding is hosted and drawn from.</p> <p>B Couzens highlighted that Health Improvement Scotland had agreed to undertake the evaluation of the regional programme, however they have now indicated this will no longer be possible. Discussions are ongoing with HIS and other options are being explored with an update at the next ERPB.</p> <p>R Roberts, Chair of the Diabetes Partnership board noted the progress that is being made and thanked B Couzens and J McClean for their ongoing support with the T2D Project.</p> <p>A further update will be provided at the next meeting.</p>	<p>BC</p> <p>BC</p>
<p>5</p>	<p>Laboratory Medicine Services - Collaborative Working in the East Region</p>	
	<p>M Gray spoke to the previously circulated briefing paper noting that since 2017, NHS Borders, NHS Fife and NHS Lothian have been working collaboratively towards an integrated laboratory medicine service for the East of Scotland. Work has been ongoing throughout the pandemic with various projects continuing to progress including:</p> <ul style="list-style-type: none"> Procurement of an East Region Managed Service Contract. Development of a Laboratory Information System (LIMS) involving 11 NHS Scotland Health Boards. A regional Point of Care policy to support Covid-19 testing. Early stage review of histopathology services delivered in Fife and Lothian. Forensic procurement for the East Region. <p>M Gray noted that funding for the Laboratory Services Project Manager post which supports implementation of the Managed Service Contract, will cease in December 2021 with further work required to support implementation across the region. In addition, substantive admin support is being sought to support the ongoing work.</p> <p>J McClean advised that previously funding had been made available from the Regional Transformation Fund. She highlighted that there might be potential to seek a contribution from the underspend reported by the National</p>	

	<p>Laboratory Programme which has now been paused indefinitely. This could be considered to support these posts in the short term.</p> <p>M McGurk asked M Gray for clarification regarding the proposed £65m funding required for the national LIMS and if a business case would be presented to the national Directors of Finance for consideration. M Gray advised that the Business Case was still in development. M McGurk offered to support a discussion at the National Infrastructure Board in due course.</p> <p>J McClean agreed to highlight these finance issues at the forthcoming regional DoFs meeting.</p>	<p>M McGurk</p> <p>J McClean</p>
6	Regional Health Protection Project Progress Update	
	<p>J McClean spoke to the previously circulated paper noting that although the agreed governance for the project was through the Regional Health Protection Oversight Board, the support of functions within the wider system was required, therefore it was helpful to keep members of ERPB sighted on the progress.</p> <p>Work is progressing towards implementation of a regional Health Protection model with the support of HR, eHealth and Finance with sub-groups now established to support delivery on the key elements.</p> <p>All boards have noted the challenges with out of hours working with proposals to be developed for a future regional arrangement. An audit of current out of hours work will be undertaken to inform requirements and approach.</p> <p>A paper setting out the project is being submitted to each Board for endorsement of the direction of travel over the next 4-6 weeks.</p> <p>It was noted that the Directors of Public Health were intending to submit a paper to Scottish Government seeking a more equitable approach to remuneration for out of hours work with current variation between staff groups depending on their employment terms and conditions. J McClean noted that this is not part of the regional project however depending on the outcome of discussions with SG, may impact on the out of hours model developed.</p> <p>The ERPB noted the update on the regional project and the intended submission of the paper to SG. Further updates will be presented to ERPB as appropriate.</p>	<p>JMcClean</p>
7	Establishment of a Regional Thrombectomy Service	
	<p>R Miller provided an update on the establishment of a Regional Thrombectomy Service noting that the service is now operational within NHS Lothian. Phase 1 has now been implemented with patients who are admitted to RIE and suitable for thrombectomy undergoing this treatment. The next phase will be to offer this to patients admitted to St John's Hospital. Phase 3 and 4 will see the extension of the working day/week and then include patients from NHS Borders, Forth Valley and Fife.</p> <p>There is ongoing work in NHS Lothian to assess the feasibility of a 2nd angio suite at RIE. R Miller reported that the 2nd angio suite is not likely to be a prerequisite for treating the RIE or St John's patients.</p> <p>J McClean confirmed the work taken forward through the Regional Co-ordinating Group which is supporting communication on issues such as training, education and development of pathways across the boards. Funding through the National Thrombectomy Advisory group will support the employment of additional nursing resource to transfer patients to the regional</p>	<p>C McKenna</p>

	<p>centre. Discussions are ongoing between the Thrombectomy Advisory Group and NHS Fife and NHS Borders in relation to additional funding for out of hours on-site radiography support. A supporting letter from the East Region Directors of Finance has been submitted in support however discussions are ongoing.</p> <p>It was noted that the North of Scotland service based in NHS Tayside has engaged with NHS Fife regarding participation on their pilot service as an interim arrangement until the East service is able to provide a regional service. C McKenna will discuss further with the Medical Director in NHS Tayside. Further updates will be provided as appropriate.</p>	
8	Paediatric Respiratory Infections -Regional Surge Planning	
	<p>A Short spoke to the previously circulated paper setting out the regional approach to planning for the expected increased paediatric respiratory virus activity, following a request by the NHS Scotland Chief Operating Officer. A Regional RSV Coordinating Group now meets fortnightly bringing together clinical and managerial leads across the Region.</p> <p>It was noted that services are already under significant pressure with the anticipated peak estimated for mid/late November. A Regional Surge Plan will be finalised once the 3 Board plans are completed, with attention to:</p> <ul style="list-style-type: none"> • Education and training • Procurement • Daily regional reporting of activity and issues • Primary Care involvement • Principles for Mutual Aid <p>D Isaac thanked boards for their ongoing support with submitting daily activity reports, noting the challenges with providing information during extremely busy periods.</p> <p>ERPb noted the update and agreed to receive further updates as appropriate.</p>	
9	Robot Assisted Surgery - Regional Strategy	
	<p>D Isaac spoke to the previously circulated paper setting out a Regional Strategy for Robotic Assisted Surgery (RAS) in the Region. Working with Medical Directors and Surgical Leads the strategy attempts to balance the different board positions with RAS. A Regional Implementation Plan will be developed to support delivery of the strategy including detailed activity, ensuring equitable access and optimum utilisation of resources.</p> <p>L McCallum confirmed support for the strategy noting that NHS Borders do not have a robotic system.</p> <p>T Gillies acknowledged that the next few years will bring opportunities for boards to develop an understanding of RAS and what services will benefit from this.</p> <p>M McGurk agreed to discuss costings at the forthcoming regional Directors of Finance meeting to ensure RAS can be supported within the boards.</p> <p>D Isaac asked for any additional comments on the supporting papers be fed back to him directly within the next 7 days so he can agree the final document.</p>	<p>M McGurk</p> <p>All</p>

10	Haematology Workforce Pressures	
	<p>D Isaac provided an update on the first phase of work to map the haematology workforce referring to the previously circulated papers. It was noted that there are challenges for the short and medium/longer term with haematology services with a regional approach offering a number of options to develop solutions.</p> <p>Following discussion, ERPB agreed to support the recommendation that a Short Life Working Group is established to develop options which will support sustainability in the short and medium/longer term.</p>	JMcC/MDs
11	De-designation of National Adult Cystic Fibrosis Service	
	<p>J McClean provided an update on the plan to de-designate the National Adult Cystic Fibrosis Service in the near future, with the 3 Regions being asked to support the transfer of the services to regional arrangements.</p> <p>Services are currently configured on a quasi-regional basis with NHS Lothian providing a service for the East Boards and NHS Tayside and NHS Highland. It is noted that there are unresolved issues between NHS Lothian and NSD in relation to the SLA as part of the national service, with a need to better understand the issues before agreeing to the approach to de-designation.</p> <p>ERPB noted the intended de-designation and agreed that J McClean will pick up further with NHS Lothian leads and then confirm the proposed approach to engage in the de-designation approach.</p>	JMcC
12	Board Updates	
	<p>NHS Lothian T Gillies advised that challenges remain in the board with staff working under significant pressures. Decisions have been made to prioritise elective surgery based on capacity and workforce. J Butler confirmed that work continues with H&SC Partnerships to support recruitment .</p> <p>NHS Borders L McCallum advised that that NHS Borders also continues to function under extreme pressure and that demand within the Emergency Department continues to rise. Recruitment is underway for additional support workers.</p> <p>NHS Fife C Potter noted the current pressures within NHS Fife and that demands change on a daily basis with Gold Command meetings stepped up. A decision has been made to pause endoscopy appointments. Admin staff are being redeployed to assist with admin tasks on wards to free up nursing capacity. Complaint investigations have been scaled down recently to focus on other essential work.</p>	
13	AOB	
	<p><i>Proposal for Focussed Discussion at November Meeting</i></p> <p>J McClean noted a 1 hour discussion is planned at the next ERPB in November to explore regional working opportunities and to shape the regional planning agenda going forward.</p>	
14	Date of Next Meeting	
	Friday 26 th November 14.15 – 16.15 – Microsoft Teams	

FIFE HEALTH & SOCIAL CARE – INTEGRATION JOINT BOARD

(20 August and 24 September 2021)

No issues were raised for escalation to the Board.



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 20 AUGUST 2021 AT 10.00 AM

Present	Rosemary Liewald (RLi) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), Fiona Grant (FG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife Board Members (Non-Executive) – Martin Black (MB), Alistair Morris (AM) Chris McKenna (CM), NHS Fife Board Member (Executive Director) Medical Director NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Janette Owens (JO), NHS Fife Board Member (Executive Director), Director of Nursing, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Eleanor Haggett (EH), Staff Representative, Fife Council Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Lynn Barker (LB), Associate Director of Nursing Helen Hellewell (HH), Associate Medical Director Katherine Paramore (KP), Medical Representative Kathy Henwood (KH), Chief Social Work Officer, Fife Council
Attending	Lynne Garvey (LG), Head of Community Care Services Rona Laskowski (RLa), Head of Complex & Critical Care Services Joy Tomlinson (JT), Director of Public Health Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board and updated members on the Rosewell Centre which opened last month. Information and photos had been included in the Monthly Director's Briefing. The Chair thanked colleagues from across the Partnership, NHS Fife, Fife Council, V1P and Fife's veterans.

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)

Clare Rogers, who has recently taken up her role as a Public Engagement Officer was observing the meeting as part of her induction.

The Chair then reminded Members of the protocol for the meeting and advised that a recording pen was in use at the meeting to assist with Minute taking.

2 CHIEF OFFICERS REPORT

The Chair handed over to Nicky Connor for her Chief Officers Report.

The recruitment process for the Principle Social Work Officer has concluded and an update will be provided once pre-employment checks are complete.

Nicky expressed her thanks to all our staff and also the people of Fife for their ongoing support during these challenging times. At a recent Local Partnership Forum (LPF) meeting the co-chairs agreed to send out a joint message of thanks to staff and to continue to promote support which is available for staff.

A written update on the current key issues regarding Covid-19 and Remobilisation had been provided to IJB members on Thursday 19 August 2021 as part of a Test of Change. Feedback on this has been positive and the wider communications context will be looked at for future briefings.

Nicky handed over to Chris McKenna, Medical Director who gave a brief update on services. Although all services have remobilised and are busy, GP Surgeries, A&E and Mental Health are extremely busy at the moment. This increase in demand is uniform across Fife and Scotland. Staff continue to ensure demand can be met and the scheduling of urgent care will help, although a cultural change will be needed going forward. Fife is ahead of targets set in joint Remobilisation Plan, which is available on the NHS Fife website.

Chris urged all Fife residents to get vaccinated as this has a positive impact on reducing the number of people who are hospitalised with Covid-19.

Janette Owens, Director of Nursing provided an update on workforce issues. Recruitment of nursing staff due to graduate in September / October 2021 has resulted in 150 full time equivalent roles being filled in Acute, Mental Health and Community settings.

Recruitment has started for the staff needed for the new Orthopaedic Centre which will open in September 2022.

The Vaccination Programme has required a large number of staff, currently on fixed term contracts, but this may change in future. Fife is ahead of other Boards in Scotland with the number of people vaccinated.

NO HEADING**ACTION****3 CONFIRMATION OF ATTENDANCE / APOLOGIES**

Apologies had been received from Simon Fevre, Steve Grimmond and Bryan Davies.

4 DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

5 MINUTES OF PREVIOUS MEETING 18 JUNE 2021

Tim Brett had raised minor queries on the minute prior to the meeting, these will be addressed.

Martin Black asked for an amendment Item 2 – Chief Officers Report.

Once these amendments have been made the Minute of the meeting held on Friday 18 June 2021 will be approved.

6 MATTERS ARISING

The Action Note from the meeting held on 18 June 2021 was approved.

7 FINANCE UPDATE

The Chair introduced Audrey Valente who presented this report which had been discussed in depth at the Finance & Performance Committee (F&P) on 13 August 2021. IJB members had been invited to a drop-in session two days prior to the Board meeting where they were given the opportunity to discuss the reports on today's agenda in detail. These sessions will continue in the future.

The report detailed the financial position of the delegated and managed services based on 30 June 2021 financial information. The forecast deficit is projected as £6.798m. Unachieved savings account for £4.8m of this. Any expenditure associated with Covid-19 will continue to be recorded in the Local Mobilisation Plan. As this is the first Monitoring Report of the new financial year a prudent approach has been taken.

Audrey and the Senior Leadership Team (SLT) are working on a Recovery Plan which will be brought to a future IJB meeting.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members.

David felt Audrey had covered most of the points discussed at F&P. Significant discussion had taken place around the cost of Adult Care packages, unachieved savings and how these will be addressed and also the Recovery Plan which is being collated.

Alistair Morris asked for more information on unachieved savings and what could be done differently within this financial year to address the issues. Audrey Valente advised that work with SLT has started earlier in the financial year than it normally would to ascertain what can be achieved.

7 FINANCE UPDATE

Discussion took place around overspends including Adult Care packages, unachieved savings and potential Government funding.

Reviews of Adult Care packages are ongoing including those which support children with complex needs moving into Adult Services.

The Board considered the key actions and next steps and approved the Financial Monitoring Update as at June 2021.

8 PERFORMANCE REPORT – EXECUTIVE SUMMARY

The Chair introduced Fiona McKay who presented this report. The full Performance Report was discussed in detail at the Finance & Performance Committee on 13 August 2021.

There are significant challenges in some areas and plans are being worked on to reduce pressure in the system.

The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David advised that the F&P Committee focussed on three main areas – concerns in respect of absence reporting from Fife Council, ongoing pressures within the system and waiting time performance for CAMHS and Psychological therapies.

A detailed report on CAMHS and Psychological therapies waiting times has been requested. Tim Brett advised that Clinical & Care Governance Committee gets detailed information on these. Tim and David will discuss this to ensure there is no duplication in what is provided.

An update was provided on recruitment within Care at Home which is progressing well with 58 new employees in the process of joining the service. Considerable work is being undertaken with the independent sector to address the challenges in meeting current and future demand for services. A whole system approach will be needed to ensure issues in all areas can be addressed.

The report had been presented to the Board for awareness only.

9 MENTAL WELFARE COMMISSION AUTHORITY TO DISCHARGE AUDIT & FINDINGS

The Chair introduced Lynne Garvey and Fiona McKay who presented this report which had been discussed at the Clinical & Care Governance (C&CG) Committee on 4 August 2021.

A local audit was carried out over and above the Mental Welfare Commission (MWC) Audit to allow practices within Fife to be sense checked. An improvement plan has been drawn up based on findings from both audits. All actions from the MWC were generic to all IJB's in Scotland, none were specific to Fife.

9 MENTAL WELFARE COMMISSION AUTHORITY TO DISCHARGE AUDIT & FINDINGS

The Chair then invited Tim Brett to comment on detailed discussions which took place at the C&CG Committee. Tim advised that Lynne and Fiona had covered all the issues which the Committee had raised.

Christina Cooper raised the issue of independent advocacy. Fiona McKay advised that Circles Network had been involved in the audit. A new project has now been established involving Circles Network who are supporting families through the process of obtaining Power of Attorney.

The Board approved the report for submission to the Mental Welfare Commission.

10 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED

The Chair asked Tim Brett, David Graham, Audrey Valente and Nicky Connor for any items from governance committees / Local Partnership Forum that they wish to escalate to the IJB.

Tim Brett – Clinical & Care Governance Committee (C&CG) – 2 June 2021 (Confirmed)

In depth discussion took place around joining up care, urgent care and the Care and Clinical Quality report. The minute of the meeting held on 4 August 2021 will be brought to the next IJB meeting.

David Graham – Finance & Performance Committees (F&P) – 11 June 2021 (Confirmed)

Most items in the minute have been covered at this meeting. This was Margaret Wells and Jim Crichton's final meetings as part of the partnership.

Audrey Valente – Audit & Risk Committee (A&R) – 4 June 2021 (Confirmed) and 9 July 2021 (Unconfirmed)

4 June 2021 – Risk Appetite has been discussed on several occasions at A&R and will be part of the programme for the IJB Development Session on 10 September 2021.

9 July 2021 – nothing to escalate from this meeting.

Local Partnership Forum (LPF) – 9 June 2021 (Confirmed)

Nicky Connor advised that the LPF continue to support the workforce during these pressured times.

Debbie Thompson acknowledged that the trade unions and employers continue to work well to ensure care of our residents and workforce remains at the top of the agenda. Recent Home Care recruitment is welcomed. Peer to peer support would be welcome for community-based staff, both in Fife Council and NHS Fife.

11 AOCB

Nothing was raised under this heading.

12 DATES OF NEXT MEETINGS

IJB DEVELOPMENT SESSION – Friday 10 September 2021 at 9.30 am

INTEGRATION JOINT BOARD – Friday 24 September 2021 at 10.00 am



UNCONFIRMED

MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 24 SEPTEMBER 2021 AT 10.00 AM

Present	Rosemary Liewald (RLi) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council – Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW) Chris McKenna (CM), NHS Fife Board Member (Executive Director) Medical Director NHS Fife Janette Owens (JO), NHS Fife Board Member (Executive Director), Director of Nursing, NHS Fife Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife
Professional Advisers	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Lynn Barker (LB), Associate Director of Nursing Katherine Paramore (KP), Medical Representative
Attending	Bryan Davies (B), Head of Primary & Preventative Care Services Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

NO HEADING

ACTION

1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board and reminded Members of the protocol for the meeting.

Members were advised that a recording pen was in use at the meeting to assist with Minute taking.

It was noted that the meeting was not quorate due to a number of voting members who were unable to join the meeting. Norma Aitken confirmed that any decisions taken at today's meeting would need to be homologated at the IJB meeting on 22 October 2021, this was agreed by those present.

NA

2 CHIEF OFFICERS REPORT

The Chair handed over to Nicky Connor for her Chief Officers Report.

2 CHIEF OFFICERS REPORT (Cont)

Nicky began by updating on recruitment to the Senior Leadership Team (SLT). Jane Brown has been appointed as Principal Social Work Officer and Roy Lawrence as Principal Lead for Organisational Development and Culture. Both will take up post during November 2021 and will be an asset to the Core SLT. Fuller information will be provided in due course.

Nicky then updated on the IJB Development Session which took place on Friday 10 September 2021 where full discussion took place on the Fife Immunisation Strategic Framework, Risk Appetite, Home First and the planning arrangements for the National Care Service (NCS) Consultation. The Immunisation Framework is on today's agenda for comment and approval. Risk Appetite will be discussed further at future Audit & Risk Committees and IJB meeting. Work is ongoing with Home First. The NCS Consultation is open from 9 August – 2 November 2021 and members are encouraged to respond in a personal capacity as well as inputting to the IJB response. This will be discussed at the IJB Development Session on Friday 8 October 2012.

A Covid and Remobilisation Update had been circulated to IJB members on Thursday afternoon, this was refreshed on Friday 24 September 2021 and members were encouraged to reread for full updates.

Chris McKenna began his update by thanking staff and recognising the pressure that all staff are currently working under, particularly in the last 3 or 4 weeks. These are exceptional circumstances and staff continue to provide services despite the challenges. GP's practices are currently operating at a 30% higher capacity than pre-covid, despite staffing challenges and having to maintain infection control procedures. Primary Care, Acute and Paediatric wards continue to be exceptionally busy as we head into winter.

Janette Owens gave an update on initiatives which are taking place to support staff which include enrolling more student nurses this year, offering Band 4 posts to graduating students, the recruitment of a number of admin staff to support senior nursing staff and recruitment more Healthcare Support Workers and Bank staff. An additional nursing post has been recruited to join the Care Home Liaison Team.

Janette and Lynne Garvey met a number of senior and lead nurses earlier this week to discuss the current challenges.

Discussion took place around the pressure on A&E and to what extent the public are following guidance on how they should access services. This requires a cultural change and constant communications are ongoing.

Bryan Davies advised that surveying of all GP practices has begun to provide an ongoing data set which should aid understanding of what the current situation is with service delivery. Support is being provided to all areas within Primary Care.

Discussion then took place around reducing waiting times, recruitment of additional staff and elective surgery.

NO	HEADING	ACTION
2	CHIEF OFFICERS REPORT (Cont)	
	<p>Fiona McKay updated that Tracy Harley has been appointment Service Manager for Participation and Engagement and a full programme of work is being worked up including restarting the Strategic Planning Group and work on the National Care Service Consultation. The Participation and Engagement Framework will be refreshed in the near future.</p>	
3	CONFIRMATION OF ATTENDANCE / APOLOGIES	
	<p>Apologies had been received from Martin Black, Fiona Grant, David Alexander, Helen Hellewell, Amanda Wong, Kathy Henwood, Steve Grimmond, Joy Tomlinson and Lynne Garvey.</p>	
4	DECLARATION OF MEMBERS' INTERESTS	
	<p>There were no declarations of interest.</p>	
5	MINUTES OF PREVIOUS MEETING 20 AUGUST 2021	
	<p>The Minute of the meeting held on Friday 20 August 2021 was approved.</p>	
6	MATTERS ARISING	
	<p>The Action Note from the meeting held on 20 August 2021 was approved.</p>	
7	FINANCE UPDATE	
	<p>The Chair introduced Audrey Valente who presented this report which had been discussed in depth at the Finance & Performance Committee (F&P) on 3 September 2021. IJB members had been invited to a drop-in session prior to the Board meeting where they were given the opportunity to discuss the reports on today's agenda in detail. Members agreed the drop-in session was helpful and encouraged others to attend.</p>	
	<p>The report detailed the financial position of the delegated and managed services based on 31 July 2021 financial information. The forecast deficit is £5.756m. It is expected that the costs of Covid-19 will be met in full through use of Reserves and further funding from Scottish Government.</p>	
	<p>The Senior Leadership Team continues to work on a Recovery Plan and progressing savings.</p>	
	<p>The Chair then invited David Graham, Chair of F&P to comment on discussions at the Committee before questions from Board Members. David confirmed that the report had been given significant scrutiny at the F&P Committee.</p>	
	<p>The Board considered the key actions and next steps and approved the Financial Monitoring Update as at July 2021. This decision will be homologated at the IJB meeting on Friday 22 October 2021.</p>	

8 IJB STRATEGIC RISK REGISTER

This report had been discussed at the Audit & Risk Committee (A&R) on 15 September 2021. The Chair introduced Audrey Valente who presented this report. The Risk Register is being refreshed and highlights the risks which the partnership must manage. The updated Register will be brought back to a future A&R meeting prior to coming to an IJB meeting.

The Board noted the process of the review of the Register and that the revised Register will be reported to the next Audit & Risk Committee.

9 FLU VACCINATION COVID VACCINATION TRANCHE 2 PLAN DELIVERY

This report was discussed at the Clinical & Care Governance Committee (C&CG) on 8 September 2021 and the IJB Development Session on 10 September 2021. The Chair introduced Bryan Davies who presented this report.

The transition of the Immunisation Programme to the partnership is now complete and weekly meetings are being held to focus on the three workstreams. The Project Management Office is overseeing the programme and Lisa Cooper is Immunisation Programme Director.

Tranche 1 of the programme officially ends on 30 September 2021 with some work still needed to complete it.

New guidance from the Joint Committee on Vaccination and Immunisation (JCVI) has been received on vaccinations for 12-16 year olds and delivery of the preferred model for these. This will be clinic based initially with publicity via the internet and social media. Mop up sessions will be via schools later in the process.

Planning for Tranche 2 is well advanced and both of the vaccinations (flu and covid booster) will give given in a single appointment. There must be at least six months from the second covid vaccination to the booster appointment. Work will begin with priority cohorts, as with the initial covid vaccination programme.

The Chair then invited Tim Brett, Chair of C&CG to comment on discussions at the Committee before questions from Board Members. Tim confirmed the discussions which had taken place at C&CG.

Communications are being currently being collated for residents over 80 years old, who will be first to receive flu/booster jabs via their GP surgery or another local venue.

Lynn Barker praised the immunisation workforce who are an excellent example of staff going above and beyond to provide a service.

The Board discussed the report in anticipation of the full delivery plan being presented.

10 FIFE IMMUNISATION STRATEGIC FRAMEWORK – 2021-2024

The Chair introduced Bryan Davies who presented this report which had been discussed at the Clinical & Care Governance Committee on 8 September 2021 and the IJB Development Session on 10 September 2021.

The Director of H&SC and Director of Public Health commissioned an independent review of immunisation in Fife earlier in 2021. The review resulted in the Strategic Framework, an Action Plan and Direction. Leadership, Governance and Planning where the three main areas covered in the review.

The key staff roles had been shared with IJB members at the Development Session on Friday 10 September 2021.

Through implementation of the strategy, we aim to:

- Protect the people of Fife from vaccine preventable disease by maximising uptake across all immunisation programmes;
- Contribute towards improved wellbeing and reducing health inequalities;
- Ensure immunisation services are safe, effective and of a consistent high quality;
- Raise people's awareness of the public health benefits and people's trust in vaccinations.

To realise our vision and ambitions four priorities for action have been identified:

- Optimise immunisation coverage ensuring equitable access for all eligible groups.
- Enhance the monitoring & evaluation of immunisation programmes.
- Support & empower a sustainable skilled workforce to deliver safe and effective immunisation services.
- Community engagement and promotion.

Nicky Connor then covered the Direction which was to be issued to NHS Fife in connection with the Framework including the functions covered, the budget allocated and performance monitoring arrangements.

The Chair then invited Tim Brett, Chair of C&CG to comment on discussions at the Committee before questions from Board Members. Tim confirmed that the C&CG discussed the report on length prior to agreeing that the IJB should approve it.

The Board approved the Framework. This decision will be homologated at the IJB meeting on Friday 22 October 2021.

NO HEADING**ACTION****11 JOINT INSPECTION OF ADULT SUPPORT AND PROTECTION INSPECTION – FINAL REPORT**

This had been discussed at a previous Development Session and the Chair introduced Fiona McKay who presented this report.

The Care Inspectorate / Healthcare Improvement Scotland Joint Inspection of Adult Support and Protection was completing during August 2021 and this report outlines the findings from the inspection. The inspection has shown Fife H&SC to be an exemplar.

There are a number of strengths outlined in the report as well as several priority areas for improvement which will form the basis of an Action Plan. This will be brought to the appropriate governance committees.

Discussion took place around the positive outcome of the inspection, how to strengthen support and the provision of care plans for adults. Praise was expressed for all involved in the inspection process.

The Report was presented for awareness and discussion.

12 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED

The Chair asked Tim Brett, David Graham, Dave Dempsey and Nicky Connor for any items from governance committees / Local Partnership Forum that they wish to escalate to the IJB.

Tim Brett – Clinical & Care Governance Committee (C&CG) – 4 August 2021 (Confirmed)

Tim wished to highlight the Mental Welfare Commission Authority to Discharge report and the helpful update provide by Helen Hellewell on GP Clusters.

The committee met again on 8 September 2021 and the minute of the meeting will be brought to the next IJB meeting.

David Graham – Finance & Performance Committees (F&P) – 13 August 2021 (Confirmed) and 3 September 2021 (Unconfirmed)

David did not require to escalate items to the IJB from the meeting on 13 August 2021. He wished to highlight that secondary reports had been requested on CAMHS and Psychological Therapies to allow F&P to undertake a deeper dive into these areas.

At the meeting on 3 September 2021 the committee was given an up to date position on Care Home Replacement and the pressures within Care at Home.

Dave Dempsey – Audit & Risk Committee (A&R) – 9 July 2021 (Confirmed)

Dave confirmed that there were no items to escalate from this meeting.

NO HEADING**ACTION****12 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED (Cont)****Local Partnership Forum (LPF) – 11 August 2021 (Unconfirmed)**

Simon Fevre confirmed that robust discussions had taken place on staffing issues within the partnership, NHS Fife and Fife Council. Management and the trade unions are working collaboratively to ensure safe staffing levels and support throughout the currently situation.

The staff portal, which will allow front line staff to book their flu jab and covid booster has been set up and is being widely publicised.

The iMatter survey closed on Monday 20 September 2021 and to date the partnership has had a 61% return rate, some paper-based returns have still to be collated so this percentage may rise slightly. The final report is due to be published at the end of October 2021 and will be shared with the LPF.

13 AOCB

As the Chair had not been advised of any other business to be raised under this item there was nothing to report.

14 DATES OF NEXT MEETINGS

IJB Development Session – Friday 8 October 2021 at 9.30 am

IJB Meeting – Friday 22 October 2021 at 10.00 am

FIFE PARTNERSHIP BOARD
(Meeting on 26th October 2021)

There were no items for escalation to the NHS Board from this meeting.

Fife Partnership Board endorsed the proposed leadership, delivery arrangements for the Plan for Fife.

FIFE PARTNERSHIP BOARD – REMOTE MEETING26th October, 2021

2.00 p.m. – 3.50 p.m.

PRESENT: Councillors David Ross (Convener) and David Alexander, Steve Grimmond, Chief Executive, Fife Council; Carol Potter, Chief Executive, Joy Tomlinson, Director of Public Health, Tricia Marwick, Chair of NHS Fife Board, NHS Fife; Nicky Connor, Director of Health and Social Care Partnership; Joseph Fitzpatrick, Area Commander, Scottish Fire and Rescue Service; Mark McMullen, Interim Head of Partnerships, Scottish Enterprise; Joanne Allen, Skills Development Scotland; Anna Herriman, Senior Partnership Manager, SESTran; Laura McMahon, Department of Work and Pensions; Sue Reekie, Chief Operating Officer, Fife College; Kenny Murphy, Chief Executive, Fife Voluntary Action and Chief Superintendent Derek McEwan, Police Scotland.

ATTENDING: Carrie Lindsay, Executive Director - Education and Children's Services, Stuart Booker, Improvement Officer (Strategy and Knowledge Management), Education Services; John Mills, Head of Housing Services, Housing Services; Tim Kendrick, Community Manager (Development), Communities and Neighbourhoods; Gordon Mole, Head of Business and Employability, Economy, Planning and Employability Services and Michelle Hyslop, Committee Officer, Legal and Democratic Services

ALSO ATTENDING: Dr Lorna Watson, NHS Fife

APOLOGIES FOR ABSENCE: Councillor Dave Dempsey, Gordon MacDougall and Keith Winter.

114. MINUTE

The Board considered the minute of the Fife Partnership Board Meeting of 17th August, 2021.

Decision

The Board approved the minute.

115. COVID-19 UPDATE -VERBAL UPDATES ON RECOVERY ACTIVITY BY PARTNERS

Partners provided the board with respective updates on service delivery surrounding the Covid-19 pandemic which focused on recovery and renewal.

NHS Fife, Public Health continue to monitor the Covid-19 testing programme and uptake of vaccinations within Fife.

Residents./

Residents of Fife are now being offered Covid-19 booster vaccinations, to date 23,521 booster vaccinations had been administered and there continues to be good uptake on vaccinations.

Services were reminded of the importance of continuing to wear face coverings and adhere to social distancing to help protect against the transmission of Covid-19.

Staff from respective services were thanked for their hard work and continued efforts throughout the recovery from the pandemic.

116. AFGHANISTAN REFUGEES IN FIFE - VERBAL UPDATE

The Board considered a presentation by John Mills, Head of Housing Services, Fife Council relating to Afghanistan refugees in Fife.

Decision

The Board: -

- (1) welcomed and noted the presentation;
- (2) noted a copy of the presentation slides would be circulated to Board members.

117. PLAN FOR FIFE DELIVERY - UPDATE FROM THE RECOVERY AND RENEWAL LEADERSHIP GROUP

The Board considered a report by the Executive Director, Communities, Fife Council which updated members on the progress to date in establishing new arrangements for the Plan for Fife leadership, delivery and organisational change across the Partnership.

Decision

The Board: -

- (1) noted the progress made to date in implementing the updated Plan for Fife;
- (2) approved the proposed leadership, delivery and reporting arrangements outlined in sections 2-3 of the report;
- (3) considered the change strategy proposals as the basis for taking forward a joint approach to organisational change across the partnership as outlined in Section 4 of the report, which included:
 - (a) the four proposed principles for public service renewal;
 - (b) the proposals to take forward local people and place leadership across the partnership, and
 - (c) the establishment of a partnership organisational change group to plan and deliver joint activity across the board.

118./

118. FIFE CHILDREN'S SERVICES PLAN 2021-23

The Board considered a report by the Executive Director, Education and Children Services, Fife Council which presented to members the Fife Children's Plan 2021-23, as a basis for improving the outcomes and experiences of children, young people and families across Fife during the period of recovery and renewal from the Covid-19 pandemic.

Decision

The Board endorsed the Fife Children's Services Plan 2021-23.

119. FIFE CHILD POVERTY ACTION REPORT 2020-2021

The Board considered a joint report by the Executive Director, Education and Children's Services, Fife Council and the Director of Public Health, NHS Fife which presented to partners the Fife Child Poverty Action Report 2020-21.

Decision

The Board endorsed the Fife Child Poverty Action Report 2020-21.

120. DATE OF NEXT MEETING

The next Board Meeting shall take place on Tuesday 15th February, 2022 at 10.00am.

The meeting shall be held remotely, as necessary, and subject to Scottish Government advice on Covid-19.

AOCB - PRESENTATION ON REGIONAL TRANSPORT STRATEGY

The Board considered a presentation by Anna Herriman, Senior Partnership Manager, Sustran regarding the regional transport strategy consultation.

Decision

The Board: -

- (1) welcomed and noted the presentation;
- (2) were encouraged to take part in the consultation process.

**MINUTE OF THE NHS FIFE EXTRAORDINARY CLINICAL GOVERNANCE COMMITTEE
HELD ON THURSDAY 2 SEPTEMBER 2021 AT 2PM VIA MS TEAMS**

Present:

C Cooper, Non-Executive Member (Chair)	M Black, Non-Executive Member
S Braiden, Non-Executive Member	S Fevre, Area Partnership Forum Representative
D Graham (Cllr), Non-Executive Member	R Laing, Non-Executive Member
J Owens, Nurse Director	C Potter, Chief Executive
J Tomlinson, Director of Public Health	

In Attendance:

L Campbell, Associate Director of Nursing
L Cooper, Immunisation Programme Director
B Davis, Head of Primary and Preventative Care Services (*representing N Connor*)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
S Fraser, Associate Director of Planning & Performance
S Garden, Director of Pharmacy & Medicines
A Graham, Associate Director of Digital & Information
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance of Finance (*representing M McGurk*)
N McCormick, Director of Property & Asset Management
H Thomson, Board Committee Support Officer (Minutes)

Christina Cooper welcomed everyone to this special meeting of the Clinical Governance Committee. A welcome was extended to B Davis (Head of Primary and Preventative Care Service) who is representing the Director of Health & Social Care, and M Michie (Deputy Director of Finance of Finance) who is representing the Director of Finance & Strategy.

Members were advised that a recording pen will be in use at the meeting to assist with minute taking.

1. Apologies for Absence

Apologies were noted from members N Connor (Director of Health & Social Care), A Lawrie, (Area Clinical Forum Representative), C McKenna (Medical Director) and attendees G Couser (Head of Quality & Clinical Governance), B Johnson (Capital Projects Director), M McGurk (Director of Finance & Strategy), J Morrice (Consultant Paediatrician) and E Muir (Clinical Effectiveness Co-ordinator).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. **Update on the Joint Flu Vaccine Covid Vaccine (FVCV) Programme Delivery**

The Head of Primary and Preventative Care Services presented the FVCV Programme Delivery paper, advising it delivers tranche 1 (to date) of the Covid-19 vaccine programme, and provides an update on the planning for delivery of tranche two (Autumn programme), which covers both Covid-19 and seasonal flu.

Transition from Tranche 1 to Tranche 2

An update was provided on the transition of the programme, which has been positive. Governance has transferred fully from the Covid-19 Silver Command structure to the new FVCV governance structure, with three supporting workstreams covering logistics, workforce & model of care, and scheduling.

The Programme Management Office (PMO) support transitioned over successfully, with one new key appointment of a Programme Director.

The risk management process has transferred and moved to the new FCVC programme. It was highlighted the previous Covid-19 Lead Officers remain key and valued members of the new programme.

In terms of the tranche 2 programme, which is the third dose for Covid-19 and the first dose for seasonal Flu, planning is very well advanced in Fife. Completed delivery plans will be submitted to the Scottish Government via the appropriate governance routes locally. Key areas of guidance will be provided from the Joint Covid Vaccination Infection Committee (JCVI), and planning for delivery of the tranche 2 programme will be based on scenario assumptions linked to this awaited guidance. It was noted the Scottish Government will guide the formal delivery plans. More detail will be provided to the Committee as the programme moves into tranche 2.

Delivery of Plans

An update was provided on tranche 1 activity, and the four key priorities.

The Immunisation Programme Director advised delivery of tranche 1 will continue with a focus on the under-40s age group and encouraging uptake. A summary on uptake of the various cohorts in the under-40s age group was provided.

It was noted there are complex areas within the various cohorts, and it has been agreed nationally there will be local guidance available.

A robust plan is in place for venues and delivery of vaccines Fife wide. Work is also underway with General Practitioners on supporting the over-80s cohort. A bespoke team will be available to reach out to cohorts who are unable to attend a venue, and for those in care homes.

Concern was raised around the use of the National Scheduling Tool, given the earlier issues experienced in Fife which had led, in some instances, to a poor patient experience. It was advised that the tool has evolved over time and extensive work has been carried out in developing it and addressing issues, which will continue as these new workstreams progress. It was noted learning from past issues with the tool are

reflected in the programme risk register. The team were commended on their hard work addressing earlier issues.

It was advised the Equality Impact Assessment is being progressed for the delivery plans and will direct how communities are reached out to.

Timelines

Following a question on timelines, it was advised timelines are key and are set out by national planning. It was noted NHS Fife are involved in national groups and short life working groups and have an active role within Fife to influence timelines and how the programme develops; this includes both the concurrent and decoupled Flu and Covid-19 scenarios.

Concurrent and Decoupled Flu and Covid-19 Vaccines

Workforce was raised in relation to concurrent and decoupled Flu and Covid-19 vaccinations and meeting the challenges if the decoupled vaccine is chosen. It was advised there is a dedicated workstream which focusses on workforce modelling & planning and is progressing well. The workstream have provided assurance workforce will be available for both scenarios.

Clarity around potentially administering both vaccines at the same time is expected to be available within a week's time.

Covid-19 Vaccines

It was reported there are various trials taking place around the different Covid-19 vaccines. In line with the trials, the JCVI are looking at the safety data. A mixed model is expected, and experts are likely to make recommendations around the various age groups. No concerns were raised around supply meeting demand for vaccines.

Communication

Communication is being driven forward both at national and local level to maximise uptake of the vaccinations and includes communication in the education sector. A national toolkit for comms is expected to be available once the JCVI guidance is announced.

It was advised there is an approach to communication nationally, which is centred around Public Health Scotland, and this will inform our local communications.

The communications strategy for the different scenarios was questioned. In response, it was advised the communication strategy is crucial and will ensure messages are clear and encourage the population to take up the vaccine. Reassurance will be provided around the eligibility in the 12 – 15 year old cohort from around 3 September 2021.

The Chief Executive advised there is a weekly briefing that is issued to elected members and used as a route to share key messages. The briefings have a strong focus on the vaccination programme, and these can be complemented by new communications being developed for these new workstreams

Risk

It was advised there will be a robust approach to risk, and two high level risks have been identified: national scheduling system and the infrastructure.

Vaccine Passports

The impact on the potential for vaccine passports was queried, and whether there would be a requirement to have a third vaccine recorded. It was advised this will be subject to the Parliamentary debate on 6 September 2021. Reassurance was provided that passports would only be used in optional venues, such as outdoor events, and would not affect hospital visitors, for example.

The Committee **noted** the report, took assurance from the progress and updated information regarding the programme, and developments in the approach.

The Head of Primary and Preventative Care Services / Immunisation Programme Director were thanked for their very informative presentation and report.

4. Fife Immunisation Strategic Framework 2021-24

The Director of Public Health presented the Fife Immunisation Strategic Framework 2021-24, which is the next stage after delivery in moving forward with immunisation.

It was advised the framework is wider than Seasonal Flu and Covid-19 and is for all immunisation programmes. It includes a targeted approach for those in the population at higher risk of infection.

Background to learnings was highlighted and the importance of leadership and management in immunisation, the governance structures that are needed to support and the planning requirements that need to be in place.

It was advised the Fife Immunisation Strategic Framework 2021-24 provides the foundation for an integrated strategic plan for immunisation and how we deliver and plan immunisations going forward, which is fundamental for health within the population of Fife at all ages. The Director of Public Health outlined the key aims and key ambitions through implementation of the strategy. The actions from the key priority areas are aligned to individuals and advisors who will be assisting Leads in the responsibilities. Governance arrangements are set out in the framework, and it was advised there will be areas of shared responsibility, along with clarity of roles, and overlapping responsibilities between NHS Health Board, Integrated Joint Board (IJB) and the Health and Social Care Partnership.

It was reported the actions and performance measures have been set out in the framework for each of the priority areas. The Committee will be kept informed of progress of the strategy and this will also be monitored through our Executive Directors' Team and IJB.

It was questioned how the impact of the immunisation programme will be evaluated in terms of linking to areas of deprivation and within the population health and wellbeing strategy. In response, it was advised further work is required in terms of equality, where there is not as much uptake in immunisation in specific areas, particularly areas of deprivation in the childhood programmes. It was noted more targeted efforts are required, and tailored messaging for specific groups. Equality and uptake are

measurable; however, more work is required to understand reasons why there is a drop off in more deprived areas. It was also noted the uptake levels in deprived areas of Fife are different in comparison to other deprived areas in Scotland, and this needs further review.

It was advised outbreaks of vaccine preventable diseases are always monitored. Regular reporting will be on an annual basis as part of the regular reports that the Board will be provided with.

Following a question on workforce operational issues in the vaccine delivery centres, it was advised the current workstream has robust management and oversight of workforce delivery. Nurturing of the workforce is a key aim of the strategy, and to continue having a robust and supported workforce within the immunisation programme. In terms of operational delivery, the strategy proposes an area is established in the Immunisation Steering Group with an ongoing programme of audit, both routine immunisation and targeted vaccines. It was noted real time support from management to staff in centres is available.

The report was commended as an excellent report that outlines the complexities and challenges of implementing the framework across the range of services the Immunisation teams provide.

The Committee **considered** the main findings from the paper and **supported** the implementation of the Fife Immunisation Strategic Framework 2021-24.

5. Any Other Business

There was no other business.

Date of Next meeting – Friday 17 September 2021 at 9.30am via MS Teams

Fife NHS Board

Confirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON FRIDAY 17 SEPTEMBER 2021 AT 9.30AM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair)
M Black, Non-Executive Member
S Braiden, Non-Executive Member
Cllr D Graham, Non-Executive Member
C Potter, Chief Executive
S Fevre, Area Partnership Forum Representative
A Lawrie, Area Clinical Forum Representative
Dr C McKenna, Medical Director
J Owens, Director of Nursing
J Tomlinson, Director of Public Health

In Attendance:

G Couser, Head of Quality & Clinical Governance
S Garden, Director of Pharmacy & Medicines
A Graham, Associate Director of Digital & Information
H Hellewell, Associate Medical Director
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
N McCormick, Director of Property & Asset Management
M McGurk, Director of Finance & Strategy
A McKay, Deputy Chief Operating Officer (*deputising for C Dobson*)
F McKay, Divisional General Manager (*deputising for N Connor*)
E Muir, Clinical Effectiveness Co-ordinator
H Thomson, Board Committee Support Officer (Minutes)

The Chair welcomed everyone to meeting.

The Chair thanked our workforce for their incredible ongoing commitment. Over the past few weeks', the pressures across the system in response to the pandemic have increased significantly and the Chair acknowledged how hard this is for our teams across the organisation. The well-being of our teams is a priority so that they can deliver the best for our patients, and work is underway to identify how we can address the pressures across the system.

1. Apologies for Absence

Apologies were noted from members R Laing (Non-Executive Member) and attendees L Campbell (Associate Director of Nursing), R Cargill (Consultant Cardiologist), N Connor (Director of Health & Social Care), C Dobson (Director of Acute Services), L Douglas (Director of Workforce) and S Fraser (Associate Director of Planning & Performance).

A McKay (Deputy Chief Operating Officer) was welcomed to the meeting, deputising for C Dobson, and Fiona McKay (Divisional General Manager) was welcomed as deputising for Nicky Connor.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting

3.1 The Minute of the meeting held on 7 July 2021

The Committee formally **approved** the minute of the last meeting.

3.2 The Minute of the Extraordinary meeting held on 2 September 2021

The Committee formally **approved** the minute of the Extraordinary meeting, following a slight re-wording to section 3 to clarify it is the third dose of Covid-19 being offered and a first for Seasonal Flu.

4. Matters Arising / Action List

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

5. Covid-19 Update

The Director of Public Health provided a verbal update on Covid-19 activity around testing and progress.

Positive Covid-19 cases have seen a dramatic increase, with around 752 cases per 100,000 of population, in Fife. There has also been an escalation in the number of tests carried out. A total of 30,041 Lateral Flow Tests (LFT) were carried out from the period 6 – 12th September 2021, and this is the highest amount, to date. Polymerase Chain Reaction Tests (PCR) in the same time period numbered 25,438. The largest increase in PCR testing is in the community testing, which is mainly covered by the UK laboratories and is just under 18,000. It was noted we are very heavily reliant on UK laboratories testing.

The uptake of testing has resulted in almost full capacity, and intermittently there are challenges around the turnaround time due to the volumes. Technical challenges were outlined.

It was advised there has been significant change around staff contacts and conditions for returning to work, which now includes an additional negative PCR test and also a daily negative LFT for ten days. The importance of carrying out these tests was highlighted, as it minimises workforce absences and should retain safe staffing levels.

Equity remains a concern within the teams and ensuring good access across the population in terms of geography and other control factors, to effectively manage self-isolation. NHS Fife are working closely with Fife Council to ensure test sites are in the most accessible areas possible to promote attendance.

There are challenges within the workforce and the large number of staff required for fixed sites, as it has been difficult to fully expand the testing units. There are also recruitment challenges, particularly with fixed rate contracts.

Testing for staff and families is ongoing at Cameron Hospital, however, there is little capacity now in that area. Additional capacity is being sought through pre-admission testing at the asymptomatic site in Dunfermline, which will improve access for residents in West Fife and NHS Fife Staff.

It was reported active conversations are taking place at national level on the future of testing capacity. It was noted our system is working well, particularly with a large volume of testing.

Following a question, it was advised testing is being escalated as much as it can be and there is a meeting scheduled with Directors of Public Health to discuss further. A balance going forward is required, and to determine the capacity that is going to be required.

It was noted all age groups are coming forward for testing, and it is difficult to identify groups who are not coming forward, as reluctance can be attributed to many different reasons.

An overview was provided on the significant impact and pressures on our clinical services, and it was reported the increase in community numbers will always lead to a level of people requiring hospital care, whether they have been vaccinated or not vaccinated. The numbers of people requiring hospital level care at this current level of community transmission is different from what it would have been pre-vaccination. At the level that it currently sits at, it is leading to a significant submission and a strain on our Acute Services, and subsequent pressure across the whole system, including our critical care facilities. Discharge planning is a key area, due to longer stays in hospitals. It was advised delivery of non-urgent and elective healthcare is just as important to our health care services going forward.

It was confirmed pausing of elective procedures and outpatient activity has been very selective, due to clinical prioritisation, and as much patient activity delivery is taken place as possible. In the previous week, some non-urgent outpatient and elective activity has been paused in order to support the urgent and emergency response, mainly due to safety reasons and to deliver a large-scale critical response. It was noted the critical response is manageable and being monitored on a day-to-day basis. Planning for over the winter period is crucial.

Assurance was provided to the Committee on work being done to maintain the clinical services, and through clinical prioritisation, particularly around staffing levels. Regular communication is taking place with the Scottish Government to mitigate risks. It was noted NHS Fife are over performing against other Health Boards, and clear plans are in place to raise activity levels.

The Committee **noted** the update and current position, taking assurance from the actions described.

6. GOVERNANCE / ASSURANCE

6.1 Board Assurance Framework – Quality & Safety

The Medical Director provided an update on the NHS Fife Board Assurance Framework (BAF) for Quality & Safety and advised work is still ongoing on its revision.

In terms of the current situation, two linked risks have been removed: Overcapacity in Assessment Unit and Capacity Planning – Boarding of Patients, as the issues within those risks are not applicable due to a change of circumstances in refiguring the hospital. Alternative risks as a result of our response to Covid-19 will be identified through development of risks in Acute Services moving forward. It was noted, the temperature control fluids risk has been downgraded due to changes in the infrastructure with regards to temperature control for fluids.

Full updates are being collated for each of the high risks from each area of the organisation, and a comprehensive update with recommendations will be provided at the next Clinical Governance Committee meeting and include assurances on associated links.

Action: Medical Director

The Committee **noted** the content and current position of the quality and safety component of the Board Assurance Framework.

6.2 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy provided an update on the NHS Fife Board Assurance Framework (BAF) for Strategic Planning.

Assurance was provided to the Committee the Population Health & Wellbeing Strategy is progressing, including progress on engagement with the population and staff.

The Committee **noted** the current position in relation to the Strategic Planning risk.

6.3 Board Assurance Framework – Digital & Information

The Associate Director of Digital & Information provided an update on NHS Fife Board Assurance Framework (BAF) for Digital & Information.

The BAF reports a small change from previous reports and a linked operational risk has been removed, as detailed in the paper. An improved position is expected in the next report.

The Committee **noted** the content and current assessment of the Digital & Information BAF.

7. STRATEGY / PLANNING

7.1 NHS Fife Population Health & Wellbeing Strategy Progress

The Director of Finance & Strategy gave an update on the progress of the NHS Fife Population Health and Wellbeing Strategy development, the briefing paper on which has been provided to the Committee for assurance.

The Executive Directors Group propose to take forward a portfolio approach to developing and delivering the strategy. It will initially focus on the development of a new 5 – 10 year strategy and will inform our deliverable plans and projects, which will be monitored through a newly established Portfolio Delivery Programme Board (PDPB). It is anticipated that the PDPB will report directly into the new Public Health & Wellbeing Governance Committee being established by the Board.

The portfolio will be aligned directly to the four national care programmes that the Scottish Government have initiated.

It was advised that the first stage of the EQIA stage assessment has concluded and is now moving to stage two.

The design of the strategy is being progressed through communications and engagement with wider stakeholders and members of the public. More detail on the communication with wider stakeholder was requested, and it was advised a further update will be provided at the next meeting.

Action: Director of Finance & Strategy

The Committee **noted** the establishment of the Population Health and Wellbeing Portfolio Board and progress of the development of the strategy.

7.2 Joint Remobilisation Plan 2021/22 (RMP)

The Director of Finance & Strategy provided an update on progress of the Joint Remobilisation Plan for 2021/22.

The Scottish Government (SG) have approved the previous iteration of the RMP3 and have acknowledged that planning is an ongoing activity. A delivery planning template has been issued from the SG for completion by the end of September 2021 and this will be completed as part of the RMP4. The RMP4 will include key deliverables agreed within the RMP3, and any additional actions or material changes envisaged in terms of those being delivered towards the latter part of 2021.

SG have not requested a separate winter plan, and thus this will form part of the RMP4 submission. Discussions are underway to form the winter plan element, and this will be developed in the context of the current level of challenges within the services, particularly social care, and staff workforce capacity.

An action tracker is being developed with key actions and progress on deliverables, and updates will be provided to the Executive Teams, Committees and to the Board (by exception only).

The Committee **noted** the Joint Remobilisation Plan 2021/22 and process in place for production of the RMP4.

7.3 Review of Health & Social Care Integration Scheme

The Divisional General Manager provided an update on the Review of the Health & Social Care Integration Scheme and noted a full review has been carried out, with detailed input from partners over a timescale that had been lengthened by Covid pressures.

No significant changes to the scheme were required, and it is now required to be approved by NHS Board and Fife Council Board.

More clarification was requested on the financial implications in terms of the risk sharing arrangement. It was advised that the Finance, Performance & Resources Committee have scrutinised the financial aspects and recommended approval to the NHS Board, and that this area is not within the remit of the Clinical Governance Committee. The Director of Finance & Strategy nevertheless provided assurance and advised significant progress had been made in terms of moving risk share positions, and it was agreed the historic resource transfer will not form part of the risk share. It was advised more timely financial planning has been written into the agreement, and an early indication of funding year-on-year should be provided and agreed by both parties by the Quarter 3 of the financial year, to limit the use of the risk share arrangement in future. It was noted the risk share is split and is more closely aligned to level of contribution from each of the partners.

The Committee **recommended** the revisions to the Integration Scheme to enable NHS Fife Board to formally approve this prior to it being submitted to Scottish Government for Ministerial approval.

7.4 Robotic Assisted Surgery Assurance Report

The Medical Director provided a comprehensive update on the Robotic Assisted Surgery Assurance Report and outlined the benefits and enhancement to the patient experience.

It was emphasised the Robot is to be used only to enhance the patient experience and recovery and will not form part of every operation.

One surgeon from each speciality is expected to be authorised for Robotic surgery in the coming week, and it was reported this is positive progress. To date, the Robot has been used during 12 operations, and this has resulted in a significant reduction to the patient's length of stay.

Following a question on financial sustainability, and continuing and developing with the plans, it was advised more work is required in developing the Robot, and the financial aspect will be discussed further through the Finance, Performance & Resources Committee. A fuller understanding of the longer-term costs is required, which would incorporate how often it is used, and savings made. The Director of Finance & Strategy advised the Finance, Performance & Resources Committee endorsed the full business case for the Robot. An explanation was provided on the Robot being procured whilst the business case was in development, due to the time-limited availability of government funding, and further detail is provided in the paper.

In terms of capital funding support, additional Robots may be available. The detailed financial strategy will come to the Clinical Governance Committee for assurance on the patient-related aspects.

Following a question on safeguarding for sterilisation and instruments, it was advised procedures are in place anytime the Robot is out of order, and patients will continue

to get a standard level of care, even if their surgery does not make use of the device. It was noted national capital to support the business case is being explored for robotic decontamination and instruments, in Fife. A National Group are looking at decontamination across Scotland, and a representative from NHS Fife sits on the Group.

It was highlighted one of the key benefits of the business case is the offering of the robotic service and enhanced staff training in Fife. If this was not offered, there is a risk that specialist staff will go to another Health Board where that training is available.

The Regional position with Robotic surgery was provided and noted a strong business case was provided to bring a Robot into Fife. It was noted there are four Robots in the Region.

The Committee commended all involved in the work of establishing robotic assisted surgery.

The Committee **noted** the assurance from the Medical Director regarding the introduction of Robotic Assisted Surgery in NHS Fife and **endorsed** the Robotic Assisted Surgery Clinical Governance Assurance report.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report

The Medical Director provided an update on the Integrated Performance & Quality Report (IPQR) and advised there were no areas of concern, with some areas under close observation.

The Director of Nursing advised there is an improvement in falls, and a Falls Champion Network is being developed.

The importance of maintaining communication to complainants in delays to responses was highlighted. Due to the pressures on the workforce, it has been agreed to pause some complaint activity. The Clinical Services are committed to continue dealing with complaints and have been advised they can pause if required due to pressures. The Patient Relationships Department have been communicating with complainants on extending response times. Recording in Datix is being carried out when an extension to a response has been provided. It was advised all Health Boards are in a similar position. It was also advised the Scottish Government are content with the current position on complaints.

The Committee **examined** and **considered** the NHS Fife performance.

8.2 Healthcare Associated Infection Report

The Director of Nursing provided an update on the Healthcare Associated Infection Report (HAIRT) and reported NHS Fife is below the Scotland comparison in healthcare associated infection, and this is a testament to the hard work of the teams.

An inspection was carried out in May 2021 at Victoria Hospital and the report was positive. Two requirements were reported: testing of patients within five days and

equipment and state of repair in the Ward in the Tower Block. Both requirements have now been addressed, and an action plan is in place.

Following a question, it was advised the National programme of Surveillance for Surgical Site Infections is still currently on pause nationally.

The Committee **noted** the HAIRT report.

9. DIGITAL / INFORMATION

9.1 Digital Strategy 2019-2024 Update

The Associate Director of Digital & Information provided an update on the Digital Strategy 2019-2024 paper, which focusses on the delivery plans to implement the strategy.

Delivery of each of the strategic ambitions - Modernising Patient Delivery, Joined Up Care, Information and Informatics, Technical Infrastructure and Workforce and Business Systems - were outlined

The Digital and Information Team were thanked for their hard work in supporting and protecting staff to deliver in a safe environment.

The Committee **noted** the Digital Strategy 2019-2024 update.

9.2 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme

The Director of Pharmacy & Medicine provided an update on the HEPMA Programme and advised the final version of the HEPMA Programme is expected in October 2021.

The status of the programme has been moved from green to amber, due to delays in contractual negotiations, as described to members.

An update on progress was provided, including project actions, which are ongoing; communication and engagement strategies across the organisation; patient journey mapping; and change management activity. Key leadership posts are outlined in the paper.

Background to the programme is outlined in the paper, and it was reported delivery of timelines is being closely monitored. The overall transformation benefits of HEMPA were highlighted.

Following a question on NHS Orkney supporting the HEPMA Programme Board with procurement tasks since June 2021, it was advised this support is continuing to ensure consistency of approach. There has been a number of vacancies in the NHS Fife procurement function for some time, and work is being carried out to scope out different roles to attract more candidates.

The Committee **noted** the update on the Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme.

9.3 Safer Management of Controlled Drugs

The Director of Pharmacy & Medicine outlined the report on the Safer Management of Controlled Drugs Report, which covers the period April 2020 – March 2021. The paper is provided to the Committee for an update on the situation and to provide members with assurance.

It was reported a Regional Controlled Drugs Local Intelligence Network has been established, and the benefits are already visible due to the sharing of information.

It was advised an independent pharmacy audit is carried out every six months in all clinical areas that hold drugs, and action plans developed. 100% compliance was reported in all areas audited and it was noted the audit is extensive.

Work has been carried out to ensure there is sufficient authorised witnesses for the destruction of controlled drugs. Standing operating procedures have been improved, which provides clarity and easier training.

External regulator inspections for Community pharmacies are carried out from the General Pharmaceutical Council. Their focus is on new premises and where standards have not been met previously.

It was advised there has been a decrease in the reporting of incidents compared to previous year, and the potential causes are described in the paper.

Challenges around administration were reported, and a lot of work has been carried out in terms of education, training and follow ups to improve in that area.

It was reported an extensive review is being carried out over the next six months on the safer use and management of controlled drugs. A newly developed tool will support recording of performance. It was advised monitoring and the usage of data around controlled drugs has matured.

Following a question on how medicines are prescribed and the generic name versus the branded name, it was advised this is challenging and generic prescribing is being encouraged.

The Committee **noted** the ongoing activity and developments to support the safer management of Controlled Drugs in NHS Fife.

10. LINKED COMMITTEE MINUTES

All items under this section were taken without discussion and the Committee **noted** the following Committee Minutes.

- 10.1 Acute Services Division Clinical Governance Committee (*dated 21/07/21*)
- 10.2 Fife Drugs & Therapeutics Committee (*dated 11/08/21*)
- 10.3 Fife IJB Clinical and Care Governance Committee (*dated 02/06/21*)
- 10.4 NHS Fife Clinical Governance Oversight Group (*23/06/21*)
- 10.5 Digital and Information Board (*dated 20/04/21*)
- 10.6 Infection Control Committee (*dated 02/06/21*)
- 10.7 Public Health Assurance Group (*dated 08/06/21*)

10.8 Area Medical Committee (*dated 08/06/21*)

10.9 IRMER Board Minutes (*dated 20/08/21*)

11. ITEMS TO NOTE

11.1 Internal Audit Report: Digital & Information Governance Arrangements

The Committee **noted** the findings of the Internal Audit Report for Digital & Information Governance Arrangements.

11.2 Internal Audit Report: Manual Handling Training

The Committee **noted** the findings of the Internal Audit Report for Manual Handling Training.

11.3 Excellence in Care

The Committee **noted** the conclusions of the Excellence in Care paper.

11.4 Health Promoting Health Service Report

The Committee **noted** the conclusions of the Health Promoting Health Service Report.

11.5 Corporate Calendar / Committee Dates

The Committee **noted** the proposed meeting dates for 2022/23.

11.6 Clinical Governance Committee Workplan

The Committee **noted** the up-to-date Clinical Governance Committee Workplan for 2021/22.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

It was **agreed** to commend the work in introducing Robotic Assisted Surgery to the NHS Fife Board. The committee also **agreed** to commend the significant progress in relation to the Digital Strategy.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Wednesday 3 November 2021 at 2pm via MS Teams.

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 7 SEPTEMBER 2021 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)

A Lawrie, Non-Executive Director

A Morris, Non-Executive Director

W Brown, Employee Director

M McGurk, Director of Finance & Strategy

J Owens, Director of Nursing

Dr J Tomlinson, Director of Public Health

In Attendance:

C Dobson, Director of Acute Services

N Connor, Director of Health & Social Care

S Garden, Director of Pharmacy & Medicines

N McCormick, Director of Property & Asset Management

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

M Michie, Deputy Director of Finance

H Thomson, Board Committee Support Officer (Minutes)

1. Welcome / Apologies for Absence

The Chair welcomed everyone to meeting.

The Chair praised our workforce in these challenging times for their incredible ongoing commitment and continuing efforts in their response to the pandemic.

Apologies for the meeting had been received from members Dr C McKenna (Medical Director) and C Potter (Chief Executive).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the last Meeting held on 13 July 2021

The Committee formally **approved** the minute of the last meeting.

4. Action List / Matters Arising

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

5. GOVERNANCE

5.1 Board Assurance Framework – Financial Sustainability

The Director of Finance & Strategy provided an update on the Board Assurance Framework (BAF) for Financial Sustainability and advised that the content of the BAF is linked to the Quarter 1 review of the financial position, as noted in the Integrated Performance Quality Report (IPQR).

It was reported that the financial sustainability risk levels remain high, and this is mainly due to the unachieved efficiency savings of £13.6m. A meeting took place with the Scottish Government Finance Directorate on 6 September 2021, and recognition was provided on the challenges of meeting this target under current circumstances, with further discussion to take place on their ability to support the position - a further update is provided under agenda item 6.2.

The Committee **noted** the paper and **approved** the updated financial sustainability element of the Board Assurance Framework.

5.2 Board Assurance Framework – Strategic Planning

The Director of Finance & Strategy gave background on the Board Assurance Framework (BAF) for Strategic Planning and provided an update.

Corporate objectives have been identified for 2021/22 and were derived from the new Strategic Planning and Resource Allocation process (SPRA). A significant amount of work is underway to progress the development of the Population Health & Wellbeing Strategy. Due to this being in the early stages of the process, the level of risk remains high; however, the overall score has reduced slightly, and likely to reduce steadily over the coming year as the strategy develops.

The Committee **noted** the current position in relation to the Strategic Planning risk.

5.3 Board Assurance Framework – Environmental Sustainability

The Director of Property & Asset Management provided an update on the Board Assurance Framework (BAF) on Environmental Sustainability and reported there is little change in terms of the risk profile.

It was reported the provision of the new elective orthopaedic centre has made positive progress, with the build phase now underway. Mitigations on fire risks have been scrutinised, including training for staff, and a fire group are looking at this on a regular basis.

The Committee **noted** the position set out in the paper and **approved** the updated environmental sustainability element of the Board Assurance Framework.

6. STRATEGY / PLANNING

6.1 Joint Remobilisation Plan 2021/22 (RMP3/RMP4 Guidance) / Annual Operational Plan

The Director of Finance & Strategy provided an update on the ongoing process of developing the Joint Remobilisation Plan 2021/22.

The Scottish Government (SG) have approved the previous iteration of the RMP3 and have acknowledged that planning is an ongoing activity. A delivery planning template has been issued from the SG for completion by the end of September 2021 and this will be completed as part of the RMP4. The RMP4 will include key deliverables agreed within the RMP3, and any additional actions or material changes envisaged in terms of those being delivered towards the latter part of 2021.

SG have not requested a separate winter plan, and thus this will form part of the RMP4 submission. Discussions are underway to form the winter plan element, and this will be developed in the context of the current level of challenges within the services, particularly workforce capacity.

An action tracker is being developed with key actions and progress on deliverables, and updates will be provided to the Executive Teams, Committees and to the Board (the latter by exception only).

In terms of progress, it was reported that the diagnostic pathway for children and young people in primary care has been reinstated, and activity in adult mental health hospitals has also resumed. All other actions within the RMP3 are progressing.

The Committee **noted** the Joint Remobilisation Plan 2021/22 RMP3 and the process in place for production of the RMP4.

6.2 Quarter 1 Financial Review 2021/22 – Capital and Revenue

The Director of Finance & Strategy introduced the update on the Quarter 1 (Q1) Financial Review 2021/22 for Capital and Revenue, noting the Q1 position is challenging.

The in-year position for Q1 was provided, and it was noted the overspend position of £6.109m is largely in relation to unmet core savings of £3.414m.

The forecast outturn for Q1 assessment highlights the unachieved savings of £13.656m which is driving the high-risk factor within the Financial Sustainability BAF. It was also advised that the pressures in respect of the Service Level Agreement with Lothian Health Board will be closely monitored.

The paper highlights all the assumptions and risks driving the forecast outturn potential overspend of £19.656m. The components of the overspend projection were provided.

It was advised that a meeting was held with Scottish Government (SG) colleagues on 6 September 2021 to discuss the Quarter 1 review, as outlined in the paper. It was advised that the SG are not currently in a position to confirm funding support for the stated unachieved savings. The SG offered support on taking forward the Project Management Office (PMO). The SG issued a template requesting more information on what was included on the Q1 return, as they had carried out benchmarking with other NHS Health Boards. It was noted the SG are content with the broad direction of strategic planning for NHS Fife Health Board.

The Director of Finance & Strategy reported that the SG had been advised that a significant proportion of the legacy saving is a direct consequence of our distance from parity. Following earlier benchmarking with other NHS Health Boards, it was noted NHS Fife is not a major outlier in terms of acute services unit cost levels.

It was advised cost offsetting was possible in 2020/21 due to the pausing of services however it is unlikely that there will be a similar level available this financial.

The Director of Finance & Strategy stressed the importance of recording all Covid costs to ensure full funding and explained that the reference to 'long Covid' in the report is the term used by SG to describe the longer-term impact of Covid on the financial position.

Committee members recognised that further delivery of savings in-year, when the workforce is under so much pressure, would be very challenging to achieve. It was reported, however, that over the next three years, to the Board must deliver recurring financial balance. There are a number of medium-term cash reduction plans in the pipeline, which are being progressed with the services. It was noted that delivery of transformational change is crucial, and work is required to support capacity gains to get elective activity closer to normal levels over time.

The Finance team were praised for their hard work in providing a very comprehensive review.

The Committee **noted** the position reported in the paper.

6.3 Fife Capital Investment Group Report 2021/22

The Director of Finance & Strategy introduced the new Fife Capital Investment Group (FCIG) Report for 2021/22 and advised that the group provides oversight of the capital programme spend to the Executive Directors Group and the Committee.

There a number of challenges facing our building projects in terms of both availability of certain materials and price increases in the supply chain which is causing delays to aspects of the capital programme. The most significant is the orthopaedic centre, the Elective Orthopaedic Board recently approved purchases in advance for as many materials as possible to mitigate the supply issue. The potential impact of Brexit and Covid will continue to be recorded and monitored as a risk.

Long lead times in terms of digital and information equipment was raised as an issue, as this will impact the ongoing transformation work in the clinical areas. It was advised this will also be closely monitored.

The Committee welcomed reporting by exception and noted the report provides assurance on the mitigation measures in place to address key risks.

The Committee **noted** the contents of the report.

6.4 NHS Fife Population Health and Wellbeing Strategy Development Progress

The Director of Finance & Strategy gave an update on the progress of the NHS Fife Population Health and Wellbeing Strategy development, the briefing paper on which has been provided to the Committee for assurance.

It was noted that a range of activities and timelines have commenced, as detailed in the assessment section. The Executive Directors Group propose to take forward a portfolio approach to developing and delivering the strategy. It will initially focus on the development of a new 5 – 10 year strategy and will inform our deliverable plans and projects, which will be monitored through a newly established Portfolio Delivery Programme Board (PDPB). It is anticipated that the PDPB will report directly into the new Public Health & Wellbeing Governance Committee.

The portfolio will be aligned directly to the four national care programmes, and it was noted this will be helpful in finalising the Terms of Reference for the New Public Health & Wellbeing Governance Committee.

It was advised that the first stage of the EQIA stage assessment has concluded and is now moving to stage two. The in-house Equality and Human Rights Lead Officer will be key in terms of delivery.

The design of the strategy is being progressed through communications and engagement with wider stakeholders and members of the public, and the Comms team are developing branding to support the various aspects of the emerging new strategy. A survey or poll will be carried out, which offers questions to the public and will be collated for feedback. It was advised that a group had been involved in exploring the best approach to engagement with the public and an update will be shared with the Chair once feedback has been received.

Action: Director of Finance & Strategy

The NHS Fife Population Health and Wellbeing Strategy will be developed for submission to the Board March 2022.

The Committee **noted** the proposed establishment of the Population Health and Wellbeing Portfolio Board and progress of the development of the strategy.

6.5 Review of Health & Social Care Integration Scheme

The Director of Health & Social Care gave an update on the Review of Health & Social Care Integration Scheme and advised there is a requirement to update the Integration Scheme every five years. The review requires to be approved by the NHS Board and Fife Council before it is submitted to Ministers for formal review and comments, and subsequently becomes a legally binding Integration Scheme.

The key changes to the scheme were highlighted:

- There were no changes to the delegation of services
- Clarification has been provided regarding the Chief Officer role in respect of operational direction and accountability to Integrated Joint Board (IJB) and the oversight function
- Enhanced clarity in terms of responsibilities and accountabilities by both NHS Fife and Fife Council in terms of clinical and care governance, and the professional roles held by the Executive Nurse Director, Medical Director and Chief Social Work Officer
- Clarification regarding IJB statutory responsibilities and how they will be discharged

- Reference to specific Committees of the IJB have been removed, to allow for greater flexibility
- No change to membership
- Change agreed between Directors of Finance in both NHS Fife and NHS Council in relation to the financial section.

It was agreed a further discussion on the Health & Social Care Integration guidance on the use of Directions be brought back to a future meeting, for members' information.

Action: Director of Health & Social Care

The Chair thanked everyone involved in the review of the Health & Social Care Integration Scheme.

The Committee recommended **approval** to the Board of the revisions to the Integration Scheme, to enable NHS Fife Board to formally approve this prior to it being submitted to Scottish Government for Ministerial approval.

6.6 Primary Care Premises Review

The Director of Property & Asset Management gave an update on the Primary Care Premises Review for Committee assurance.

It was advised that the review is timely, given the publication of the General Medical Services Memorandum of Agreement.

The strategy will be delivered by the Director of Health & Social Care and the Head of Primary and Preventative Care Services, and a small working group will meet in the coming weeks to drive production of the strategy forward.

It was advised that small changes to issues with low associated costs will be identified to alleviate pressing issues within General Medical Services premises. For medium/long term issues, consideration will be given on what is required for localities and appropriate engagement will be required. Investment in properties, or disinvestment, will be identified and advised as early as possible to ensure capital is available to NHS Fife over the next 10 years. It was noted this also links into the national infrastructure plans.

The review links into the development of the Population Health & Wellbeing Strategy and it was advised that it is critical the Primary Care Premises Review and Population Health & Wellbeing Strategy are aligned to support requirements for clinical services.

It was advised that a Fife Council Local Development Planning Board will be taking forward a local development plan over the next four years, and various resources may be available in terms of infrastructure.

Staff side representatives will be engaged with during the process, through a number of groups and forums.

The Committee **noted** the paper and supported the formulation of a plan to develop a primary care premises review

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Finance & Strategy introduced the Integrated Performance & Quality Report (IPQR).

The Director of Health & Social Care provided an update on the Health & Social Care element of the IPQR report:

- Smoking cessation services are being delivered remotely and staffing levels are now starting to improve, with six new members of staff
 - The remobilisation of face-to-face provision is being evaluated; however, in terms of premises and the national guidance, this has proven to be a challenge
 - A shortage of Champix is continually to be monitored
- Child and Adolescent Mental Health Service (CAMHS) have been prioritising and targeting urgent interventions.
 - Referral-to-treatment (RTT) has remained in the high 70s.
 - There have been challenges in the recruitment of staff and we are continuing to focus in this area
- Psychological therapies demand continues to rise, and a lot of positive work is ongoing
- Enhanced recruitment continues
- Therapeutic group work, and physical distancing required, has been challenging

The Chair requested a paper on the remits and responsibilities of the new senior management team roles within the Health & Social Care Partnership, for information.

Action: Director of Health & Social Care

The Director of Finance & Strategy provided an update on the Capital and Revenue position.

The Q1 position had an overspend of £6.1m, £3.4m of which relates to legacy savings.

It was reported that there is an overspend in Acute Services in relation to staff pay areas and concern around medicines costs, this is despite significant investment made in Acute Services as part of the financial plans.

It was highlighted that the Redesign of Urgent Care will be funded through a combination of government funding of £0.681m and earmarked IJB reserves of £0.935m carried forward from 2020/21, which should deliver phase one of the Redesign of Urgent Care. It was noted the reserves of £0.935m is non-recurring this year.

The increase in the Service Level Agreement (SLA) for NHS Lothian, and this was only signalled through NHS Lothian's preparation for their financial return has only very recently been advised and is currently under detailed review. It was questioned if NHS Lothian can increase the SLA in this manner. In response, it was advised NHS Lothian, can request changes to the cost modelling, though this is usually through negotiation.

In terms of capital spend, programmes are progressing as expected, with the exception of the orthopaedic centre material supplies previously highlighted.

The Director of Finance & Strategy agreed to report back to the Chair outwith the meeting on the point raised in relation to the health delegated budget of £0.332m.

Action: Director of Finance & Strategy

The Committee **noted** and considered the NHS Fife performance, with particular reference to the measures identified in Section 2.3 of the report.

7.2 Delayed Discharge, Capacity and Flow

The Director of Health & Social Care provided an update on the Delayed Discharge, Capacity and Flow paper.

Regular reports on delayed discharge, capacity and flow have been provided to the Executive Directors Group, and daily contact within teams is also taking place.

A declining position was reported on delayed discharge, which is having a significant impact on Acute Services and Community Hospitals in relation to capacity and flow. It was advised actions are in place, and these include areas that were already operational, such as Hospital at Home. Increased pressures were also reported, including pausing of some services and Covid related pressures.

Delayed discharges are having the largest impact on the system. Issues with packages of care, nursing home placement and welfare guardianship are being mirrored across Scotland. Engagement with the Care Inspectorate is ongoing regarding what can be done within the legal and regulatory frameworks. It was reported issues with delays in welfare guardianship are being escalated through numerous external routes, including the Scottish Government, to raise awareness of the issue.

A pilot with Kingdom Housing and Social Work is being carried out and they are having discussions with individuals, advising care homes are a temporary alternative place to wait on their package of care being available.

The challenges in terms of nursing home placements are around people's choice of placement and potential lack of flexibility on this. Around 15% of care homes closed recently, and work is being undertaken to look at solutions. Packages of care are also an issue.

Across the whole system, it was reported there are around 270 – 300 people in the community waiting to access Social Care and Care at Home. Around 80% are using other services through voluntary sectors to ensure a level of support. Waiting time standards are in discussion, with involvement from NHS Fife, Fife Council and the Integrated Joint Board, and further updates will be brought back to a future meeting.

The impact on NHS services was highlighted across hospitals and community hospitals and actions are being taken forward and embedded in the RMP4. The Committee were assured that supporting sustainability across the workforce is a priority.

The Committee **noted** the actions underway and considered the implications of delayed discharge on whole system care, quality, and workforce.

8. ITEMS FOR NOTING

8.1 Minute of Integration Joint Board Finance and Performance Committee

The Committee **noted** the Minute of the Integration Joint Board Finance and Performance Committee, dated 13 July 2021.

8.2 Corporate Calendar – Committee Dates for 2022/23

The Committee **approved** the proposed Finance, Performance & Resources Committee dates for 2022/23.

9. ITEMS TO BE ESCALATED TO THE BOARD

The Chair and Director of Finance & Strategy agreed to discuss items to be escalated to the Board outwith this meeting.

Action: Chair / Director of Finance & Strategy

10. Any Other Business

There was no other business.

Date of Next Meeting: Tuesday 9 November 2021 at 9.30am via MS Teams.

PUBLIC HEALTH & WELLBEING COMMITTEE

Meeting on 15 October 2021

No issues were raised for escalation to the Board.

**MINUTE OF THE NHS FIFE PUBLIC HEALTH & WELLBEING COMMITTEE MEETING
HELD ON FRIDAY 15 OCTOBER 2021 AT 11AM VIA MS TEAMS**

Present:

T Marwick (Chair)

M Black, Non-Executive Director

C Cooper, Non-Executive Director

R Laing, Non-Executive Director

C Potter, Chief Executive

Dr C McKenna, Medical Director

M McGurk, Director of Finance & Strategy

Dr J Tomlinson, Director of Public Health

In Attendance:

S Fraser, Associate Director of Planning & Performance

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

F Richmond, Executive Officer to the Chief Executive & Board Chair

N Robertson, Associate Director of Nursing (deputising for J Owens)

Dr O Adeyemi, Consultant in Public Health (observing)

H Thomson, Board Committee Support Officer (Minutes)

1. Chairperson's Opening Remarks

The Chair welcomed everyone to the first meeting of the newly established NHS Fife Public Health & Wellbeing Committee, and advised that the principle behind the establishment of the committee is to give greater focus on wellbeing and preventative / proactive care (in line with Scottish Government's direction of travel) and to consider placement of the public health aspects currently within the remit of the Clinical Governance Committee and Finance, Performance & Resources Committee, to allow for enhanced input by the Board. This new Committee will also provide the main governance oversight into our strategy development.

The Chair explained that the purpose of today's meeting is to discuss the particulars of the Committee's Terms of Reference. A draft version was circulated with the meeting papers.

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.

2. Apologies for Absence

Apologies were received from members J Owens (Director of Nursing) and W Brown (Employee Director), and attendee N Connor (Director of Health & Social Care).

3. Declaration of Members' Interests

There were no declarations of interest made by members.

4. Public Health & Wellbeing Committee Terms of Reference

The Director of Public Health introduced the Terms of Reference (ToR) and advised that the Chair, Vice-Chair and the Chief Executive had been involved in the development of the draft Terms of Reference as submitted for members' discussion.

Purpose

The importance of the 'Purpose' section of the ToR was emphasised, which requires to be reflective of the areas NHS Fife Board would want to see additional focus and effort going into, with Board members having an opportunity to scrutinise.

The Director of Public Health gave an overview of each of the points in the 'Purpose' section of the ToR:-

Point 1.1 outlines NHS Fife Board as being fully engaged in supporting Population Health & Wellbeing as a key area, and it was noted this aligns well with the ambitions of our new Strategy which will have a key focus on Population Health & Wellbeing.

Point 1.2 outlines the wider ambitions of other services and how they might be able to contribute to Population Health & Wellbeing workstreams.

Point 1.3 is reflective of system leadership and the outward-facing element of responsibility of NHS Fife Board to ensure preventive actions and the strategic direction of travel for Fife is right, including what can be done collectively with partners to support ambitions.

Point 1.4 highlights the assurance element of preventative activity and ensuring there is a strategic intent across the functioning of NHS Fife Board.

Extensive discussion took place on the current wording of point 1.2 of the 'Purpose' section.

Point 1.2

Suggestion was made to broaden areas of this point, particularly around the development of the new Health Centres in Lochgelly and Kincardine. The model of care would go to the Standing Clinical Governance Committee; however, in terms of opportunities for designing the model of care, the local focus may be an area this Committee might want to have sight of.

It was questioned how we engage and align wider stakeholders, and if we should be naming the general public as a wider stakeholder on the ToR, to amplify their voice to ensure they are influencing and shaping services.

It was noted that if all services are listed in the ToR, this could potentially limit the flexibility and agility of this Committee to be able to examine services and issues for which NHS Fife is accountable to Scottish Ministers. It was noted in other Committees' ToRs within the remits, level of detail is high in terms of describing particular functions, and the detail of individual service areas and reporting mechanisms is instead captured within workplans.

The Integrated Joint Board (IJB) accountability for the range of services was raised and how this could potentially impact on the Committee's areas of focus. It was recognised, however, that the IJB are not responsible for the delivery of services, which the Health & Social Care Partnership delivers on behalf of NHS Fife and Fife Council. The IJB set strategic priorities for those particular services, though accountability for their delivery against such strategic direction remains with NHS Fife Board. An assurance mechanism is therefore required that allows NHS Fife to scrutinise performance and all aspects of the delivery, and to give assurance to NHS Health Board, Scottish Government and also back to the IJB that NHS Fife is delivering on their strategic priorities.

It was noted this Committee need to be looking at actual delivery in terms of the Integrated Performance & Quality Report (IPQR) performance measures, along with the strategic aims of any particular service.

It was highlighted there is a risk of conflating some reporting already in place via the Clinical Governance Committee. It was advised clinical oversight will remain within the Clinical Governance Committee, who have a very specific duty which cannot be replicated in another body. Challenges with shaping the new Public Health & Wellbeing Committee and the workplan were highlighted, to avoid duplication, and the need to ensure openness with the Clinical Governance Committee leads on areas of mutual reporting, with clear explanation of the purpose of each report to the respective Committee.

It was suggested to share a graphic the Chief Executive had mapped out that outlines strategic priorities alongside where the national care and wellbeing programmes sit against our different Governance Committees. It was noted that interfaces with other Governance Committees are critical.

Action: Chief Executive

It was noted opportunities with the new Population Health & Wellbeing Strategy will help focus where the efforts of this Committee should be, particularly in adding value around population health and prevention workstreams around NHS Fife. The strategy may support the structure for the workplan for this Committee and add areas of additional value.

Discussion took place on the wording for point 1.2 of the ToR and it was agreed to amend the wording of point 1.2, to read in final form as follows:

1.2 To exercise scrutiny and challenge over the delivery performance of a range of services for which NHS Fife is accountable to Scottish Ministers.

Points 1,3 & 4

There were no comments on points 1,3 & 4 to the 'Purpose' section.

Composition

There were no comments to the 'Composition' section.

It was noted the three Non-Executive Directors are not specified but will remain at present as the Chairs of Audit & Risk, Clinical Governance and Finance Performance & Resources, given their experience as long-standing Board members. It was also noted the membership may need to change over time.

Quorum

There were no comments to the 'Quorum' section.

Meetings

There were no comments to the 'Meetings' section.

Remit

There were no comments to the 'Remit' section.

Authority

There were no comments to the 'Authority' section.

Reporting Arrangements

There were no comments to the 'Reporting' section.

It was reported there will be opportunities to review the ToR again at year-end and it was recognised this may need to change over time, as the Committee becomes established. It was advised that the Code of Corporate Governance requires the NHS Fife Board to review the ToR for all Governance Committees annually.

Following the change to point 1.2 in the 'Purpose' section of the ToR, the Committee **endorsed** the ToR, and recommended approval of this draft to NHS Fife Board.

5. Any Other Business

5.1 Workplan

It was agreed a proposed workplan for the Committee until end of March 2022 be brought to the next meeting.

Action: Director of Public Health

5.2 Future Agenda Items

It was suggested to add to a future agenda a discussion on creating a Board Assurance Framework (BAF) for this Committee, and review of whether new or amended measures should be added to the Integrated Performance & Quality Report (IPQR) or existing measures reassigned.

It was advised that, after the Board Development Session on 2 November 2021, where a discussion will take place on the Population Health & Wellbeing Strategy, an overview

of the public engagement approach and the outcomes from the population health assessment will be brought formally to a future meeting of this Committee. The planned discussion on risk at this session will also helpfully inform the decision of whether a new BAF be created, to be assigned to this Committee,

It was reported the Chair of the Finance, Performance & Resources Committee (FP&R) had been in discussions with the Director of Finance & Strategy, and they had agreed some agenda items from FP&R due in November will be moved to this Committee.

Date of Next Meeting: Monday 15 November 2021 at 2pm via MS Teams.

**MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY
2 SEPTEMBER 2021 AT 10AM VIA MS TEAMS**

Present:

S Braiden, Non-Executive Member (Chair)	C Cooper, Non-Executive Member
A Morris, Non-Executive Member	C Potter, Chief Executive
W Brown, Employee Director	J Owens, Director of Nursing
S Fevre, Co-Chair, Health & Social Care Partnership Local Partnership Forum	A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum
K MacDonald, Whistleblowing Champion (Agenda items 1 - 5.1)	

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
S Fraser, Associate Director of Planning & Performance (agenda items 6.2 and 6.3)
G MacIntosh, Head of Corporate Governance & Board Secretary
F McKay, Head of Strategic Planning, Performance & Commissioning (*deputising for N Connor*)
M Michie, Deputy Director of Finance (*deputising for M McGurk*)
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
L Anderson, PA to Director of Workforce (*observing*)
H Thomson, Board Committee Support Officer (Minutes)

Sinead Braiden, in her new role as Chair of the Committee, welcomed everyone to the meeting, in particular Hazel Thomson, the Board Committee Support Officer, who is providing secretarial support to the Committee for this meeting, and to Lakshmi Anderson, PA to the Director of Workforce, who is observing the meeting today and will provide the secretariat to the Committee going forward. A welcome was also extended to Maxine Michie, Deputy Director of Finance, deputising for the Director of Finance & Strategy and attending her first meeting, and to Fiona McKay, Head of Strategic Planning, Performance & Commissioning, deputising for the Director of Health & Social Care.

The Chair advised the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the Emergency Footing that continues across NHS Scotland to 30 September 2021 and commended and expressed thanks to staff for their ongoing efforts and resilience, at a time of increasing demand on our services.

1. Apologies for Absence

Apologies for absence were received from Dr J Tomlinson (Director of Public Health – who was to attend the meeting as part of her Board induction), N Connor (Director of Health & Social Care), and attendee M McGurk (Director of Finance & Strategy).

2. Declaration of Members' Interest

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 1 July 2021

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

4. Matters Arising / Action List

Corporate Objectives 2021/2022

The Director of Workforce advised that a group has been established to take forward the Internal Communications strategy, and the first meeting has been arranged for the end of September 2021. The timescale for this action was noted and further updates will be provided to the Committee.

Board Assurance Framework – Workforce Sustainability

The Head of Workforce Planning & Staff Wellbeing advised that this item is on the agenda, and the second action in relation to providing an update to the Board has been carried out (July 2021 Board Meeting) and can now be closed.

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

4.1 Role of Whistleblowing Champion

The Whistleblowing Champion provided a verbal update to members on her role on the Board.

It was advised that the National Whistleblowing Standards came into effect on 1 April 2021 and there is a requirement for all NHS staff and providers of NHS services to follow certain principles and ensure adherence to the Whistleblowing Standards.

The role of the Whistleblowing Champion is an assurance role, which supports and monitors delivery of the NHS Five Whistleblowing Policy. The aim of the policy is to ensure staff and contractors have confidence to share concerns and be assured their concerns will be dealt with. The role also has critical oversight into how concerns are handled by managers, and covers services provided by the Board directly and those delivered by primary care contractors etc.

It was advised that the policy is still being adopted and NHS Boards across Scotland are at different stages in implementing the required practices. The Whistleblowing Champion meets regularly with a national Whistleblowing Champion network, which includes the Independent National Whistleblowing Officer (INWO) and Government representatives, to discuss good practice, barriers to implementation and operational details. The aim of the meetings is to gather information to feedback to Boards to ensure consistency of approach.

The Whistleblowing Champion assured the Committee that detailed work is being undertaken to implement the Whistleblowing Standards in Fife, and at a leadership level, concerns are being appropriately addressed.

The effectiveness of the two-stage process, and assurance around that, was not possible at this stage due to the Whistleblowing Standards not currently having been invoked. However, a considerable amount of work has been undertaken to determine what would be included in future reporting, to evidence an open and learning culture. Work and support to develop more data, metrics and our approach to handling Whistleblowing complaints will be undertaken, and further reporting will be provided to the Committee.

It was noted that in light of the importance that NHS Fife places on Whistleblowing Training, it is being provided within the organisation's core training package to ensure that as many staff as reasonably possible undertake this training.

5. GOVERNANCE / ASSURANCE

5.1 Whistleblowing Data Quarterly Report

The Head of Workforce Resourcing and Relations advised that the Datix system (used nationally across all NHS Boards) is used for the recording of Whistleblowing complaints. Training has been carried out for Managers who record cases raised under the Standards within Datix. Other reporting, not deemed as Whistleblowing by virtue of not being submitted via the Standards, is recorded in the eESS Employee Relations Module; if case work becomes a Whistleblowing issue, it would then be recorded on the Datix system.

Staff confidence in the use of Datix and the reporting of Whistleblowing complaints was raised by the Employee Director, who questioned at what level potential concerns raised in anonymous letters are taken forward. In response, it was advised that anonymous letters would not fall within the scope of the Whistleblowing Standards, however, the principles and framework of approach are applied as far as possible. The Head of Workforce Resourcing and Relations advised that Datix reporting would be completed by the relevant manager on receipt of a Whistleblowing complaint, as opposed to the individual raising the concern. The Chief Executive, as Accountable Officer, assured the Committee all letters / complaints, including anonymous letters, are formally investigated and taken with due seriousness, with action taken.

It was advised that work is being carried out on guiding principles for patient safety and patient care. Messages will be strengthened for professional responsibility and accountability for concerns in these areas. The Director of Nursing highlighted that all registrants have a responsibility to raise concerns in line with the relevant professional guidelines.

The Whistleblowing Champion then highlighted that the Whistleblowing Data Quarterly Report, which has been provided to the Committee, outlines Whistleblowing concerns raised under the Standards, and is very specific and limited to concerns of those nature. A meeting is being arranged to discuss how to monitor and record Whistleblowing complaints, (including those not raised under the Standards), in line with the guidance. It was advised that Whistleblowing Data Reports, both quarterly

and annually, will be provided to the Committee; the report will be iterative, qualitative & quantitative, and developed for assurance. It was agreed to keep Whistleblowing reporting on the Agenda and Workplan for regular reporting to the Committee.

The Committee **noted** the Whistleblowing Data Quarterly Report.

5.2 Board Assurance Framework – Workforce Sustainability and Linked Operational Risks Update

The Director of Workforce gave an update on the Workforce Sustainability Board Assurance Framework (BAF). A review of workforce risks is being carried out, alongside a detailed review of the BAF, which will be presented at the November 2021 Committee meeting.

The Chief Executive advised that a workshop for the Executive Directors Group (EDG), to review risks in general, has been scheduled for the end of September 2021. A separate session will be arranged with the Board in due course.

Concern was raised around the absence in the current BAF of nursing workforce pressures, which currently has no specific risk. It was agreed to add this as a new risk, rather than it be included as part of the main recruitment risk and this will be taken forward by the Director of Nursing at the EDG workshop. It was noted that nursing pressures is a national issue.

Action: Director of Nursing

The Committee was invited to provide feedback on the level of assurance for reports received.

The Committee **noted** the content of this report and **approved** the current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework.

5.2.1 Workforce Pressures within Radiology Services

The Director of Acute Services provided an update on this linked operational high risk.

The paper provided outlines the current position in Radiology Services, and concerns both the Consultant and Radiographer workforce. There are national and local workforce challenges and a number of actions are ongoing to address the situation. The Committee was provided with assurance that staffing is monitored on a weekly basis by the Head of Service within the Radiology Department.

The Director of Acute Services expanded on efforts to improve recruitment and enhance opportunities for advanced practice and noted associated costs are closely monitored. Recruitment is stable due to outsourcing and support from Lothian Health Board.

Assurance was provided on extant service level agreements, and it was noted that work is still ongoing to secure input. The Director of Acute Services agreed to explore additional options for potential joint recruitment within other Health Boards.

It was advised that NHS Fife is involved in national training programmes and are also connected into new national operational modules around Radiology and Radiography.

The Committee **noted** the current workforce issues within Radiology and the actions which are underway to manage and mitigate the risk that the situation presents.

5.3 Corporate Calendar – Proposed Committee Dates 2022/23

The Head of Corporate Governance & Board Secretary presented the proposed Committee Dates for 2022/2023, and advised that work is in progress with the Integration Joint Board on finalising the full Corporate Calendar. The dates provided are indicative, and final dates will go to the Board for approval on 28 September 2021. Once the Board and IJB have approved the Corporate Calendar, diary invites will be sent to all Committee members and attendees, (around October 2021).

It was noted that the Staff Governance Committee (SGC) has historically been the first Committee meeting in the cycle, and, for 2022/2023, dates have been moved slightly to ensure that the SGC meeting is not always the first Committee meeting in the cycle, which can have an impact on papers received through other Groups.

The Committee **agreed** the proposed dates for the 2022/2023 meetings.

5.4 Staff Governance Standards

The Workforce Leadership Team gave a detailed presentation on the NHS Scotland Staff Governance Standards and the work underway locally to implement these across NHS Fife across a range of activities.

The presentation will be shared with the Committee.

Action: Director of Workforce

The Committee **noted** the content of the presentation and the on-going work in relation to the implementation of the Staff Governance Standards.

5.5 Staff Governance Annual Monitoring Return 2020/21

The Head of Workforce Resourcing and Relations spoke to the paper, updating the Committee on the work previously outlined on the engagement process to populate the return, before finalisation for submission to Scottish Government by 24 September 2021 and welcomed questions.

The Committee discussed the content of the draft Staff Governance Annual Monitoring Return for 2020/2021.

Staff engagement, particularly around the rates of completion for the iMatter questionnaire, was raised as a potential issue and it was noted this is likely to be negatively impacted by the pressures affecting staff, in the current climate. The importance of promoting the questionnaire by the Communications Team was highlighted, particularly in the innovative way it had been publicised in the past, and it was queried what else can be done. The Head of Workforce Development will arrange a discussion outwith the meeting to consider ways to continue to promote the importance of iMatter and give staff a voice, noting options which were used previously e.g. laptop / iPad tea trolley could not be used given the current restrictions due to COVID-19. Promotional methods to date were outlined, such as StaffLink and desktop

banners, and it was advised that Health and Social Care Partnership colleagues have been fully supportive in encouraging participation, and of the benefits for staff, and are working with a number of groups to promote.

An update was provided on the Kindness Conference held in May 2021, which was a virtual celebration of health and wellbeing activity within NHS Fife, including acts of kindness during the pandemic. Positive feedback had been received, and a full evaluation report is expected in due course. It is anticipated that another conference will be held next year.

The Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum noted findings have been collated from a survey that was commissioned for UNISON members and this has been shared with relevant staff.

Subject to making any further amendments, the Chair of Staff Governance Committee and Employee Director will **approve** the final draft Staff Governance Annual Monitoring Return for 2020/2021, prior to submission to the Scottish Government.

6. STRATEGY / PLANNING

6.1 NHS Fife Interim Joint Workforce Plan 2021/22 – Scottish Government Feedback

The Deputy Director of Workforce gave a brief overview and advised that the NHS Fife Interim Joint Workforce Plan 2021/22 Scottish Government feedback predominately focuses on themes and additional workforce data that the Workforce Directorate at Scottish Government (SG) would like to see included in the 2022-2025 three-year plan to be published in March 2022. Comments around service delivery modelling changes, and reflections on alignment to our local employment markets, will be considered in the three-year plan. Engagement continues with SG colleagues at regional and national workforce levels.

It was advised that the SG will be publishing the National Workforce Strategy at the end of 2021. NHS workforce challenges were highlighted as a national issue, and it was noted the National Strategy is key to inform local plans. It was also noted the Scottish Executive HR Directors Group are having an emergency meeting on 3 September 2021, to discuss workforce issues, and a paper is being produced at a national level on staffing pressures and workforce challenges across Scotland.

The Committee **noted** the content of the Scottish Government feedback in respect of the Interim Joint Workforce Plan for 2021/2022 and **noted** that the feedback and related actions will be incorporated into the development of future workforce strategic documents.

6.2 NHS Fife Population Health and Wellbeing Strategy Progress

The Associate Director of Planning & Performance provided a summary on progress to date to support the NHS Fife Population Health & Wellbeing Strategy and Portfolio (PHWS) Board.

Assurance was provided to the Committee that staff engagement will fully support development of the strategy. Following a question from a Committee Member, it was confirmed a staff representative will be a member of the PHWS Board.

The Committee **noted** the establishment of the NHS Fife Population Health and Wellbeing Portfolio and progress of the development of the strategy.

6.3 Joint Remobilisation Plan (RMP3/RMP4)

The Associate Director of Planning & Performance outlined the paper on the Joint Remobilisation Plan (RMP3/RMP4) and noted the fourth Joint Remobilisation Plan to be submitted to Scottish Government (SG) is to the end of March 2022.

Assurance was provided to the Committee that the process is in place to produce the Joint Remobilisation Plan 2021/22 RMP4, which incorporate RMP3 actions; information is being gathered and documented across the organisation, including NHS, Health & Social Care and the Remobilisation Forum.

The submission date for the draft RMP4 is at the end of September 2021, and this will be brought back to the next Committee meeting in October 2021 and include initial feedback from SG.

Action: Director of Finance & Strategy

The Committee **noted** the Joint Remobilisation Plan 2021/22 RMP3 and the process in place for production of the RMP4.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce provided an update on the Integrated Performance & Quality Report (IPQR).

An increase in sickness absence, which was not unexpected given the on-going COVID-19 challenges, was reported. It was advised that related actions are being progressed have not been as impactful as desired. The impact of stress was highlighted, being the most prevalent absence reason and it was advised that relevant teams are working to maximise appropriate interventions and will continue to work diligently to resolve cases of stress-related absences.

The Committee **noted** the content of the IPQR and considered the NHS Fife performance against this HEAT Standard, with particular reference to the levels of Sickness Absence and the continued caveats around this.

7.2 NHS Fife Workforce Information Overview

The Deputy Director of Workforce provided an overview on the NHS Fife Workforce Information paper and noted that more detailed reporting is provided at operational level.

It was questioned if there is information on current vacancy rates and funded establishment gaps. In response, it was advised collation and reporting of data around vacancies is complex and work is in progress to meet this aim. The information will be brought back to a future meeting, noting that existing systems are used to provide data, rather than manual intervention.

The Deputy Director of Workforce was commended on the format of the report, which will continue to be developed for ease of scrutiny.

The Committee **noted** the content of the NHS Fife Workforce Information Overview report.

7.3 Staff Health and Wellbeing Update

The Head of Workforce Planning and Staff Wellbeing gave an update on the Staff Health and Wellbeing activities, both at local and national level.

Key activities were highlighted:

- On-going development of the staff hubs within the community hospitals is progressing
- Ongoing staff support session sessions for Managers attended by over 150 staff, to date
- On-going work in development of peer support activity
- Staff support policy is being considered
- Better use of outdoor spaces, subject to funding

An update was provided on sickness absence, the report covers the months April to July 2021. There has been an increasing trend over the last four months, with the July 2021 absence rate reducing slightly. The cumulative absence rate (from 1 April 2021) is 5.65%. Long-term sickness absence is the main driver, and this is a common theme across other organisations.

Assurance was provided to the Committee on the ongoing commitment to promoting attendance training monthly, and there has been a focus on occupational health and mental health nursing input for staff. Issues around Long COVID are currently being considered by our Occupational Health staff, alongside the case management approach with our HR, managerial and staff side colleagues.

It was advised funding is now available for administrative support at ward level and will include supporting health and wellbeing activities.

It was suggested by a Committee Member that it would be beneficial for the Committee to see statistics separately on sickness absence for Health and Social Care Partnership and Acute Services Division. It was also suggested the Committee be presented with the number of additional hours / overtime / extra hours staff carry out, to give a more nuanced picture of the potential impact on other staff. In terms of governance, it was highlighted by a Committee Member that a focus for the Committee is on strategic direction and assurance and not operational issues, and consideration is thus required on the right level of detail to provide assurance. The Director of Workforce will consider the metrics within the IPQR and the most effective way to present information to the Committee.

Action: Director of Workforce

Discussion took place on the difficulties of Line Managers dealing with sickness absence, particularly due to time constraints. A suggestion was made by a Committee Member to consider a taskforce on sickness absence to ensure staff are supported during absences, and processes are followed through. It was advised that a taskforce

has been previously discussed, and timing is crucial in implementing this. It was agreed that a meeting will be arranged to discuss the suggested taskforce and implementing this at the right time. The Employee Director, Co-Chair, Health & Social Care Local Partnership Forum and Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum will meet with colleagues from the Workforce Directorate, to progress.

Action: Director of Workforce

Supplementing the detail within the update, it was reported by the Co-Chair of the Health and Social Care Partnership Local Partnership Forum, that a large amount of work was carried out previously on Staff Health & Wellbeing Hubs, and the issue now is moving temporary hubs to permanent locations, which is a slow process and requires acceleration.

The Committee **noted** the contents of the Staff Health and Wellbeing update.

8. LINKED COMMITTEE MINUTES

The Committee noted the following minutes:

- 8.1 Minutes of the Area Partnership Forum, dated 21 July 2021 (unconfirmed)
- 8.2 Minutes of the Health & Social Care Partnership Local Partnership Forum, dates 6 June 2021 (unconfirmed)
- 8.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum, dated 24 June 2021 (unconfirmed)
- 8.4 Health and Social Care Partnership Local Partnership Forum Annual Report 2020-21
- 8.5 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2020-21

9. ISSUES TO BE ESCALATED TO FIFE NHS BOARD

The Committee agreed to recommend to the Fife NHS Board that a new risk on nursing workforce be added to the Board Assurance Framework – Workforce Sustainability, in context of recognising ongoing work and the requirement to have an explicit reference to the challenges currently facing nursing workforce, with further work to be carried out.

10. ANY OTHER BUSINESS

10.1 Agenda Setting Meetings

The Employee Director asked if she could be included in Agenda setting meetings for the Staff Governance Committee with the Chair and Workforce Directorate colleagues and it was agreed that this would be discussed prior to the next Committee cycle.

Date of Next Meeting: Thursday 28 October 2021 at 10.00 am via MS Teams.

Fife Integrated Performance & Quality Report

Produced in September 2021

Introduction

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Remobilisation Summary
- e. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

I. Executive Summary

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

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

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

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 7 (24%) classified as **GREEN**, 5 (17%) **AMBER** and 17 (59%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- Cancer 31-Day DTT – above Standard for the 15th successive month
- Cancer 62-Day RTT – highest monthly performance since January 2019, with number of patients starting treatment being the highest since December 2019
- Psychological Therapies 18-Weeks RTT – highest monthly performance ever recorded, with waiting list being at its lowest level since March 2019

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 8 (28%) within upper quartile, 13 (44%) in mid-range and 8 (28%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

c. Indicator Summary

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

Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current			Trend
				Jul-20		Jun-21		Jul-21			
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Jul-20	25	Jun-21	24	Jul-21	26	↓	
	HSMR	N/A	Year Ending	Mar-20	1.01	Dec-20	1.01	Mar-21	1.02	↓	
	Inpatient Falls	7.68	Month	Jul-20	9.17	Jun-21	6.36	Jul-21	7.45	↓	
	Inpatient Falls with Harm	1.65	Month	Jul-20	1.98	Jun-21	0.86	Jul-21	1.59	↓	
	Pressure Ulcers	0.42	Month	Jul-20	0.71	Jun-21	0.82	Jul-21	1.15	↓	
	Caesarean Section SSI	2.5%	Quarter Ending	Jun-20	2.2%	Mar-21	2.7%	Jun-21	3.6%	↓	
	SAB - HAI/HCAI	18.8	Quarter Ending	Jul-20	8.7	Jun-21	6.3	Jul-21	4.9	↑	
	SAB - Community	N/A	Quarter Ending	Jul-20	8.5	Jun-21	7.5	Jul-21	7.4	↑	
	C Diff - HAI/HCAI	6.5	Quarter Ending	Jul-20	5.8	Jun-21	10.0	Jul-21	8.5	↑	
	C Diff - Community	N/A	Quarter Ending	Jul-20	5.3	Jun-21	4.3	Jul-21	6.4	↓	
	ECB - HAI/HCAI	33.0	Quarter Ending	Jul-20	42.2	Jun-21	37.6	Jul-21	46.1	↓	
	ECB - Community	N/A	Quarter Ending	Jul-20	37.1	Jun-21	27.9	Jul-21	38.3	↓	
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Jul-20	71.1%	Jun-21	74.3%	Jul-21	72.8%	↓	
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Jul-20	27.8%	Jun-21	28.0%	Jul-21	32.0%	↑	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jul-20	100.0%	Jun-21	100.0%	Jul-21	100.0%	↔	
	4-Hour Emergency Access	95%	Month	Jul-20	96.1%	Jun-21	88.2%	Jul-21	84.7%	↓	
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Jul-20	20.0%	Jun-21	67.9%	Jul-21	67.7%	↓	
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Jul-20	41.1%	Jun-21	62.4%	Jul-21	60.7%	↓	
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Jul-20	51.4%	Jun-21	90.6%	Jul-21	84.9%	↓	
	18 Weeks RTT	90%	Month	Jul-20	69.2%	Jun-21	68.7%	Jul-21	72.5%	↑	
	Cancer 31-Day DTT	95%	Month	Jul-20	98.0%	Jun-21	100.0%	Jul-21	99.1%	↓	
	Cancer 62-Day RTT	95%	Month	Jul-20	88.2%	Jun-21	82.1%	Jul-21	92.5%	↑	
	Detect Cancer Early	29%	Year Ending	Dec-19	25.0%	Sep-20	19.0%	Dec-20	19.4%	↓	
	Freedom of Information Requests	85%	Quarter Ending	Jul-20	75.7%	Jun-21	88.9%	Jul-21	75.2%	↓	
	Delayed Discharge (% Bed Days Lost)	5%	Month	Jul-20	6.2%	Jun-21	9.7%	Jul-21	10.1%	↓	
	Delayed Discharge (# Standard Delays)	N/A	Month	Jul-20	46	Jun-21	81	Jul-21	81	↔	
	Antenatal Access	80%	Month	May-20	86.4%	Apr-21	84.4%	May-21	87.5%	↑	
	Smoking Cessation	473	YTD	May-20	25.3%	Apr-21	62.5%	May-21	58.2%	↓	
	CAMHS Waiting Times	90%	Month	Jul-20	62.8%	Jun-21	79.5%	Jul-21	80.9%	↑	
	Psychological Therapies Waiting Times	90%	Month	Jul-20	74.5%	Jun-21	82.6%	Jul-21	86.9%	↑	
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑	
	Drugs & Alcohol Treatment Waiting Times	90%	Month	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓	
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.8%	2021/21	97.2%	↑	
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.3%	2020/21	50.0%	↓	
Finance	Revenue Expenditure	(£13.822m)	Month	Jul-20	N/A	Jun-21	(£6.109m)	Jul-21	(£7.037m)	↓	
	Capital Expenditure	£29.135m	Month	Jul-20	N/A	Jun-21	£3.022m	Jul-21	£4.290m	↑	
Staff Governance	Sickness Absence	3.89%	Month	Jul-20	5.06%	Jun-21	6.17%	Jul-21	6.03%	↑	

d. NHS Fife Remobilisation Summary – Position at end of August 2021

Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	1,000	1,000	1,120	3,120		
	Actual	3,260	985	955			3,394	3,716
	Variance	279	-15	-45				
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	6,227	6,259	6,639	19,125	22,925	24,441
	Actual	19,488	6,140	6,746				
	Variance	2,388	-87	50				
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	611	611	611	1,833	1,833	1,833
	Actual	1,406	483	543				
	Variance	-395	-128	-68				
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	3,750	3,750	3,750	11,250	11,250	11,250
	Actual	12,971	4,324	4,221				
	Variance	2,121	574	471				
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	6,280	6,590	6,240	19,110	18,370	18,490
	Actual	20,728	7,052	7,192				
	Variance	3,618	772	602				
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	2,830	2,800	2,690	8,320	8,680	8,830
	Actual	10,087	3,358	3,384				
	Variance	2,047	528	584				
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82				5.85	5.63	5.73
	Actual	5.50						
	Variance	-0.32						
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	870	870	870	2,610	2,610	2,610
	Actual	2,885	996	1,001				
	Variance	435	126	131				
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	415	145	145	145	435	435	435
	Actual	305	110					
	Variance	-110	-35					
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	306	84	103	104	291	346	298
	Actual	411	110	107				
	Variance	105	26	4				
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected	1,369	514	471	437	1,422	1,905	1,780
	Actual	1,816	605					
	Variance	447	91					
		Month End	Month End			Month End	Month End	Month End
		Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	35	36	36	36	42	43
	Actual	81	81	73				
	Variance	44	46	37				

¹ The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

e. Assessment – Clinical Governance

		Target	Current
HSMR		1.00	1.02
<p>The HSMR for NHS Fife for the year ending March 2021 rose slightly in comparison to the rate for the year ending December 2020, and was above the Scotland average. The rate for VHK alone was 1.03.</p>			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.75
<p>As with most areas in Scotland the activity within hospital settings is extremely high and workforce challenges are also reflected nationally, increasing the usage of supplementary staffing. Work continues within this difficult context to focus improvement on areas where falls with harm has increased. As already noted, process, documentation and audit work will align with the national developments in Falls and Excellence in Care.</p>			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	0.86
<p>Acute: Two clinical areas have been identified to participate in the next pressure ulcer improvement project. There was a 4-6 week preparatory study before the project period began, and regular meetings are scheduled throughout the project.</p> <p>HSCP: The rate of pressure ulcers has reduced during the last quarter. At the end of June, it has been 147 days since the last hospital acquired pressure ulcer grade 3 developed, and 8 days since the last grade 3 developed in the community. Within community inpatients wards, there have been no developed/developing grade 4 pressure ulcers since January 2020 (523 days).</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.7%

All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the SG. However, Maternity Services have continued to monitor their Caesarean Section SSI cases and, where necessary (i.e deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.

SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	6.3
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NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no ventilator associated pneumonias, PVC or CVC SABs since March.

C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	10.0
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NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022, although the incidence rate has markedly improved for June. There has been no recurrence of infection since March, and a total of 6 recurrences in the last year. Reducing the incidence of CDI recurrence is pivotal to achieve the HCAI reduction target, and continues to be addressed.

ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	37.6
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The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For June, NHS Fife is sat on the trajectory line and on track to achieve this target. However, reducing CAUTI ECBs is essential to achieve the target reduction and there were 7 such infections in June. Reducing CAUTI incidence remains the quality improvement focus.

Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	28.0%
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There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. It is noted that there is an increase in the complexity of complaints received. Although reduced slightly, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid-19 vaccination appointments. We are also starting to receive enquiries relating to Covid-19 vaccine status, as international travel opens up.

e. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	84.7%
<p>Attendances continue to rise, averaging around 200 per day at the ED, which equates to a 45% increase since January. The majority of these are self-presenters. Despite the increased demand, performance against the National Standard improved in June. Several front door initiatives to improve flow, including a new assessment area within AU1, have been implemented and are being tested. The Redesign of Urgent Care (RUC) has supported improvements for GP admissions into AU1 and we are testing this model. Redirections to MIUs have increased across Fife and referral pathways are being developed with primary care to enable the Flow and Navigation Hub (FNH) and ED to access support for patients.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	67.7%
<p>Performance in June has continued to recover with 69.7% waiting less than 12 weeks compared to 20.2% in July 2020. NHS Fife continues to be the best performing Board in Scotland for TTG. Theatres are now fully remobilised however an increase in unscheduled care activity is impacting on our ability to undertake elective inpatient surgical activity as planned. At the end of June, the waiting list was 11% lower than in July 2020 and has remained stable since February of this year. We continue to focus on clinical priorities whilst reviewing patients who have been waiting greater than 52 weeks. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	60.7%

Performance in June has continued to recover with 62.4% waiting less than 12 weeks compared to 41.1% in July 2020. At the end of June, the waiting list was 56% higher than at the end of June 2020, but similar to that in April of this year. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those who have been waiting more than 52 weeks. Activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.

Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	84.9%
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Performance improved in May with 93.5% waiting less than 6 weeks but was under pressure again in June decreasing to 90.6% although this compares favourably to 51.4% in July 2020. At the end of June, the waiting list was 11% higher than at the end of July 2020 with the most significant increase being in waits for imaging. There has been a significant increase in referrals for CT and Ultrasound and particular pressures from unscheduled care activity which along with staffing difficulties have caused routine waits for these modalities to increase in the last month. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.

Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	92.5%
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June continued to see challenges in the 62-day performance. An increase in referrals along with consultant annual leave impacted on the Breast service, while delay to referral to CNS and routine staging and investigations resulted in a number of other breaches. Prostate breaches continue to be seen but overall, the pathway has significantly shortened. The range of breaches were 2 to 37 days, with an average breach time of 13 days.

FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	75.2%
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There were 35 FOI requests closed in June, 4 of which were late, so compliance remained above target. There were 76 active FOI Requests. The performance figure above (75.2%) reflects the situation at the end of July, when performance dropped significantly, below the target.

EDG review and sign off of the new Publication Scheme is complete.

Due to staff turnover in the FOI Role, the Information Governance and Security Advisors have been made aware of some data quality issues which are being investigated.

Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	5%	8.9%
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The number of bed days lost due to patients in delay rose sharply in April and has remained well above the target 5%. The latest data indicates that there is a continued disruptive impact on NHS Fife and the H&SCP due to the pandemic. Increased hospital activity over the recent months has resulted in people requiring care and support before being safely discharged. There are also compounding factors such as staff absences/annual leave resulting in people waiting longer than normal for health & social care services. Bed days occupied by Code 9 (51X) patients, while not counted in the IPQR measure, accounts for approximately 35-40% of beds days lost.

Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	46
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Service provision has continued to be delivered remotely by phone and Near Me appointments. Staffing levels are improving, 6 new staff members recruited, with 5 in post and undergoing local training (due to lack of availability of usual national training). Midwife led service staff have returned from deployment/long term absence and are back to full capacity. Plans to remobilise face to face provision have started, but this is in early planning and development and requires an assessment of available venues which initially had been positive but due to increasing COVID cases has been paused. A current challenge and potential risk to LDP Target is that we have received an alert from Pfizer UK warning of a supply shortage of Champix (varenicline tartrate) across all doses and presentations which looks set to continue for several weeks. Until supplies of Champix can resume, we are using alternative treatment

options for new patients. We are working with community pharmacies to assess available stock to manage those currently on a course of Champix treatment.

CAMHS Waiting Times

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

90%

80.9%

Due to the majority of the workforce continuing to target those requiring urgent and priority interventions, RTT has remained in the high 70%. Failure to recruit additional staffing to address capacity alongside the resignation of those recently recruited for longest wait work has meant that the trajectory to achieve the RTT and reduction of longest waits over 18 weeks will not be achieved within the time period specified (June 2022). Recalculation, dependent on recruitment by end of September 2021, projects that the target will be achieved by October 2022. Contingencies have been put in place to deploy specific professional groups (Psychology) to work on the longest waits to ensure progress to date is maintained and vacant posts continue to be re-advertised.

Psychological Therapies

90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral

90%

86.9%

Referrals continue to rise but despite the increase in activity levels, there has been little change in overall numbers waiting since April. There has however been a reduction in the longest waits, with 155 fewer people waiting over 53 weeks in June compared to April. Recruitment to new posts (and current vacancies) is underway but it is too early as yet to see the impact of this increased resource. Some group work also remains suspended (awaiting a return to in-person delivery) which continues to negatively impact capacity.

e. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£13.822m)	(£7.037m)
<u>Month 4 financial position</u>			
The revenue position for the 4 months to 31 July reflects an overspend of £7.037m. This comprises a run rate overspend position of £1.516m; unmet core savings of £0.969m (to be delivered over the remaining months of the year); and underlying unachieved 'long Covid' savings of £4.552m.			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£29.135m	£4.290m
The overall anticipated capital budget for 2021/22 is £29.135m. The capital position for the period to July records spend of £4.29m. Therefore, 14.72% of the anticipated total capital allocation has been spent to M4.			

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	6.03%
The sickness absence rate in July was 6.03%, a decrease of 0.14% from the rate in June. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.13%.			

II. Performance Exception Reports

Clinical Governance

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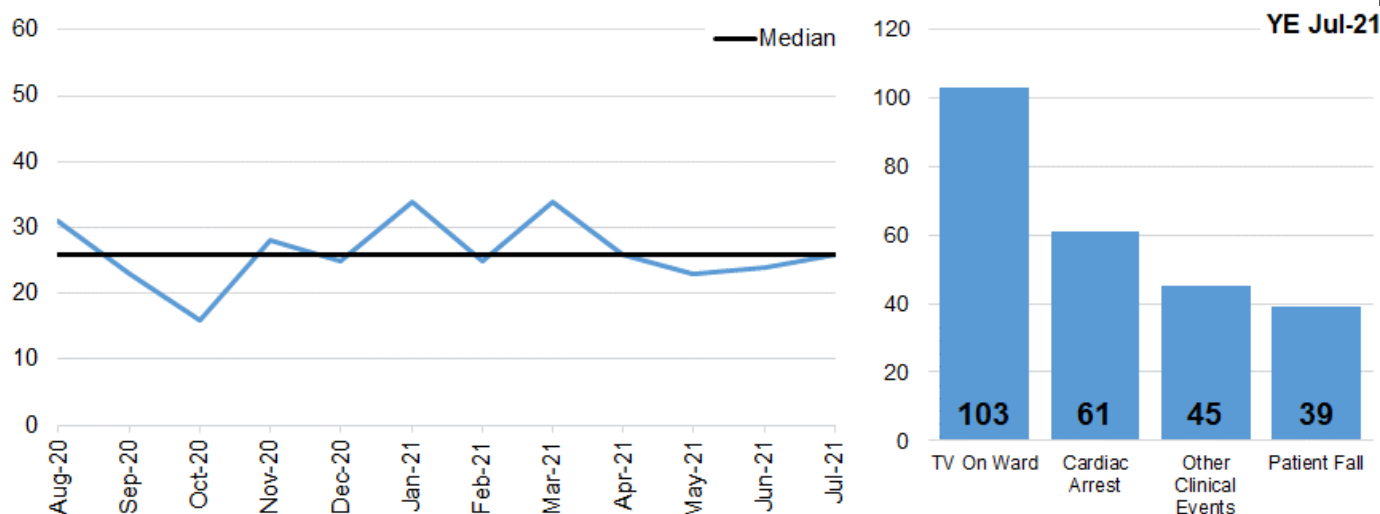
Staff Governance

Sickness Absence	44
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CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21						2021/22					
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
ALL	NHS Fife	1242	1287	1340	1307	1251	1287	1209	1362	1353	1368	1345	1382
	Acute Services	505	606	558	640	603	573	531	627	592	645	605	603
	HSCP	695	639	748	635	621	694	652	707	722	681	691	731
	Corporate	42	42	34	32	27	20	26	28	39	42	49	48
CLINICAL	NHS Fife	836	924	903	955	930	903	854	951	932	1007	931	975
	Acute Services	468	558	509	596	560	534	495	585	545	596	547	546
	HSCP	352	348	378	341	360	359	345	352	369	387	362	402
	Corporate	16	18	16	18	10	10	14	14	18	24	22	27

Commentary

Levels of reporting remain consistent across the organisation, with normal variation.

There has been a sustained reduction in reported major or extreme events in the last quarter, and the number of reported cardiac arrest events is at its lowest since August 2020.

The reported number of tissue viability events (pressure ulcers developing on ward) has increased, and there are systems in place to monitor, review and respond appropriately.

Specific activities are as follows:

- Baseline mapping of the current Adverse Events process is complete
- A Short Life Working Group (SLWG) will start work in September, the aim being to agree future state, capture in a refreshed policy and process, and develop plans for education, training and communication by October
- New policy will be submitted through governance structures in November
- Support from Professor Paul Bowie, NHS Education for Scotland has been secured to support and review the work outlined above
- Funding for 12 months has been agreed to support a secondment for a Lead for Adverse Events which will provide the leadership and focus to take this work forward; interviews are scheduled for mid-August

HSMR

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

Reporting Period; April 2020 to March 2021^P

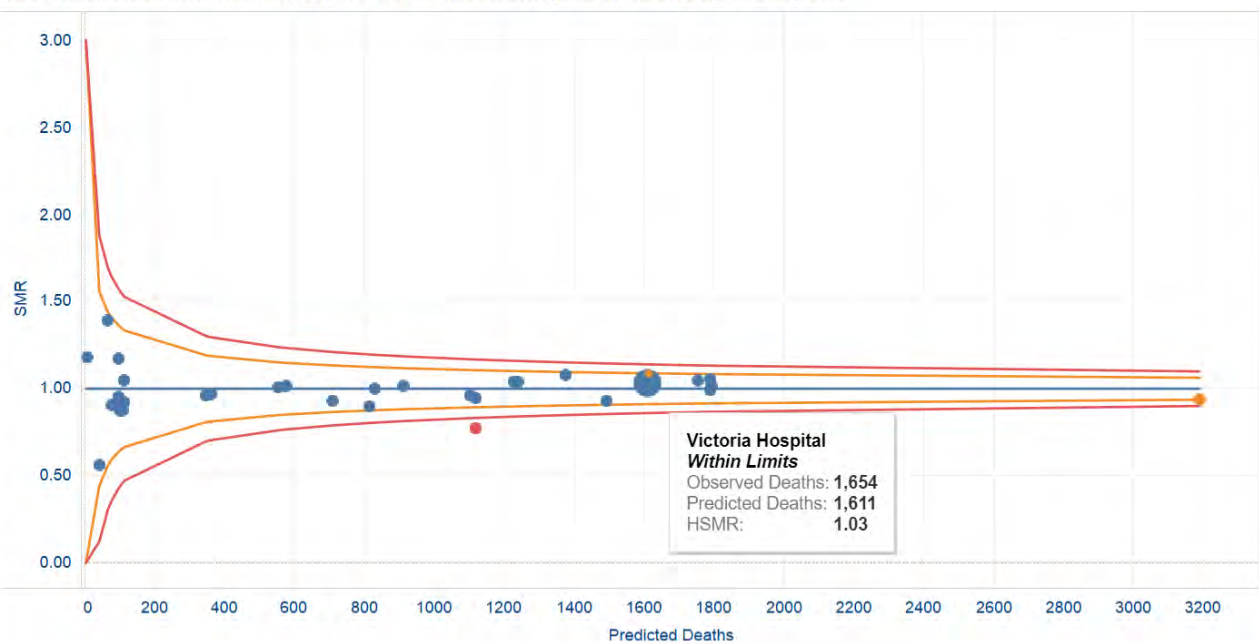
Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself, are shown in the table within the Funnel Plot.

Location	HSMR
Scotland	1.00
NHS Fife	1.02
Victoria Hospital	1.03

HSMR by Scotland: April 2020 to March 2021

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



Commentary

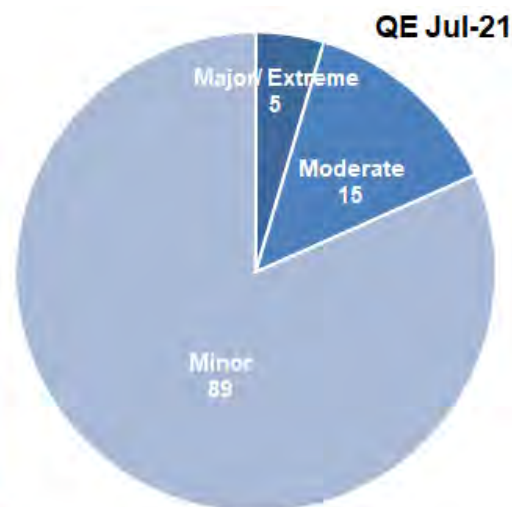
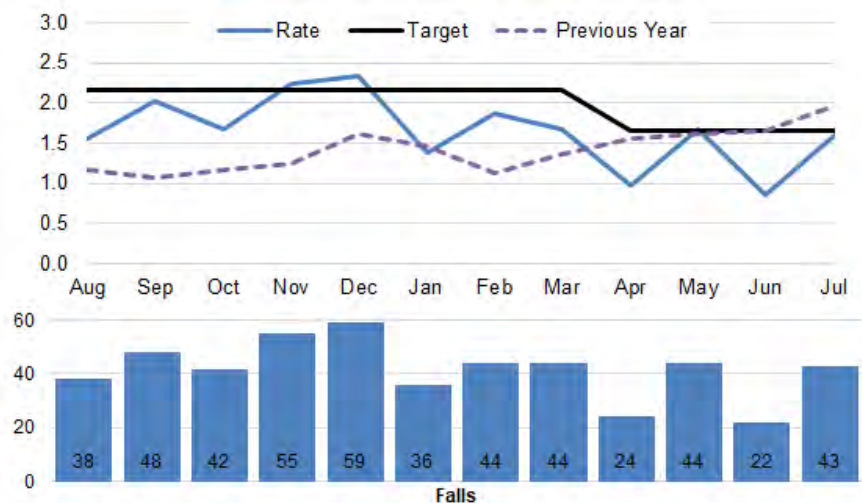
The HSMR for NHS Fife has remained slightly above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending March 2021 produced a ratio of 1.02 9wht VHK alone being 1.03).

Inpatient Falls with Harm

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

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

Local Performance



Performance by Service Area

		2020/21						2021/22					
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
With Harm	NHS Fife	1.56	2.03	1.68	2.24	2.35	1.39	1.87	1.68	0.98	1.68	0.86	1.59
	Acute Services	1.08	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.35	0.88	0.41	1.02
	HSCP	1.96	2.62	2.17	2.88	2.96	1.53	2.47	2.29	1.54	2.40	1.27	2.10

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

IMPROVEMENT ACTIONS

20.3 Falls Audit	By Nov-21
A new national driver diagram and measurement package are about to be finalised and have been tested in four boards across Scotland in May and June. This has not been concluded as yet and is now expected in the autumn. On completion, NHS Fife documentation will be reviewed (October) and an audit will then follow (October/November).	
20.5 Improve effectiveness of Falls Champion Network	By Oct-21
This work has been significantly delayed and opportunities to refresh are further hampered with workforce challenges. This will continue to be an area of focus for the group	
21.2 Falls Reduction Initiative	By Sep-21
A Falls Reduction Initiative has taken place in three Mental Health Inpatient wards. QI work commenced in early March with support from CCGT and ongoing tests of change were implemented. Early indication has highlighted that falls have decreased and work will now take place to ensure improved sustainability. The improvement team meet fortnightly to review ongoing tests of change and we continue to evaluate and review the weekly quality data to inform decisions and strategy. A review of outcomes will take place in September.	
21.3 Integrated Improvement Collaborative	By Jan-22 (interim report Nov-21)
A Collaborative involving three community inpatient wards was introduced last September but was paused as a result of COVID. The work will now continue until January 2022. A further two wards are participating in the collaborative with the main focus being on reducing patient falls, and identifying further improvement interventions for reducing medication incidents and hospital acquired pressure ulcers.	

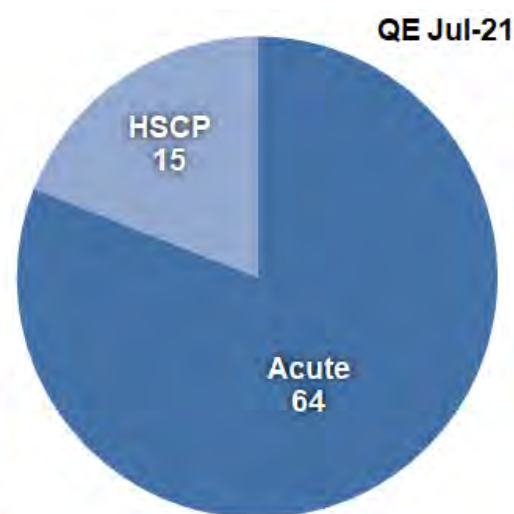
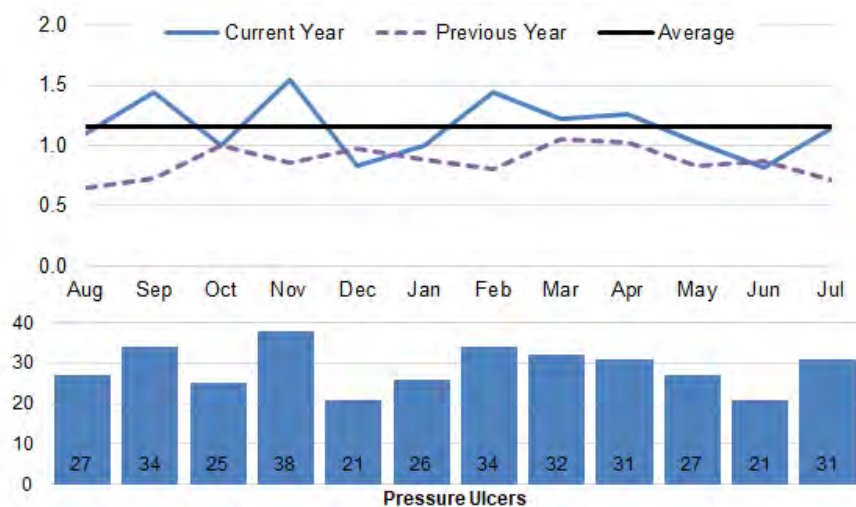
Pressure Ulcers

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

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

NOTE: CURRENTLY USING THE PREVIOUS TARGET TO CALCULATE RAG STATUS

Local Performance



Performance by Service Area

		2020/21						2021/22					
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Grade 2 to 4	NHS Fife	1.11	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.26	1.03	0.82	1.15
	Acute Services	1.98	2.73	1.20	2.39	1.17	2.06	2.18	2.12	2.42	1.68	1.58	1.89
	HSCP	0.38	0.32	0.82	0.78	0.53	0.07	0.80	0.43	0.23	0.44	0.15	0.49

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

21.2 Integrated Improvement Collaborative	Complete Jun 2021
21.3 Implementation of robust audit programme for audit of documentation	Complete Jun 2021
22.1 Improvement Collaboratives	By Jan-22

Community inpatients wards within HSCP are undertaking self-assessment against the Prevention & Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement. This work is also aligned to the current Improvement Collaborative across five community inpatient wards. The Improvement Collaborative work is currently under review with the aim of reflecting and establishing SMART objectives for the near future to ensure improvement targets are met.

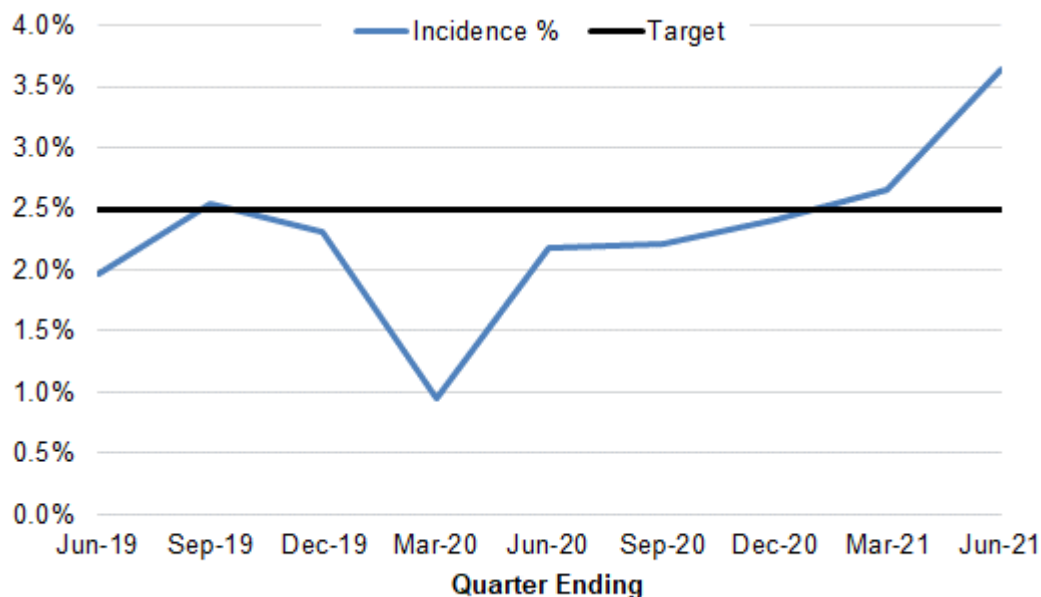
22.2 Community Nursing QI Work	By Sep-21
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In response to rising community acquired pressure ulcers, one area within Fife HSCP community nursing teams has implemented a focused piece of work involving a number of improvement initiatives including monthly documentation audit of the MORSE records, targeted education and training for registered staff, group work and revitalising the daily safety huddle to highlight patients at risk. To complement this work, the team have adopted a “back to basics” approach, in order to ensure that all relevant skin and risk assessments are completed, and this is having a positive impact on patient outcomes. Patients at risk or with existing pressure ulcers are discussed at handovers and locality safety huddles and all patients admitted to the service will receive information about prevention and management of pressure ulcers – timescale for implementation is September.

Caesarean Section SSI

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

Local Performance



National Benchmarking

Quarter Ending	2017/18			2018/19			2019/20				2020/21		
	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20
NHS Fife	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	1.0%	2.2%	2.2%	2.4%
Scotland	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%				

KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when instructed/agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

IMPROVEMENT ACTIONS

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan

By Mar-22

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

Recent national discussions have been held with ARHAI Scotland, due to the third wave of COVID-19, but there is still no date for resuming the national SSI surveillance programme.

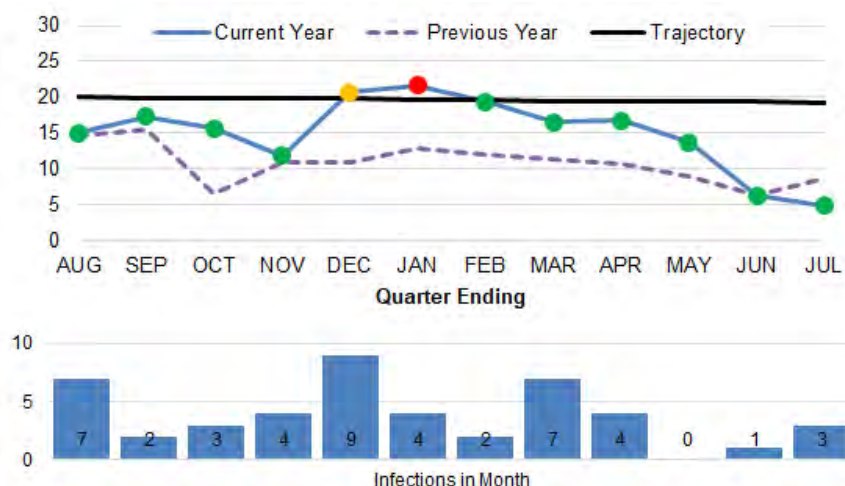
On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most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

The IPCT have updated the C-section SSI training presentation, and maternity induction training on the surveillance methodology and SSI case definitions was delivered by Dr Hadoura in August.

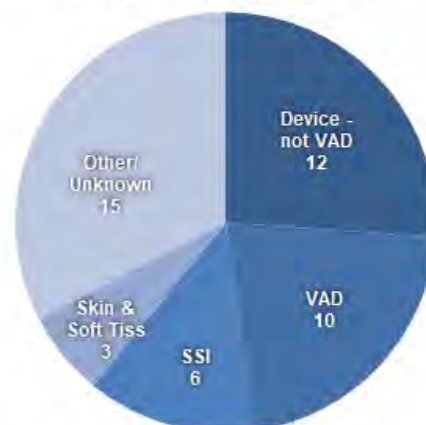
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Jul-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	15.5	10.9	12.5	6.3	18.7	20.6	17.8
Scotland	17.5	15.2	16.3	20.3	17.3	18.9	18.4

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

20.1 Reduce the number of SAB in PWIDs	By Mar-22
<p>There has been ongoing improvements in the incidence of SAB in PWIDs, with only 2 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting in May. The Addiction outreach team "We are With You" is available to support PWID.</p> <p>The rollout of PGDs for non-medical prescribing of antibiotics by ANPs was planned for July, while the IPCT are providing updated wound care training for ANPs.</p>	
20.2 Ongoing surveillance of all VAD-related infections	By Mar-22
<p>Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern.</p>	
20.3 Ongoing surveillance of all CAUTI	By Mar-22
<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter & urinary care. The group last met July.</p> <p>This Quality Improvement group is contributed to by the ECB data.</p>	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	By Mar-22
<p>Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. The Ward Dashboard is continuously updated, for clinical staff to access and also displayed for public assurance.</p>	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	By Mar-22
<p>Electronic insertion and maintenance bundles for PVCs available on patienttrack to support best practice. All areas with patienttrack generate an ePVC weekly report, which is highlighted to Senior Charge Nurses and Senior Teams if their ward has failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice.</p>	

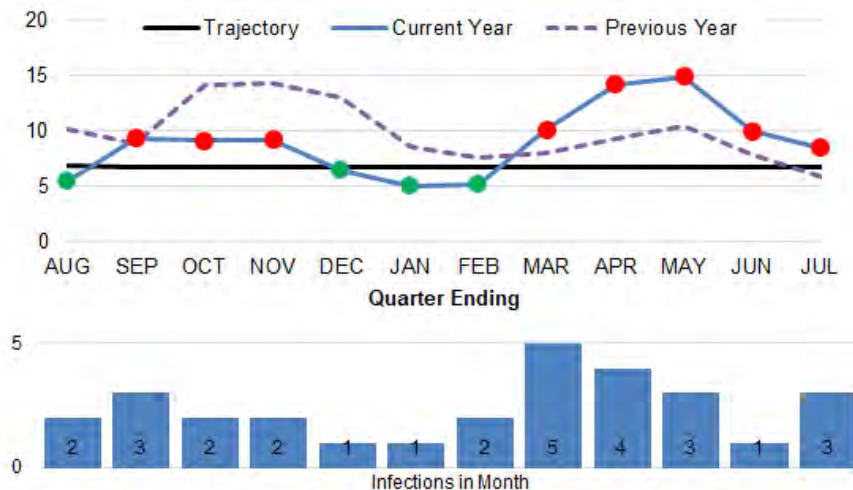
CLINICAL GOVERNANCE

Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters to promote and support best practice, reduce avoidable harm and improve quality of care. Then aim to develop similar electronic bundles for CVCs.

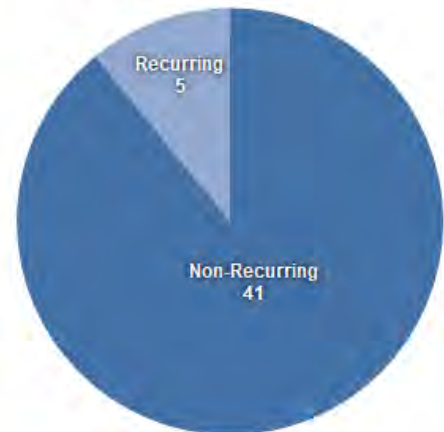
C Diff (HAI/HCAI)

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

Local Performance



CDI Recurrence: YE Jul-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	8.9	13.1	8.0	7.9	9.3	7.7	14.0
Scotland	13.7	15.1	13.6	15.4	17.4	16.4	15.6

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

20.1 Reducing recurrence of CDI

By Mar-22

Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection.

To reduce recurrence of CDI Infection for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter is can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.

20.2 Reduce overall prescribing of antibiotics

By Mar-22

NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.

Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.

20.3 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.

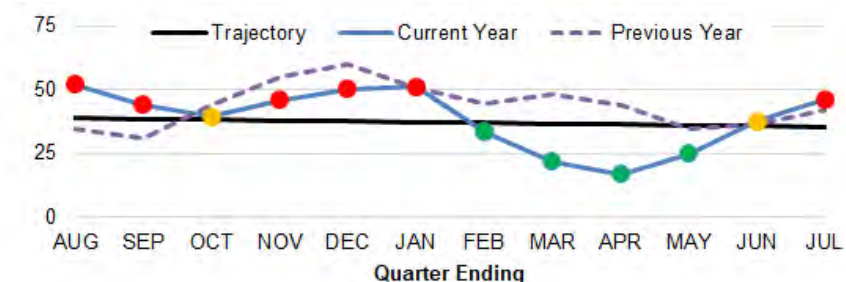
ICN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also displayed for public assurance.

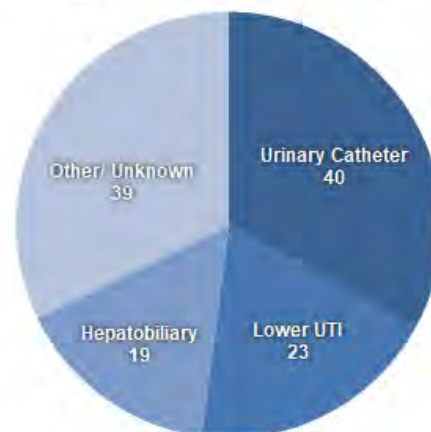
ECB (HAI/HCAI)

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

Local Performance



Infection Sources: YE Jul-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	31.0	60.0	47.9	36.4	45.3	50.3	21.6
Scotland	40.3	40.8	36.4	39.7	42.0	40.9	34.7

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding & learning. Consideration has been proposed to the ICC for all catheter associated ECB (including without trauma) to be DATIX'd for a LAER to be undertaken by the patients clinical team.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

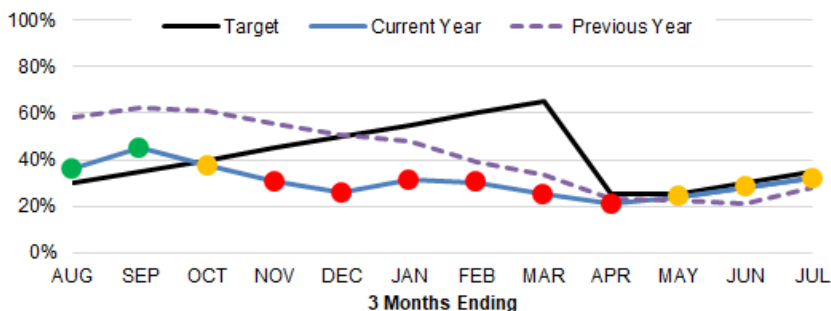
By Mar-22

The UCIG meeting last met in July. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves a GP practice, the district nursing service and staff in both private and NHS care homes.

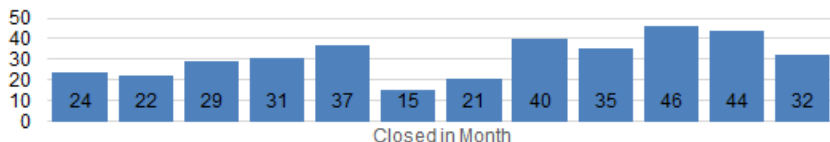
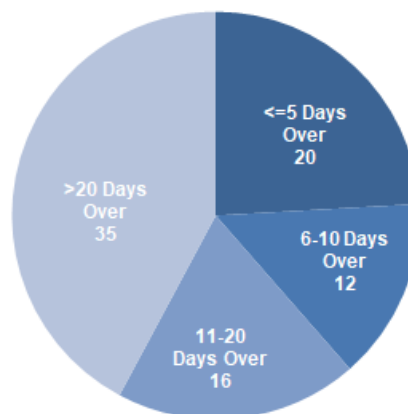
Complaints | Stage 2

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

Local Performance



Closure Breaches; QE Jul-21



Performance by Service Area

3-Month Ending	2020/21						2021/22					
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	25.0%	20.8%	24.0%	28.0%	32.0%
Ack <= 3 Days (Monthly)	100.0%	95.5%	93.1%	100.0%	100.0%	93.3%	95.2%	95.0%	100.0%	93.5%	97.7%	96.9%
ASD	44.1%	52.8%	39.6%	34.0%	30.5%	36.5%	34.0%	17.5%	14.5%	15.5%	22.5%	23.5%
HSCP	20.6%	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%

KEY CHALLENGE(S) IN 2021/22

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

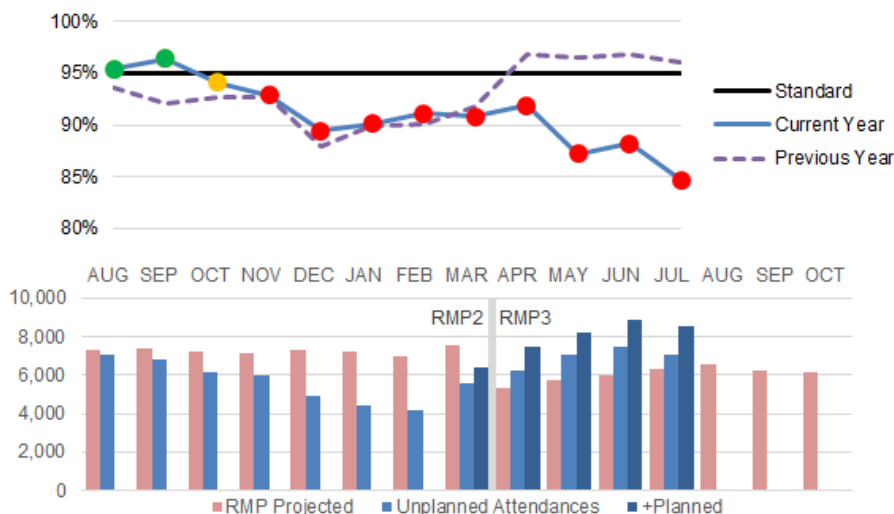
IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality	By Dec-21
Patient Relations are completing in-house QA checks on draft final responses. There is a review of the current complaint handling process being undertaken by Clinical Governance and Patient Relations and regular review meetings take place with Clinical Services and Senior Management. This work is underway with the aim of driving improvement in the quality of complaint handling, identify learning from complaints within the Patient Relations team and wider Clinical Services and ensure a streamline process for all that cuts out waste.	
22.2 Improve education of complaint handling	By Dec-21
This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services. This action aims to improve overall quality. While some training sessions have been delivered virtually, this is currently on hold due to the increase in the response to COVID-19. Bespoke training sessions with Fife Wide & Fife East took place in May and June, and the aim is that this will continue throughout the remainder of 2021.	

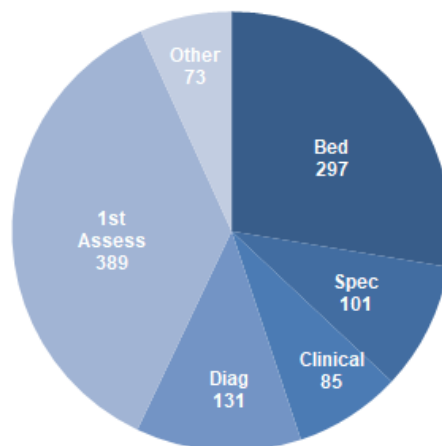
4-Hour Emergency Access

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

Local Performance



Breach Reason; Jul-21



National Benchmarking

Month	2020/21						2021/22					
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%
Scotland	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub

By Mar-22

Local Boards have been asked to implement a Flow Navigation Centre (Hub) that will directly receive clinical referrals from NHS24 and offer rapid access for patients to urgent care. Lessons from an ED Test of Change is being scaled up which demonstrates an increasing number of patients are being re directed and appointed. Approval being sought for full model roll out to accommodate phase 2 work including GP admissions and primary care pathway developments.

22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways

By Aug-21

Access to ED will be available through a national Single Point of Access through NHS24/111. Through safe space conversations and feedback, NHS 24 and NHS Fife will co-produce criteria for VHK ED and MIUs across Fife.

22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds

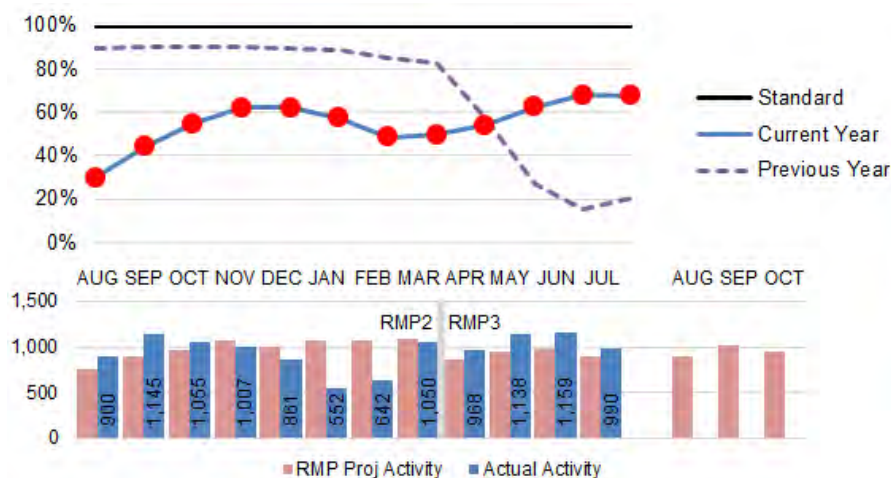
By Aug-21

Improved handover procedures are being tested and duplication in the system reduced. Improvement actions focussing on reductions in LoS in our medical admission unit, implementation of criteria led discharge and a review of speciality pathways will further reduce breach numbers.

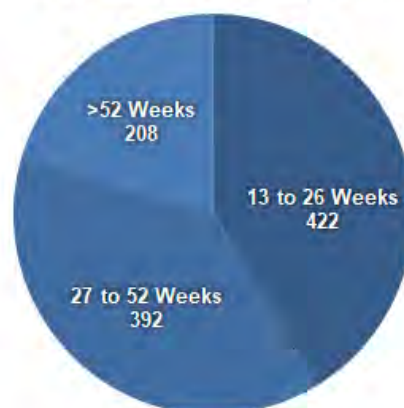
Patient TTG

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

Local Performance



Breaches Breakdown Jul-21



National Benchmarking

	2020/21					2021/22						
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.7%
Scotland	24.9%	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%	

KEY CHALLENGE(S) IN 2021/22

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

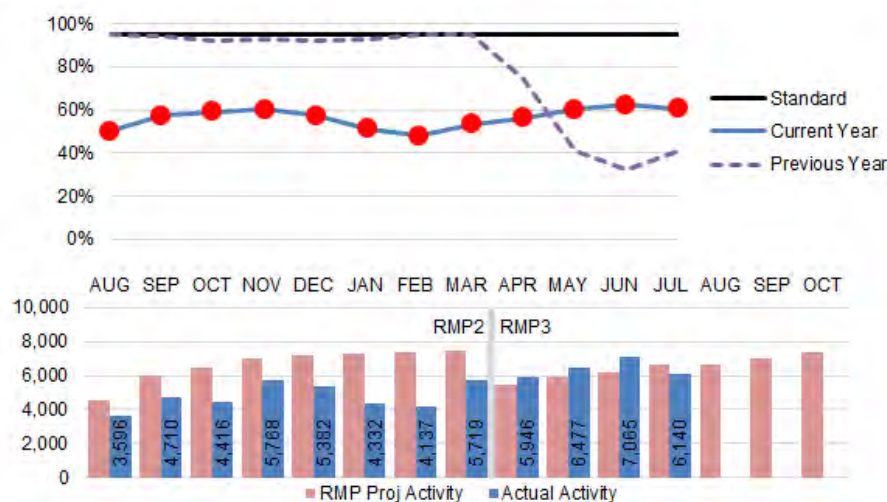
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	By Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway	
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Options appraisal to support a digital solution is being finalised prior to publication	
22.3 Undertake waiting list validation against agreed criteria	By Sep-21
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly	

New Outpatients

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

Local Performance



Breaches Breakdown Jul-21



National Benchmarking

	2020/21						2021/22					
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%
Scotland		46.5%			47.8%	44.5%	43.9%	48.3%	50.4%	52.1%	53.1%	

KEY CHALLENGE(S) IN 2021/22

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

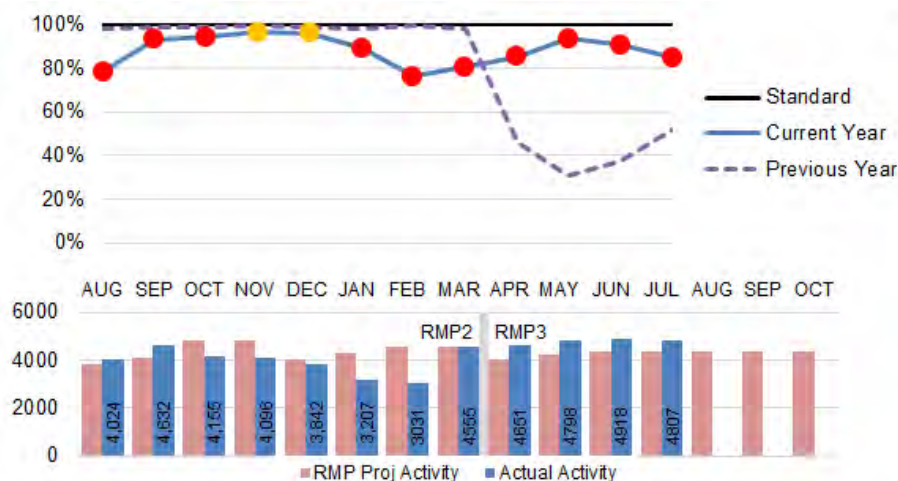
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	By Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway	
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
ACRT and PIR being progressed in Directorates and waiting list validation continues	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	By Sep-21
Remodelling work complete and shared with clinic staff, awaiting further guidance to be issued	

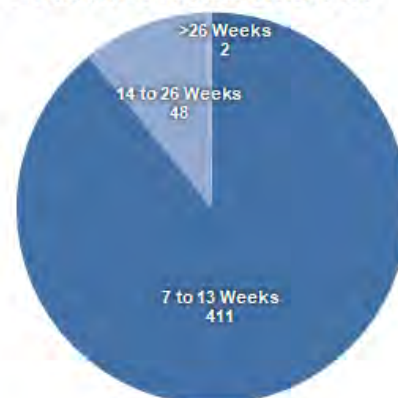
Diagnostics Waiting Times

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

Local Performance



Breach Breakdown Jul-21



National Benchmarking

	2020/21							2021/22				
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%
Scotland	49.3%	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%	

KEY CHALLENGE(S) IN 2021/22

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

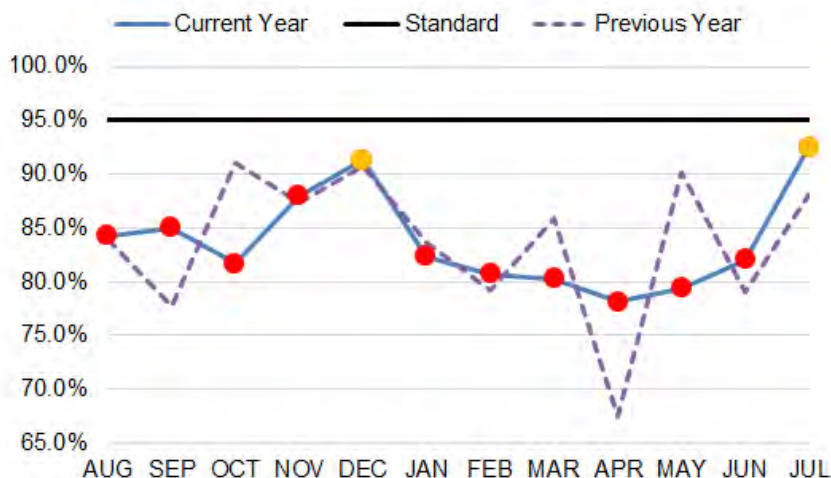
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	By Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway	
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Testing platform chosen, governance processes to support implementation underway	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

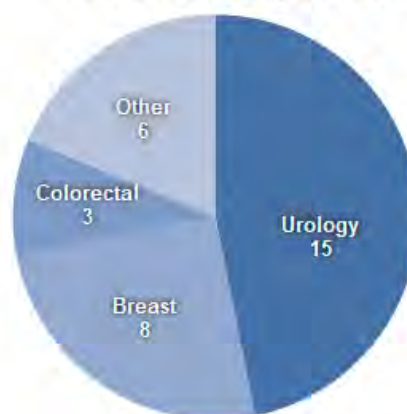
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: May to Jul 21



National Benchmarking

Month	2020/21							2021/22					
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	
62 days	NHS Fife	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%
	Scotland	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%

KEY CHALLENGE(S) IN 2021/22

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

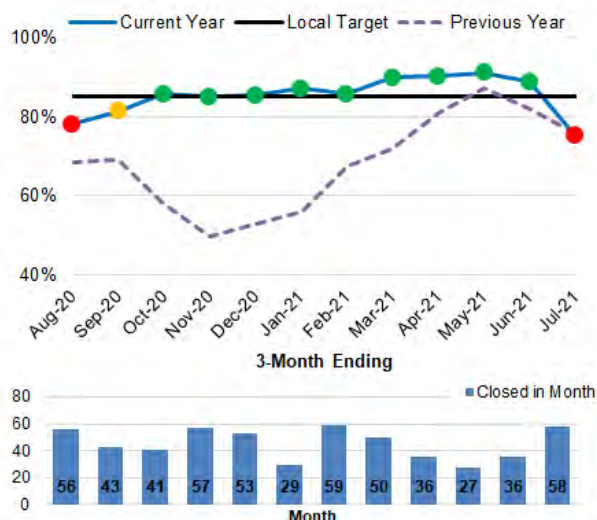
IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Mar-22
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Sep-21
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By Oct-21
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance will be completed by September. The recommendations from the review will be addressed as part of the improvement process.	

Freedom of Information Requests

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

Local Performance



Closure Period, QE Jul-21



Performance by Service Area

Monthly	2020/21									2021/22		
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Health Board	93.6%	82.1%	96.8%	87.5%	93.5%	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%
IJB	66.7%	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

21.1 Organisation-wide Publication Scheme to be introduced	Complete Jun 2021
21.2 Improve communications relating to FOISA work	By Dec-21

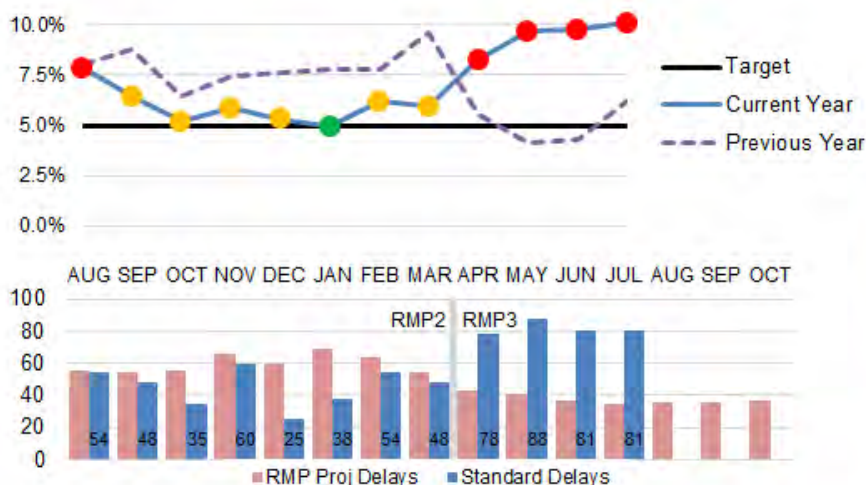
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

FOI Training in both AXLR8 and legislation was undertaken by the FOI Officer which can be evidenced in the overall compliance within the organisation.

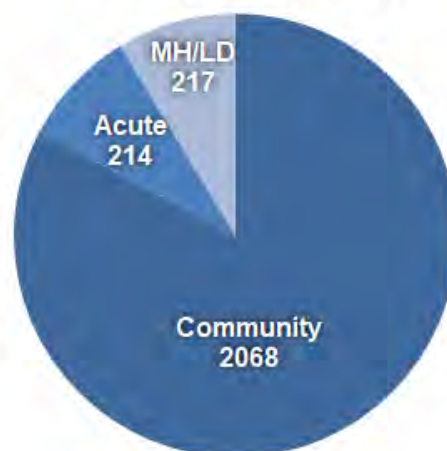
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Jul-21



National Benchmarking

	Quarter Ending	2018/19		2019/20			2020/21			
		Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
% Bed Days Lost	NHS Fife	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%
% Bed Days Lost	Scotland	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%

KEY CHALLENGE(S) IN 2021/22

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

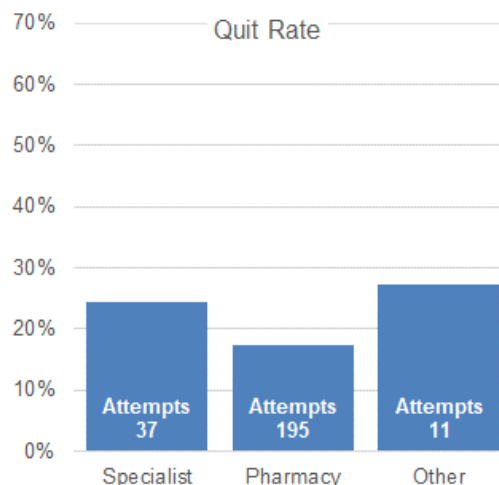
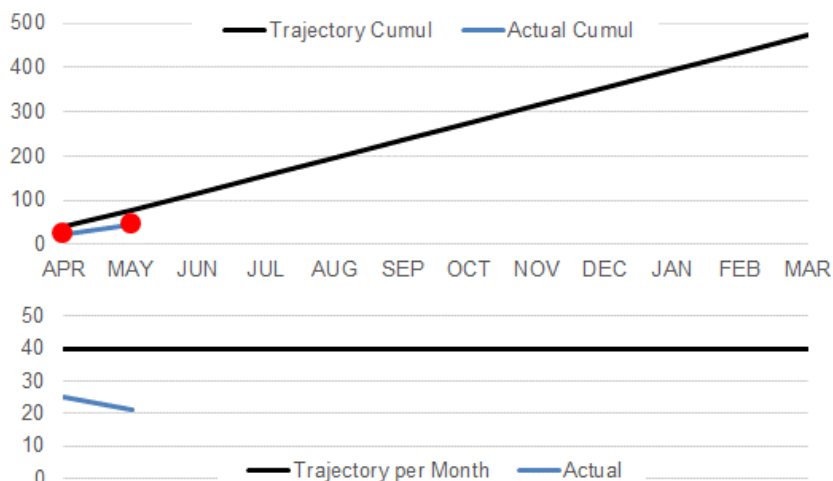
IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Dec-21
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the "Home First" strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and sub groups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	Complete Jul 2021
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Dec-21
An SBAR was submitted to the Senior leadership Team in August, amendments have been requested and the TOC will start in September, running for 3 months	

Smoking Cessation

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

Local Performance



National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	21										
	Actual Cumul	25	46										
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	58.2%										
Scotland	Achieved												

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

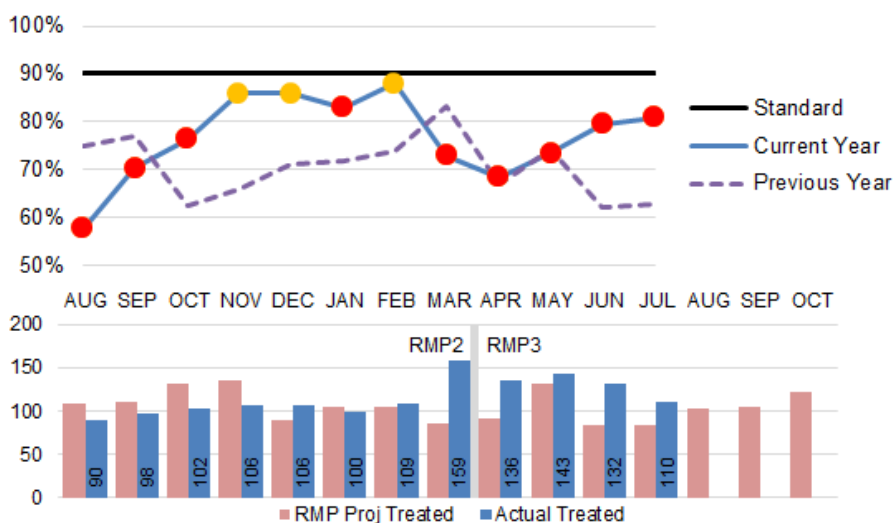
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	By TBD
<i>Action paused due to COVID-19</i>	
20.3 'Better Beginnings' class for pregnant women	By TBD
<i>Action paused due to COVID-19</i>	
20.4 Enable staff access to medication whilst at work	By TBD
<i>Action paused due to COVID-19</i>	
21.1 Assess use of Near Me to train staff	Complete Jul 2021
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	By Sep-21

Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway and is known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding has been made available from April; to date, five rehabilitation patients have engaged with the service.

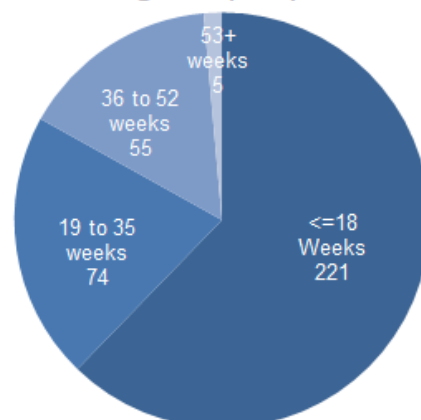
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (355) Jul-21



National Benchmarking

Month	2020/21						2020/21					
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%
Scotland	57.2%	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%	

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand
- Development of workforce to meet National CAMHS Service Specification
- Impact of COVID-19 relaxation on referrals
- Change to delivery 'models' to reflect social distancing

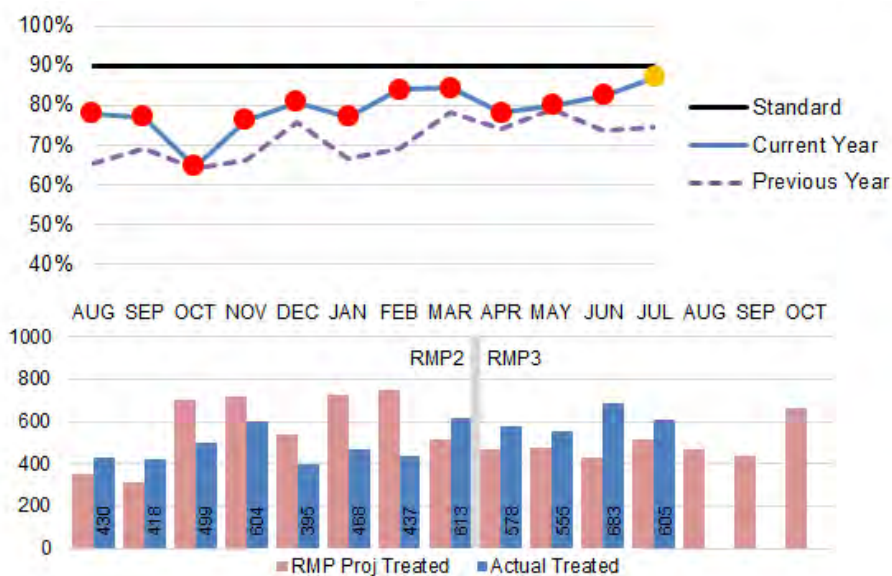
IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme	Complete Jul 2021
21.3 Build CAMHS Urgent Response Team	By Oct-21
The plan to develop a CURT in 2020 was postponed due to the COVID-19 position. Redesign has been incrementally introduced since March 2021 and a model has been implemented that prioritises responsiveness, increases the clinical remit and extends the age range of the previous Self Harm Service. An increase in staffing compliment seeks to allow the consolidation of the CURT model through ensuring adequate staffing capacity to meet increasing demand.	
22.1 Recruitment of Additional Workforce	By Dec-21
Investment from Fife HSCP has resulted in resources being made available to recruit additional permanent (8) and temporary (3) staff. To date, 4 permanent staff and 2 temporary staff have been appointed, with the permanent staff starting incrementally from 23/08/21. Vacant posts continue to be advertised and review of banding is underway. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and Phase 2 recruitment will follow the completion of a Gap analysis against the national specification. Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand.	
22.2 Workforce Development	By Dec-21
Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the SG CAMHS National Service Specification. A Training programme for new and existing staff is being developed, and a training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS.	

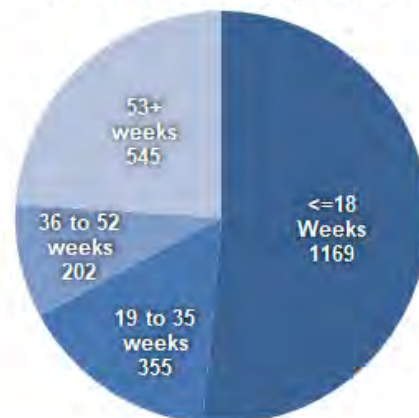
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2271) Jul-21



National Benchmarking

Month	2020/21						2021/22					
	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
NHS Fife	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%
Scotland	75.2%	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%	

KEY CHALLENGE(S) IN 2021/22

- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

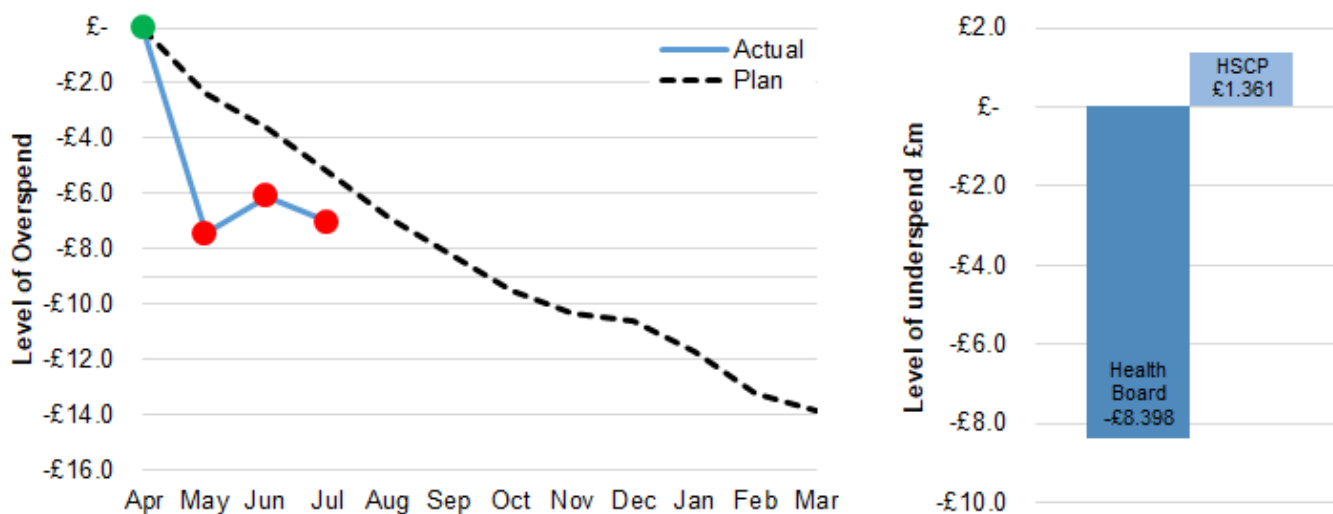
IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	By Oct-21
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID. Due to start in September.	
22.1 Increase access via Guided self-help service	By Oct-21
Recruitment of staff complete. Roll out of service across Fife, in progress.	
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	By Nov-21
A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes is being evaluated.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Dec-21
Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion.	

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Actual £'000	Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000		Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	441,297	467,287	150,819	159,217	-8,398	-5.57%	-2,877	-5,521
Integration Joint Board (Health)	360,744	366,355	122,889	121,528	1,361	1.11%	1,361	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	802,041	833,642	273,708	280,745	-7,037	-2.57%	-1,516	-5,521

Assessment	A formal Quarter 1 Review of the year to date and forecast position has been submitted and will be assessed through the Scottish Government review process. Notwithstanding, this report reviews the position to 31 July (month 4).
Key challenges in 2021/22	<p>The 2021/22 financial plan reflects an overall savings target of £21.7m and assumes £8m is achievable in-year, £4m on a recurring basis; and a further £4m on a non-recurring basis. Discussions continue with Scottish Government in relation to supporting the remaining £13.7m this financial year; with work continuing to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.</p> <p>Continuing uncertainty in relation to the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans</p> <p>Managing the underlying Acute Services core cost overspend; and emerging pressures including cross boundary flow uplift proposed arrangements</p> <p>Recruiting to the Corporate PMO the required capacity and capability to support the development of plans to deliver the pre-Covid efficiency savings on a recurring basis</p>
Improvement Actions	Progress
22.1 RMP4	<p>Partnering with the services to:</p> <ul style="list-style-type: none"> Identify additional spend relating to Covid-19 Identify offsets against core positions Understand and quantify the financial implications of recovery and remobilisation of core services across NHSF Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position.
22.2 Savings	Working closely with the services to ensure delivery of the £8m target as detailed above; and ensuring this focus extends to develop the agreed plans required to deliver the legacy £13.7m target over the next 2 financial years

1. RMP3 Joint Fife Mobilisation Plan

1.1 The Remobilisation Plan (RMP) process commenced last financial year. Our third iteration (RMP3) was submitted in February 2021 with formal feedback from Scottish Government received in April 2021. The RMP3 sets out a proposal which requests support from Scottish Government in 2021/22 in respect of the underlying unachieved savings funded as part of Covid-19 in 2020/21, with a commitment to deliver the recurring saving requirement across the medium-term financial planning period. This will be reviewed through the formal Quarter 1 review process. In parallel, Scottish Government aim to return to three year financial planning over the coming months. The RMP4 guidance has been issued with returns due by 30 September 2021.

2. Financial Allocations

2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the July core revenue amount on 2 August. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £763.008m; and anticipated allocations total £60.108m. Funding this month included £4.3m for additional elective activity; strategic fund for Digital and Information £1.18m; and cancer waiting times funding of £0.68m. The anticipated allocations include Primary Medical Services and New Medicines funding.

2.2 Non-Core Revenue Resource Limit

In addition, NHS Fife receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The non-core RRL anticipated funding totals £10.526m.

2.3 Total RRL

The total current year budget at 31 July is therefore £833.642m detailed in Appendix 1a.

2.4 Anticipated Funding from Health Delegated earmarked reserve

The earmarked health delegated reserve created last year and carried forward by the Local Authority Partner on behalf of the Integration Joint Board was clearly itemised and earmarked for specific purposes in this financial year. Whilst discussions continue with the IJB Chief Finance Officer, the earmarked reserve and agreed anticipated funding is detailed per Appendix 1b.

3. Summary Position

3.1 The revenue position for the 4 months to 31 July reflects an overspend of £7.037m; which comprises a core overspend of £2.485m (£1.516m run rate overspend, and £0.969m unmet savings); and 'long Covid' savings of £4.552m.

3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £8.398m is attributable to Health Board retained budgets; and an underspend of £1.361m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Combined Financial Position for the period ended July 2021

Memorandum	Budget			Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	441,297	467,287	150,819	-8,398	-5.57%	-2,877	-5,521
Integration Joint Board (Health)	360,744	366,355	122,889	1,361	1.11%	1,361	0
Risk Share	0	0	0	0	0.00%	0	0
Total	802,041	833,642	273,708	-7,037	-2.57%	-1,516	-5,521

Combined Position	Budget			Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	208,573	217,823	75,401	-7,337	-9.73%	-2,688	-4,649
IJB Non-Delegated	9,170	9,173	3,049	30	0.99%	42	-12
Estates & Facilities	76,559	76,894	25,124	141	0.56%	309	-168
Board Admin & Other Services	66,874	72,478	22,480	743	3.31%	935	-192
Non-Fife & Other Healthcare Providers	90,837	90,611	30,182	-2,564	-8.50%	-2,064	-500
Financial Flexibility & Allocations	15,265	25,796	577	577	100.00%	577	0
HB retained offsets	0	60	0	0	#DIV/0!	0	0
Health Board	467,278	492,835	156,813	-8,410	-5.36%	-2,889	-5,521
Integration Joint Board - Core	380,357	418,136	143,174	1,361	0.95%	1,361	0
HSCP offsets	0	226	0	0	0.00%	0	0
Integration Fund & Other Allocations	19,104	8,298	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	399,461	426,660	143,174	1,361	0.95%	1,361	0
IJB Risk Share Arrangement	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	399,461	426,660	143,174	1,361	0.95%	1,361	0
Total Expenditure	866,739	919,496	299,987	-7,049	-2.35%	-1,528	-5,521
IJB - Health	-38,717	-60,306	-20,285	0	0.00%	0	0
Health Board	-25,981	-25,548	-5,994	12	-0.20%	12	0
Miscellaneous Income	-64,698	-85,854	-26,279	12	-0.05%	12	0
Net Position Including Income	802,041	833,642	273,708	-7,037	-2.57%	-1,516	-5,521

3.3 The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below.

Table 2: Summary Core Financial Position for the period ended July 2021

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	208,573	215,407	72,985	76,068	-3,083	-4.22%	-2,688	-395
IJB Non-Delegated	9,170	9,173	3,049	3,008	41	1.34%	42	-1
Estates & Facilities	76,559	76,586	24,816	24,502	314	1.27%	309	5
Board Admin & Other Services	66,874	70,564	20,566	19,709	857	4.17%	935	-78
Non-Fife & Other Healthcare Providers	90,837	90,611	30,182	32,746	-2,564	-8.50%	-2,064	-500
Financial Flexibility & Allocations	15,265	25,796	577	0	577	100.00%	577	0
HB retained offsets	0	0	0	0	0	#DIV/0!	0	0
Health Board	467,278	488,137	152,175	156,033	-3,858	-2.54%	-2,889	-969
Integration Joint Board - Core	380,357	413,211	138,250	136,889	1,361	0.98%	1,361	0
HSCP offsets	0	0	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	19,104	8,298	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	399,461	421,509	138,250	136,889	1,361	0.98%	1,361	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	399,461	421,509	138,250	136,889	1,361	0.98%	1,361	0
Total Expenditure	866,739	909,647	290,425	292,922	-2,497	-0.86%	-1,528	-969
IJB - Health	-38,717	-60,306	-20,285	-20,285	0	0.00%	0	0
Health Board	-25,981	-25,548	-5,994	-6,006	12	-0.20%	12	0
Miscellaneous Income	-64,698	-85,854	-26,279	-26,291	12	-0.05%	12	0
Net Position Including Income	802,041	823,793	264,146	266,631	-2,485	-0.94%	-1,516	-969

Table 3: Summary Covid-19 Financial Position for the period ended July 2021

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	2,416	2,416	6,670	-4,254		0	-4,254
IJB Non-Delegated	0	0	0	11	-11		0	-11
Estates & Facilities	0	308	308	481	-173		0	-173
Board Admin & Other Services	0	1,914	1,914	2,028	-114		0	-114
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
HB retained offsets	0	60	0	0	0		0	0
Health Board	0	4,698	4,638	9,190	-4,552		0	-4,552
Integration Joint Board - Core	0	4,925	4,924	4,924	0		0	0
HSCP offsets	0	226	0	0	0		0	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	5,151	4,924	4,924	0		0	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	5,151	4,924	4,924	0		0	0
IJB - Health	0	0	0	0	0		0	0
Health Board	0	0	0	0	0		0	0
Miscellaneous Income	0	0	0	0	0		0	0
Total Expenditure	0	9,849	9,562	14,114	-4,552		0	-4,552

4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)

4.1 Acute Services

The Acute Services Division reports a **net overspend of £3.083m**. Whilst the 20/21 financial planning process approved the following uplifts for ASD: £1.5m safe staffing; £0.620m drugs; and £0.769m paediatric staffing; there remains an overspend in core run rate performance of £2.688m, and unachieved savings of £0.395m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £0.875m, Junior Medical and Dental £0.573m and Senior Medical £0.131m. Nursing overspend is prominent across Care of the Elderly, Obstetrics and Gynaecology, and Colorectal due to unfunded cost pressures, incremental progression and safer staffing. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. It has emerged that junior medical and dental staff in WCCS will also require to receive banding supplements possibly dating back to February 2021, although a value has not yet been confirmed. Elderly medicine consultant costs are partially offset by Acute vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Recruitment is in progress to recruit to some consultant posts which are currently being covered by locums.

Non pay cost pressures total £1.015m, with medicines overspend of £1.499m, partially offset by underspend on surgical sundries £0.286m, and diagnostic supplies £0.186m. There is an expectation that this will be utilised later in the year to accommodate increased levels of activity relating to waiting times initiatives.

Robotic assisted surgery is due to become operational in August. The core position currently carries the cost of unfunded instruments at £0.033m year to date offset by opportunistic underspend. Redesign of Urgent Care (RUC) will be fully funded this year through a combination of government funding £0.681m and earmarked IJB reserves of £0.935m carried forward from 20/21. The expenditure against the Navigation Flow Hub will be monitored on a regular basis alongside the other workstreams that are focusing on RUC. Due to patient settings being fully operational there have been no further opportunities to identify budget that can be used towards offsetting cost reductions. This will continue to be reviewed on an ongoing basis.

Government funding is expected to cover the cost of both elective and unscheduled care and there should be no related costs in the core position.

Table 4: Acute Division Financial Position for the year ended July 2021

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	72,443	75,744	25,396	25,368	28	0.11%	-273	301
Emergency Care & Medicine	76,946	79,122	27,448	30,270	-2,822	-10.28%	-2,583	-239
Women, Children & Clinical Services	56,587	57,924	19,423	19,807	-384	-1.98%	78	-462
Acute Nursing	874	894	292	258	34	11.64%	34	
Other	1,723	1,723	426	365	61	14.32%	56	5
Total	208,573	215,407	72,985	76,068	-3,083	-4.22%	-2,688	-395

4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.041m**. There is an underspend of £0.034m in Daleview Regional Unit as a result of nursing and AHP vacancies, offset by an overspend in course fees £0.012m. Acute Outpatients report an underspend of £0.015m resulting from vacancies in podiatry and diabetes.

4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.314m**. This comprises an underspend in pay of £0.314m across several services including catering, laundry and transport; and non pay underspend of £0.103m on PPP and £0.248m on rates, partially resulting from some rates relief received in month. The aforementioned underspend is partially offset by an overspend on property maintenance of £0.149m, equipment £0.083m and postage £0.073m.

4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.857m**. Further analysis of the Corporate Directorates core position is detailed per Appendix 2. The main driver for this underspend is the level of vacancies across Finance (£0.158m) and Nursing (£0.136m) directorates. Digital and Information has moved from an overspend to an underspend in month which is largely attributable to a VAT rebate of £0.228m and a £0.073m movement in service contracts. Areas of overspend include interpreting services and E- job plan. As highlighted through the SPRA process, and in turn our financial planning process, investment has been made in additional governance posts and Project Management Office (PMO) capability. The development of the PMO capacity and capability will further support and drive service transformation.

Public Health are proceeding with permanent recruitment based on the 'Covid-19: Test and Protect Programme and Public Health Teams' Funding letter on 13 November 2020. This commits recurring spend, however 2022/23 and future funding is not yet known.

4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £2.564m** per Appendix 3. As reported last month, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are ongoing. Savings yet to be delivered amount to £0.5m.

4.6 Financial Plan Reserves & Allocations

As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £0.577m** has been released at month 4, with further detail shown in Appendix 4.

4.7 Integration Services

The health budgets delegated to the Integration Joint Board shows an **underspend of £1.361m**. The underlying drivers for the run rate underspend are predominantly driven by ongoing vacancies across several services including: ICASS; administrative teams; district nursing; sexual health and rheumatology; all AHP services; child health; learning disabilities; mental health; psychology; health promotion; and general dental services. Mental health continues to see an increase in addictions costs due to activity and laboratory costs for toxicology reports. ADP funding uplift of 4% has been received which has improved the position, although due to activity growth over recent years this still requires more funding. The appointment of 8 consultants in Mental Health will commence in September, partially covered by locums at the moment. Where surge bed activity has resulted from the impact of Covid-19 this has been captured and reflected as Covid-19 expenditure.

Following the IJB financial planning process, supported by detailed analysis, the IJB CFO has indicated the underspend will be used to inform a non-recurring budget realignment this financial year.

Following a review of the Integration Scheme by the respective partners, plans are in place to propose a final position on this matter to both NHS Fife Board and Fife Council in September 2021.

4.8 Income

A small over recovery in income of £0.012m is shown for the period to July.

5 **Pan Fife Analysis**

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below.

Table 5: Subjective Analysis for the year ended July 2021

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	420,501	143,641	143,491	150
GP Prescribing	74,587	25,075	25,074	1
Drugs	31,628	11,710	12,941	-1,230
Other Non Pay	376,402	124,505	125,530	-1,025
Efficiency Savings	-17,716	-5,521	0	-5,521
Commitments	34,094	577	0	577
Income	-85,854	-26,279	-26,291	12
Net overspend	833,642	273,708	280,745	-7,037

5.2 Pay

The overall pay budget reflects an underspend of £0.150m. This comprises an Acute Services pay overspend of £1.633m (nursing staff for unfunded incremental progression, supervision policies and safer staffing). This is offset against underspend across multiple directorates including community care services £0.371m, primary and preventative services £0.367m, complex and critical services £0.337m, corporate £0.320m and facilities £0.267m where vacancies are having an impact.

Against a total funded establishment of 8,175 wte across all staff groups, there was an average 8,727 wte staff in post in July (based on permanent staff plus additional hours worked and bank staff). Work continues to capture our Covid staffing increase by staff group; the financial implications of temporary, fixed term and permanent staff cohorts; and a risk assessed exit plan/strategy.

5.3 Drugs & Prescribing

Across the system there is a net overspend of £1.229m on medicines. Due to PSD timetables, only 2 month prescribing data for 21/22 is available. Using that, other available indicators, and 2 years previous breakeven position the GP prescribing position to July 21 is estimated to be breakeven. Review of Covid impact will continue in 2021/22 - to date no significant costs have been identified as rechargeable to Covid funding, however ongoing detailed analysis continues.

Acute medicines reflect an overspend of £1.499m. The main overspend is in Haematology which is over budget by £1.016m partly due to changes to chemotherapy during Covid-19 based on national guidance, and partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Work continues to estimate the full impact of Covid-19 on the cancer medicines spend. Neurology is overspent at £0.279m, where a high-cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. As a continuation from 20/21, Dermatology, GI, Neurology and Respiratory all present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare.

5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £1.025m. A significant element of overspend is attributable to Non Fife and Other Healthcare Providers across both SLAs and UNPACS is £2.064m as discussed above. Further overspends derive from purchase of equipment £0.236m, property maintenance £0.207m and postage £0.124m. These overspends are offset by underspends within travel and subsistence £0.341m, surgical sundries and supplies £0.344m and CSSD/diagnostic supplies £0.134m.

5.5 Efficiency Savings

The unmet efficiency savings of £5.521m comprise unmet core savings of £0.969m and unachieved legacy savings for which we seek funding support of £4.552m.

6 Other Funding Allocations

6.1 Covid-19 funding allocation

We received initial Covid-19 funding of £11.580m in our June allocation to encompass; Test and protect; vaccination funding (Covid-19 and extended flu vaccination programmes); and a general Covid funding allocation. This initial allocation is based on c50% of the retained Health Board's forecast costs per the financial planning process. No funding was received in this tranche for Health delegated/Integration Authority given the carry forward of reserves from the 2020/21 financial year. Additional funded Covid-19 spend to month 4 per Table 3 above is £9.562m; with the long Covid unmet savings to month 4 of £4.552m remaining as a gap until the formal quarter one process is concluded.

6.2 Waiting List Funding

Following an additional allocation in-month, we have now received funding of £9.750m based our RMP3 submission and work is ongoing to ensure delivery of activity as laid out in our submission and correspondence with SG.

6.3 Redesign of Urgent Care Funding

Funding has been received from SG in June of £0.681m which we are treating as an interim (and on which we seek further clarity). In addition there is £0.935m in the IJB earmarked reserve for RUC. To that end funding appears sufficient for the 21/22 financial year however there is risk exposure for future financial years where funding is uncertain. Work continues on the Redesign of Urgent Care agenda.

7 Financial Sustainability

7.1 The overall financial planning process and corporate position was approved by the NHS Fife Board at its meeting on 31 March 2021. The Financial Plan highlighted the requirement for £21.7m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8m of the target (£4m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.7m for which we have requested funding support.

7.2 As part of the financial planning process, agreement was reached to reduce budgets to allocate shares of the vacancy factor of £3.1m to devolved budgets. As such budget holders require to operate within this reduced pay budget.

7.3 Tables 6a and 6b summarise the savings position for the 2021/22 financial year. Work continues in earnest to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.

Table 6a: Savings 21/22

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to July £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	3,534	587	4,121	4,060
					0		0
Total Savings	21,837	8,181	13,656	3,534	587	4,121	4,060

Table 6b: Savings RAG status

NHS Fife Potential Savings Summary	£000's	Risk level	Identified CY	Outstanding Balance	Identified FY	Outstanding Balance
Workforce Capacity and Utilisation Review	1,000	High	-370	630	-41	959
Pay Vacancy Factor (1%)	3,015	Medium	-3,015	0	-3,015	0
Repatriation of Services	500	Low	0	500	0	500
External Commissioning Cost Review	1,000	Medium	0	1,000	0	1,000
Medicine Utilisation	500	Medium	-59	441	0	500
Contracts	1,500	Low	-129	1,371	0	1,500
Procurement - Non pay	500	Medium	0	500	0	500
Other	166	Low	-548	-382	-478	-312
	8,181		-4,121	4,060	-3,534	4,647

8 Forecast Q1

- 8.1 Our forecast outturn to the year end remains as reported to Scottish Government at Q1 - a potential overspend of £19.656m. This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings (for which we have requested Scottish Government support) and a core potential additional overspend of £6m. The pressures contributing to the £6m overspend are: £3m cost pressure in respect of our Service Level Agreement with NHS Lothian; £2m Acute drugs cost pressures; Microsoft 365 licence cost pressures of £0.6m (an emerging increase to the cost model adopted at the financial planning stage); and £0.4m other cost pressures.

9 Recommendation

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

- **Note** the reported core overspend of £2.485m for the 4 months to date
- **Note** the £4.552m underlying unachieved 'long Covid' savings, to month 4;
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £7.037m
- **Note** the potential total overspend outturn position of £19.656m; of which we seek SG funding support for unachieved full year 'long Covid' savings of £13.656m; and, the potential core overspend of £6m which we have highlighted in our Quarter 1 financial return last month to Scottish Government.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1a: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
	Initial Baseline Allocation	712,534			712,534	
	June Letter	9,264	12,244	21,030	42,538	
Jul-21	Integrated Primary & Community Care			550	550	Annual Allocation
	Strategic Fund- Digital & Information			1,179	1,179	Annual Allocation
	Excellence in care			93	93	As per Funding Letter
	Cervical incident			3	3	
	Cancer Waiting Times			681	681	As per Funding Letter
	Primary Care out of hours transformation			341	341	Annual Allocation
	Ventilation Improvement Allowance			341	341	Relates to General Dental Services
	Realistic Medicine			60	60	Annual Allocation
	Additional elective activity			4,300	4,300	As per Funding Letter
	Mental Health Support hospitalised with covid 19			95	95	
	Reimbursement of shortfall re Scottish Health Survey			18	18	
	Implementation of Health & Care Act			68	68	
	Support Development of Hospital @ Home			207	207	
					0	
					0	
					0	
					0	
					0	
					0	
	Total Core RRL Allocations	721,798	12,244	28,966	763,008	
Anticipated	Primary Medical Services		56,909		56,909	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Salaried Dental		2,091		2,091	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & development		822		822	
Anticipated	Community Pharmacy Champions		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Calculation		-204		-204	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159	
Anticipated	FNP		1,276		1,276	
Anticipated	New Medicine Fund		3,415		3,415	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PCIF		682		682	
Anticipated	Action 15 Mental Health strategy				0	
Anticipated	ADP:seek & treat		1,159		1,159	
Anticipated	Veterans First Point Transition Funding		116		116	
Anticipated	£20m 18-19 tariff reduction to global sum		-4,245		-4,245	
Anticipated	Waiting List		1,367		1,367	
Anticipated	Winter		661		661	
Anticipated	Covid Vaccination		573		573	
Anticipated	NSD Adjustments		-5,026		-5,026	
		0	60,108	0	60,108	
Anticipated	IFRS			9,352	9,352	
Anticipated	Donated Asset Depreciation			174	174	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	10,526	10,526	
	Grand Total	721,798	72,352	39,492	833,642	

Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total £000's	To M4 £000's	Anticipated £000's	Balance £000's
Vaccine	740	740		0
Care homes	526			526
Urgent Care Redesign	935		935	0
Flu	203		203	0
Primary Care Improvement Fund	2,524	1,011	1,513	0
Action 15	1,315		1,315	0
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767			1,767
Core (covid offsets)	1,250	332	195	723
Total	11,308	2,583	4,161	4,564

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital and Information	13,046	4,346	4,038	308
Nhs Fife Chief Executive	215	71	73	-2
Nhs Fife Finance Director	6,653	2,149	1,991	158
Nhs Fife Medical Director	8,117	2,484	2,423	61
Nhs Fife Nurse Director	4,256	1,417	1,281	136
Legal Liabilities	486	-2,274	-2,294	20
Early Retirements & Injury Benefits	650	102	51	51
Regional Funding	208	91	85	6
Depreciation	19,040	6,086	6,086	0
Nhs Fife Public Health	2,510	1,118	1,098	20
Nhs Fife Workforce Directorate	3,212	1,082	1,054	28
Pharmacy Services	12,170	3,895	3,822	73
Total	70,564	20,566	19,709	857

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	33	32	1
Borders	45	15	19	-4
Dumfries & Galloway	25	8	19	-11
Forth Valley	3,227	1,076	1,278	-202
Grampian	365	121	94	27
Greater Glasgow & Clyde	1,680	560	558	2
Highland	137	46	44	2
Lanarkshire	117	39	85	-46
Lothian	31,991	10,664	11,495	-831
Scottish Ambulance Service	103	34	34	0
Tayside	41,584	13,861	14,095	-234
Savings	-1,500	-500		-500
	77,873	25,957	27,753	-1,796
UNPACS				
Health Boards	10,801	3,600	4,433	-833
Private Sector	1,151	385	513	-128
	11,952	3,985	4,946	-961
OATS				
	721	240	48	192
Grants				
	65			0
Total	90,611	30,182	32,746	-2,564

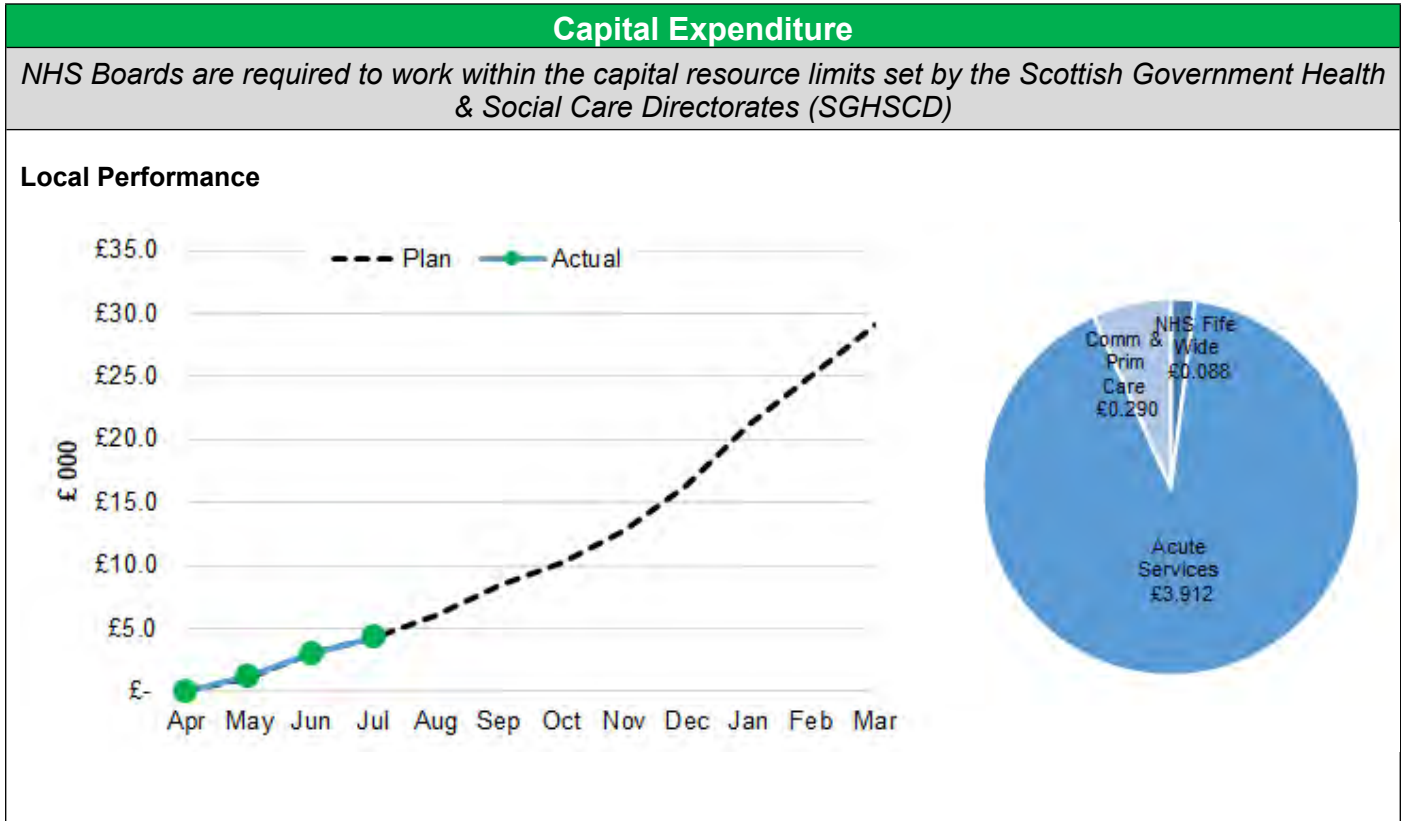
Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to July-21 £'000
Financial Plan		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	36	0
Discretionary Points	244	0
Consultant Increments	368	0
Cost Pressures	3,927	551
Developments	2,164	26
Sub Total Financial Plan	10,933	577
Allocations		
Waiting List	5,462	0
AME: Impairment	743	0
AME: Provisions	708	0
Insulin Pumps	99	0
Community Pharmacy Champion	19	0
Pay Award:AfC	1,695	0
6 Essential Action	456	0
ICU	485	0
Test & Protect	1,782	0
Covid 19	1,927	0
Winter	661	0
Cervical Incident	2	0
Cancer Waiting Time	681	0
Scottish Health Survey	18	0
Implementation Health & Care Act	68	0
Distinction Award	57	0
Sub Total Allocations	14,863	0
Total	25,796	577

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 5 – Initial Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
HSCP ear marked reserve		1,470		1,470	
Anticipated allocation		576		576	
Total funding	8,702	4,924	0	13,626	0
Allocations made for Apr to July					
Planned Care & Surgery	344			344	
Emergency Care & Medicine	1,406			1,406	
Women, Children & Clinical Services	666			666	
Acute Nursing	0			0	
Estates & Facilities	308			308	
Board Admin & Other Services	491			491	
Public Health Scale Up	265			265	
Test and Protect	1,158			1,158	
Primary Care & Prevention Serv		44		44	
Community Care Services		288		288	
Complex & Critical Care Serv		125		125	
Professional/Business Enabling		72		72	
Covid Vaccine/Flu		4,395		4,395	
Social Care					
Total allocations made to M4	4,638	4,924	0	9,562	0
Balance In Reserves	4,064	0	0	4,064	0



1. Annual Operational Plan

The capital plan for 2021/22 was approved by the FP&R Committee in July and will be tabled at the NHS Fife Board thereafter. NHS Fife has assumed a programme of £29.135m. For the year to date, NHS Fife has received £7.394m as a capital allocation. NHS Fife is also anticipating capital allocations for the Elective Orthopaedic Centre of £18.125m: A reduction of (£0.200m) due to a previous years over-allocation: HEPMA £1.1m: Mental Health Review £0.076m: Lochgelly Health Centre £0.517m and Kincardine Health Centre £0.323m: Energy Scheme Funding of £1.8m.

2. Capital Receipts

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

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

3. Expenditure / Major Scheme Progress

3.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £4.290m this equates to 14.72% of the total capital allocation, as illustrated in the spend profile graph above.

3.2 The main areas of spend to date include:

Statutory Compliance	£1.767m
Equipment	£0.341m
Digital	£0.085m
Elective Orthopaedic Centre	£1.895m

4. Recommendation

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

note the capital expenditure position to 31 July 2021 of £4.290m and the year end spend of the total anticipated capital resource allocation of £29.135m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	123	29	123
Statutory Compliance	343	31	343
Capital Equipment	78	59	78
Condemned Equipment	24	0	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
Total Community & Primary Care	568	120	568
ACUTE SERVICES DIVISION			
Statutory Compliance	2,958	1,736	2,958
Capital Equipment	1,323	282	1,323
Clinical Prioritisation	85	0	85
Condemned Equipment	16	0	16
Total Acute Services Division	4,382	2,018	4,382
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	403	0	403
Information Technology	1,000	85	1,000
Clinical Prioritisation	292	0	292
Statutory Compliance	79	0	79
General Reserve - Equipment	99	0	99
Pharmacy Equipment	200	0	200
Condemned Equipment	50	0	50
Fire Safety	60	3	60
Vehicles	60	0	60
Wash Hand Basin Replacement	0	0	0
Total NHS Fife Wide Schemes	2,443	88	2,443
TOTAL CAPITAL ALLOCATION FOR 2021/22			
	7,394	2,225	7,394
ANTICIPATED ALLOCATIONS 2021/22			
Elective Orthopaedic Centre	18,125	1,895	18,125
HEPMA	1,100	0	1,100
Kincardine Health Centre	323	72	323
Lochgelly Health Centre	517	99	517
Mental Health Review	76	0	76
Energy Funding	1,800	0	1,800
SG Payback	-200	0	-200
Anticipated Allocations for 2021/22	21,741	2,065	21,741
Total Anticipated Allocation for 2021/22			
	29,135	4,290	29,135

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to June	July Adjustment	Total July
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	78	0	78
Condemned Equipment	0	0	24	24
Clinical Prioritisation	0	83	40	123
Covid Equipment	0	0	0	0
Statutory Compliance	0	343	0	343
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
Total Community & Primary Care	0	504	64	568
Acute Services Division				
Capital Equipment	0	1,317	6	1,323
Condemned Equipment	0	16	0	16
Cancer Waiting Times Equipment	0	0	0	0
Clinical Prioritisation	0	9	76	85
Statutory Compliance	0	2,955	3	2,958
	0	4,297	85	4,382
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,418	-3	79
Fife Wide Equipment	1,805	-1,396	-6	403
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-91	-116	293
Condemned Equipment	90	-16	-24	50
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	5	0	99
Pharmacy Equipment	205	-5	0	200
Fife Wide Vehicles	0	60	0	60
Wash Hand Basin Replacement	0	0	0	0
Total Fife Wide	7,394	-4,801	-149	2,444
Total Capital Resource 2021/22	7,394	0	0	7,394

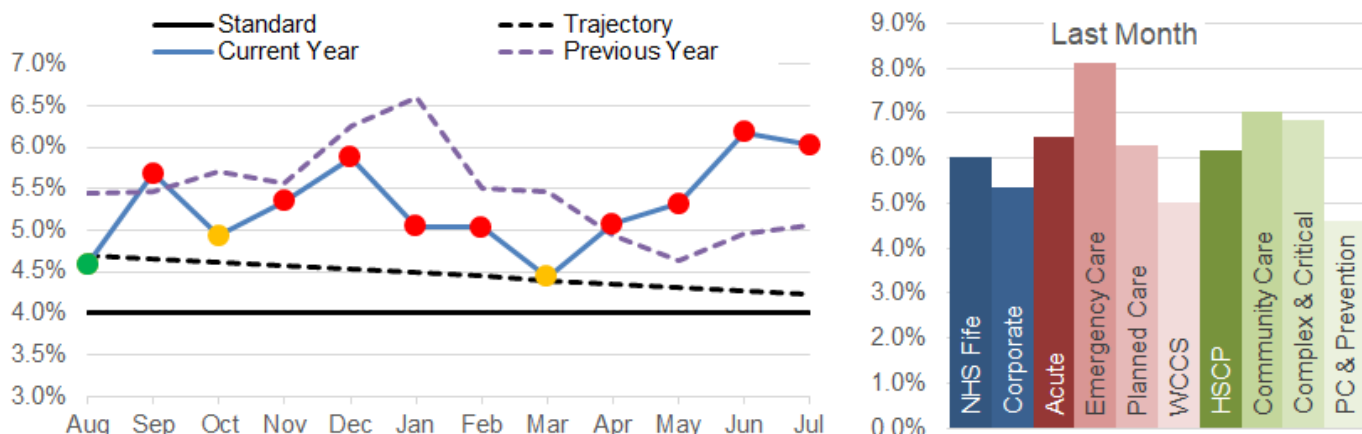
ANTICIPATED ALLOCATIONS 2021/22				
Elective Orthopaedic Centre	18,125	0	0	18,125
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	323	0	0	323
Lochgelly Health Centre	517	0	0	517
Mental Health Review	76	0	0	76
Energy Funding	1,800	0	0	1,800
SG Payback	-200	0	0	-200
Anticipated Allocations for 2021/22	21,741	0	0	21,741

Total Planned Expenditure for 2021/22	29,135	0	0	29,135
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Sickness Absence

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

Local Performance



National Benchmarking

Month	2020/21								2021/22			
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
NHS Fife	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%
Scotland	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

<p>22.1 Work towards an improvement in long term sickness absence relating to mental health, using our Occupational Health service and other support services and interventions</p>	<p>By Mar-22</p>
<p>There is ongoing case work with Occupational Health, local managers and HR Officers and Advisors in support of this action, with input from specialist Occupational Health Mental Health Nurse.</p>	
<p>22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence. The means of achieving this include continuation of Promoting Attendance Review and Improvement Panels, Promoting Attendance Groups, training for managers and continued application of the Once for Scotland Attendance Management Policy and scrutiny of "hot spots" / priority areas through analysis of management information and effective reporting systems.</p>	<p>By Mar-22</p>
<p>All actions above are progressing, with Promoting Attendance Review and Improvement Panels meeting regularly to review cases and actions, on-going monthly and bespoke training sessions, alongside use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting. Communication was issued via StaffLink in July to reinforce attendance management processes. Discussions to be held, in partnership, to assess focus of improvement work in light of changing context.</p>	
<p>22.3 Consider refinements to COVID-19 absence reporting, including short term manual data capture from SSTS and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to develop MI reporting</p>	<p>By Nov-21</p>
<p>Work has been undertaken with Digital & Information colleagues to provide initial COVID-19 specific absence reports and will continue to be refined to take account of systems developments</p>	

MARGO MCGURK

Director of Finance and Performance

21st September 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Fife Integrated Performance & Quality Report

Produced in October 2021

Introduction

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Remobilisation Summary
- e. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

I. Executive Summary

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

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

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

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

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 6 (21%) classified as **GREEN**, 5 (17%) **AMBER** and 18 (62%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There was notable improvement in the following areas during the last reporting period:

- Cancer 31-Day DTT – above Standard for the 16th successive month (with no breaches for the third time in the last 6 months)
- CAMHS – very close to the 90% LDP Standard for the first time since this measurement was introduced
- Psychological Therapies 18-Weeks RTT – highest monthly performance ever recorded (the second successive month when this has been the case)

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 9 (31%) within upper quartile, 13 (44%) in mid-range and 7 (25%) in lower quartile.

There are indicators where national comparison is not available or not directly comparable.

d. NHS Fife Remobilisation Summary – Position at end of September 2021

Better than Projected Worse than Projected No Assessment				Month End							
(NOTE: Better/Worse may be higher or lower, depending on context)		Quarter End	Jun-21	Jul-21	Aug-21	Sep-21	Quarter End	Sep-21	Quarter End	Quarter End	
		Dec-21	Mar-22								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected			1,000	1,000	1,120	3,120		3,394		3,716
	Actual			988	942	1,004	2,934				
	Variance			-12	-58	-116	-186				
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected			6,227	6,259	6,639	19,125		22,925		24,441
	Actual			6,154	6,749	7,239	20,142				
	Variance			-73	490	600	1,017				
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected			611	611	611	1,833		1,833		1,833
	Actual			484	547	475	1,506				
	Variance			-127	-64	-136	-327				
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected			3,750	3,750	3,750	11,250		11,250		11,250
	Actual			4,324	4,221	4,084	12,629				
	Variance			574	471	334	1,379				
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected			6,280	6,590	6,240	19,110		18,370		18,490
	Actual			7,052	7,192	6,866	21,110				
	Variance			772	602	626	2,000				
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected			2,830	2,800	2,690	8,320		8,680		8,830
	Actual			3,355	3,367	3,346	10,068				
	Variance			525	567	656	1,748				
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected						5.85		5.63		5.73
	Actual						6.16				
	Variance						-0.28				
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected			870	870	870	2,610		2,610		2,610
	Actual			996	1,001	1,051	3,048				
	Variance			126	131	181	438				
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected			145	145	145	435		435		435
	Actual			110	109						
	Variance			-35	-36						
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected			84	103	104	291		346		298
	Actual			110	107	121	338				
	Variance			26	4	17	47				
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected			514	471	437	1,422		1,905		1,780
	Actual			605	565						
	Variance			91	94						
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected			37			36		42		43
	Actual			81			83				
	Variance			44			47				

¹ The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

e. Assessment – Clinical Governance

		Target	Current
HSMR		1.00	1.02
The HSMR for NHS Fife for the year ending March 2021 rose slightly in comparison to the rate for the year ending December 2020, and was above the Scotland average. The rate for VHK alone was 1.03.			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.61
The significant challenges facing inpatient services continue alongside ongoing workforce challenges and as noted previously an increased usage of supplementary staffing. Staff continue to use the extant falls bundle and local support is being given to areas where falls with harm have increased noting a slight increase in some areas.			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	1.21
Acute: Since January 2021 there has been a shift in the data, with pressure ulcer rates above the median for 8 consecutive months. There has been a reduction in grade 2 and multiple pressure ulcer incidences but an increase in suspected deep tissue injury and grade 3. There have been no grade 4 reported since November 2018. HSCP: The number of acquired pressure ulcers has reduced slightly from the previous quarter, and four hospitals within the HSCP had no hospital acquired pressure ulcers in August. Over the whole partnership, there has been one hospital acquired pressure ulcer (grade 3) in August and one area has achieved three months with no pressure ulcers. There has been no hospital acquired grade 4 pressure ulcers reported since January 2020.			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	3.6%
All mandatory SSI surveillance remains paused (as per the start of the Covid-19 pandemic) until further instruction from the Scottish Government. However, Maternity Services continue to monitor their Caesarean Section SSI cases and, where necessary (in the case of deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	10.8
NHS Fife is continuing to achieve the trajectory for the 10% reduction target, to be met by March 2022. There was one PVC associated SAB in August, but there have been no CVC SABs since March.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	8.4
NHS Fife is above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022, although the incidence rate has improved since May and remains below average national comparator. There have been 4 recurrences to date in 2021, an improvement from 6 for the same time period in 2020. Reducing the incidence of CDI recurrence is pivotal to achieve the HCAI reduction target, and continues to be addressed.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	46.8
The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For August, NHS Fife was above the trajectory line to achieve this target. In the month, there were 4 CAUTIs and 11 ECBs due to another urinary source. Reducing CAUTI incidence remains the quality improvement focus.			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	30.0%
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity of complaints received and numbers received continue to be high. Although reduced slightly, PRD has responded to a high number of concerns and Stage 1 complaints relating to COVID-19 vaccination appointments. We anticipate an increase in calls, enquiries and complaints as the programme team start to deliver third vaccines.			

e. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	83.7%
<p>The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation hub is being increased further for managing GP admissions for early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	68.2%
<p>Performance in August has plateaued with 68.2% waiting less than 12 weeks compared to 67.9% in June. NHS Fife continues to be one of the best performing Board in Scotland for TTG. Theatres are now fully remobilised however the continued increase in unscheduled care activity is impacting on our ability to undertake elective inpatient surgical activity as planned and slowing improvement. After a period of stability the waiting list in August has risen to 3,401 which is 6% greater than in August 2019 pre-covid. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	58.6%
<p>Performance in August has deteriorated slightly with 58.6% waiting less than 12 weeks compared to 62.4% in June. The waiting list has continued to rise and at 21,955 is 53% higher than in August 2019 pre-covid. Particular attention continues to be focused on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. Activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	81.2%
<p>Performance continues to be under significant pressure, decreasing to 81.2% from 90.6% in June waiting less than 6 weeks. The waiting list has stabilised and at 4,779 is 9% higher than at the end of August 2019 pre-covid. The referrals for CT and Ultrasound remain high with significant pressures from unscheduled care activity and staffing absence resulting in increased routine waits for these modalities. Particular attention continues to be focused on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	91.3%
<p>We saw improvement in 62-day performance in August, however this will remain variable due to an increasing backlog of patients who have breached with no treatment date. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to routine staging and investigations, delays to surgery due to increasing numbers and consultant leave and radiotherapy treatment, while Oncology capacity remains an issue. The majority of breaches continue to be prostate due to the challenging pathway. The range of breaches were 5 to 27 days (average 12 days); the range of maximum days breach has improved.</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	74.8%
<p>There were 49 FOI requests closed in August, 11 of which were late, a closure performance of 77.5%. The performance figure above (71.2%) reflects the performance for the 3-month period ending August.</p> <p>Due to staff turnover in the FOI Role, the Information Governance and Security Advisors are overseeing the administration of FOI requests.</p>			

		Target	Current
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	5%	10.4%
<p>The number of bed days lost due to patients in delay continues to rise and has remained above the target 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 62 downstream beds over the last 4 months to mitigate against the lack of home care, and this is resulting in the increase in the % of bed days lost which is being reported. Bed days occupied by Code 9 (51X) patients, while not counted in the IPQR measure, accounts for approximately 30-35% of beds days lost.</p>			
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	68
<p>Service provision has continued to be delivered remotely by phone and Near Me appointments. Staffing levels are improving, with two staff members returned from maternity leave (albeit now using accrued annual leave). Continued local training is being delivered to new staff members and refresher training for others. There is an ongoing challenge and potential risk to the LDP Target with supply shortage of Champix (varenicline tartrate) across all doses and presentations which looks set to continue until the new year. Two new staff members have completed their competencies and are now competent and confident practitioners.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	88.8%
<p>Referral to Treatment (RTT) performance remains high, reflecting the ongoing prevalence of urgent and priority referrals to CAMHS and the allocation of the majority of the workforce to meet this need. Longest waits has been sustained (despite staff employed to address this group leaving post) by reallocating core staff to target those waiting the longest. Recruitment process is ongoing - 6 of the available 8 posts to increase capacity have been appointed with the remaining posts at interview stage. The two 'longest wait' posts have been appointed within Clinical Psychology and will start in early 2022. The outstanding (10) posts identified through the Gap Analysis, funded by the Mental Health Recovery and Renewal Fund, are still in the recruitment system.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	87.4%
<p>The overall waiting list continues on a downward trend, and there has been a further reduction in numbers waiting over 52 weeks, with these longest waits being mainly for highly specialised therapy. The trend in referrals remains upward, with the increased referral/self-referral rate for our expanded range of online PTs continuing. Group work has increased. Recruitment to new posts (and current vacancies) is ongoing.</p>			

e. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£13.822m)	(£8.884m)
<u>Month 5 financial position</u>			
The revenue position for the 5 months to 31 August reflects an overspend of £8.884m. This comprises a run rate overspend position of £1.908m; unmet core savings of £1.286m (to be delivered over the remaining months of the year); and underlying unachieved 'long Covid' savings of £5.690m.			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£29.257m	£5.961m
The overall anticipated capital budget for 2021/22 is £29.257m. The capital position for the period to August records spend of £5.79m. Therefore, 19.8% of the anticipated total capital allocation has been spent to month 5.			

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	5.95%
The sickness absence rate in August was 5.95%, a decrease of 0.08% from the rate in July. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.14%.			

II. Performance Exception Reports

Clinical Governance

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Finance, Performance & Resources: Finance

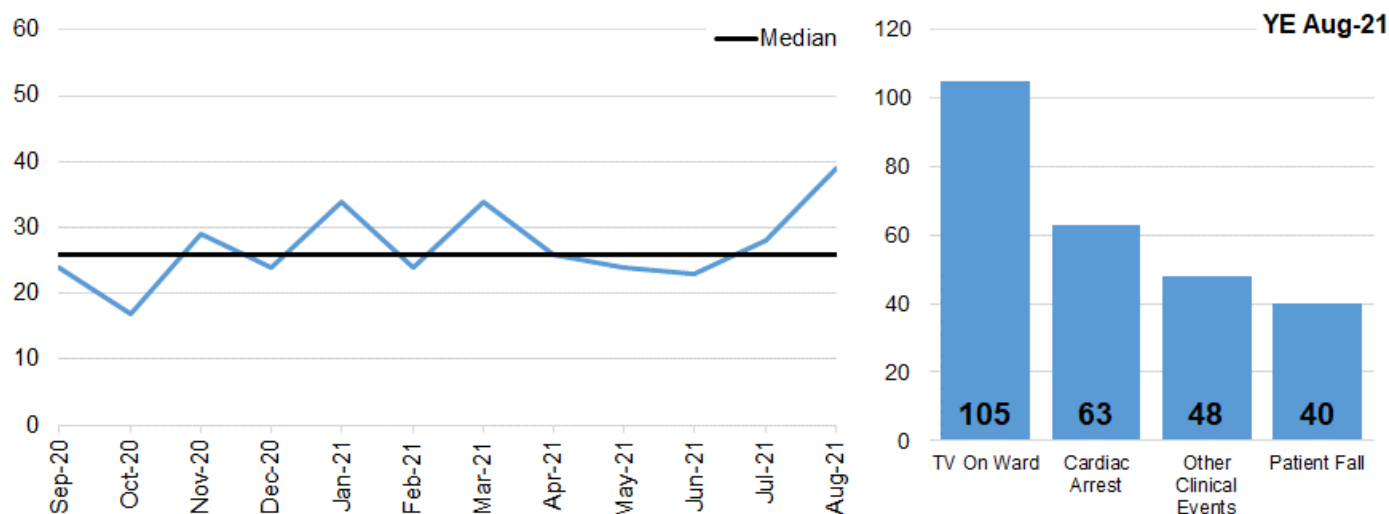
Revenue Expenditure	29
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Staff Governance

Sickness Absence	45
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Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21						2021/22					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL	NHS Fife	1288	1340	1307	1249	1288	1210	1363	1355	1370	1349	1413	1432
	Acute Services	607	558	640	601	573	531	628	592	646	606	625	605
	HSCP	639	748	635	621	694	653	707	724	682	694	740	791
	Corporate	42	34	32	27	21	26	28	39	42	49	48	36
CLINICAL	NHS Fife	925	903	955	928	904	855	952	934	1009	935	1005	943
	Acute Services	559	509	596	558	534	495	586	545	597	548	566	542
	HSCP	348	378	341	360	359	346	352	371	388	365	412	382
	Corporate	18	16	18	10	11	14	14	18	24	22	27	19

Commentary

Levels of reporting have increased marginally, with August having the highest number of incidents reported in the past 12 months. There was also an increase in major and extreme incidents reported, with the most notable increase in events relating to patient falls.

Focused improvement work continues in areas where there has been an increase in falls with harm. A proportion of the increase is attributable to the reporting of events related to infrastructure, specifically in relation to staffing and environment.

Overall, the reported number of tissue viability events (pressure ulcers developing on ward) has reduced in August with systems in place continuing to monitor, review and respond appropriately.

Specific activities are as follows:

- Baseline mapping of the current Adverse Events process is complete
- New Lead for Adverse Events starts in post in November and will provide dedicated leadership to drive forward the review of Adverse Event Policy and Procedure including system learning from events
- Terms of Reference for a new Organisational Learning Group have been drafted; this group will identify thematic and learning from events and other clinical governance data to support system wide improvement
- Increased number of Executive Sponsors now in place to support timely review of Significant Adverse Event Reviews to ensure learning and actions are implemented

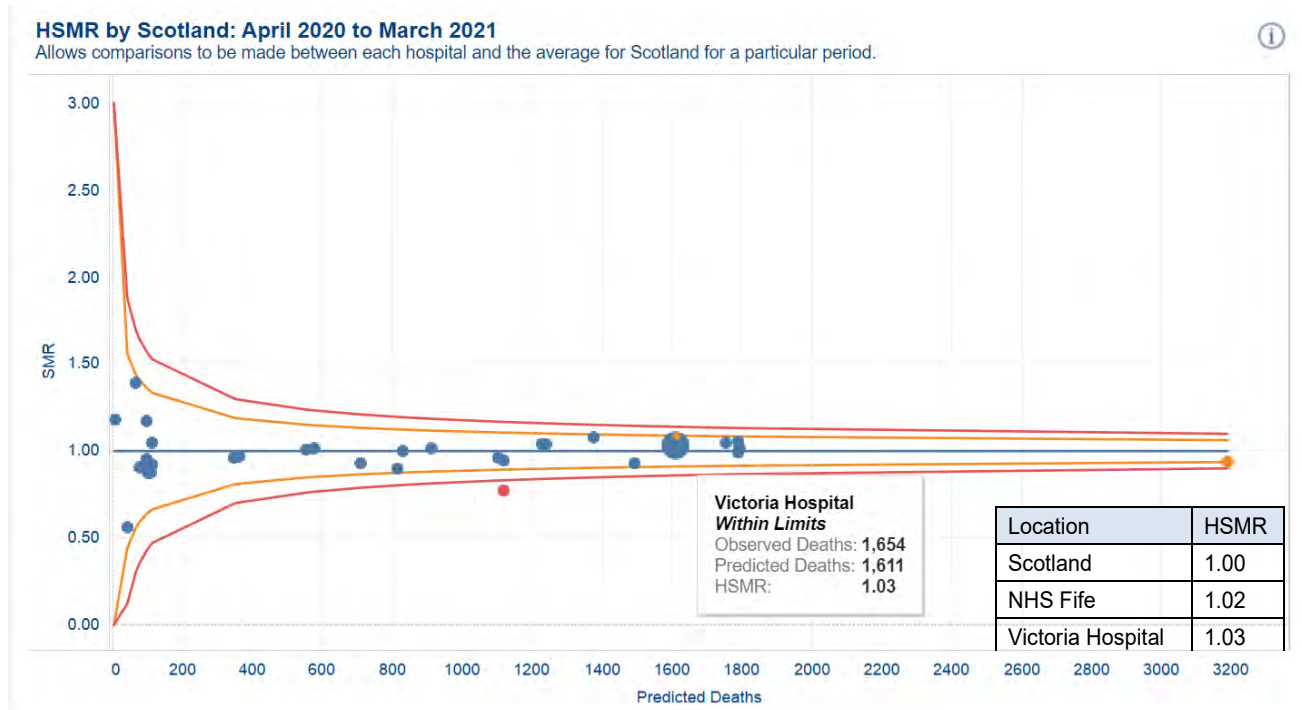
HSMR

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

Reporting Period; April 2020 to March 2021^P

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

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself, are shown in the table within the Funnel Plot.



Commentary

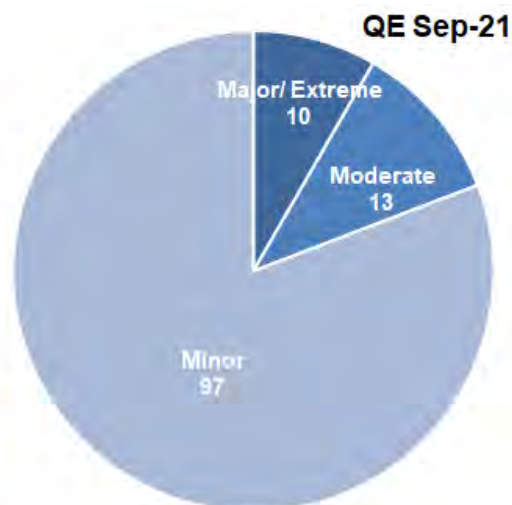
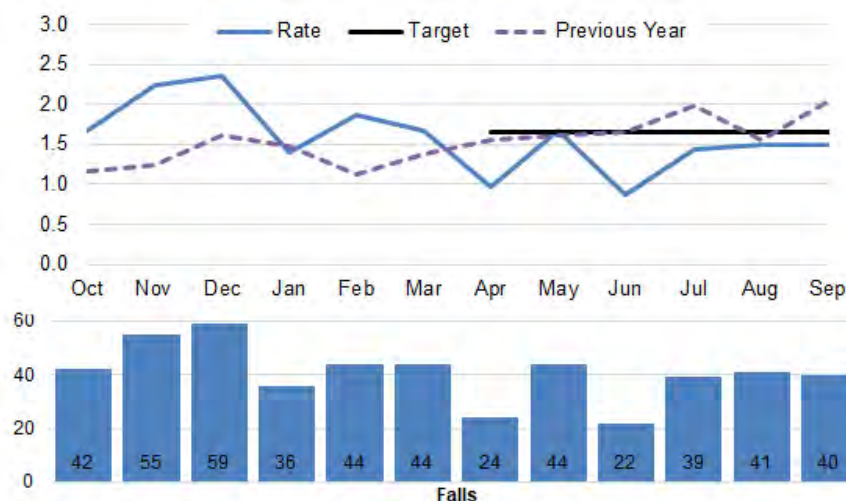
The HSMR for NHS Fife has remained slightly above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending March 2021 produced a ratio of 1.02 with VHK alone being 1.03).

Inpatient Falls with Harm

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

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

Local Performance



Performance by Service Area

		2020/21						2021/22					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
With Harm	NHS Fife	2.03	1.68	2.24	2.35	1.39	1.87	1.68	0.98	1.68	0.86	1.45	1.61
	Acute Services	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.35	0.88	0.41	0.79	1.41
	HSCP	2.62	2.17	2.88	2.96	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.79

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

IMPROVEMENT ACTIONS

20.3 Falls Audit	By Feb-22
A new national driver diagram and measurement package have still to be finalised and as already reported have been tested in four boards across Scotland in May and June. Due to current challenges NHS Fife documentation will be reviewed in early 2022 and an audit will then follow.	
20.5 Improve effectiveness of Falls Champion Network	By Jan-22
This work has been significantly delayed and opportunities to refresh are further hampered with workforce challenges. This will continue to be an area of focus for the group but with an amended target date for completion.	
21.2 Falls Reduction Initiative	By Nov-21
A Falls Reduction Initiative has taken place in three Mental Health Inpatient wards. QI work commenced in early March with support from CCGT and ongoing tests of change were implemented. Early indication has highlighted that falls have decreased, and work will now take place to ensure improved sustainability. The improvement team meet fortnightly to review ongoing tests of change and we continue to evaluate and review the weekly quality data to inform decisions and strategy. A review of outcomes will take place towards the end of the year.	
21.3 Integrated Improvement Collaborative	By Jan-22 (interim report Nov-21)
A Collaborative involving three community inpatient wards was introduced last September but was paused as a result of COVID. The work will now continue until January 2022. A further two wards are participating in the collaborative with the main focus being on reducing patient falls and identifying further improvement interventions for reducing medication incidents and hospital acquired pressure ulcers.	

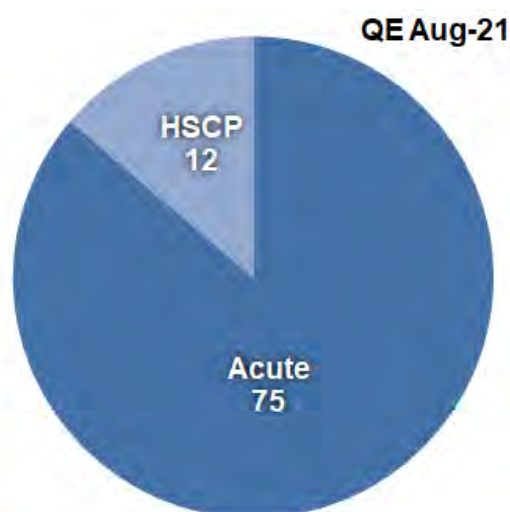
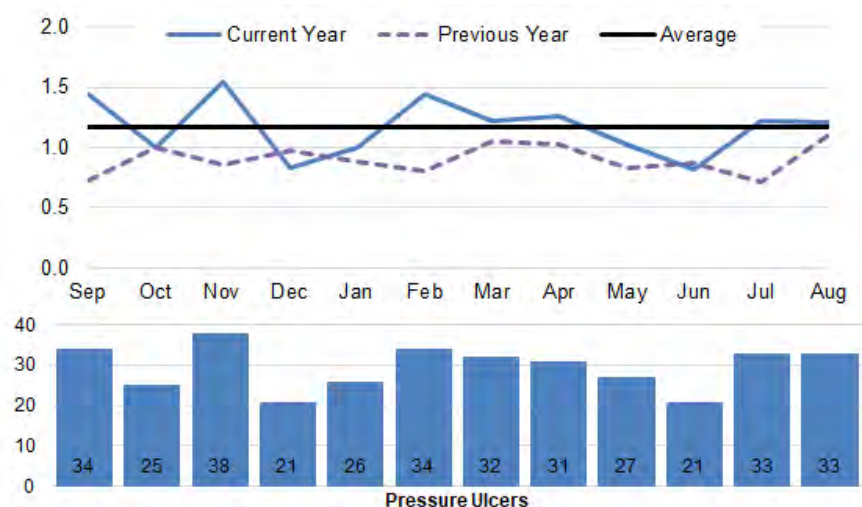
Pressure Ulcers

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

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

NOTE: CURRENTLY USING THE PREVIOUS TARGET TO CALCULATE RAG STATUS

Local Performance



Performance by Service Area

		2020/21							2021/22				
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Grade 2 to 4	NHS Fife	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.26	1.03	0.82	1.22	1.21
	Acute Services	2.73	1.20	2.39	1.17	2.06	2.18	2.12	2.42	1.68	1.58	2.05	2.36
	HSCP	0.32	0.82	0.78	0.53	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.21

KEY CHALLENGE(S) IN 2021/22

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

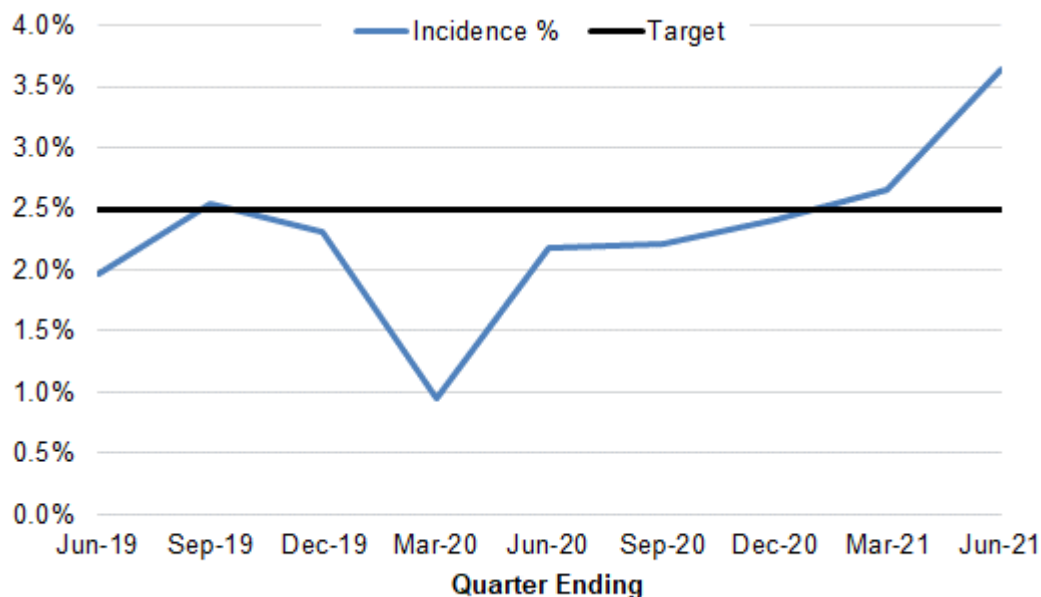
IMPROVEMENT ACTIONS

21.2 Integrated Improvement Collaborative	Complete Jun 2021
21.3 Implementation of robust audit programme for audit of documentation	Complete Jun 2021
22.1 Improvement Collaboratives	By Jan-22
Community inpatients wards within HSCP are undertaking self-assessment against the Prevention & Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement. The work is currently under review in order to reflect and establish SMART objectives to ensure improvement targets are met.	
22.2 Community Nursing QI Work	By Nov-21
One area within Fife HSCP community nursing teams has implemented a focused piece of work involving a number of improvement initiatives. To complement this work, the team have adopted a “back to basics” approach, to ensure that all relevant skin and risk assessments are completed, and this is having a positive impact on patient outcomes. Restrictions within Datix have been identified and discussions are taking place around expanding the speciality list, which would enable better analysis of data and allow the team to identify targeted support and education.	
22.3 ASD Pressure Ulcer Improvement Programme	By Mar-22
The commencement of third cohort of the Pressure Ulcer Improvement Programme (PUIP) has been paused due to the current staffing pressures. However QI support has been offered to individual areas on a bespoke basis. Teams involved in cohort 1 and 2 continue to collect process measures data and are encouraged to continue to identify and test change ideas until sustained improvement is achieved.	
22.4 Implementation of Focused Improvement Activities	By Mar-22
There are a number of focused improvement activities taking place in a variety of settings. ICU have two projects underway, one aiming to improve the management of moisture related skin damage and a second aiming to improve pressure area care for patients nursed prone. Ward 31 and ED are also carrying out pressure ulcer improvement projects.	

Caesarean Section SSI

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

Local Performance



National Benchmarking

Quarter Ending	2017/18		2018/19				2019/20				2020/21		
	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20
NHS Fife	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	1.0%	2.2%	2.2%	2.4%
Scotland	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%				

KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when instructed/agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

IMPROVEMENT ACTIONS

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan

By Mar-22

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

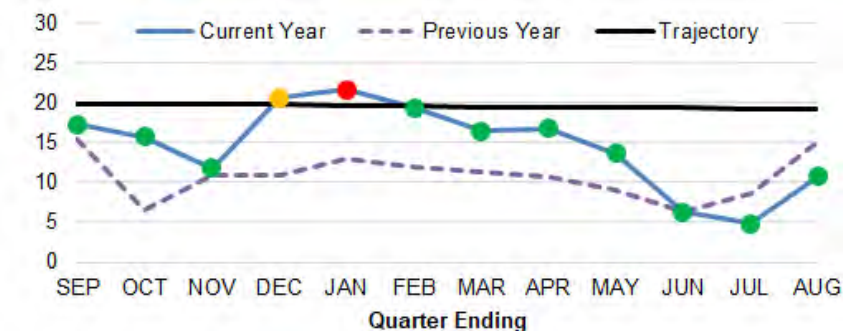
There is currently no date for resumption of SSI surveillance, set by ARHAI (due to the third wave of Covid-19).

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

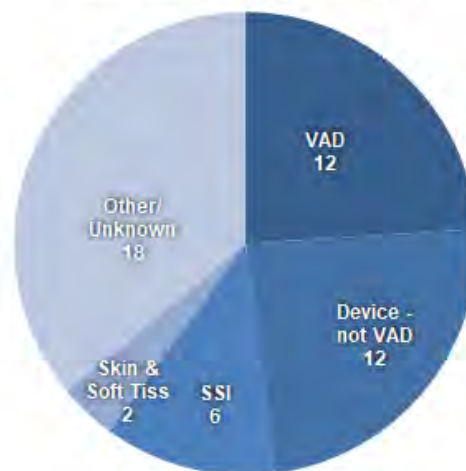
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Aug-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	10.9	12.5	6.3	18.7	20.6	17.8	6.3
Scotland	15.2	16.3	20.3	17.3	18.9	18.4	18.7

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

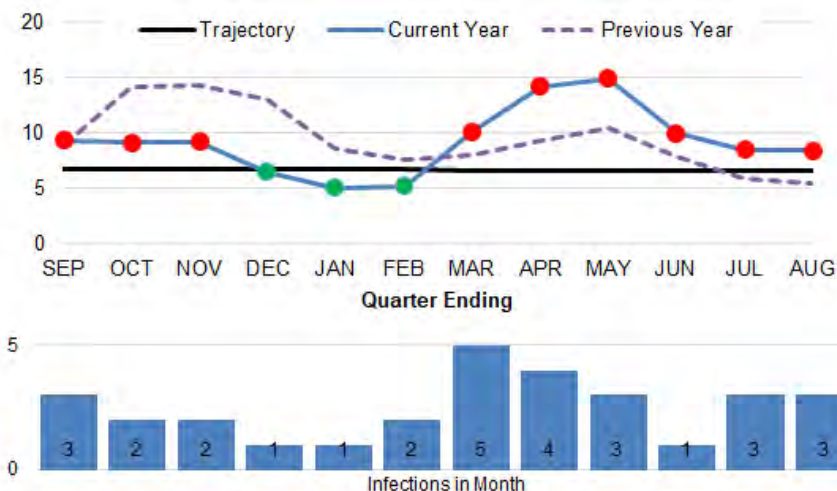
20.1 Reduce the number of SAB in PWIDs	By Mar-22
The incidence of SABs in PWIDs has continued to reduce, with only 3 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). IPCT continue to support addiction services with the SAB improvement project. The IPCT presentation for wound care training for ANPs has been completed and awaiting dates to deliver sessions from Addiction services. The Addiction outreach team "We are With You" is available to support PWID on a referral basis. The rollout of PGDs for non-medical prescribing of antibiotics by ANPs which was planned for July, is still pending.	
20.2 Ongoing surveillance of all VAD-related infections	By Mar-22
Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern	
20.3 Ongoing surveillance of all CAUTI	By Mar-22
Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter and urinary care. The group last met July with the September meeting postponed. The Driver Diagram for the group is currently in the process of being reviewed and updated. This Quality Improvement group is contributed to by the ECB data.	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	By Mar-22
Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high-risk groups/areas and improve patient outcomes. The Ward Dashboard is continuously updated, for clinical staff to access and also displayed for public assurance.	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	By Mar-22
Electronic insertion and maintenance bundles for PVCs are completed on Patienttrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

CLINICAL GOVERNANCE

C Diff (HAI/HCAI)

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

Local Performance



CDI Recurrence: YE Aug-21



National Benchmarking

Quarter Ending	2019/20		2020/21			2021/22	
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	13.1	8.0	7.9	9.3	7.7	14.0	10.0
Scotland	15.1	13.6	15.4	17.4	16.4	15.8	14.6

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

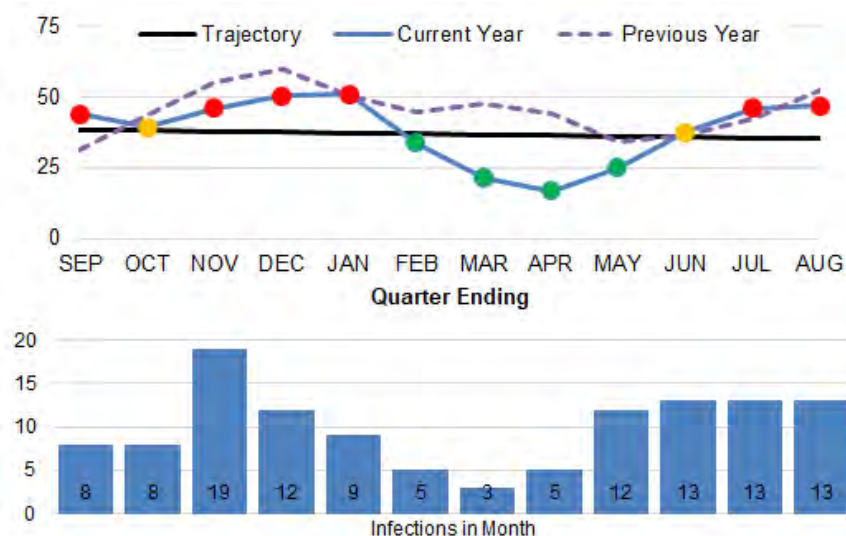
20.1 Reducing recurrence of CDI	By Mar-22
<p>Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection.</p> <p>To reduce recurrence of CDI Infection for patients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

CLINICAL GOVERNANCE

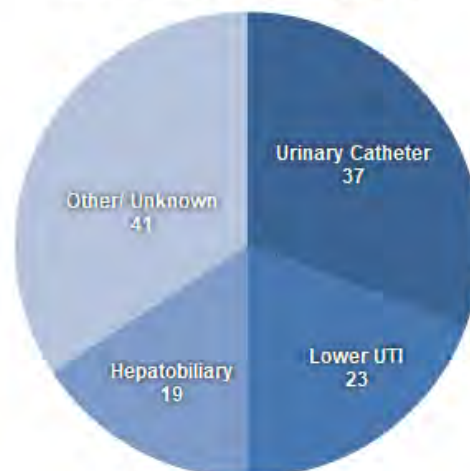
ECB (HAI/HCAI)

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

Local Performance



Infection Sources: YE Aug-21



National Benchmarking

Quarter Ending	2019/20		2020/21			2021/22	
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	60.0	47.9	36.4	45.3	50.3	21.6	37.6
Scotland	40.8	36.4	39.7	42.0	40.9	34.7	38.2

KEY CHALLENGE(S) IN 2021/22

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

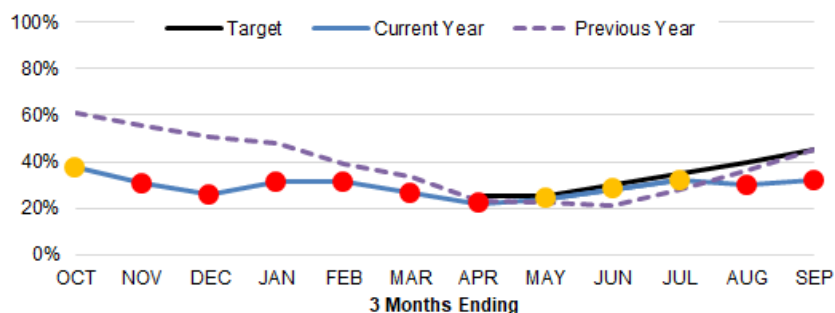
IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP	By Mar-22
<p>Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding and learning.</p> <p>As part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX audit was proposed, with resulting LAERs for all catheter associated ECB (including without trauma) being undertaken by the patients clinical team. However, due to hospital pressures, all LAERs are currently on hold.</p>	
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	By Mar-22
<p>The UCIG meeting last met in July, with the September meeting being cancelled. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves the district nursing service and staff in both private and NHS care homes as well as a QI CAUTI programme at Kelty GP Practice.</p>	

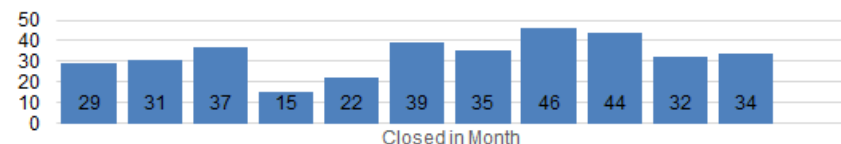
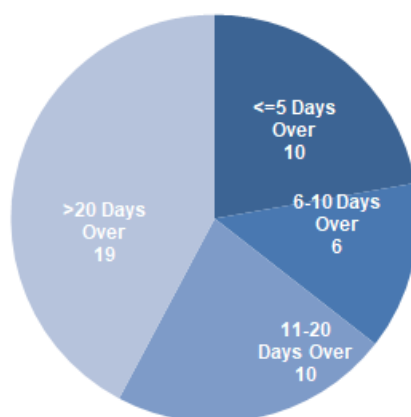
Complaints | Stage 2

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

Local Performance



Closure Breaches; QE Sep-21



Performance by Service Area

3-Month Ending	2020/21							2021/22				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	45.0%	37.3%	30.5%	25.8%	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%
Ack <= 3 Days (Monthly)	95.5%	93.1%	100.0%	100.0%	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%
ASD	52.8%	39.6%	34.0%	30.5%	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%
HSCP	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality

By Mar-22

Patient Relations are completing in-house QA checks on draft final responses. A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but is on hold due to the ongoing response to COVID-19 and current capacity issues.

22.2 Improve education of complaint handling

By Mar-22

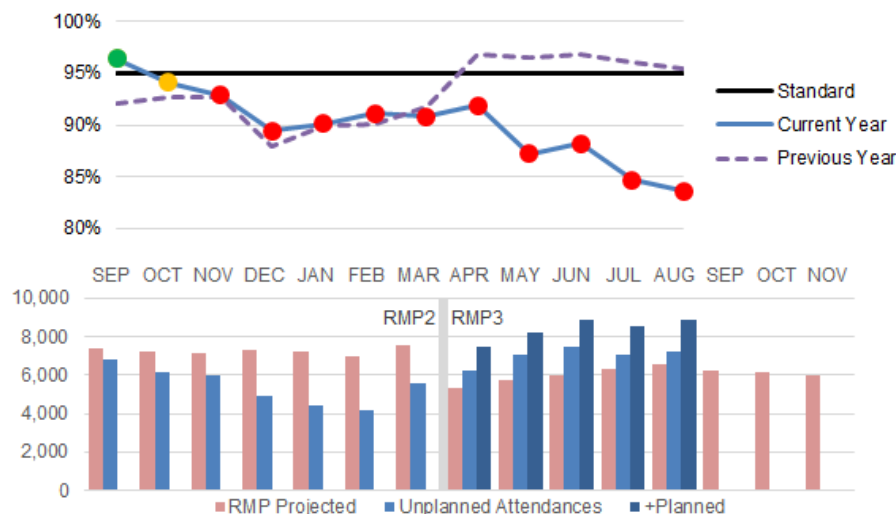
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this is on hold due to the ongoing response to COVID-19 and current capacity issues.

Bespoke training sessions with Fife Wide & Fife East took place in May and June, and the aim is that this will restart during the remainder of 2021, where there is capacity to do so.

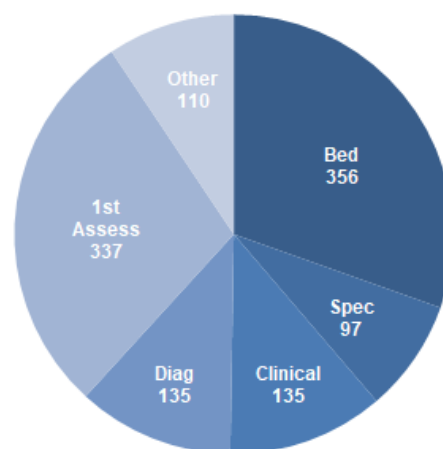
4-Hour Emergency Access

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

Local Performance



Breach Reason; Aug-21



National Benchmarking

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%
Scotland	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%

KEY CHALLENGE(S) IN 2021/22

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

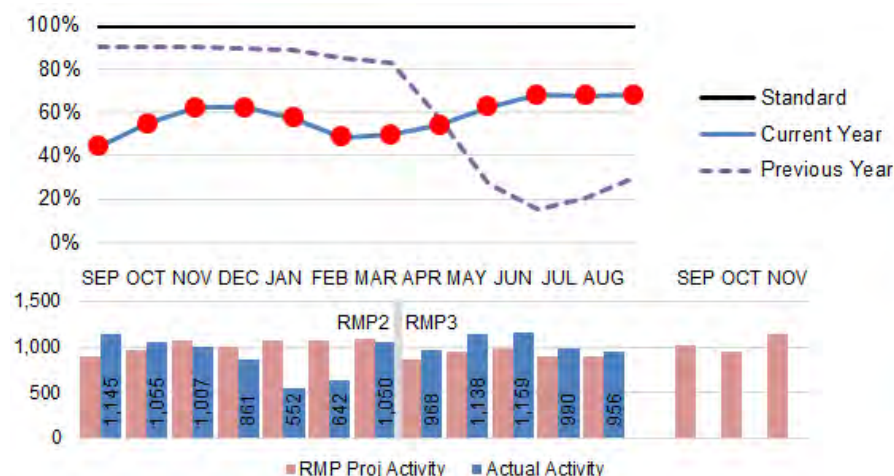
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	By Mar-22
Flow and Navigation appointments to ED are now in place and the hub has expanded to handle GP calls previously taken through acute consultant staff in-hours. Early indication shows decreased referrals towards the end of the week and expansion for 24/7 handling is in planning.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	By Nov-21
Work continues on ED and MIU pathways via working groups. High numbers of presenters to ED continue to be walk ins, and local surveys have been carried out to source intelligence as to public knowledge of pathways and options for treatments.	
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	By Nov-21
Bed waits continue to be the principal reason for breaches. There has been an increase in 8-hour breaches due to capacity challenges across the site. All directorates are focussed on improvement actions which can improve flow into downstream wards and effectively manage admission demand from front door.	

Patient TTG

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

Local Performance



Breaches Breakdown Aug-21



National Benchmarking

	2020/21						2021/22					
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.7%	68.2%
Scotland	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%		

KEY CHALLENGE(S) IN 2021/22

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

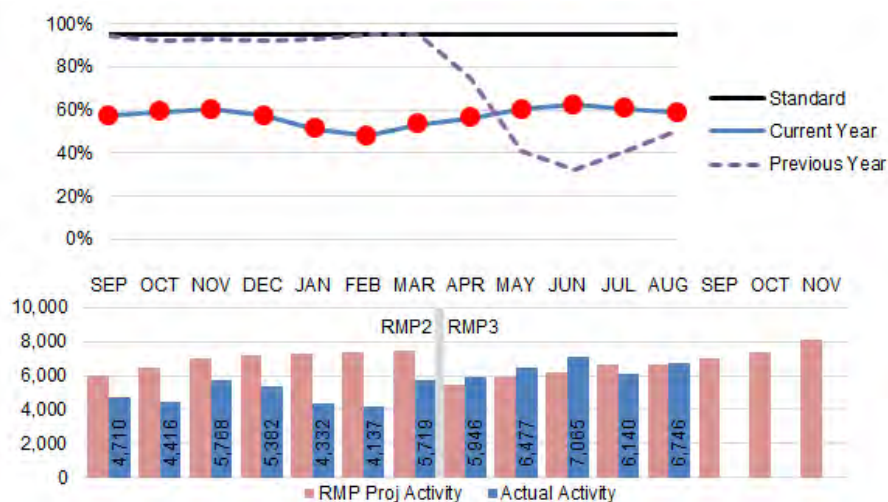
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review undertaken with revised plan submitted Action complete	
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Options appraisal to support a digital solution finalised	
22.3 Undertake waiting list validation against agreed criteria	By Mar-22
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains a key activity.	

New Outpatients

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

Local Performance



Breaches Breakdown Aug-21



National Benchmarking

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%
Scotland	46.5%			47.8%	44.5%	43.9%	48.3%	50.4%	52.1%	53.1%		

KEY CHALLENGE(S) IN 2021/22

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

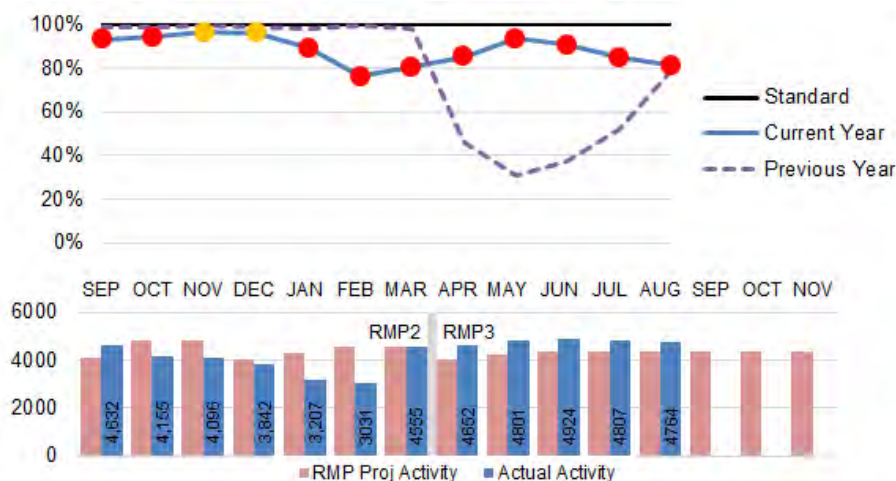
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review undertaken with revised plan submitted Action complete	
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
ACRT and PIR being progressed in Directorates and waiting list validation continues	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	By Dec-21
Remodelling work complete and shared with clinic staff, revised guidance issued however additional Infection Control guidance sought form local team	

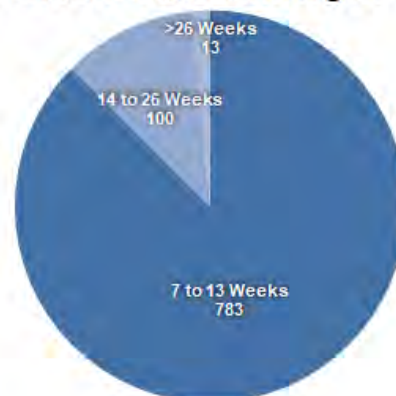
Diagnostics Waiting Times

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

Local Performance



Breach Breakdown Aug-21



National Benchmarking

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%
Scotland	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%		

KEY CHALLENGE(S) IN 2021/22

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

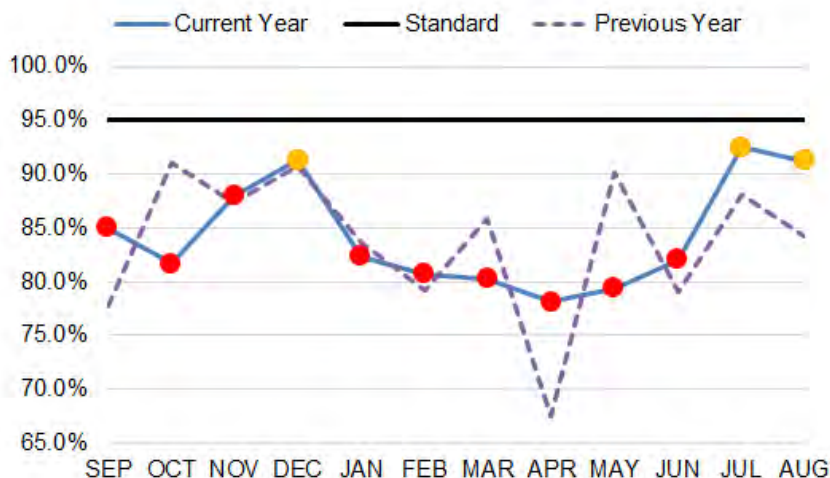
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review undertaken with revised plan submitted Action complete	
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Testing platform chosen, governance processes to support implementation underway	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

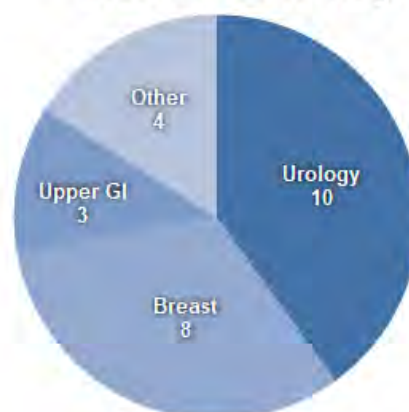
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: Jun to Aug 21



National Benchmarking

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%
Scotland	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%

KEY CHALLENGE(S) IN 2021/22

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

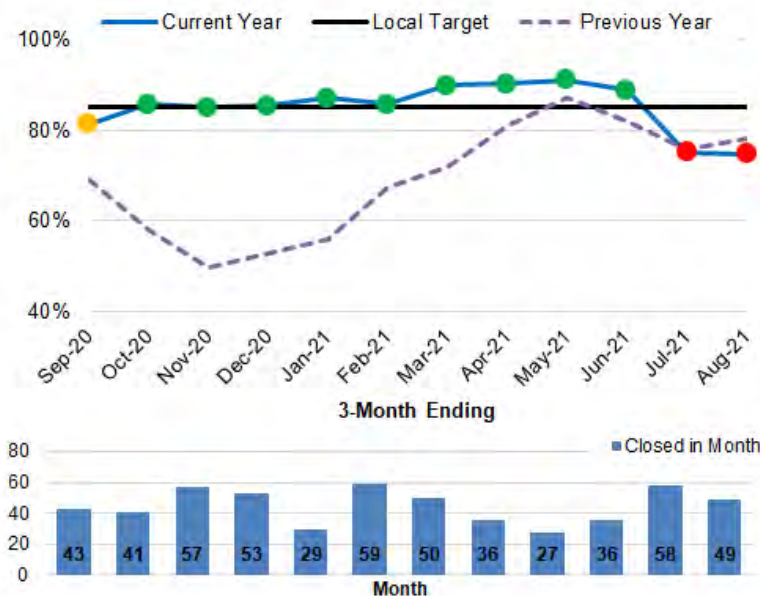
IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Mar-22
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Mar-22
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By Oct-21
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process.	

Freedom of Information Requests

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

Local Performance



Closure Period, QE Aug-21



Performance by Service Area

Monthly	2020/21							2021/22				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Health Board	82.1%	96.8%	87.5%	93.5%	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%
IJB	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

21.1 Organisation-wide Publication Scheme to be introduced	Complete Jun 2021
21.2 Improve communications relating to FOISA work	By Dec-21

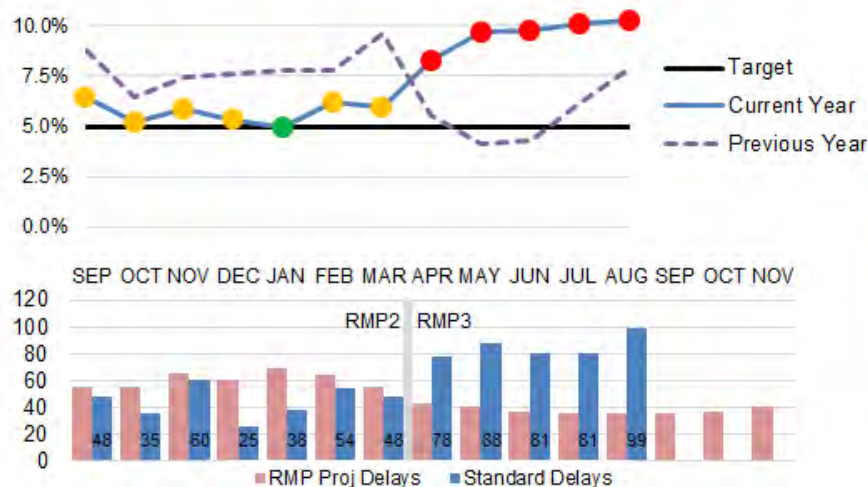
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

This action will be left open for the rest of 2021, while resourcing issues remain to be resolved.

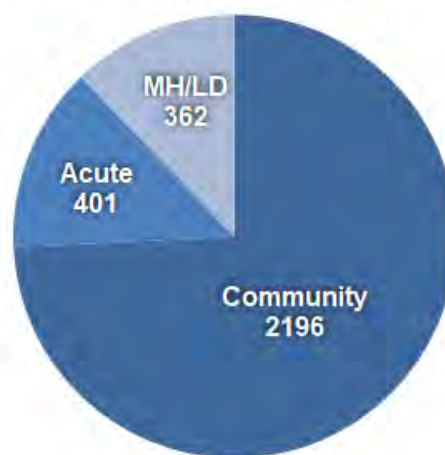
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Aug-21



National Benchmarking

	Quarter Ending	2018/19		2019/20		2020/21				
		Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
% Bed Days Lost	NHS Fife	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%	5.6%
% Bed Days Lost	Scotland	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%

KEY CHALLENGE(S) IN 2021/22

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

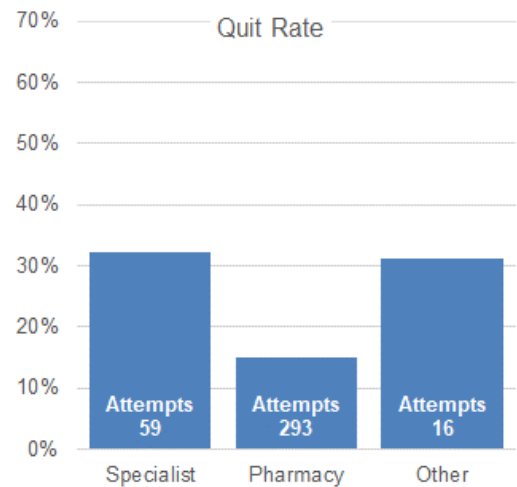
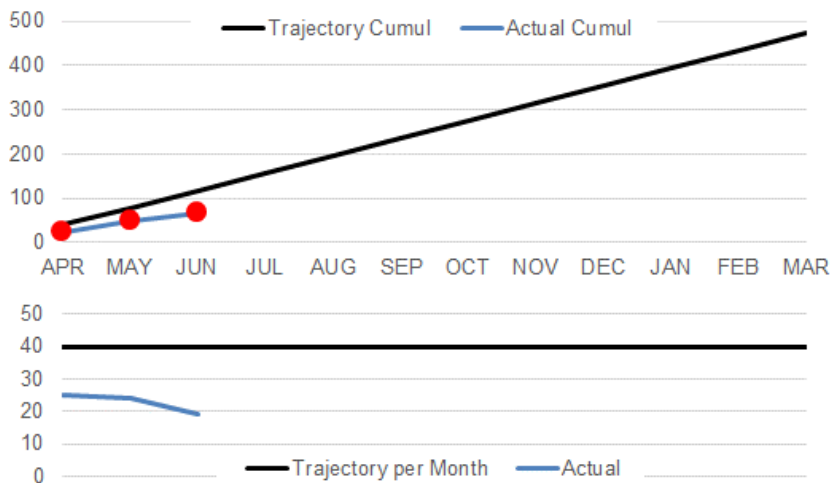
IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Dec-21
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	Complete Jul 2021
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Jan-22
An SBAR was submitted to the Senior leadership Team and a test of change will start on 4 th October, running for 3 months	

Smoking Cessation

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

Local Performance



National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	19									
	Actual Cumul	25	49	68									
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	57.6%									
Scotland	Achieved												

KEY CHALLENGE(S) IN 2021/22

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

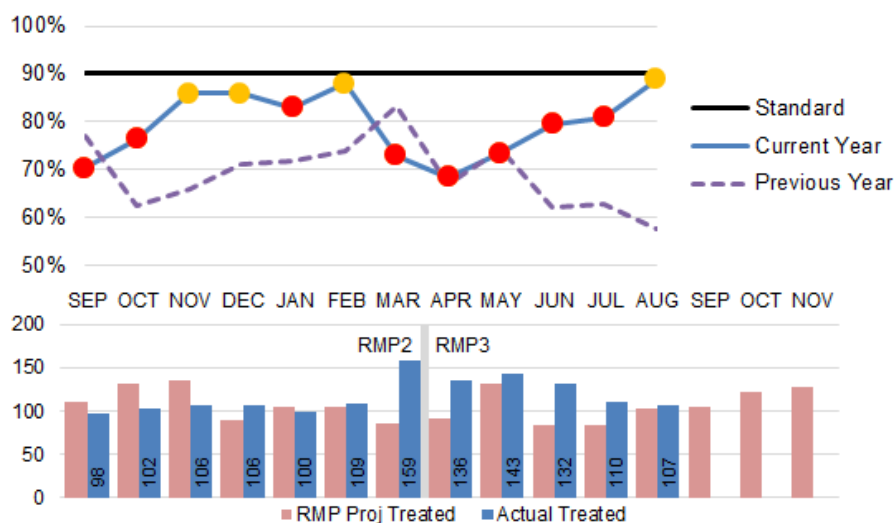
IMPROVEMENT ACTIONS

20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	By TBD
Action paused due to COVID-19	
20.3 'Better Beginnings' class for pregnant women	By TBD
Action paused due to COVID-19	
20.4 Enable staff access to medication whilst at work	By TBD
Action paused due to COVID-19	
21.1 Assess use of Near Me to train staff	Complete Jul 2021
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	Complete Sep 2021
Prehabilitation is a multimodal approach, which will minimise the risk of surgery being cancelled or SACT being delayed. It ensures patients are actively managed against the pathway and is known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding has been made available from April; to date, five rehabilitation patients have engaged with the service.	
Action complete	
22.1 Test face to face provision in two GP practices and one community venue	By Mar-22
Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans.	

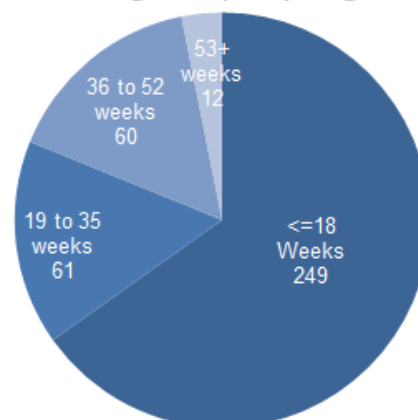
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (382) Aug-21



National Benchmarking

Month	2020/21							2020/21				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%
Scotland	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%		

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand
- Development of workforce to meet National CAMHS Service Specification
- Impact of COVID-19 relaxation on referrals
- Change to delivery 'models' to reflect social distancing

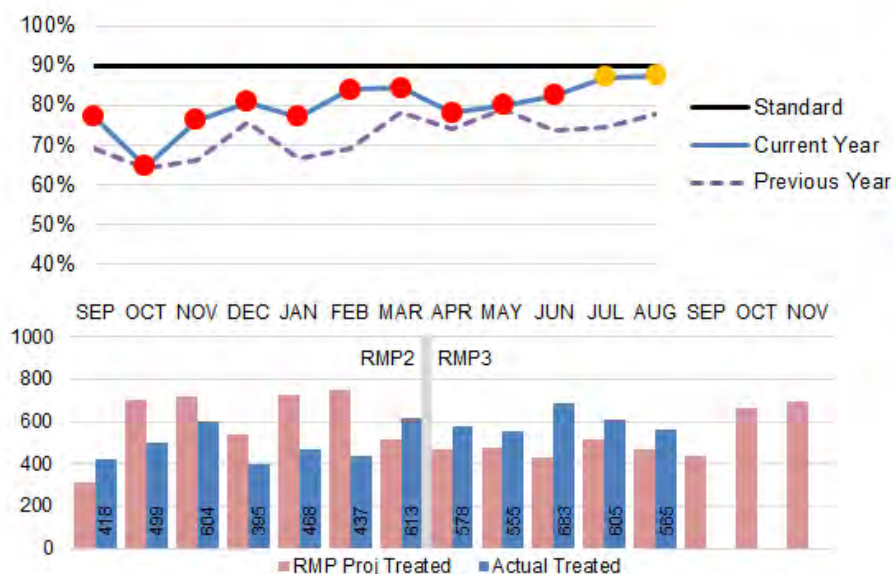
IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme	Complete Jul 2021
21.3 Build CAMHS Urgent Response Team	By Dec-21
The plan to develop a CURT in 2020 was postponed due to the COVID-19 position. Redesign has been incrementally introduced since March 2021 and a model has been implemented that prioritises responsiveness, increases the clinical remit and extends the age range of the previous Self Harm Service. An increase in staffing complement seeks to allow the consolidation of the CURT model through ensuring adequate staffing capacity to meet increasing demand.	
22.1 Recruitment of Additional Workforce	By Dec-21
Investment from Fife HSCP has resulted in resources being made available to recruit additional permanent (8) and temporary (3) staff. To date, 6 permanent staff and 2 temporary staff have been appointed, with the permanent staff starting incrementally from 23/08/21. Vacant posts continue to be advertised and review of banding is underway. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and Phase 2 recruitment will follow the completion of a Gap analysis against the national specification. Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand.	
22.2 Workforce Development	By Dec-21
Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the SG CAMHS National Service Specification. A Training programme for new and existing staff is being developed, and a training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS.	

Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2313) Aug-21



National Benchmarking

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%
Scotland	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%		

KEY CHALLENGE(S) IN 2021/22

- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

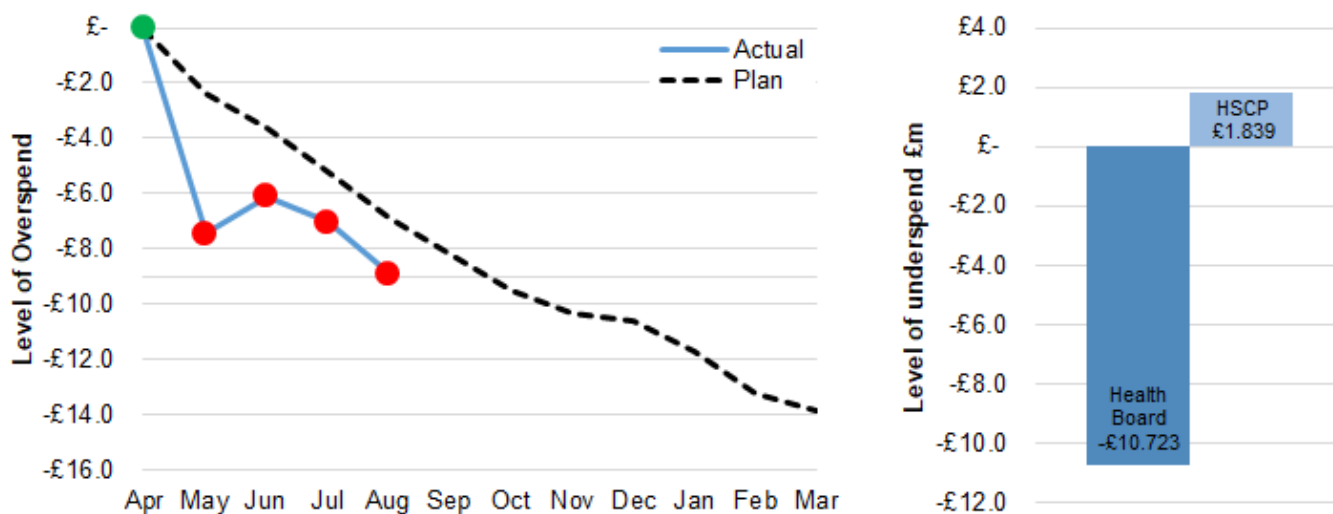
IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	Complete Sep-21
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete, now mainstreamed as offer to people with complex needs impacting their personality. Pilot of Compassion Focused therapy group underway. Action complete	
22.1 Increase access via Guided self-help service	Complete Sep-21
Service now launched Action complete	
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	By Nov-21
A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapy. The impact of these changes is being evaluated.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Dec-21
Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion.	

Revenue Expenditure

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

Local Performance



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	441,502	467,607	190,345	201,068	-10,723	-5.63%	-3,747	-6,976
Integration Joint Board (Health)	361,006	367,578	153,638	151,799	1,839	1.20%	1,839	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	802,508	835,185	343,983	352,867	-8,884	-2.58%	-1,908	-6,976

Assessment	NHS Fife's Quarter 1 review meeting with Scottish Government colleagues was held on 6 September. The outcome of this process is awaited (Scottish Government continue their series of meetings with all Boards) which will inform future funding and an approach to funding long Covid savings. Notwithstanding, this report reviews the position to 31 August (month 5).
Key challenges in 2021/22	<p>The 2021/22 financial plan reflects an overall savings target of £21.7m and assumes £8m is achievable in-year: £4m on a recurring basis; and a further £4m on a non-recurring basis. Discussions continue with Scottish Government in relation to supporting the remaining £13.7m this financial year; with work continuing to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.</p> <p>Continuing uncertainty in relation to the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans</p> <p>Managing the underlying Acute Services core cost overspend; and emerging pressures including cross boundary flow uplift proposed arrangements</p> <p>Recruiting to the Corporate PMO the required capacity and capability to support the development of plans to deliver the pre-Covid efficiency savings on a recurring basis</p>
Improvement Actions	Progress
22.1 RMP4	Partnering with the services to: <ul style="list-style-type: none"> Identify additional spend relating to Covid-19 Identify offsets against core positions Understand and quantify the financial implications of recovery and remobilisation of core services across NHSF Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position.
22.2 Savings	Working closely with the services to ensure delivery of the £8m target as detailed above; and ensuring this focus extends to develop the agreed plans required to deliver the legacy £13.7m target over the next 2 financial years.

1. RMP Joint Fife Mobilisation Plan

- 1.1 The Remobilisation Plan (RMP) process commenced last financial year. The RMP3 submitted in February 2021 sets out a proposal which requests support from Scottish Government in 2021/22 in respect of the underlying unachieved savings funded as part of Covid-19 in 2020/21, with a commitment to deliver the recurring saving requirement across the medium-term financial planning period. This will be reviewed through the formal Quarter 1 review process. In parallel, Scottish Government aim to return to three year financial planning over the coming months. The RMP4 guidance has been issued with returns due by 30 September 2021.

2. Financial Allocations

2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the August core revenue amount on 1 September. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £764.901m; and anticipated allocations total £59.758m. Funding this month included £1.16m for Family Nurse Partnership and Unscheduled Care Additional Summer Funding £0.180m. The anticipated allocations include Primary Medical Services and New Medicines funding.

2.2 Non-Core Revenue Resource Limit

In addition, NHS Fife receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The non-core RRL anticipated funding totals £10.526m.

2.3 Total RRL

The total current year budget at 31 August is therefore £835.185m detailed in Appendix 1a.

2.4 Anticipated Funding from Health Delegated earmarked reserve

The earmarked health delegated reserve created last year and carried forward by the Local Authority Partner on behalf of the Integration Joint Board was clearly itemised and earmarked for specific purposes in this financial year. Whilst discussions continue with the IJB Chief Finance Officer, the earmarked reserve and agreed anticipated funding at month 5 is detailed per Appendix 1b.

3. Summary Position

- 3.1 The revenue position for the 5 months to 31 August reflects an overspend of £8.884m; which comprises a core overspend of £3.194m (£1.908m run rate overspend, and £1.286m unmet savings); and 'long Covid' savings of £5.690m.
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £10.723m is attributable to Health Board retained budgets; and an underspend of £1.839m is attributable to the health budgets delegated to the IJB.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Table 1: Summary Combined Financial Position for the period ended August 2021

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	441,502	467,607	190,345	201,068	-10,723	-5.63%	-3,747	-6,976
Integration Joint Board (Health)	361,006	367,578	153,638	151,799	1,839	1.20%	1,839	0
Risk Share	0	0	0	0	0	0.00%	0	0
Total	802,508	835,185	343,983	352,867	-8,884	-2.58%	-1,908	-6,976

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	208,954	219,729	95,497	105,003	-9,506	-9.95%	-3,652	-5,854
IJB Non-Delegated	9,170	9,173	3,818	3,792	26	0.68%	41	-15
Estates & Facilities	76,559	77,020	31,765	31,557	208	0.65%	450	-242
Board Admin & Other Services	66,950	83,826	39,746	38,987	759	1.91%	999	-240
Non-Fife & Other Healthcare Providers	90,837	90,611	37,728	40,746	-3,018	-8.00%	-2,393	-625
Financial Flexibility & Allocations	15,013	23,872	798	0	798	100.00%	798	0
HB retained offsets	0	60	0	0	0	#DIV/0!	0	0
Health Board	467,483	504,291	209,352	220,085	-10,733	-5.13%	-3,757	-6,976
Integration Joint Board - Core	381,164	418,781	179,030	177,185	1,845	1.03%	1,845	0
HSCP offsets	0	270	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	18,559	7,440	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	399,723	426,491	179,030	177,185	1,845	1.03%	1,845	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	399,723	426,491	179,030	177,185	1,845	1.03%	1,845	0
Total Expenditure	867,206	930,782	388,382	397,270	-8,888	-2.29%	-1,912	-6,976
IJB - Health	-38,717	-58,913	-25,392	-25,386	-6	0.02%	-6	0
Health Board	-25,981	-36,684	-19,007	-19,017	10	-0.05%	10	0
Miscellaneous Income	-64,698	-95,597	-44,399	-44,403	4	-0.01%	4	0
Net Position Including Income	802,508	835,185	343,983	352,867	-8,884	-2.58%	-1,908	-6,976

3.3 The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below. This approach allows transparency of the core position as distinct from additional Covid costs for which funding will be confirmed as part of the formal Q1 review process.

Table 2: Summary Core Financial Position for the period ended August 2021

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	208,954	216,318	92,086	96,275	-4,189	-4.55%	-3,652	-537
IJB Non-Delegated	9,170	9,173	3,818	3,778	40	1.05%	41	-1
Estates & Facilities	76,559	76,586	31,331	30,907	424	1.35%	450	-26
Board Admin & Other Services	66,950	81,412	37,332	36,430	902	2.42%	999	-97
Non-Fife & Other Healthcare Providers	90,837	90,611	37,728	40,746	-3,018	-8.00%	-2,393	-625
Financial Flexibility & Allocations	15,013	23,872	798	0	798	100.00%	798	0
HB retained offsets	0	0	0	0	0	#DIV/0!	0	0
Health Board	467,483	497,972	203,093	208,136	-5,043	-2.48%	-3,757	-1,286
Integration Joint Board - Core	381,164	412,716	172,965	171,120	1,845	1.07%	1,845	0
HSCP offsets	0	0	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	18,559	7,440	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	399,723	420,156	172,965	171,120	1,845	1.07%	1,845	0
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	399,723	420,156	172,965	171,120	1,845	1.07%	1,845	0
Total Expenditure	867,206	918,128	376,058	379,256	-3,198	-0.85%	-1,912	-1,286
IJB - Health	-38,717	-58,913	-25,392	-25,386	-6	0.02%	-6	0
Health Board	-25,981	-36,684	-19,007	-19,017	10	-0.05%	10	0
Miscellaneous Income	-64,698	-95,597	-44,399	-44,403	4	-0.01%	4	0
Net Position Including Income	802,508	822,531	331,659	334,853	-3,194	-0.96%	-1,908	-1,286

Table 3: Summary Covid-19 Financial Position for the period ended August 2021

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	3,411	3,411	8,728	-5,317		0	-5,317
IJB Non-Delegated	0	0	0	14	-14		0	-14
Estates & Facilities	0	434	434	650	-216		0	-216
Board Admin & Other Services	0	2,414	2,414	2,557	-143		0	-143
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
HB retained offsets	0	60	0	0	0		0	0
Health Board	0	6,319	6,259	11,949	-5,690		0	-5,690
Integration Joint Board - Core	0	6,065	6,065	6,065	0		0	0
HSCP offsets	0	270	0	0	0		0	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	6,335	6,065	6,065	0		0	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	6,335	6,065	6,065	0		0	0
IJB - Health	0	0	0	0	0		0	0
Health Board	0	0	0	0	0		0	0
Miscellaneous Income	0	0	0	0	0		0	0
Total Expenditure	0	12,654	12,324	18,014	-5,690		0	-5,690

4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)

4.1 Acute Services

The Acute Services Division reports a **net overspend of £4.189m**. Whilst the 20/21 financial planning process approved the following uplifts for ASD: £1.5m safe staffing; £0.620m drugs; and £0.769m paediatric staffing; there remains an overspend in core run rate performance of £3.652m, and unachieved savings of £0.537m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £1.399m, Junior Medical and Dental £0.746m and Senior Medical £0.286m. Nursing overspend continues to be prominent across Care of the Elderly, Obstetrics and Gynaecology, and Colorectal due to unfunded cost pressures, incremental progression, and safer staffing requirements. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Junior medical and dental staff in WCCS will also require banding supplements dating back to February 2021, with the value yet to be confirmed. Elderly medicine and A&E consultant costs are partially offset by GI vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Recruitment is in progress to recruit to some consultant posts currently being covered by locums, however they are not expected to be in post before March 2022.

Non pay cost pressures total £1.130m, with medicines overspend of £1.697m. The expenditure on drugs in 2021/22 has increased by 18% compared to the same period last year. Haematology / oncology drugs make up a significant proportion of this increase, with SMC approvals for further indications having an impact. The medicines overspend is partially offset by underspend on surgical sundries £0.417m and diagnostic supplies £0.257m. There is an expectation that these underspends will be utilised later in the year to accommodate increased levels of activity relating to waiting times initiatives. Opportunities on underspending areas need to be explored to determine if these are being driven by a change in service requirement which could be a savings initiative.

Robotic assisted surgery became operational this month. The core position currently carries the cost of unfunded instruments at £0.054m year to date, offset by opportunistic underspend. Redesign of Urgent Care (RUC) will be fully funded this year through a combination of government funding £0.681m and earmarked IJB reserves of £0.935m carried forward from 20/21. The expenditure against the Navigation Flow Hub will be monitored on a fortnightly basis alongside the other workstreams that are focusing on RUC.

Government funding is expected to cover the cost of both elective and unscheduled care waiting list initiatives and there should be no associated costs in the core position.

Table 4: Acute Division Financial Position for the year ended August 2021

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
Planned Care & Surgery	72,591	76,251	32,116	32,271	-155	-0.48%	-481	326
Emergency Care & Medicine	77,108	79,460	34,626	38,042	-3,416	-9.87%	-3,132	-284
Women, Children & Clinical Services	56,658	57,988	24,429	25,089	-660	-2.70%	-75	-585
Acute Nursing	874	894	380	318	62	16.32%	62	0
Other	1,723	1,725	535	555	-20	-3.74%	-26	6
Total	208,954	216,318	92,086	96,275	-4,189	-4.55%	-3,652	-537

4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.040m**. This is being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.

4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.424m**. This comprises an underspend in pay of £0.245m across several departments including support services, catering, laundry and transport; and non pay underspend of £0.147m on PPP and £0.361m on rates, which has improved due to receipt of disabled rate relief for Lynebank. Heating fuel and power have a year to date underspend of £0.104m which is in keeping with the continued favourable weather. This underspend is partially offset by an overspend on property maintenance of £0.172m, equipment £0.099m and postage £0.081m with the balance being due to the shortfall in delivery of savings.

4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.902m**. Further analysis of the Corporate Directorates core position is detailed per Appendix 2. The main driver for this underspend is the level of vacancies across Finance (£0.197m) and Nursing (£0.156m) directorates. Digital and Information's underspend is largely attributable to a VAT rebate of £0.228m in July offset against various overspends. Areas of overspend include interpreting services and E- job plan. As highlighted through the SPRA process, and in turn our financial planning process, investment has been made in additional governance posts and Project Management Office (PMO) capability. The development of the PMO capacity and capability will further support and drive service transformation.

Public Health are continuing with permanent recruitment based on the 'Covid-19: Test and Protect Programme and Public Health Teams' Funding letter on 13 November 2020. This commits recurring spend, however 2022/23 and future funding is not yet known.

4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £3.018m** per Appendix 3. As reported last month, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are ongoing. Savings yet to be delivered in this area amount to £0.625m.

4.6 Financial Plan Reserves & Allocations

As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £0.798m** has been released at month 5, with further detail shown in Appendix 4.

4.7 Integration Services

The health budgets delegated to the Integration Joint Board shows an **underspend of £1.845m**. The underlying drivers for the run rate underspend are predominantly driven by ongoing vacancies across several services including: ICASS; administrative teams; district nursing; sexual health and rheumatology; all AHP services; child health; learning disabilities; mental health; psychology; health promotion; and general dental services. Mental health continues to see an increase in addictions costs due to activity and laboratory costs for toxicology reports. Work is still ongoing to determine whether additional ADP funding can be sourced to support activity growth over recent years. The mental health services position continues to improve as medical locum costs reduce on the lead up to appointment of 8 consultants which will commence in September. Where surge bed activity has resulted from the impact of Covid-19 this has been captured and reflected as Covid-19 expenditure.

The underspend on non pay of £0.396m is mainly attributable to medicines within sexual health where the anticipated number of Hep C patients in 21/22 is less than previously expected.

Following the IJB financial planning process, supported by detailed analysis, the IJB CFO has indicated the underspend will be used to inform a non-recurring budget realignment this financial year.

Following a review of the Integration Scheme by the respective partners, plans are in place to propose a final position on this matter to both NHS Fife Board and Fife Council in September 2021.

4.8 Income

A small over recovery in income of £0.004m is shown for the period to August.

5 **Pan Fife Analysis**

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below.

Table 5: Subjective Analysis for the year ended August 2021

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	424,018	181,812	182,315	-504
GP Prescribing	74,587	31,278	31,266	12
Drugs	32,762	14,831	16,091	-1,259
Other Non Pay	385,706	166,639	167,598	-958
Efficiency Savings	-17,603	-6,976	0	-6,976
Commitments	31,312	798	0	798
Income	-95,597	-44,399	-44,403	4
Net overspend	835,185	343,983	352,868	-8,884

5.2 Pay

The overall pay budget reflects an overspend of £0.504m. This comprises an Acute Services pay overspend of £2.523m. Nurse staffing accounts for 60% of this, with unfunded incremental progression, supervision policies and safer staffing being the main factors. Senior medical agency costs account for the remaining 40%, and whilst appointments are underway, the lead time on senior posts means they will not be in post until nearer the end of the financial year. This is offset against underspend across multiple directorates including community care services £0.380m, primary and preventative services £0.443m, complex and critical services £0.438m, corporate £0.363m and facilities £0.183m where vacancies are having an impact.

Against a total funded establishment of 8,222 wte across all staff groups, there was an average 8,721 wte staff in post in August (based on permanent staff plus additional hours worked and bank staff). The increase in staff in post reflects the additional staffing complement beyond recurring funded establishment and is funded from non-recurring sources - in the main, Covid funding. Work continues in that regard to capture our Covid staffing increase by staff group; the financial implications of temporary, fixed term and permanent staff cohorts; and a risk assessed exit plan/strategy.

5.3 Drugs & Prescribing

Across the system there is a net overspend of £1.247m on medicines. Full quarter 1 2021/22 (April – June) GP prescribing data is now available. Using that data, other available indicators and 2 years previous breakeven outturns, the GP prescribing position to August 21 is estimated to be breakeven. To date no significant costs have been identified as being rechargeable to Covid-19 expenditure, however an analysis of quarter 1 data can now be carried out. The forecast financial year end position is also estimated to be breakeven. Whilst the pandemic and economic situation leave supply, demand and prices of medicines at risk to increases, several positive factors influencing prescribing are also on the horizon; a move to single East Region Formulary, stabilised tariff prices and new Primary Care Rebate schemes.

Acute medicines reflect an overspend of £1.697m. The main overspend is in Haematology which is over budget by £1.126m partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Neurology is overspent at £0.325m, where a high-cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. As a continuation from 20/21, Dermatology, GI, Neurology and Respiratory all present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare. Whilst costs have been identified and recharged relating to the impact of Covid-19 on the cancer medicines spend, further work is being done to explore whether the scope can be increased.

5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £0.958m. A significant element of overspend is attributable to Non Fife and Other Healthcare Providers across both SLAs and UNPACS is

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£2.394m as discussed above. Further overspends derive from purchase of equipment £0.489m, property maintenance £0.187m and postage £0.111. These overspends are offset by underspends within travel and subsistence £0.445m, surgical sundries and supplies £0.344m and CSSD/diagnostic supplies £0.107m.

5.5 Efficiency Savings

The unmet efficiency savings of £6.976m comprise unmet core savings of £1.286m and unachieved legacy savings for which we seek funding support of £5.690m.

6 Other Funding Allocations

6.1 Covid-19 funding allocation

We received initial Covid-19 funding of £11.580m in our June allocation to encompass; Test and protect; vaccination funding (Covid-19 and extended flu vaccination programmes); and a general Covid funding allocation. This initial allocation is based on c50% of the retained Health Board's forecast costs per the financial planning process. There was no funding received in this tranche for Health delegated/Integration Authority given the requirement to use the carry forward of reserves from the 2020/21 financial year in the first instance. Additional funded Covid-19 spend to month 5 per Table 3 above is £12.324m; with the long Covid unmet savings to month 5 of £5.690m remaining as a gap until the outcome on funding approach is known following conclusion of the formal quarter one process.

6.2 Waiting List Funding

Waiting list funding of £9.750m based our RMP3 submission has been received to date and work is ongoing to ensure delivery of activity as laid out in our submission and correspondence with SG.

6.3 Redesign of Urgent Care Funding

Funding has been received from SG in June of £0.681m which we are treating as an interim (and on which we seek further clarity). In addition, there is £0.935m in the IJB earmarked reserve for RUC. To that end funding appears sufficient for the 21/22 financial year however there is risk exposure for future financial years where funding is uncertain. Work continues on the Redesign of Urgent Care agenda.

7 Financial Sustainability

7.1 The overall financial planning process and corporate position was approved by the NHS Fife Board at its meeting on 31 March 2021. The Financial Plan highlighted the requirement for £21.7m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8m of the target (£4m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.7m for which we have requested funding support.

7.2 As part of the financial planning process, agreement was reached to reduce budgets to allocate shares of the vacancy factor of £3.1m to devolved budgets. As such budget holders require to operate within this reduced pay budget.

7.3 Tables 6a and 6b summarise the savings position for the 2021/22 financial year. Work continues in earnest to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.

Table 6a: Savings 21/22

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to August £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	3,538	696	4,234	3,947
					0		0
Total Savings	21,837	8,181	13,656	3,538	696	4,234	3,947

Table 6b: Savings RAG status

NHS Fife Potential Savings Summary	£000's	Risk level	Identified CY	Outstanding Balance	Identified FY	Outstanding Balance
Workforce Capacity and Utilisation Review	1,000	High	-407	593	-41	959
Pay Vacancy Factor (1%)	3,015	Medium	-3,015	0	-3,015	0
Repatriation of Services	500	Low	0	500	0	500
External Commissioning Cost Review	1,000	Medium	0	1,000	0	1,000
Medicine Utilisation	500	Medium	-59	441	0	500
Contracts	1,500	Low	-129	1,371	0	1,500
Procurement - Non pay	500	Medium	0	500	0	500
Other	166	Low	-624	-458	-482	-316
	8,181		-4,234	3,947	-3,538	4,643

8 Forecast Q1

- 8.1 Our assessment (at month 5) of our forecast outturn to the year end remains as reported to Scottish Government at Q1 - a potential overspend of £19.656m. This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings (for which we have requested Scottish Government support) and a core potential additional overspend of £6m. The pressures contributing to the £6m overspend are: £3m cost pressure in respect of our Service Level Agreement with NHS Lothian; £2m Acute drugs cost pressures; Microsoft 365 licence cost pressures of £0.6m (an emerging increase to the cost model adopted at the financial planning stage); and £0.4m other cost pressures.
- 8.2 The projected forecast does not include any risk share with the Health and Social Care Partnership - any emerging potential risk share identified by the HSCP will require robust review and discussion with the Chief Finance Officer.
- 8.3 In arriving at this forecast outturn, we have signposted to Scottish Government our request for non-core ADEL (Additional Departmental Expenditure Limit) funding of £2m. Existing and planned qualifying expenditure to include replacement of obsolete equipment and software that would normally be charged to revenue has been identified. Approval of this funding would assist in managing the core run rate overspend particularly in our Acute Services Division.
- 8.4 In addition, whilst some progress is being made, in that limited funding has been received, we remain c£5m-£8m away from NRAC funding parity across Scotland. This has a significant bearing on our financial planning arrangements and our qualitative and quantitative performance.

9 Recommendation

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

- **Note** the reported core overspend of £3.194m for the 5 months to date
- **Note** the £5.690m underlying unachieved 'long Covid' savings, to month 5;
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £8.884m
- **Note** the potential total overspend outturn position of £19.656m; of which we seek SG funding support for unachieved full year 'long Covid' savings of £13.656m; and, the potential core overspend of £6m which we have highlighted in our Quarter 1 financial return last month to Scottish Government.

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Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital and Information	13,085	5,490	5,291	199
Nhs Fife Chief Executive	215	80	96	-16
Nhs Fife Finance Director	6,696	2,723	2,526	197
Nhs Fife Medical Director	8,219	3,011	2,911	100
Nhs Fife Nurse Director	4,245	1,802	1,647	156
Legal Liabilities	11,128	8,707	8,665	42
Early Retirements & Injury Benefits	491	12	-63	75
Regional Funding	222	117	104	13
Depreciation	19,040	7,665	7,665	0
Nhs Fife Public Health	2,651	1,425	1,382	43
Nhs Fife Workforce Directorate	3,219	1,358	1,350	8
Pharmacy Services	12,200	4,942	4,855	86
Total	81,412	37,332	36,430	902

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	41	40	1
Borders	45	19	24	-5
Dumfries & Galloway	25	11	24	-13
Forth Valley	3,227	1,344	1,598	-254
Grampian	365	152	118	34
Greater Glasgow & Clyde	1,680	700	698	2
Highland	137	57	55	2
Lanarkshire	117	49	106	-57
Lothian	31,991	13,330	14,161	-831
Scottish Ambulance Service	103	43	42	1
Tayside	41,584	17,326	17,619	-293
Savings	-1,500	-625		-625
	77,873	32,447	34,485	-2,038
UNPACS				
Health Boards	10,801	4,500	5,577	-1,077
Private Sector	1,151	480	624	-144
	11,952	4,980	6,201	-1,221
OATS				
	721	301	61	240
Grants				
	65			0
Total	90,611	37,728	40,746	-3,018

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Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to August-21 £'000
Financial Plan		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	33	4
Discretionary Points	209	0
Consultant Increments	216	73
Cost Pressures	3,883	656
Developments	2,164	65
Sub Total Financial Plan	10,699	798
Allocations		
Waiting List	5,306	0
AME: Impairment	743	0
AME: Provisions	866	0
Insulin Pumps	0	0
Community Pharmacy Champion	19	0
Pay Award:AfC	1,695	0
6 Essential Action	456	0
ICU	485	0
Test & Protect	1,261	0
Covid 19	709	0
Winter	661	0
Cervical Incident	3	0
Cancer Waiting Time	622	0
Scottish Health Survey	18	0
Implementation Health & Care Act	68	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Sub Total Allocations	13,173	0
Total	23,872	798

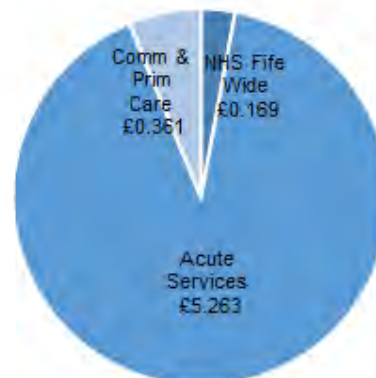
Appendix 5 – Initial Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
HSCP ear marked reserve		1,694		1,694	
Anticipated allocation		1,494		1,494	
Total funding	8,702	6,066	0	14,768	0
Allocations made for Apr to August					
Planned Care & Surgery	411			411	
Emergency Care & Medicine	2,200			2,200	
Women, Children & Clinical Services	800			800	
Acute Nursing	0			0	
Estates & Facilities	434			434	
Board Admin & Other Services	854			854	
Public Health Scale Up	473			473	
Test and Protect	1,560			1,560	
Primary Care & Prevention Serv		70		70	
Community Care Services		428		428	
Complex & Critical Care Serv		159		159	
Professional/Business Enabling		93		93	
Covid Vaccine/Flu		5,316		5,316	
Social Care					
Total allocations made to M5	6,732	6,066	0	12,798	0
Balance In Reserves	1,970	0	0	1,970	0

Capital Expenditure

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

Local Performance



1. Annual Operational Plan

The capital plan for 2021/22 was approved by the FP&R Committee in July and will be tabled at the NHS Fife Board thereafter. NHS Fife has assumed a programme of £29.257m. For the year to date, NHS Fife has received £7.394m as a capital allocation. NHS Fife is also anticipating capital allocations for the Elective Orthopaedic Centre of £18.125m: A reduction of (£0.200m) due to a previous years over-allocation: HEPMA £1.1m: Mental Health Review £0.076m: Lochgelly Health Centre £0.517m and Kincardine Health Centre £0.323m: Energy Scheme Funding of £1.8m: Scheme Development Funding £0.05m. NHS Fife is also requesting to convert £0.072m Cancer Waiting Times Funding from revenue to capital.

NHS Fife is linking with the national infrastructure board on equipment requests to ascertain new and replacement equipment priorities across Scotland. Nationally there may be slippage in capital and NHS Fife has made submissions to this process. This may inform, as a minimum, potential additional capital funding for our required radiology replacement scanner this year.

Due to the current climate there are significant potential risks associated with the capital programme this year and NHS Fife feels it is prudent to highlight them at this time. There are risks regarding the availability of materials, price increases on materials, lead times and deliverability within the financial year end. NHS Fife is striving to mitigate these risks wherever possible.

2. Capital Receipts

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

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

3. Expenditure / Major Scheme Progress

3.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £5.79m this equates to 19.8% of the total capital allocation, as illustrated in the spend profile graph above.

3.2 The main areas of spend to date include:

Statutory Compliance	£1.716m
Equipment	£0.470m
Digital	£0.160m
Elective Orthopaedic Centre	£3.211m
Health Centres	£0.170m

4. Recommendation

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

note the capital expenditure position to 31 August 2021 of £5.79m and the year end spend of the total anticipated capital resource allocation of £29.257m.

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Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	123	60	123
Statutory Compliance	349	69	349
Capital Equipment	129	59	129
Condemned Equipment	24	0	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
Total Community & Primary Care	625	188	625
ACUTE SERVICES DIVISION			
Statutory Compliance	2,942	1,638	2,942
Capital Equipment	1,625	331	1,625
Clinical Prioritisation	111	1	111
Condemned Equipment	63	9	63
Total Acute Services Division	4,741	1,979	4,741
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	51	0	51
Information Technology	1,000	160	1,000
Clinical Prioritisation	267	0	267
Statutory Compliance	89	0	89
General Reserve - Equipment	99	0	99
Pharmacy Equipment	200	0	200
Condemned Equipment	3	0	3
Fire Safety	60	9	60
Vehicles	60	0	60
Wash Hand Basin Replacement	0	0	0
Total NHS Fife Wide Schemes	2,028	169	2,028
TOTAL CAPITAL ALLOCATION FOR 2021/22	7,394	2,336	7,394
ANTICIPATED ALLOCATIONS 2021/22			
Elective Orthopaedic Centre	18,125	3,212	18,125
HEPMA	1,100	0	1,100
Kincardine Health Centre	323	73	323
Lochgelly Health Centre	517	100	517
Mental Health Review	76	0	76
Energy Funding Grant	1,800	0	1,800
Cancer Waiting Times Funding	72	72	72
Scheme Development Grant	50	0	50
SG Payback	-200	0	-200
Anticipated Allocations for 2021/22	21,863	3,457	21,863
Total Anticipated Allocation for 2021/22	29,257	5,792	29,257

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Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to July	August Adjustment	Total August
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	78	51	129
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	123	0	123
Covid Equipment	0	0	0	0
Statutory Compliance	0	343	6	349
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
Total Community & Primary Care	0	568	56	625
Acute Services Division				
Capital Equipment	0	1,323	302	1,625
Condemned Equipment	0	16	47	63
Cancer Waiting Times Equipment	0	0	0	0
Clinical Prioritisation	0	85	26	111
Statutory Compliance	0	2,958	-16	2,942
	0	4,382	359	4,741
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,421	10	89
Fife Wide Equipment	1,805	-1,402	-353	51
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-207	-26	267
Condemned Equipment	90	-40	-47	3
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	5	0	99
Pharmacy Equipment	205	-5	0	200
Fife Wide Vehicles	0	60	0	60
Wash Hand Basin Replacement	0	0	0	0
Total Fife Wide	7,394	-4,950	-415	2,028
Total Capital Resource 2021/22	7,394	0	0	7,394

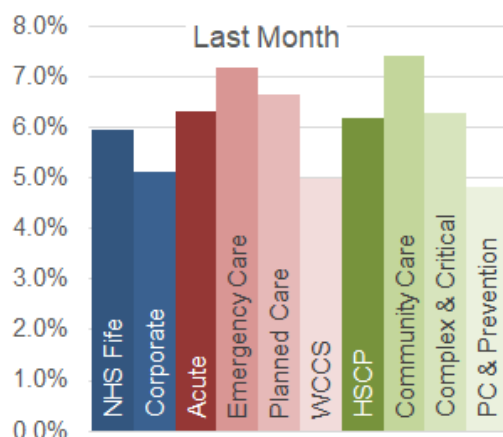
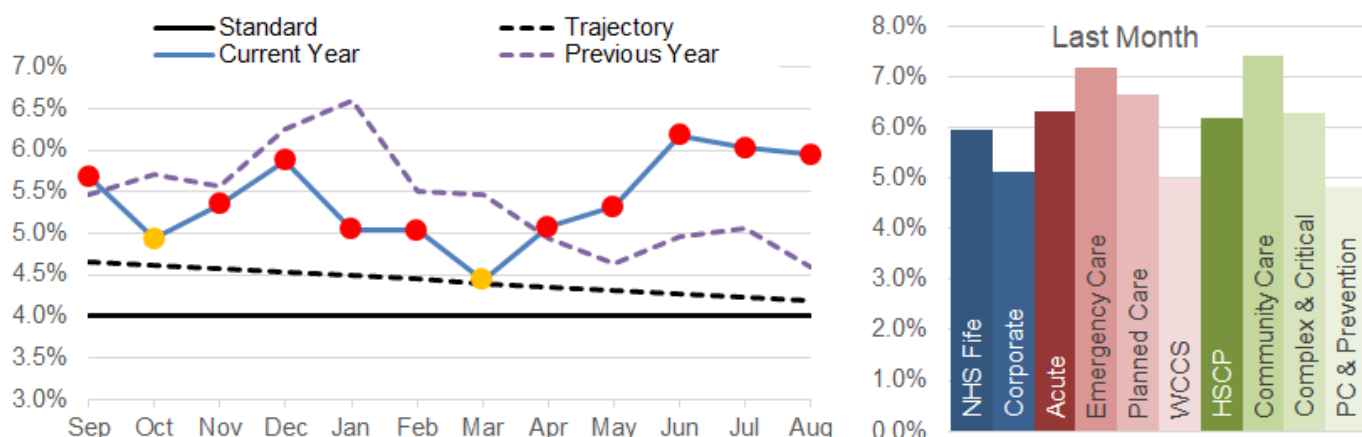
ANTICIPATED ALLOCATIONS 2021/22				
Elective Orthopaedic Centre	18,125	0	0	18,125
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	323	0	0	323
Lochgelly Health Centre	517	0	0	517
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Cancer Waiting Times Fundings	72	0	0	72
Scheme Development Grant	50	0	0	50
SG Payback	-200	0	0	-200
Anticipated Allocations for 2021/22	21,863	0	0	21,863

Total Planned Expenditure for 2021/22	29,257	0	0	29,257
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Sickness Absence

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

Local Performance



National Benchmarking

Month	2020/21							2021/22				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%
Scotland	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS

22.1 Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	By Mar-22
The additional Occupational Health Physician is taking forward specific support for staff affected by Mental Health and mental health training for managers. This is in addition to the ongoing case work with Occupational Health, local managers and HR Officers and Advisors, with input from the specialist Occupational Health Mental Health Nurse.	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence. The means of achieving this include continuation of Promoting Attendance Review and Improvement Panels, Promoting Attendance Groups, training for managers and continued application of the Once for Scotland Attendance Management Policy and scrutiny of "hot spots" / priority areas through analysis of management information and effective reporting systems.	By Mar-22
Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside monthly and bespoke training sessions and use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting. Communication was issued via StaffLink in May and July to reinforce attendance management processes, and discussions have been held, in partnership, to assess focus of improvement work in light of the changing context. Further scoping work is to be carried out.	
22.3 Consider refinements to COVID-19 absence reporting, including short term manual data capture from SSTs and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to develop MI reporting	By Nov-21
Work has been undertaken with Digital & Information colleagues to provide initial COVID-19 specific absence reports and this will be refined to take account of systems developments. Weekly reports are now being provided to EDG.	

MARGO MCGURK

Director of Finance and Performance
19th October 2021

Prepared by:
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